

# Aged Care

WHITE PAPER

Designing  
supportive  
care homes for  
elderly care and  
dementia





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# INTRODUCTION

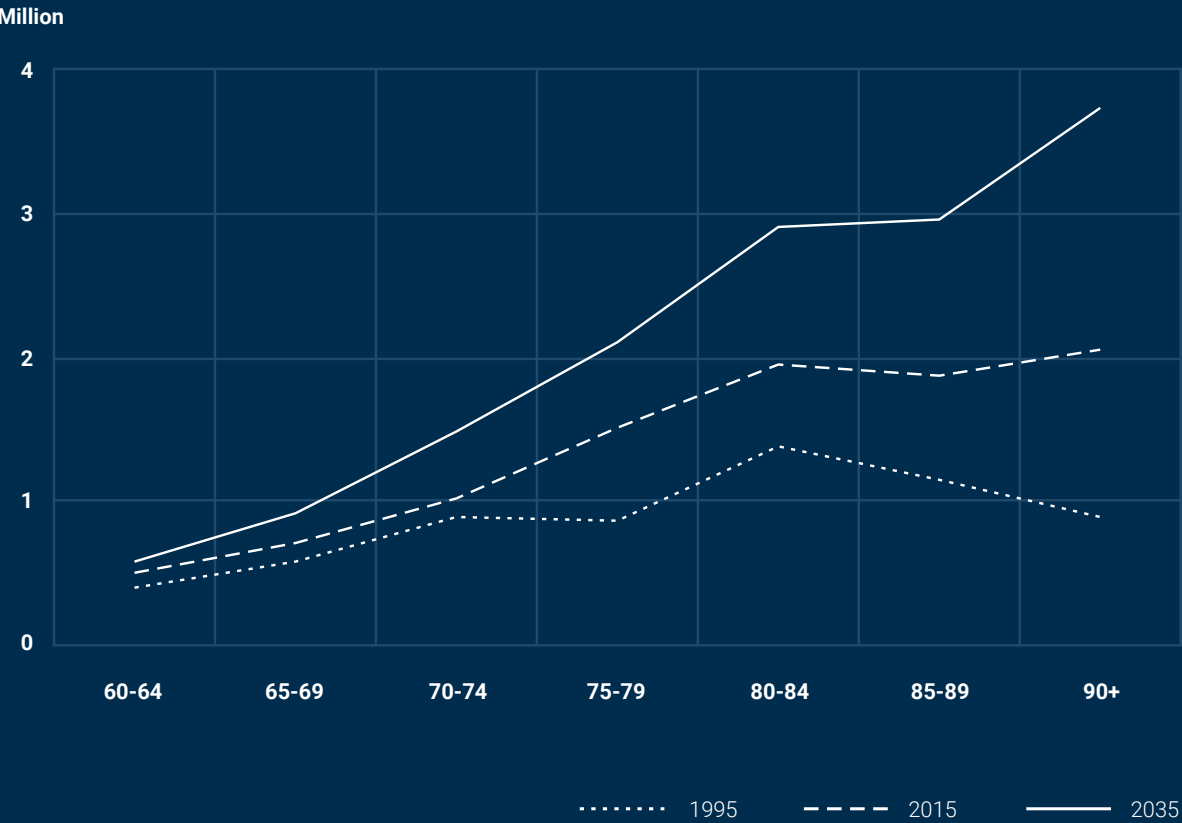
The quality of life among older people is something that interests us all. Advances in healthcare mean we're living longer – **people over 80 accounted for 4% of the population among OECD member countries in 2010, but that share will rise to 10% by 2050.**

Longer lives aren't always healthier, of course. Ageing brings its own challenges as our faculties decline, and conditions like dementia cause further complications. **Today an estimated 44 million people are living with dementia, the second-largest cause of disability in those over 70.** Tomorrow the number will climb, the condition's incidence increasing with age. Older people need – and deserve - better support as they approach the end of their lives.

Understanding the problems posed by ageing, both with and without dementia, is vital to help older people feel content and fulfilled in later life. This is why we at Tarkett decided to investigate the subject, focusing on the **needs of older people in their daily environment as the simplest, most direct way to enhance their quality of life.** Although enabling the elderly to stay in their own homes is preferable by far, declining health often makes this impractical. Our analysis therefore centres on care homes, to where most older people move when they can no longer live independently. Some will subsequently transfer to hospitals if necessary. We asked design agency The Sismo to help us conduct field research in care homes and interpret the findings. We looked at a range of private and public aged-care facilities in five European countries, speaking to the residents themselves, their families, care staff, doctors and academics as well as the people who design, build and manage the facilities.

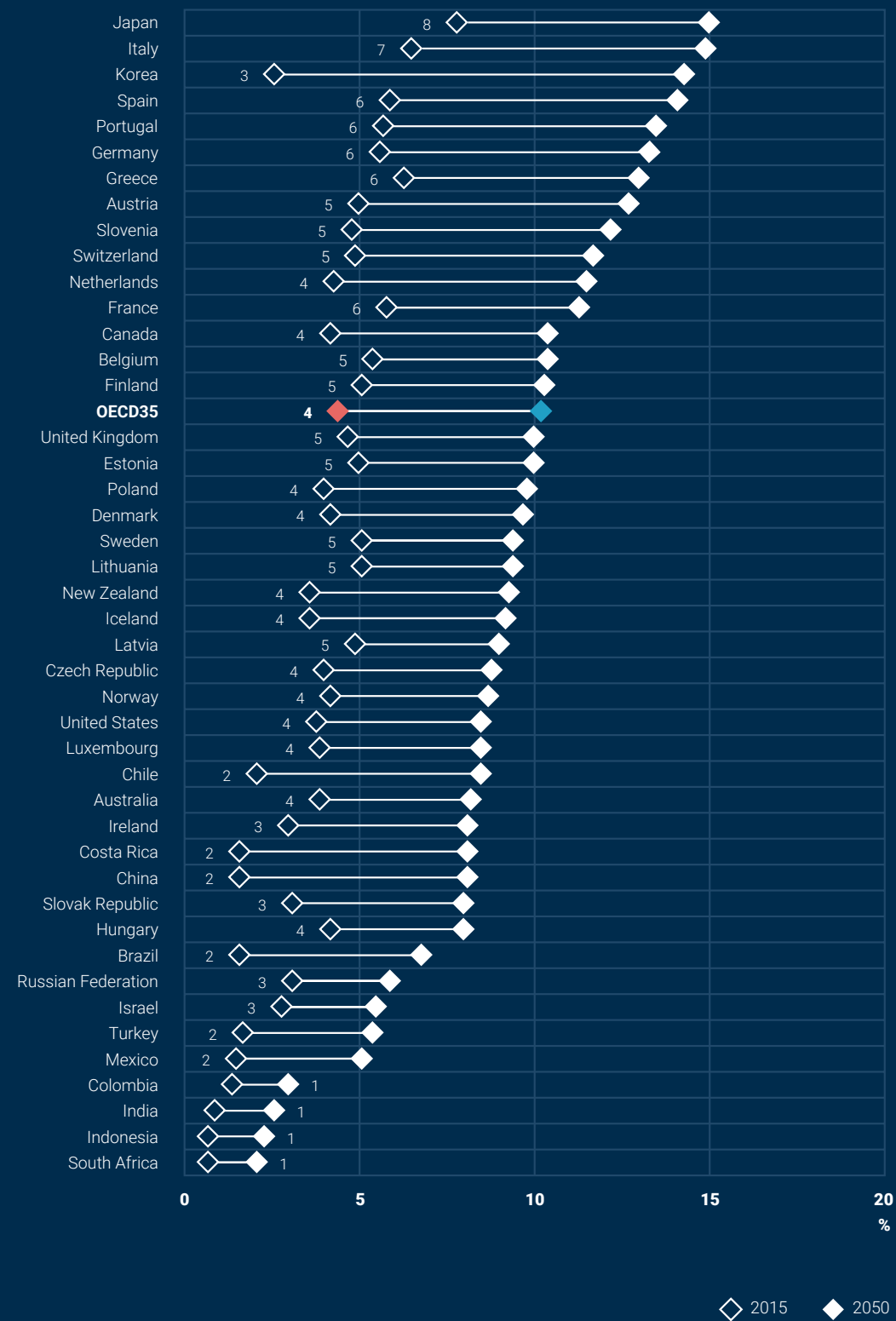


## Dementia prevalence



Source: OECD analysis of data from the World Alzheimer Report 2015 and the United Nations.

Share of the population aged over 80 years, 2015 and 2050



Source: OECD Health Statistics 2017, OECD Historical Population / Data and Projections Database, 2017

The study revealed a **sector that is changing fast in culture and scope**. Creating **supportive communal-living spaces** for older people requires close **co-operation between the many different professions involved**. From the architects and designers responsible for the building's physical shape, to the contractors tasked with its construction, through to the managers and their teams running the care home and looking after its residents, all have an important role to play.

If resident welfare is the prime objective of any aged-care facility, there are different aspects to this goal. **'Ageing well'** usually means retaining physical and intellectual abilities while remaining socially active despite the advancing years. **'Well-being'** refers to state of mind, suggesting positive emotions like happiness or contentment and the absence of depression or anxiety. As such it is a more individual goal often assessed daily. Measures to promote ageing well can be collective by nature.

**Good, inclusive design can change the lives of care-home residents, as well as those looking after them and the families who visit them.** It need not be costly, especially if integrated as the building is being planned, and can actually yield savings in the mid-to- long term. It involves understanding the constraints that age places on residents. But addressing these limitations need not be a restrictive exercise. The thoughtful use of space can do much to improve life for the elderly and their carers. We hope that, using the findings from this research, Tarkett can work together with you to seize new opportunities and introduce innovative ideas for aesthetic, uplifting spaces better suited to the growing number of older people in our society.

The three chapters in this report consider the design, construction and running of a care home from three different perspectives. **Chapter 1** looks at the problems caused by ageing, including dementia, from the viewpoint of those who live in aged-care facilities. **Chapter 2** discusses how to address these problems through the building's layout and décor, with architects and interior designers in mind. **Chapter 3** explores ways in which care-home staff can enrich the day-to-day lives of residents.





# EVALUATING USER NEEDS

The impact of ageing on care-home residents and the additional challenges of dementia.  
Making life easier for care-home staff.  
Key factors to consider in care-home design.



Understanding the needs of all care-home users

The ageing process

While age affects everyone differently, there are broad similarities in how it changes our relationship with our immediate environment. This change is especially significant in three areas, the first of which is **sight**. As we grow older, our eyes become less able to switch between close and distant objects, less sensitive to detail or colour and more prone to glare. What we see looks more monochrome, often with a yellowish tinge, and we need more saturated shades and stronger contrasts to perceive colours clearly. Our field of view narrows, too, as weaker neck muscles cause the head to drop. Fine tasks like reading and writing consequently become harder, hand-to-eye co-ordination declines and we have trouble recognising faces and moving around. Conditions like glaucoma, age-related macular degeneration and cataracts, however, pose the biggest threat to vision as we get older. Another sense to suffer is **hearing**. Not only do we hear less clearly with age, but what we hear changes. Higher frequencies are harder to detect, and background noise can seem louder. This increases the risk of falls (hearing helps our orientation) and makes social interaction harder. Thirdly our **mobility** decreases as muscles weaken and we become more susceptible to conditions like arthritis or osteoporosis. Undernutrition, surprisingly common among the elderly and especially those living with dementia, can aggravate the situation. Movement, balance and sense of touch all diminish as a result. Trying to remain mobile, we start to use aids such as walking sticks, frames or wheelchairs.



“Nowadays the average age of our residents is around 90 and most arrive in wheelchairs. The building must be designed to help them move around easily and make the work of staff easier.”

FANNY ROINSARD,  
CARE-HOME DIRECTOR .

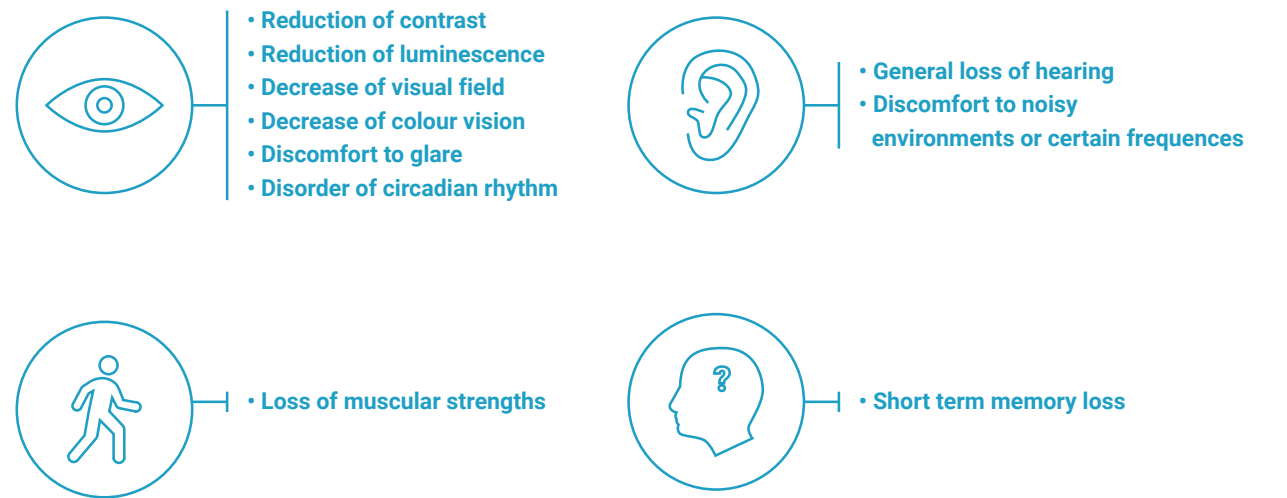
Ageing with dementia

**Dementia refers to a range of progressive neurological disorders affecting the brain** and comes in different forms. Alzheimer’s disease is the most common, but the existence of other types makes it difficult to categorise all the symptoms. People living with dementia typically experience memory problems, have difficulty processing information and are less able to communicate. The condition also impacts their perception of their surroundings, leaving them unable to relate what they see to physical reality or to perceive objects in three dimensions.

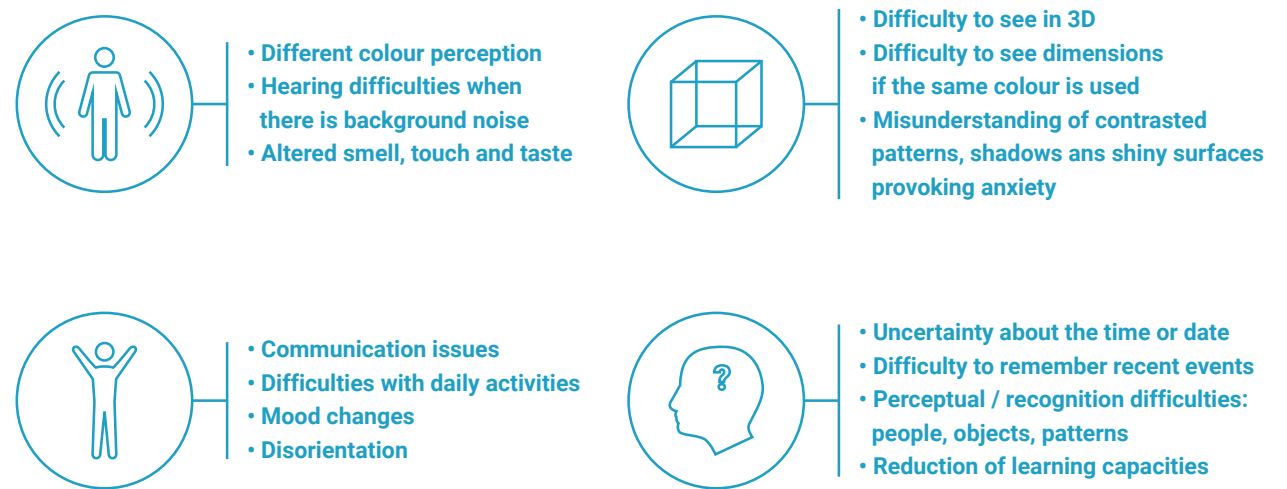
“When people become old and frail, it is no longer easy to differentiate between the impairments of frailty and those of dementia. A combination of interrelated impairments is most likely.”

PROF. MARY MARSHALL,  
DEMENTIA CENTRE,  
HAMMONDCARE (UK)

Sensory and emotional issues for general ageing



Sensory and emotional issues for elderly people with dementia (apart from other pathologies)



# Share of residents facing a partial or total loss of independence by type of activity

Average levels of dependency for all residents



Levels of dependency for residents living with dementia



Scope: France, care homes for older people, excluding day centres and housing units  
Sources: DREES, EHPA Study, 2015 (France)

## Inclusive design for a mix of needs

Many aged-care facilities today cater for people living with dementia alongside residents who face other age-related difficulties. Designing a supportive space that can simultaneously meet multiple challenges like these is far from simple. In practice, the specific needs of people with dementia take priority over the requirements of residents unaffected by the condition when planning the layout, lighting and acoustics in a care home. The environment must work for all its users, however.

## The staff perspective

Ultimately, the wellbeing of care-home residents is closely linked to that of the people who look after them. Happy, healthy staff working in surroundings designed to help them do their job are able to provide better care. The carer's role is physically demanding, however, and often involves lifting or moving patients, which puts the carer at risk of muscular strain and injury. Hygiene is another important factor in care-homes, so making cleaning and disinfection as easy as possible contributes to resident care as well as lightening the workload of support staff.

“The most important thing for them is human contact. Our smile and caring attitude represent 80% of the work.”

MARION CONILLEAU,  
PSYCHOMETRICIAN (FRANCE)

Overall, designing a space with the care, cleaning and maintenance teams in mind can only have a positive impact on the quality of their work and, consequently, on the lives of the residents in their charge.

## Factoring in the family

Family members probably helped look after the care-home resident when he or she was still living independently. Moving to the care home need not, and should not, reduce family involvement in the life of their elderly relative. Continuing to visit and contribute to their care benefits both the resident and family, especially as the latter often feel at fault for the resident no longer being able to live at home. Regular contact provides reassurance about the resident's welfare and makes the family feel part of the care regime.

After considering the consequences of the ageing process for residents, the additional challenges posed by dementia, and the needs of caregivers, support staff and residents' families, several major factors emerge that will influence the design of a care home.



“Contrast is key between floors and walls, on the edges of furniture and objects.”

DAVID BURGHER, ARCHITECT  
AND DIRECTOR AT AITKEN  
TURNBULL

## Key factors in care-home design

When planning the layout of a care-home, the prime objectives are to improve the wellbeing of all users and to create an environment in which the residents can age well, remaining as active as possible despite their advancing years. The building will ideally help them compensate for the effects of ageing and the onset of dementia. To achieve these aims, the following factors deserve consideration :

### Maintaining dignity and independence

Moving into a care home can be an unsettling experience for new residents. Their arrival often follows a downturn in health that leaves them unable to continue living in their own homes. This increased dependence and the transition to communal living affect residents' self-esteem.

Providing a comfortable, reassuring environment without the institutional feel of a hospital or hotel is vital. There should be no sense of stigma about the need for support or treatment. The new surroundings will include a personal space for residents and offer some privacy. Layout, lighting, acoustics and décor will help them deal with the consequences of ageing and conditions like dementia, enabling residents to remain as independent as possible.

### Ensuring safety and boosting confidence

The impairments to sight, hearing and mobility that accompany the ageing process make older people more vulnerable to falls. Dementia increases this risk since those living with the condition have trouble interpreting their surroundings and a tendency to roam.

The care-home's physical environment plays a key role in keeping residents safe and giving them the confidence to move around unaided without coming to harm. Brighter lighting and contrast make potential hazards easier to see while eliminating the dark areas and shadows that unsettle those with dementia. Walking aids, handrails and anti-slip surfaces help movement and provide reassurance.

## Stimulating cognitive function

Whether living with dementia or not, older people benefit from positive mental and sensory stimulation. Memory forms an important part of self-awareness and identity, helping us define ourselves and our worth as people. Senses like sight, smell and touch enable us to interpret our surroundings and interact with them. Walking stimulates our cognitive performance, slowing the age-related decline of our mental faculties.

Thoughtfully designed care-home interiors will support residents by using décor and memorabilia to trigger memories and positive associations from the past. Similarly, the view through a window, the smell of cooking from the kitchen or the inclusion of pleasantly tactile fabrics can stimulate the senses and evoke sensations of wellbeing as part of the daily routine.

### Promoting hygiene

Although care-homes should not feel like hospitals, they need to provide a clean environment for their users, especially the residents whose often fragile health puts them at risk from infection. Smooth surfaces are easier to clean and disinfect, so the care home's interior design should avoid textured finishes for walls, floors and areas liable to contamination.

“For people with dementia their cognitive capacity diminishes but their feelings and emotions become more acute, so it’s essential to engage their senses.”

DR ANDREAS EHGARTNER,  
CARE-HOME DIRECTOR,  
PARKWOHNSTIFT ARNSTORF  
(GERMANY).

### Pointers on method

- Identify user needs via immersion in the daily life of the facility being renovated, or of a similar facility if planning a new project. This will include individual interviews, participation in communal activities and observation.
- Involve all facility staff (caregivers, support personnel etc.) in the design stage, harnessing their knowledge of the facility's residents and their own daily work routin





# SHAPING THE PHYSICAL ENVIRONMENT

The care home in relation to its surroundings.

Creating a lively, comfortable environment for communal living.

Encouraging mobility among residents.

Using light and colour.

Suggestions for specific areas.

Based on the needs identified in Chapter 1, this chapter discusses how architects and designers can shape the care home's physical environment to meet the requirements of residents. Four separate sections deal with different but related aspects, and together they combine to describe a care home optimally configured for its users.



## Urban location and interaction with the surrounding community

Previously, care homes were often sited in quiet areas away from population centres because a peaceful setting was believed best for residents. Opinions have changed, however, and current thinking suggests that **older people benefit when they feel part of a wider community beyond the care-home walls**. Interaction with younger generations including children is a valuable source of stimulation for the elderly, and it can also raise others' awareness of the challenges linked to ageing. For these reasons, town-centre locations offering views of daily life and the chance to become involved with the surrounding community are recommended. Today, care homes increasingly enable residents to mix with others in shared spaces or via easy access to communal areas with a variety of users. These areas include markets, sports facilities such as swimming pools, and kindergartens. Engaging with the community around them brings substantial benefits for care-home residents, from greater self-esteem and social confidence to enhanced cognitive function and motor skills. Indeed, many healthcare professionals now consider the care home primarily as a meeting place rather than just a facility offering accommodation for the elderly.

If involvement with the wider world is important, the way residents interact and live alongside each other in the care home matters too, as the next section shows.



"We've brought a range of services into the care home – a hair salon, a dental practice, a gynaecological clinic and a communal space for residents as well as schools and other organisations. Architects and planners should think of the surrounding community when designing care homes."

MARIA AIGNER,  
CARE-HOME DIRECTOR,  
PARKWOHNSTIFT ARNSTORF  
(GERMANY).

## Living space and domestic environment

The stimulation of mixing with people from outside the care home can also be found in activities organised for the residents. A busy, constructively engaged group using communal spaces enlivens the atmosphere for everyone.

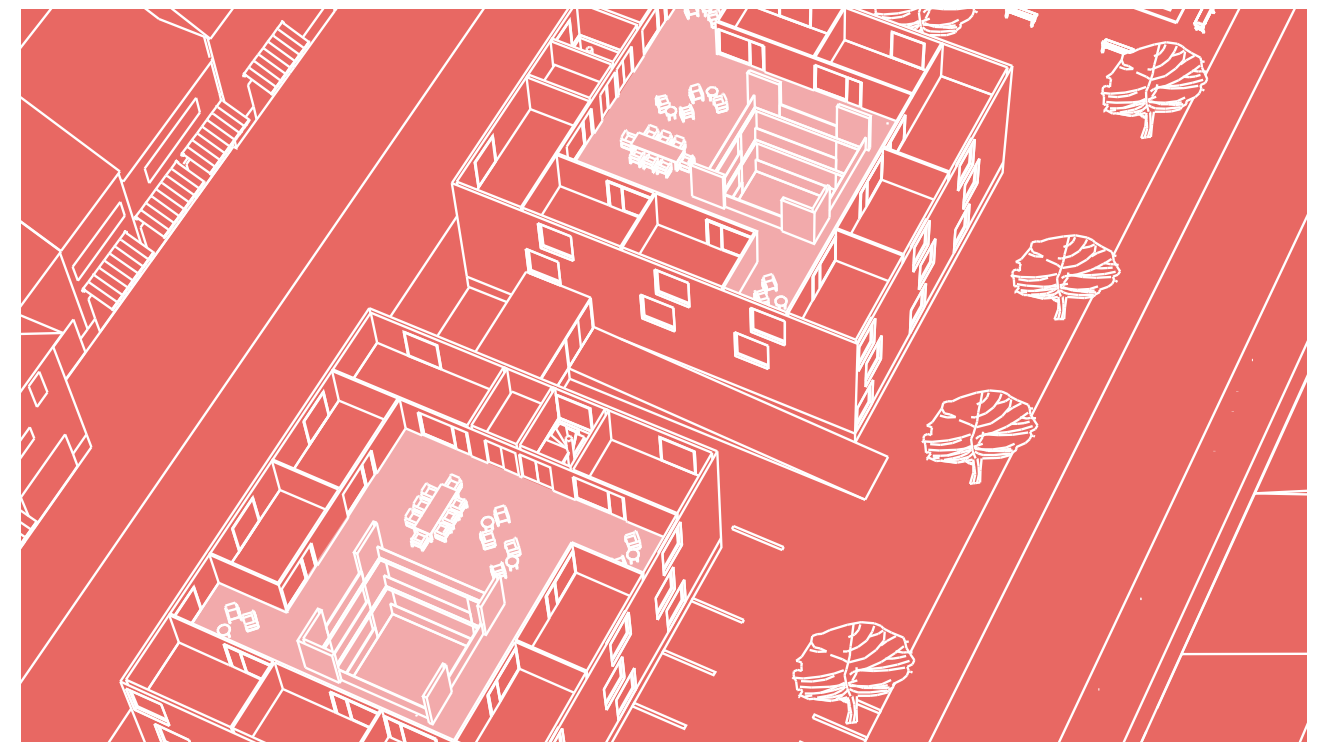
Centrally located areas that are easily visible ensure others can also enjoy the positive effects of such activity. For people living with dementia, participation in the care home's daily routine through assisting in the kitchens or laundry is particularly helpful.

Even when taking part isn't possible, the simple act of watching events like deliveries or the comings and goings of others often proves beneficial.

## Schematic plan of a care home benefiting from a town-center location which facilitates exchanges between communities



## Schematic plan of open activities spaces centrally located within the care home and visible to all





“Mum likes to see the car park and the visitors as they arrive.”

THE DAUGHTER  
OF A CARE-HOME RESIDENT  
(FRANCE).

The prevalence of undernutrition among the elderly, especially those with dementia, gives the dining room added importance. **Eating together promotes health as well as social engagement.** A space that encourages residents to enjoy their food is particularly helpful when it has scope to be subdivided for groups with different needs.

As a living space, the care home should have a comfortable, domestic feel without institutional cues. While hospital patients require a contamination-free environment for their treatment, older people need to be cared for rather than cured. They do better in surroundings that are not sterile but rich with **homely references to remind and reassure.** Furniture and décor should reflect this, incorporating familiar materials along with fixtures and fittings that are easy to recognise. In care homes, there is usually less pressure on space than in hospitals, so layouts can be more flexible with no need for anonymous rooms facing each other on endless corridors. Retaining a human scale, areas can be designed to look appealing from a variety of user perspectives (standing, seated or lying down).



“Often in today’s retirement homes, the elderly seem only to exist. They need to feel alive in these environments. As architects, we have a responsibility to create purposeful spaces.”

DAVID BURGHER, ARCHITECT AND  
DIRECTOR, AITKEN TURNBULL (UK).

The difficulties of adjusting to care-home life and diminished sense of purpose mean the typical length of stay is between two and three years. Residents’ rooms should be designed for ease of renovation and flexibility, bearing in mind the different occupants they will house. As this is where residents receive their friends and family, these spaces should be attractive and comfortable with the facility to move the beds out of sight. Good acoustic insulation will minimise disturbance from the often-noisy care-home environment. Ideally, some communal spaces will also be adaptable to create meeting areas for visitors. Even small details, such as the smell of a building, can make an environment more appealing. While residents and staff may get accustomed to ambient odours, the use of scent diffusers creates a fresher feel for visitors. **Configuring care homes to be active, outward-looking places that feel welcoming boosts the dignity and comfort of residents while stimulating their cognitive capacity.** Helping residents to be active means encouraging them to stay as mobile as possible.





## Encouraging resident mobility

Interior spaces that are easy and safe to move around are essential to keeping older people mobile. Well-designed wayfinding and navigation within the care home can be helpful, especially when configured to include wheelchair-users and those walking with canes or frames. Distances should be carefully planned, while pleasantly tactile handrails and resting points will give residents the confidence to explore.

Easily recognisable objects, artworks or figurative symbols contribute to wayfinding more effectively than colour-coded zones and stimulate interest along the way. Smooth, matt, slip-resistant floors that are free from obstacles and comfortable to walk or roll on will reduce the risk of falls or accidents while encouraging movement.

As people with dementia can misinterpret abstract patterns and abrupt contrasts, lighter shades without motifs, shadows or sudden changes in style are best for flooring.

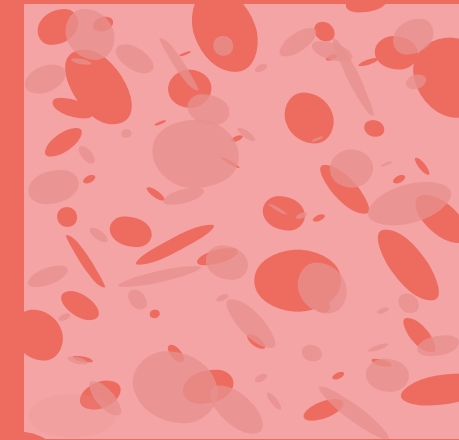
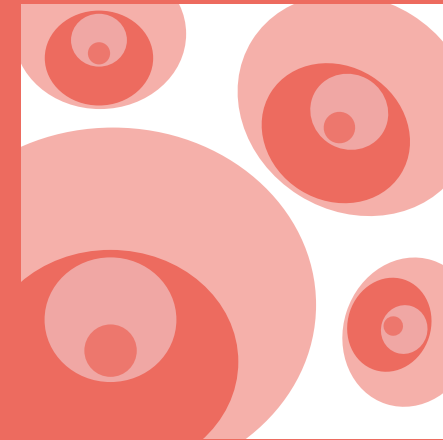
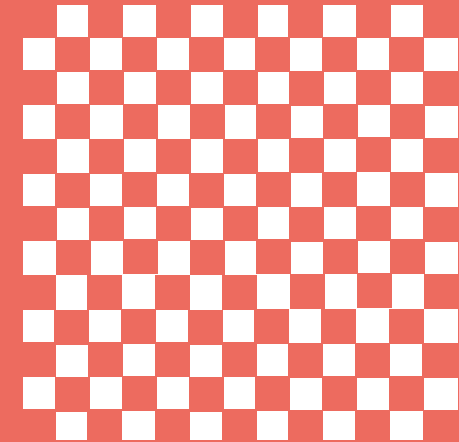


Conversely, colour can also deter entry to restricted areas, for example by painting doors the same shade as surrounding walls. Measures like this keep residents within a safe perimeter while still allowing them to be mobile, which is important since dementia symptoms include a tendency to roam. Access to outside areas can also promote mobility, where a pathway through a garden brings the **multi-sensory stimulation of nature** as an ever-evolving element in the care-home environment.

Space for wheelchairs and walking frames, together with the provision of resting points, will give residents the confidence to explore these areas independently.

In addition to enhancing motor skills, continued mobility benefits cognitive performance and enables older people to be more independent, boosting confidence and self-esteem. Moving around safely means being able to see one's surroundings, which is where light and colour play an important role.

## Examples of patterns to avoid



“Due to their perceptual difficulties, people with dementia tend to stop at every contrasting line or pattern they see on the floor.”

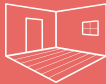







EMMA OULDRED,  
SPECIALIST DEMENTIA NURSE, HEALTH  
AND AGEING UNIT (UK).



The role of light and colour

Sight becomes impaired with age, so **older eyes need two to three times more light than young ones to see properly. Visual contrasts must be heightened, too.** This has important consequences for lighting levels in care homes, and there are specific suggestions on lighting intensity and light redistribution for a range of aged-care spaces at the end of this chapter. Variations in light cause sight problems for the elderly, so uniform lighting is recommended along with the avoidance of shadow and darker areas, which can be unsettling to people with dementia. Design can help here by harnessing natural reflected or overhead light. Sunlight holds several benefits for care-home residents, helping to regulate the daily patterns of sleeping and waking often disturbed in old age. Exposure to daylight lifts people's moods, so architects should think carefully about the size and positioning of windows and skylights.

When natural light is not available, artificial lighting can compensate, but mixing the two should be avoided. The floor's ability to reflect daylight with all its advantages is another factor to consider. Flooring in aged-care facilities should ideally have a light reflectance value (LRV) between 10 and 40% to avoid glare, something to which older eyes are sensitive.

Suggested levels of lighting and light redistribution for specific areas:		
	Lighting intensity (LUX)	Contrast between walls and floors (LRV)
space 		
corridors 	300	30%
activity spaces 	350	
bedrooms 	Reading area 350 Ambient 250	
bathrooms 	250	
stairs 	300	70%

The colours in care-home design help shape our perception of daylight within the building. Lighter, more reflective shades with a higher LRV redistribute natural light and reduce the need for artificial lighting. Dark hues create contrast, which is more important than colour for older people when distinguishing between surfaces or zones. A difference of 30% LRV between walls and floors enables the elderly to see and navigate their surroundings more easily, rising to 70% for a change in level such as a staircase. With age, our ability to recognise pastel shades diminishes, so very pale colours are best avoided. Brighter hues can work well when they fit with the local culture and decorative tradition.

The sensory challenges experienced by people living with dementia mean that very dark shades and starkly contrasting colours, both of which provoke anxiety, should be used sparingly. Recognisably natural textures like wood and lower-contrast colour schemes provide reassurance in such cases. **Visual comfort, safety and motor stimulation are the major benefits residents derive from the careful use of light and colour in care homes.**

Pointers on method:

- Together with the building contractor, care-home director and staff, arrange to meet local elected officials, local associations and neighbours of the care home to explore the possibilities for interaction with care-home residents.
- Involve care-home staff (caregivers, support personnel etc.) and residents in the choice of décor and furnishings, including the testing of samples or prototypes.

“Everybody needs at least 10 minutes’ vitamin D per day. Daylight and access to outside areas are crucial. In our buildings, the beds can be wheeled outdoors.”

DAVID BURGHER, ARCHITECT AND DIRECTOR, AITKEN TURNBULL (UK).





# ENRICHING DAILY LIFE

Letting residents take 'ownership' of their space.

Time as a structuring element.

The power of stimulation.

Embracing the outside world.

Chapter 2 explored how the care home's physical design can support its users. This chapter focuses on the building's fixtures, fittings, furniture and decorations, and their role in enriching the lives of residents. We shall look at social interaction and activities, as well as the importance of adapting residents' surroundings to their evolving, individual needs. The involvement of care staff in implementing these ideas is crucial. Their expertise and knowledge of the people in their charge will determine the success of the measures described below.



## Personalising resident space

As touched on in Chapter 1, the move to a care home is often caused by health difficulties that make living at home no longer possible, even with the help of friends and family. This is obviously stressful, but a comfortable, reassuring space that new residents can make their own will reduce feelings of anxiety and alienation.

Having space in their rooms to bring in their own furniture and the ability to help choose the décor are part of the process in which **residents take emotional ownership of their environment**. This applies to the room's entrance from the corridor, where a doorbell or letter flap can mark the space as theirs, as well as to the room itself. As mentioned in the previous chapter, there should be provision to move the bed out of sight so that the space feels less like a hospital room and more like a sitting room or studio. **The inclusion of personal items is another step towards generating a homely feel.** Ideally, the resident's family should be involved in personalising the space, based on their knowledge of his or her preferences. Personal photographs and other memorabilia from the new resident's past contribute to an impression of familiarity as well as providing a useful source of stimulation for the memory and helping them recognise the space as their own. As such, these objects are especially important for people living with dementia, because this condition affects the memory in particular.

## Using time to structure the routine

For older people dealing with sensory impairment and reduced mobility, keeping busy as part of a lively community enhances their sense of independence and dignity as well as boosting self-esteem and providing cognitive stimulation. Time plays an important part by lending a rhythm to daily life and its routine. Marking the passage of time helps to underline how we fill our days, reinforcing the impressions of engagement with people around us and occupation with tasks. The many manifestations of passing time, from the changing daylight and the turning of the seasons to the simple presence of calendars and clocks, acquire added significance in the care-home environment and should be factored in when planning the residents' daily routine or arranging the furniture and decoration of communal areas.

“More and more we try to let people personalise the entrance to their room with a bench in the corridor and decorations. It's their own front door.”

CAROLINE DESSOLIN,  
ARCHITECTURAL PLANNER,  
FLORÈS AMO (FRANCE).

## Stimulation and self

Involvement in group activities and interaction with others bring multiple benefits to care-home residents, not least the mental and motor stimulation such engagement produces. The more this stimulation can be tailored to individual needs, the greater its effect.

Obviously, the demands of communal life and resources available limit the extent to which care staff can focus on each resident, but there is still scope to cater for personal circumstances. One way to achieve this is a flexible approach to fittings and accessories. The ability to change objects and images on display, for example, means staff can introduce items of special significance for certain residents and amplify the stimulatory effect. Arranging activity spaces so that those unwilling or unable to join in can see what the participants are doing ensures that the positive consequences of collaboration are shared more widely.

“We organise activities with children, we cook with our residents. For the elderly, it's very important to be part of something. If they can't participate, they can still feel involved by watching and discussing”

MARIA AIGNER,  
CARE-HOME DIRECTOR,  
PARKWOHNSTIFT ARNSTORF  
(GERMANY)

The stimulation derived from interacting with others can be physical, as through group activities like gentle exercise, or intellectual via conversation and discussion. Increasingly, specialised areas equipped for multisensory stimulation are appearing in care homes. Outdoor occupations such as gardening bring the added benefit of exposure to sunlight along with the tonic effect of an open-air environment. These can also provide an opportunity to involve family members and close friends. While most forms of stimulus are helpful for older people, including those living with dementia, care must be taken to avoid overstimulation, which can have a detrimental impact on health.



“Caregivers need to think creatively. We have techniques for talking to people with dementia but sometimes this isn't enough. As caregivers, we need to find other ways to interact that can be tailored to individuals and situations.”

PAOLA OSSALA, DEMENTIA CONSULTANT  
AND RESEARCHER (ITALY).





## Opening up to external influences

The question of where best to locate care homes, considered in the previous chapter, mentioned the advantages of urban sites and their potential for involvement with the surrounding community. **Enabling older people to mix with younger generations and others from outside the aged-care environment offers benefits to all.**

From the stimulatory effect for residents of meeting and talking with new faces to the greater understanding of old age that younger people develop as a result. The inclusion of non-residents in the daily life of care homes is one way to realise these benefits. This may be through inviting others to use the space and facilities in the care home for their own purposes.

Alternatively, residents' activities or outings could be arranged to allow the participation of their families or other receptive sections of the community, such as school children. Whatever form this engagement takes, the care home should actively encourage people from outside its walls to become involved for the benefit of the residents.

“People should consider the care home as a natural meeting place, rather than somewhere they feel obliged to visit.”

PROF. FRANÇOIS PUISIEUX,  
SPECIALIST  
IN INTERNAL MEDICINE AND  
GERIATRICIAN (FRANCE).



### Pointers on method:

- As well as involving the care-home team before the facility opens, ensure they remain engaged and consulted once it is up and running. Their expertise can prove invaluable when it comes to creating personalised, flexible, suitably-equipped rooms for residents and to organising stimulating activities for them.
- Families can also help personalise residents' rooms based on their knowledge of the individuals' personalities and past.



# CONCLUSION

After considering the major challenges caused by ageing, such as sensory impairment and the onset of dementia, we have discussed how the architecture, interior and daily routine of care homes can better support the people who live in them. Among the findings of the research that underpins this paper, the most significant is that **progress in aged care must involve all stakeholders: architects, interior designers, building and renovation contractors, suppliers, care-home directors, caregivers, support staff, the residents' families and of course the residents themselves**. Implementing the suggestions outlined in this paper will require their cooperation to create efficient, economically-sustainable environments where older people can receive the best possible care.

Over the last decade, Tarkett has built up an understanding of the needs and perceptions of the elderly. We continue to add to this knowledge, and this white paper represents an important stage in the process. Our work with the different parties active in the care-home sector enables us to **develop floor and wall-covering solutions whose aesthetic design and technical performance enhance the quality of life for care-home residents and the staff looking after them**.

Every care home is different, with specific needs that evolve over time, but we hope that, by **encouraging creativity and innovation, this white paper will contribute to the advancement of aged-care provision**. Our aim is to promote closer collaboration between all of the stakeholders, and we would actively welcome the opportunity to work with other interested suppliers, organisations or experts to benefit the growing number of older people in care homes today.





