How to make a homely care home

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Introduction

Unlike citizens who establish their own place that they call home, a substantial minority find themselves living in a care facility, a long-stay hospital or some other place where others are in charge. This paper reflects on the significance of home in the lives of residents and staff in care homes. How is home different from hotel, hospital, hostel[1], or, for that matter, prison or family?

Getting to grips with being homelike means that we investigate the nature of home in 21st century England[2]. This paper starts with buildings and belongings, while a companion piece on family pays greater attention to relationships[3]. The topics inevitably overlap, as interior décor both affects and is affected by people, power and privilege, for, as Churchill famously declared, '*We shape our buildings and afterwards our buildings shape us.*'[4] The point is underlined by the findings of research that showed that physical features are critical to a sense of home, but not sufficient to achieve it, as other factors are necessary too[5].

Part of what is needed will arise by listening to care home residents[6], but other perspectives must be added to complete our understanding. That being said, this is a flight from standardisation, from reducing the rich, ill-defined and evolving concept of home[7] to a list of essential components[8], but rather, we pile up variables that may or may not appear in any one example. To use technical language for a moment, it means that 'home' is a probabilistic rather than categorial thing, since we all know what it is[9], but will easily be able to find exceptions to any definition. In this way, home is spiritual, like a marriage or respect, something deeper than staff compliance with a policy document, wider than a smile and a double bed[10]. Individual features act like the wind, pushing the service in one direction or the other, so we might hope that the more forces that press for homeliness, the better. However, there remains a small risk that some observers will detect an unsettling mixture of institutional and domestic features and be bewildered, unable to resolve what they see or respond with environmentally appropriate behaviour.

The contradictions inherent in the concept of home itself are acknowledged too. Despite trying to celebrate diversity, I know that my own vision of what home is and should be will permeate every line of this paper, inescapably white and male, middle class and contented. Whilst for some it evokes idealised projections of ease, harmony and warmth, home can also mean confinement, loneliness, drudgery, conflict and danger[11]. This underbelly is acknowledged throughout the paper, whilst holding on to hope that even if coming home is no more than a dream told by the faithful, it continues to be a potent goal for us all. While we observe that homes are sometimes places of violence[12], this only makes us diligent in eliminating the worst of conduct, while the ideal is invoked as a pattern to shape the best residential care[13]. Moreover, some people leave home to seek new adventures, so homeliness is not the only thing.

Not all homes are homely[14], but we must wonder whether it is possible for anywhere other than a home to be homely. This author's answer is at first, no, and then a cautious and qualified yes. No because a vanishingly small number of people actually want to live in a large residential care facility[15] and so the bulk of care and support should be organised to enable as many people to live in their own home for as long as possible[16], and then reluctantly yes, as, '*Home isn't always a place is it?*[17] Yes, so that the people who do end up in congregate institutions[18] or lodging in someone else's home can enjoy as homely a life as is humanly possible. As most care homes describe their place as homely or 'home from home'[19], we need to understand what they might mean, and, where needed, challenge the sector to act on this commitment.

Human rights

> **Challenge #1**
>
> Show how the arrangements at your Care Home support each Article of the Universal Declaration of Human Rights.

The Universal Declaration of Human Rights explains that adults may marry and found a family[20], exercise freedom of thought, conscience and religion[21] and be protected from arbitrary interference[22]. The Protocol of the European Convention for the Protection of Human Rights and Fundamental Freedoms protects property, and this includes the right to housing[23]. These rights are further recognised in the Convention on the Rights of Persons with Disabilities in respect to the right to choose one's place and type of residence[24], to receive support to prevent segregation[25], to privacy[26], and to continuous improvement of living conditions[27].

In the past, public authorities offered care home residents a 'home for life' and this has been used in the Court by residents to overturn a decision to close the home and forcibly relocate residents[28], although a subsequent decision[29] reinforced the duty of public authorities to take account of all citizens and rejected the claim that the care home was in fact a home in this sense. In yet another turn in this winding road, a consortium of public bodies published the following statement in 2015:

> "*Care homes are people's homes and people have the right to live there as long as they want*."[30]

They then went on to explain the limited circumstances when this basic commitment could not be met which were essentially due to an emergency, safety concerns or a provider leaving the market. In addition, the UK government[31] has adopted the principle of the 'least restrictive intervention' and this now applies to all, whether subject to formal deprivation of liberty or not, so every aspect of care home life should be reviewed to see if it is deliberately or unwittingly restrictive, with action taken to personalise and maximise freedoms and choices wherever possible. Blanket rules applied to all are, by definition, outlawed.

While some might argue that such aspirations are elusive for a great many citizens, whether disabled or not, this is no reason to dismiss the goal. Indeed, disabled people should not be treated less favourably and so should enjoy equality of opportunity with others.

Some researchers begin their investigations by asking whether a homely environment is therapeutic for people with dementia. Choudhury and team summarised the evidence to date[32] by declaring that residential care facilities which created a homelike setting via both environmental features and staff practices[33] saw improvements in many areas of resident's lives: intake of food and fluid, emotional and intellectual functioning, social interaction and communication skills, autonomy and independence, positive engagement in daily activities and hobbies, participation in the community and general quality of life. There is also less tube feeding[34], agitation, anxiety and pacing[35], less disruptive behaviour and aggression[36], less trespassing and exit-seeking, and a greater sense of safety[37]. Similarly, the evidence from services for people with a learning disability finds that homes are better than institutions as they result in more verbal rather than physical interventions, increased freedom of movement, fewer repetitive stereotyped movements[38] and less medication, more positive interactions with staff, more choice, more privacy and more engagement with the community outside the home[39].

It is an interesting list, but the logic is faulty: the basis for providing a homely environment is human rights, not therapeutic efficacy. To argue otherwise is to suggest that if evidence of clinical benefit is not available, people should be treated as no more than symptoms that need warehousing in

institutions rather than people that are entitled to respect and opportunities equal to everyone else in society.

Whilst Scotland expects care home residents to be able to live in a homely environment[40], England approves of both home and hotel models and then goes on to indicate that all homes should be homely[41] . Despite this, it is common for those managing residential care facilities to encourage their residents to 'personalise' their own rooms[42] and, in a short survey of 100 care home websites, 72 described their homes as homely or a home away from home, while fifty invoked ideas of family and just one offered a 'country house hotel atmosphere'[43]. Homeliness is obviously a dominant theme for care home providers, which the English Care Quality Commission ignores[44].

There is a great deal of freight carried by the idea of home, as shown in Table 1. The present discussion uses the physicality of the home, its architecture, fixtures, fittings and contents as a convenient way to discuss some broader issues, thereby neglecting some of the wider perspectives referred to in this table.

Table #1: Some of the concepts embedded in the idea of home

Després[45]	**Somerville[46]**	**Rijnaard**
Security and control	Safety, freedom and independence	Autonomy and control
Reflection of ideas and values		Habits and values
Self-expression	Self-expression	
Permanence and continuity	Permanence and continuity	
Refuge and privacy	Retreat, privacy and relaxation	Coping
Activity	Support for work and leisure activities	Activities
Investment and material structure	Financial asset	The built environment, which includes private space and quasi-public space, personal belongings, technology, the look and feel, and the outdoors and location
Locus for intense emotional experience	Centre of family life	Interaction and relationship with staff, residents, family, friends, and pets
Social status	Social status	Sense of acknowledgement

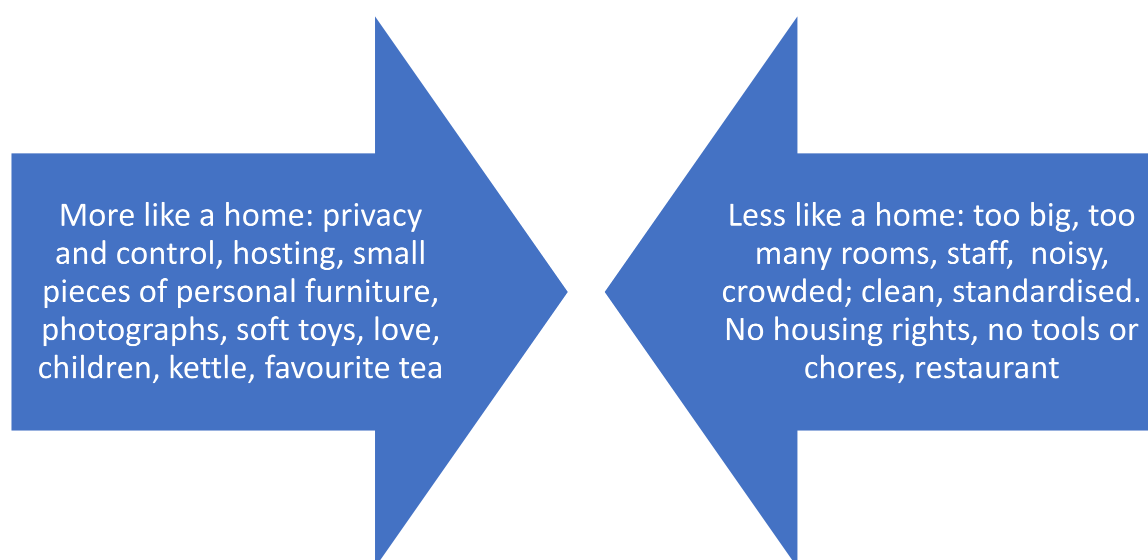
This moves the locus of research away from asking whether a homely environment provided by others has a beneficial effect on passive consumers to a whole set of new question:

- What do people want? This is the basis of person-centred support[47].
- Can residents be provided with opportunities to engage in homemaking, and would this be as useful as concentrating on 'meaningful activities', cooking or self-care?
- Is active engagement in homemaking beneficial in terms of life satisfaction and self-esteem, protective against depression and self-harming behaviours such as neglect and social isolation?
- Does the environment affect the extent to which residents feel at home[48], or can good relationships and respect compensate for an institutional environment?

The myth of homeliness

The forcefield analysis mentioned above invites us to consider what forces press a residential care facility to be more homely and which push in the opposite direction. These are summarised in the diagram below and then discussed in more detail in the rest of this paper. In most care homes a large number of powerful forces act together to destroy the sense of home, while only a few small and comparatively insignificant forces enhance it. For example, such a small number of people in the general population grow up in a house that has twenty or more bedrooms that any residential care facility built on this scale will feel like a hotel rather than a home to almost everyone, and a few soft toys and family photographs will not override that impression. If the hotel feeling is reinforced by the use of opulent furniture and fittings, then this increases the feeling that one is here on a temporary basis, just for a few days, rather than at home here.

This is rather a harsh judgement, and there will, of course, be individual circumstances when it will be proved wrong, but the point is not so much about the number of bedrooms versus the number of soft toys, but about the whole forcefield. On its own, each force may not be sufficient to drive the sense of home, but added together, the wind blows up a storm and the combined forces become almost irresistible.



It might be argued that people with cognitive impairments are beyond semiotics and will not be aware of the complex messages conveyed by the building and its furnishings, and by the staff and their beliefs. People with learning disabilities may have never learnt the skills needed to make such a sophisticated analysis of their environment, while people in the throes of dementia will narrow down on a single thing and be OK as long as they have a favourite possession, a favourite piece of home that they can hold. Those with healthcare needs will be willing to sacrifice this elusive sense of home in order to gain medical devices in an environment that will keep them alive, while older people have gained enough wisdom through the years to be content and they know how to set up home anywhere. These ideas must be dismissed for three reasons:

- Anecdotal evidence from many sources tells us that people, despite the most profound disabilities, are able to sense complex and sophisticated things in their environment –

whether a perfectly competent care worker likes them or not, when an argument has occurred in another room, who needs a hug. There is no reason to believe that residents are unaffected by their environment.

- The principle of the 'least dangerous assumption'. According to this principle, on the occasions when we simply do not know what is happening to another person and we are forced to make one decision or the other, then we should select the option which, if wrong, causes least harm. For example, the people around a comatose patient will have to decide whether they believe that the person is aware or unaware of their presence. Assuming that they are unaware of what people are saying or doing could result in significant harm if it is wrong, while assuming that the person is in fact aware will be disappointing to carers us if it turns out that they are wrong but will do no harm to the person. For this reason, it should be assumed that all residents are aware of the extent to which their living environment is homely and that this will affect how they feel and behave.

- As referred to above, having a home is a right, not a privilege to be offered to some and denied to others.

There are things that can be done to increase the opportunities for residents to be at home. A good deal of this relies on politicians, commissioners and architects, but a few things can be done by relatives, managers and staff. Many people on the frontline may feel that the task is beyond them, since the architectural, financial and procedural forces in their establishment are implacably set against creating a home, but perhaps if the few things that *can* be done are given enough attention, coordinated and followed through with persistence, then perhaps a few more residents will find themselves living in their own 'last homely house'.

Voice and choice

Tenancy and title deeds

The principle of equality[49] asserts that persons with disabilities should have the same kind of opportunity for home ownership and tenancy arrangements as other citizens. This means that people have access to support and the same choice over the decision to move, where they live, with whom and under what formal arrangement, in the same way as other citizens[50]. If, when they are discharged by a health or social care team, that team can decide whether the person may continue to sleep in the same place they did before, then the old place was not a home[51]. But it may come to feel like one, as when a Victorian long-stay hospital for people with learning disabilities was finally closed, and the project manager threw a party while the residents sat in corners and wept[52].

Shared Lives[53] can arrange for people who need support to stay with a family and live in their beautifully appointed home but it is not the person's own home. This is why the REACH standards for supported living[54] and the Real Tenancy Test[55] separate housing rights from care arrangements, ensure that they are managed by different organisations, and then asks for reasonable adjustments to be made so that persons with disabilities have the same opportunities as others to enjoy access to housing and support.

No less important than formal legal rights are the informal social and psychological dimensions. Within the bounds of the law, adults get to negotiate their household relationships free of interference by the state, and the sense of being at home is a personal thing that cannot be imposed

or conferred by another. The best that bystanders can do is to create a space where the person might make themselves at home. Even where moving into a care home is a real choice by the person, made after a careful consideration of the options, it generally remains an unhappy decision, made with a real sense of grief and loss, the best of a range of almost equally unwelcome prospects that the person feels forced to choose between[56]. Losing one's home can weaken the person's sense of self and identity as well as their sense of belonging[57]. It is hard to feel at home in a place where, at heart, you don't want to be[58] and some residents may keep the memory of home alive by refusing all attempts to settle here, accepting the spartan environment and living an ascetic life within it[59]. When pressed, others distil their awareness of the institutional nature of the place in the poignant comment that *'It just isn't home'*.[60] In contrast, some residents surely make the best of their situation and demonstrate admirable flexibility by choosing to attach homely feelings to this place or using the complex idea of 'home from home' which acknowledges the homelike new residence without dislodging the family home from its unique position[61]. Indeed, staff may do well to adopt a similarly limited goal of establishing no more than a shadow of the person's previous family home.

Indeed, it is this issue of choice that makes a home, for adults if not for their children. A home is formed when adults choose to live together, to share a bed with one's spouse[62], to eat together, to pool finances, to share the role of parenting their children and to be known as a family by their neighbours and acquaintances. It is planned on a long timeframe, may last a lifetime and is concerned for the wellbeing of parents or children so naturally includes more than one generation. It is the place where people feel most in control and are most likely to feel safe, which may be part of the reason that many people who face imminent death assert that they want to deal with the ultimate loss of control – their own death – by choosing to die at home[63]. In contrast, residents of care homes do not choose the people they live with, find that the number of people living under the same roof is much larger than a family, they have no expectation of intimacy with them, enjoy no shared concerns for the younger generation[64], experience considerable turnover, and do not pool their funds in any meaningful sense.

Keys

The UK government[65] has adopted the principle of the 'least restrictive intervention' and this applies to all, whether subject to formal deprivation of liberty or not, so every aspect of care home life should be reviewed to see if it is deliberately or unwittingly restrictive, with action taken to personalise and maximise freedoms and choices wherever possible. Blanket rules applied to all are, by definition, outlawed as illegal restriction. In the starkest of all examples, this means that residents who are denied their own key[66], are unable to ask others to leave and may not change the lock[67] have their home compromised and cuckoos are living in it, whether they are abusers or kindly staff, whether they sleep there or not. The key is the first thing one touches on approaching home, hinting at welcome by its quiet familiarity[68] as well as boosting the sense of autonomy and control, in turn adding to the feeling that one is at home[69].

Receiving visitors and going out

Whether it is inviting a neighbour in for a cup of tea or welcoming a friend to stay for the weekend, homeowners get to choose who they let into their home. Officials may get to call too, such as the plumber who carries out the annual gas safety check or the Police sergeant executing a warrant, but it is the real guests who receive the unique style of hospitality that only happens in this home. In some households, this means being primed, standing ready to welcome unexpected visitors with a samosa or a Garibaldi, honouring centuries-old cultural traditions[70].

The guest and their host might watch TV soaps together, break out the barbeque or rehearse Mozart's Sonata in D for four hands. Of course, there are other houses in the street where no friends get invited in, and even relatives rarely darken their doors, or where guests are a source of annoyance, but nevertheless, the highly individualised style of hospitality that is practised here is a defining feature of what home means at this stage of life. If relatives and friends feel at home during their visit, then perhaps the resident will do so too.

Challenge #2

Do residents welcome their own guests and fulfil the duties of host?

Those who dwell in a home feel the need to go out too – to work, to shop, to socialise. Those subject to lockdown or house arrest report how quickly the sanctuary becomes a prison and its inmate becomes housebound if they cannot step over the threshold, and so home is a place which is defined by leaving and returning[71]. Living in a familiar neighbourhood, where one has resided for many years and engaged with its amenities adds to the feeling of being at home[72]. To those who venture out, the world offers work and challenge, status and conflict, so they soon return to the refuge and haven of home. There may be gender differences here, perhaps driven by lifestyle, especially where women have not worked outside the home and so feel in charge of the domestic scene, while some men find themselves disempowered at home if disability, unemployment or isolation robs them of the routine of going out[73]. This may change with the rise of home-based work.

Contact with the outside world also takes place via mail, telephone and online connections. In domestic settings, there is no intermediary between the postal company and the recipient[74], so people can click for online shopping and receive parcels and postcards without people outside the household knowing that a parcel has been received or what it contains. Similarly, inhabitants carry their own phones and have a private space to take calls, exchange emails and interact with social media. A working phone on the bedside cabinet signifies privacy and connection, safety and independence.

Hobbies and habits

Over recent decades, sociologists have observed a shift away from leisure activities based around the workplace and community and into the home, as people connect through social media rather than joining clubs and home entertainment becomes ever more sophisticated. More than ever before, personal interests are pursued from home through TV[75], music[76] and the internet. However, we carry many myths and stereotypes of other ways to be at home, whether derived from these mass media, from previous generations or from our own lifecourse. So, in the eighteenth century affluent fathers curated their collections while their wives embroidered; in the nineteenth, Mrs Beeton made housekeeping a profession; and in the twentieth, everyone learnt to do it yourself.

The home is also a place where routines and habits of life are played out. Whether this means the ritual of waking, washing, dressing and eating breakfast, walking the dog or watching the news, these rhythms provide security. Maintaining these habits in a new setting is a way in which the new home is established as not new at all, but simply the continuation of the same home in a new place, marching to the same drum, answering again the same echoes.

How staff behave

Residents are more likely to feel at home in a residential care facility if care quality is right – if there are enough staff[77], dignity is upheld by caring for the resident's physical appearance when meeting others, when social interaction is promoted[78] and when staff are affectionate and really care[79]. Such a place is the antithesis of the bureaucracy as described by Max Weber:

> "*…a spirit of formalistic impersonality… without hatred or passion, and hence without enthusiasm or affection.*"[80]

Avoiding Weber's faceless officials may seem straightforward, but staff working in services that aim for rehabilitation and independence face a historic dilemma: deciding whether home comforts create a launchpad or a trap. If the present environment is a launchpad, then feeling at home is a prerequisite for moving on since it provides psychological security, courage and ambition. The boomerang teenager is secure enough in their parent's love to leave home for university, try living in a flat, experiment with work and relationships, and return home from time to time to regroup before launching out into the world again. But if comfort is a trap, then home-cooked food and free laundry services will delay departure.

This dilemma was faced two hundred years ago by the architects of the workhouse[81], who provided 'ample' food and medical care for sick residents, while insisting that conditions be 'irksome' to discourage the able-bodied poor from entering and to encourage them to leave. Through applying the principle of 'less eligibility', Poor Law guardians hoped to create a deterrent effect by setting workhouse conditions below that of the poorest independent person in the community. In the present day, the same tension between support and deterrence exists, expressed in various formats: denying prisoners their right to vote[82]; trapping disabled people in unemployment through the benefits system; discouraging demand for accident and emergency care, generating 'gate fever', fear of leaving and bed blocking in hospital.

These tensions are manifested in the design of residential care programmes and the behaviour of staff, especially in rehabilitation services. Would creating a homely environment speed trauma healing and give the person the security they need to launch out into independent living, or would it increase friction, delay discharge and extend lengths of stay? Whilst some contemporary services discourage residents from putting down roots, getting to know the local area and settling down in the hope that this will thrust them out of the nest and into their destiny[83], this author is not persuaded by the 'cruel to be kind' philosophy and prefers a more optimistic approach.

Consent

It is hard to create a feeling of home if staff are present, especially if there is a high turnover, staff wear uniforms and residents do not know people well[84], and if the environment is subject to regular inspections for fire safety[85] or care quality. The requirement for the least restrictive environment should mean that staff support residents to do what they want, when they want, but congregate living, staffing shortages and risk-averse cultures make this a naïve fantasy in many places. Power is also exercised by staff when they decide what constitutes a homely environment and impose this on residents[86] or create the appearance of a home whilst denying residents the right to treat it like a home – for example by locking the kitchen, even when it has been designed for residents' use[87]. Taking control, restricting residents' freedom and adopting a risk-averse culture all belong to what Mary Douglas[88] called the money economy, while the notion of home sits within the gift economy

which is based on choice and coproduction rather than formal transactions. The attitude and behaviour of staff can contribute to the feeling of homeliness[89], as where staff knock on a resident's bedroom door and then wait for permission to enter – those who knock and walk straight in are behaving as if it was their home, not the resident's[90].

The point about staff behaviour is mirrored in an interesting study carried out on office staff. Haslam and Knight[91] compared four kinds of office space, asking workers about their satisfaction and measuring their productivity. First came the 'lean office', that was clean, spartan and oppressively tidy. Satisfaction was higher in the enriched office, where staff enjoyed plants and pictures and produced 15% more output. Then came the empowered office, where staff were invited to arrange or remove each of the decorative elements, and then they got down to it and produced 30% more than their lean office colleagues. Finally, the researchers repeated the arrangement for the empowered office, but then went in and revised all the worker's design decisions, creating a disempowered office, where both satisfaction and productivity plummeted to the lowest level of all four conditions.

Lee[92] was told that resident's possessions were commonly set out on the dressing table by staff, and sometimes went missing in the residential care settings she observed. They could be lost, or staff or relatives might take them away, justifying their action as necessary for safety reasons, and sometimes without telling the resident, but, instead, implying that other residents stole things. In other settings, attempts are made to protect personal possessions and medicines by offering lockable storage[93], in violation of the ethos of home as a place where valuables can be left around without worrying that other members of the household will steal them[94]. As the anthropologist Margaret Mead commented:

> "For all my years of travelling, I have always had somewhere to return to, somewhere where everything is just where I put it away, twenty, thirty or forty years ago."[95]

Privacy

It is a feature of home that we do not have to answer any questions from people outside our own household regarding what we do there. In this sense, home is a private place where we can complete the observances of our religion, watch TV into the small hours of the night[96], spend hours practicing our makeup, collect stamps or write a critique of Troilus and Cressida. Staff may take an interest, but only when invited to do so by the homeowner, or this special kind of freedom from accountability, this crucial type of privacy is lost[97].

> **Challenge #3**
>
> Do residents forfeit privacy on admission to the Care Home? What do staff do to uphold the right to privacy?

Privacy suffers more blatant intrusions too. We might be willing to be observed while we sleep during a short stay in hospital, but home is the place where we can relax and sleep in safety, undisturbed and in private[98]. In contrast, some care home managers send staff into every resident's bedroom several times each night to check that they are alive and well, while some relatives introduce novel surveillance technology into private spaces[99]. Such intrusions may be essential for those who are in the last hours of their life but imposing this on anyone else is a serious breach of the right to privacy.

Domesticity

As many feminist analyses have shown, the home is a site where gendered labour continues to hold sway, whether in relation to cleaning and laundry, shopping and meal preparation or do-it-yourself projects. While a few households engage a cleaner, gardener or cook, most of us complete these

domestic chores ourselves, and home is defined to some extent as the place where one carries them out[100]. Adding childcare to the mix strengthens the sense of home, and, for some, the presence of children is so vital that the empty nest is never really home again.

Some people who are currently living in a congregate residential care setting might be able to move on to a more independent life, and so supporting them to develop and maintain these domestic skills is a vital means of promoting independence and reducing long term cost to the public purse. Care homes should offer opportunities to continue with longstanding habits, including domestic chores[101].

> **Challenge #4**
>
> Are you running a hotel, where staff are employed to carry out the domestic chores or a home where people do as many of these things for themselves as they can?

As highlighted above, the notion of home is filled with contradictions, so often revealed by our use of language. Nesting invokes those TV adverts where happy children gather round the table to eat every scrap of the delicious meal made from fresh ingredients in only 30 minutes. But when TV myths are laid aside it turns out that our oven is not wipe-clean and household chores are tedious, repetitive and sometimes neglected obligations, while for others, real skill is deployed in creating homemade food, the ritual of stacking the dishwasher is soothing and the hard labour of washing windows brings its own reward.

People living in someone else's home or a staffed environment may be denied opportunities to plan meals, save for a new carpet and wash up, as these hotel services are provided by others. This also draws attention to the way in which different people construe the notion of homeliness, such as the affluent family that employs a decorator, gardener or cook in contrast to the more modest households and stages of life where these tasks are carried out by members of the household. Living in a hotel or a hostel feels very different from running one's own home, and strategies such as Active Support help people who need considerable assistance to engage in the everyday tasks involved in running their own home. Bringing a toddler group into the care home may remind residents of the time in their own life when toys were strewed across their kitchen floor or activate the myth of the ideal family.

In an analysis of 61 interviews with long term care settings, Cooney concluded that the people who created their own space, perhaps by cleaning, decorating and arranging their belongings, felt more at home in the care environment[102].

Architecture and fittings

Rooms

Bradshaw and colleagues[103] found that care home residents wanted their own bedroom and bathroom[104], sufficient storage and a quiet place to be alone. Sharing a bedroom with a stranger is reminiscent of a hostel rather than a home, impedes healthy sleep and reduces wellbeing[105]. Where this is the only space to be away from other people, bedrooms should be large enough[106] to accommodate space to watch TV and play music, store possessions, read[107] and sit at a table[108]. A larger space is needed if the person has a considerable amount of mobility aids, but homely means neither cramped nor cavernous. Crucially, it does mean accessible, so that people have the best chance to enjoy privacy when sleeping and evacuating[109]. In contrast to this, one person was refused

permission to bring their photograph album with them to the care home, as the space was needed for medical equipment[110].

Replacing an ordinary bed with a hospital bed may provide additional functions, but both the bed and an 'uninviting institutional space'[111] impedes homely intimacy and the expression of sexuality, whilst also risking that the feeling of home is lost as doubles are replaced with singles[112], domestic furniture is replaced by medical equipment and friends are supplanted by professionals[113]. The bed itself is not just a place for sex and sleep, but for hiding in when life becomes overwhelming, for reading and watching TV, for conversation and cuddling children. Regulations require beds to be 900mm wide[114], but this is much narrower than the bed most adults sleep on in their own homes (or even in hotels[115]) in contemporary English culture[116].

In a similar way, a gender-segregated bathroom which is used by strangers, which lacks privacy and any semblance of comfort, which contains paper towel dispensers rather than fluffy towels and lacks a replacement toilet roll, which has a U-shaped toilet seat and a slippery floor, which offers hazardous bathing facilities and limited privacy, can trigger apprehension and what some researchers offensively called 'obstreperous behaviour'[117]. These spaces deny people control, privacy and dignity, thereby damaging any sense that they are at home. Rather than these institutional approaches, one housing provider has selected lever taps and their towel rails and toilet holders are strong enough to double as grab rails[118], thereby increasing independence without compromising on homeliness[119]. Providing a mirror[120] supports personal hygiene and grooming.

Meanwhile, the presence of staff offices, locked clinic rooms, central medicine cabinets[121] and noticeboards create a strong institutional impression, along with staff uniforms, prominent fire safety equipment and nameplates on doors, so some organisations minimise their presence[122], perhaps eliminating the nurses' station entirely[123]. After all, many homeowners carry out their deskwork at the kitchen table, in the bedroom or lounge rather than in a separate office. Meanwhile, in ordinary dwellings, the dominant response to fire risk is to have easy access to outside doors and so fire extinguishers, while they may be present, are not on display. Rooms are decorated and furnished in unique ways, so inhabitants have no trouble distinguishing between them, eliminating the need for naming and labels.

Nearby the bedrooms are the communal rooms which in ordinary homes are furnished, decorated and maintained either by consensus or by one member of the family taking on the role of interior designer[124]. Bland, neutral colours signify that the property is to be sold rather than that it is a home, as well as being difficult to decipher for those who have visual processing challenges[125]. Individual rooms in homely places use a varied colour palette and this helps people with wayfinding and orientation[126], unlike large hotels where one corridor looks very much like another and the extra wide doorway[127] is suggestive of hospital. Communal areas in care homes are rarely personalised, as residents keep meaningful belongings in their bedrooms, and only some care settings invite residents to showcase their artwork or favourite possessions in the lounge and other communal areas[128]. In others, nobody takes on responsibility for ornamenting the space and it is left to cleaners to look after it and some residents to stake out their claim that a particular spot in the lounge or dining room should be recognised as theirs. For millennia, the aged were found sitting near the fire and evening brought family into the warmth of hearth and home, but no longer. Fears about safety and demands for efficiency have put out the fire.

Large buildings with big rooms do not feel much like home[129] (although there are cultural differences at work here[130]), so some care home designers have found ways to hide the visible mass of the

building, shrink its presentation to the street and use similar building materials and parking arrangements to those in use in neighbouring properties. Institutions often have grand entrances inviting public access to crowds of people, with the barrier inside at a reception desk, in contrast to domestic front doors that hold visitors outside until a resident invites them to enter; only one or two people passing through at any time. Indeed, by the time the visitor has reached the homely entrance, they will have already passed through a number of markers that this is not public space, symbolised by the gate, winding path, tended garden and doorbell.

Long corridors have been found to reduce homelikeness[131] and increase restlessness, anxiety[132] and violence[133], and the sheer distance between rooms can make them inaccessible to people with mobility challenges unless they rely on others. Many ordinary homes have a staircase within view of the front door that is decorated and furnished in its own right and offers inviting glimpses of other floors, so one care home provider[134] has replicated this, despite the fact that residents need to use a lift. Complicated buildings generate a demand for wayfinding support such as signage and trails[135]. Wayfinding signs[136] have been removed in some care facilities to make the place more homelike[137], while others advocate use of colour contrasts[138] and strategically placed furniture or other building features to help people find their way around the building. Visual cues are used to obscure as well as clarify, as when the door to a boiler room is camouflaged to become a 'secret door', lacking architraves, distinctive colours and door furniture. A more questionable use of secret doors occurs when it is applied to the exit so that residents with cognitive impairments are unable to find their way out[139]. This is what Lady Hale meant when she referred to a 'gilded cage'[140].

If home is thought about as the storage unit for a family, the sheer size of many residential care homes counter any notion that they are a home[141]. After all, family homes in England generally have a kitchen and lounge, possibly a dining area, one or two bathrooms[142] and two or three bedrooms[143], with larger houses rarely having more than five. Crucially, there is just one dining table[144] and enough chairs for everyone to gather round it to eat together. Of course, not all homes have the luxury of a separate dining room and some people prefer to eat sitting in front of the TV, but if there is more than one dining table it is an exceptional gathering. So, places that have multiple tables are reminiscent of canteens, restaurants or schools, but not home. In a similar way, places with dozens of bedrooms are hotels, not homes. Large residential care facilities also have more difficulty in providing good care[145], and over recent years, the average size of care homes has been increasing[146].

The different rooms and spaces in a home are associated with different levels of privacy and intimacy, so guests may be welcomed into the lounge near the front door, lovers upstairs into the bedroom and nobody into the bathroom. This is what Alexander and his colleagues[147] call the 'intimacy gradient', noting that these arrangements mean that casual visitors do not pass through private areas or inadvertently glimpse what is happening in them. Similarly, quiet spaces will suit introverts who wish to spend time alone, while crowded communal areas are enjoyed by people who are energised by social interaction[148]. It is hard to make a home when everything is open plan or space is so confined or jumbled that these graduations of privacy cannot find expression[149]. Cultural differences apply of course, so some hosts will invite visitors into the kitchen, whilst other families will ban guests from entering there. Seasons and celebrations change the pattern of use too, so the lounge becomes a temporary bedroom when children visit for a sleepover, furniture is reconfigured to make space for the Christmas tree and, once winter is over, the garden becomes an extra room, as long as one can get into it easily and carry furniture and food out in fine weather[150].

This discussion is incomplete without including some reflections on the kitchen and dining room. It is hard to conceive of a home that does not include spaces which are dedicated to food storage,

preparation and consumption and for many people, home is almost synonymous with the kitchen and sharing mealtimes[151]. The people who prepare the food then sit at the table and everyone eats together and everyone takes their turn in clearing up afterwards. Actively engaging residents in the ordinary domestic activities centred on the kitchen adds to quality of life, interaction and independence[152]. Simple adaptations can improve accessibility[153], such as open shelving so that frequently used items are easy to find, safety switches that automatically regulate and turn off the heat and smoke detectors. In the kitchen as elsewhere, the drive for homeliness should not be used an excuse for failing to provide an accessible environment.

Fittings

Various assessment tools[154] have been devised to evaluate the adequacy of a home or a residential care facility for disabled people and these can be extremely prescriptive about everything from the height of a handrail, width of a door[155] or the space needed to turn a wheelchair. Such factors need to be selected and designed with the concept of homeliness in mind, as in the care home where domestic rather than industrial washing machines have been purchased from High Street retail outlets, enabling residents to recognise them rather than feeling frightened by unfamiliar devices and equipment, and some residents can do their own laundry. Sometimes when it appears that homely solutions cannot be found, the problem is the congregate setting rather than a lack of available adaptations, and homeliness can be achieved by providing individualised, person-centred homes.

Sound, light and heat

Soft furnishings as well as scale change the auditory properties of a building and so a hospital does not just look like a sterile institution, it sounds like one. This can be true of residential care homes too, as Joosse[156] found that both bedrooms and lounges[157] were much noisier than the equivalent spaces in ordinary homes, while the review by Marquardt et al (2014) found that these excessive noise levels were associated with an increased level of 'wandering and aggressive and disruptive behaviour as well as agitation'[158]. Reverberation in institutions makes them sound like a cinema or concert hall and this makes speech more difficult to understand[159]. A specific example of noise in some environments is caused by the use of a public address system, and replacing this with personal communication, such as mobile phones, pagers or conversation makes a big improvement[160]. High-density, overcrowded and noisy living is unpopular[161], with loud talking being even more distressing than mechanical noise[162]. However, soundproofing is not the answer, as singing together, overheard gossip and shared stories all build community in place of loneliness[163].

The acoustic properties of the space change if rooms are large and ceilings are high and this leads to a reduction in the sense of intimacy and the capacity of a group of people to create a shared emotional atmosphere and confide in one another[164]. Furniture, carpets[165] and curtains absorb sound and create a homely visual impression and soundscape[166]. Carpets can also affect balance and increase drag when using mobility aids but are softer for people who fall and more homely than hard floors which can increase noise, glare and create the illusion of spilt water when brightly lit. Rugs and poorly maintained carpets with loose edges[167] can increase the risk of falling if they are not properly maintained, and lax hygiene practices will result in carpets trapping odour[168]. Individuals who need specialist equipment such as a hoist or overhead tracking, bottled oxygen or a powered wheelchair will add to the soundscape, as will individuals who speak or laugh loudly.

Lighting matters as well as sound levels, with artificial light varying in brightness (measured in lux), warmth (measured in Kelvin luminaires[169]) and light is then reflected from other surfaces (measured as Light Reflectance Value). Too little brightness, and people cannot see what they are doing, while

insufficient warmth give an institutional impression and reflective surfaces create glare[170] and other barriers to perception.

Homelike settings use incandescent or warm LED lighting rather than fluorescent tubes or cold LED and avoid the use of sensors that plunge people into darkness without warning. They vary light levels to create atmosphere and differentiate spaces and times, as where a lamp creates intimacy or a focus for concentration while others occupy different parts of the room[171]. Domestic settings also commonly maximise the use of natural rather than artificial light and may leave on a dim artificial light to assist those who move around at night. Lighting in communal rooms in care homes should be domestic in character[172].

Harnessing circadian rhythms by varying light levels through the day may assist people to sleep at night, whether by closing curtains[173] or installing a circadian ambient lighting system, creating a natural alternative to sedative medication[174]. In addition, some people like to see what is going on outside and a good view[175] or a breath of fresh air from the window[176] helps them to feel connected with the community beyond the care home, while closing the curtains at dusk can help inhabitants feel snug, warm and protected[177]. The street windows also signal to the community – as when vast picture windows communicate affluence, closed blinds convey privacy, and, in some communities, red hints at vice.

Room heating in a home may consist of radiators augmented by a gas fire or log burner that serves as a focal point, but these rarely appear in institutional settings as heat is supplied via underfloor services or through large, industrial size radiators. In a home, temperature regulation is managed easily and can be varied from room to room using thermostatic valves on radiators, opening windows or fetching portable heaters to augment the central system. So the minimum standards for care homes directs that the heating in each resident's room should be adjustable by that resident[178].

Furniture and where it is placed

Specific areas of the home carry significance, so a cherished photo may take pride of place on the dressing table, while another memento may be displayed in a dark corner of the hallway. Arranging the home involves activities at many levels, in which large-scale refurbishment and expensive redecoration projects are born out of lengthy planning and create a long period of stability after these dramatic changes, contrasting with dusting, where each item is returned to its assigned place. For example, purchasing a comfortable settee or armchair may have required multiple shopping trips and considerable expense, contrasting with the standardised items found in care homes, which some sitters find as uncomfortable as medieval furniture, designed for foreign physiques and postures rather than for comfort and ease.

Challenge #5

Which residents like to move their stuff around and do staff support them to do so?

Where safety rules in care homes require it, the new resident's cherished old furniture might be discretely reupholstered in fireproof and waterproof materials and so continue in service. Lee[179] then poses the question of where to store the unwanted 'standard issue' furniture which might be needed by the next resident, and so, in practice, the person may be discouraged from bringing bulky items of furniture with them. However, these problems should be addressed, as Jonsson et al found that personalised furniture that could be easily moved at the behest of the resident enhanced their self-determination and added to their homelike feelings[180].

In between these large refurbishment projects and cleaning routines lie a series of spontaneous minor revisions, such as rearranging the layout of a room, swapping posters on the student's bedroom wall[181] or fetching more chairs to seat everyone at the table. Such experiments exercise the creative imagination, underline the power of homeowners to change their environment and their inner emotional state, and counteract boredom[182].

Moving things round may also generate domestic strife and confusion, so an alternative narrative begins to shape the living spaces of people with memory challenges. After a lifetime of experimentation and variety, a homeowner with Alzheimer's Disease is frequently urged to leave everything in its place, to bolster the declining sense of familiarity, so that functional requirements defeat any desire for novelty. Perhaps the person's previous lifetime in which encroaching boredom was countered with regular reordering projects has been completely lost and the dominant emotion is now frustration when the teaspoon is no longer in its accustomed place – but perhaps not. Carers should beware of making assumptions.

Movement and change

Modern working life provides homemakers with frequent chances to try again, relocate and start over. Arriving with a commercial removals company rather than a charity van or a City Council vehicle positions the newcomer in the neighbourhood before a greeting is exchanged with a neighbour. The new place must be cleansed of its old inhabitants (especially if they have died), perhaps by redecorating, but certainly by rearranging what is there and introducing as many personal items as possible to establish territorial rights. But for many people, the feeling that this is home will not be rushed, and grows slowly over time[183], bolstered by happy times of having fun[184], but also shaped by darker moments, when this place holds them through disappointment and tragedy. In addition to the gradually deepening sense that this place is home, there are times when this is especially important, such as at the end of life[185].

Those who do not move to a new address may be restless, eager to rip out the kitchen, choose new paint colours[186] or experiment with placing the TV in a different corner as they pursue their own elusive ideal, the feng shui where perfect positioning of a chair or a candle completes the home interior. Changes may be bold or subtle: the same magnolia paint is now crisper than the tired layer beneath and a new trinket is added to the overflowing mantlepiece. In ways small and large, the home is in constant makeover as its occupants exercise artistic choice and control, cutting back the privet, washing the sticky bathroom floor and fixing ceramic geese to just the right spot on the wall. For this reason, care homes should under-furnish vacant bedrooms, intentionally creating spaces that the resident can fill with their own belongings, either brought from their previous home or chosen and purchased for this room. They also need to be fitted with an excess of power sockets, so people can use their electrical items in various locations in each room[187], without being blocked by the excessive application of workplace rules, such as PAT testing[188].

In tension with the attention the home receives is a sense in which the home slides into the background of many people's lives. In what the anthropologist Daniel Miller described as the *humility of things*, as where the homeowner's eyes do not fall on the beautifully swept path, their nose is blissfully unaware of doggy smells, and their ears never prick up in response to the tram swooshing past the door. Yet despite our neglect of them, our surroundings do speak to us, do send subliminal messages to remind us that we are at home, that this is our place. This may mean that the delicate aroma of contentment sinks into the furniture and fittings, like prayers into the stonework of an ancient church, or it may mean that chipped crockery and bent utensils scratch and inflame discontentment, or expensive and incomprehensible appliances underline our incompetence and

alienation. These things become a silent stream of communication, incessantly dripping their message into the homeowner, shaping the stone, yet undetected by visitors.

Our possessions shape us, define us and direct our conduct at home and beyond its front door. In contrast to the institutional resident who has everything provided, inhabitants of ordinary homes must go out from time to time, if only to buy food. At this point, our shabby home furnishings or slick mod cons prompt us to adopt a posture, to go out into the world with a downcast eye or a swagger. Our private collection of handmade matchstick models remains at home, hidden from both admiration and derision as we don our public face and go about our business, quietly sustained by the expertise that has shaped our leisure time. Or perhaps home life is little more than a barren wasteland, unmarked by adventure, success or unique interests, and so we set off in search of a bigger life than we have yet found at home. As it turns out, the group of researchers working with Daniel Miller found that the people who established satisfying relationships as artists with their artifacts also enjoyed rewarding relationships with people, as if being in the world involves both creative and relational components. Passing back through the front door permits the public face to be removed along with the overcoat, as the wanderer leaves behind the possibly antagonistic outside world and re-enters the one place where masks are not needed, where it is possible to relax – the place called home.

Belongings

Mementoes

Challenge #6

Do relatives know the story that goes with each object?

Possessions maintain a dynamic relationship with their owner, providing visual exhibitions of their interests and mementoes of their past. While some objects are functional or beautiful, many are what Tolkien called mathoms, lacking practical and aesthetic merit but nevertheless imbued with significance for the person[189]. They capture the best moment of a loved one’s life, such as the framed photograph of a graduation ceremony, or a mug from a favourite holiday destination, meaningless and valueless to the house clearance worker, but evocative in autobiography. In telling the story again, the owner experiences ‘flow’, caught up in the recollection, re-living the moment[190]. It is poignant to notice that, after the admission process has deprived many care home residents of almost all of these objects from their own life story, guest presenters appear with a bundle of bygones with which to offer reminiscence sessions before packing them up and taking them away again[191]. Perhaps these guests understand better than most the power and beauty of such shared moments in which objects stir memories and bring people together[192]. Sadly, while the property of the reminiscence worker may be redolent, and the property of the care home is functional, it is the lost possessions of the resident that are cherished.

For those people who are unable to explain it in words, a Life Story Book can reveal the significance of some of their possessions to staff and others. Not everything is loaded with meaning, of course, as some items are as functional and anonymous as a plastic food container used for storing leftovers in the fridge. But other objects, and particularly their smell, or taste or colour, spring memories from their forgotten prison, releasing the emotions even where the person can no longer place the origin in space and time.

These items gradually accumulate over time and may be particularly valuable during transition times, such as bereavement or moving into residential care[193]. Most homeowners will rationalise their collection from time to time, discarding duplicates, those whose significance is forgotten, those items devalued by events, erosion or buried in the sedimentary layers of new experiences, new relationships or upgraded products. Pruning has a second impact too, as the discarded objects transfer their value to those that survive, which must then represent an ever-larger segment of the person's history or family. This process reaches its zenith when fifty years of marriage or motherhood is compressed into a single photograph which stands surrogate for the person themselves, especially when they are absent or dead.

Functional objects

Kellyn Lee observes that people do things with things, and so a functional object is 'an inanimate item that a person can use to perform a task (not necessarily to completion or to any perceived standard) which maintains and supports her/his identities'[194]. Lee has developed a training programme[195] to promote this 'material citizenship'. The term embraces a wide range of objects but invites us to pay attention to how things are being used by the person, rather than narrowing their significance to their role as memorabilia. Homemakers are surrounded by tools, dishcloths, gardening equipment, a fridge, kettle, hairdryer, computer, bicycle, smartphone and more. Some of these inanimate objects are used independently, without needing to ask anyone else for help, to pull the cork out of a bottle of wine, wipe up the spilled drops and then phone a friend from my own room. The presence of these objects makes a hardware shop; it is using functional objects that demonstrates it is a home and gives people mastery of their environment.

Tools were mentioned only in passing but occupy a distinct role. They are necessary for work, whether that means a paintbrush to work on redecorating the lounge, a computer for the work of writing this paper or a trowel for the work of planting. While some citizens hang up their work clothes after retirement, many older people continue to work on the computer, staying in touch with a scattered extended family; work on keeping the house or garden pristine; work on learning a new language; or work on coordinating the campaigns of a local charity. Since the industrial revolution, the office and the factory have carried the machinery, tools and products demanded by the market, but homework is set by the person themselves, representing their own chosen activities, their own goals that lie beyond the self. This of course has shifted during the coronavirus pandemic as work-based tools and obligations have been carried home. For both of these reasons, homes are scattered with work tools and the completed and unfinished projects. Failing physical strength, cognitive function and stamina may slow the pace of production and diminish the output, but home remains a workplace in this sense. If congregate residential care permits of no tools, fails to connect with the priorities of the person and offers nothing more than entertainment, pampering and the projects chosen by someone else (perhaps the Activities Coordinator or Reminiscence Speaker), then it is not a home in this sense at all.

Paying attention to the function that objects enable homemakers to perform points to what psychologists call 'agency', the ability to shape the world, to take action and make a difference. This is perhaps most obvious in the carpenter's workshop where tools are used to shape wood, but it occurs every time hair is curled, paint is applied, and cakes are baked. In a wider sense, it points to the power of the person, the extent to which their wishes and intentions are supported, the extent to which their preferences are heard, understood and acted on. As Jackson puts it, 'we often feel at

home in the world when what we do has some effect and what we say carries some weight'[196]. In contrast to the anonymity of city streets, at home we are known.

Durable and consumable goods

It is not just the age of the television that tells us about this particular household, but its size, position and use. Lee[197] notes how objects designed for one purpose are often used for another, giving the example of an elderly person using her walking stick to knock on the ceiling to communicate with a resident upstairs. Any object can have significance at multiple levels, as when a knife is used to butter bread using its flat side, open an envelope with its serrated edge, threaten another person with its point, loosen a screw with its thinness and remember mother with its decorated handle. Home is a place where tools are needed to solve practical problems, unlike the hotel where one simply asks at the front desk, or the hospital where one is deprived of an active role altogether. Rather than staff arriving in the room with all their equipment, it feels more like home if cleaning materials and tools are kept in individual rooms and so can be used by the homemaker themselves or as directed by them.

Details of the home and those who dwell in it are also revealed by consumable items, whether packets of food, ornamental candles, plants or cut flowers, by the particular choice of product and its size. Hotels decant most food out of its original packaging before the guests see it, at home, there may be milk and cereals out on the breakfast table just as they came from the shop, At home, we can select our favourite brand of tea, use a teapot if we want to, and leave half a packet of biscuits out on the table.

Spring Cleaning

Home owners vary considerably in their habits of accumulation and pruning, so some achieve a minimalist simplicity, confining past friendships and their associated symbols to the bin, while others cannot bear to divest themselves of any part of their history and so hoard them in an increasingly overcrowded home, and yet more compromise by filling the loft. Those anticipating their own death may give excess items away or pass on their most treasured possessions in the hope that the significance with which they hold each object will magically transfer to its new owner. Frequent house moves, downsizing, night-time flits or visits from the bailiffs increase the amount of pruning, while those who live at the same address for decades can put it off forever, but the seasonal language suggests an annual cycle, or at least a periodic and repeated process[198].

> **Challenge #7**
>
> If the resident moves in response to a crisis, how do you support them to make their own decisions about what to keep?

For some, the process of sifting, reviewing, dusting and discarding is joyous and brings calm and order to thoughts as well as possessions. Simplicity means having just enough, with the top shelf pleasantly empty now that arthritis has rendered it beyond reach; the handyman's tools freecycled to someone who will delight in them; and ancient bank statements shredded. Cupboard doors now stay closed, rammel is gone and, at last, William Morris's injunction is obeyed, to 'have nothing in your house that you do not know to be useful or believe to be beautiful.' Beyond the obvious functional benefits of clearing out lies a spiritual notion of detaching oneself from the encumbrances of materialism, finding freedom and travelling light, like HG Wells' fictional Mr Polly.

If life has been rich in friendships and special occasions and has contained multiple episodes, then there is a lot to commemorate. School, university, several jobs, living in different places, friends gained through a variety of leisure activities, and sustained contact with numerous relatives whose

triumphs and disasters all add subplots to the tale. Others, perhaps less gifted in recognising the drama through which they live, or who have endured a life of monotony and isolation, accumulate fewer memories, stories and artifacts. In addition to those items that enshrine specific, recognised memories lies the unresolved stuff, those things kept because there may be vestigial associations, un-named and possibly ephemeral meanings, rendering the artefact a carrier of some as yet unrecognised significance, rather like a asymptomatic carrier of an infection whose vital role is only discovered later.

People with disabilities who face the prospect of a move into residential care may be required to divest themselves of many of their belongings[199]. This can happen quite unexpectedly[200], so the person hastily grabs a few treasures like a refugee fleeing before their old home is destroyed. Items that survive must be small and easy to carry, not furniture. For some, even this choice is denied and relatives select items on behalf of the person and bring them into the residential care facility, then dispose of the rest[201]: Lee counted 11 out of 15 residents who had been excluded from decisions on which of their possessions were to accompany them into the care home[202], including one resident who had lost her address book that had been thrown away by an over-zealous relative. A host of excuses are then given to explain why the person cannot be taken home to collect their things and bring them back to the care home: requests are not properly attended to; individuals think it is someone else's job[203]; relatives are too far away, busy or unwilling to help; paying for a taxi is too complicated; staffing levels are too low; staff will be accused of stealing; the person will be unable to choose from amongst their possessions or will be too slow and distressed; they will be unwilling to return to the care home; and preferred items will be unacceptable to the manager of the care home (unsafe electrical items, flammable upholstery or valuable jewellery[204]). People who are leaving their home for ever declare that they need to 'say cheerio to the house'[205], yet this may be denied to them, compounding their grief and sense of loss[206].

Disempowerment is compounded when the resident is deceived into thinking that they are on holiday or at the care facility for a short break, whereas in fact they have been moved permanently[207]. Lee found that risk assessments were not carried out in respect of the ownership and use of everyday items such as a hairdryer, cigarettes, money or a mobile phone, but instead, a blanket rule was applied that such items should be denied from all care home residents.

The result is that some care home residents find themselves with nothing more than the clothes that they were wearing when they were admitted to hospital, more like survivors of a housefire or refugees, denied their human right to personal possessions. Once they are living in one of the care homes that Lee observed, guidance directs residents and their relatives to select garments that are larger than the person normally wears, thus prioritising the needs of staff over the dignity of the individual. Meanwhile, official guidance continues to remind staff that people should wear their own clothes[208], but says nothing about how clothes are folded, hung and selected – matters that may replace distress with contentment, confusion with control, anonymity with style.

Pieces of furniture are not just functional, as they confer a role and a status. The table represents family mealtimes with people serving themselves and one another, while holding conversations, so giving it up means termination of the host role[209]. One sideboard will *not* do as well as another. This is the one that my husband and I saved for in the 1950s, when some purchases were still rationed, and telling me that the care home already has cupboards is not the point at all. They told me that I could bring my own armchair, since it is upholstered in smooth, hygienic leather that can be wiped down, but how can I split up the suite that we have dusted for sixty years? And why do they assume that I only need two chairs – are my guests expected to arrive alone?[210] My favourite mug for

morning coffee came from Scarborough, where I was stationed in 1942, reading Morse Code and sending it to Bletchley Park for analysis, but now my stroke prevents me explaining why the mug is important and why its chipped rim does not matter.

Parting with treasures before time feels like violent assault as each thing tells a story, remembers me as I remember it, and compresses whole segments of my life into their small shape. There may be ten years of life poured into a single piece of crockery, as each successive spring has cleaned away lesser artifacts, leaving, at the last, just this one milk jug to stand sentinel for that whole era. Sending it to the Oxfam shop feels like wiping that whole period from memory and treating its loves and its laughter as if they never existed. Losing such treasures to a housefire or through bitter disputes with an ex-partner compounds the assault.

Memory does fade, and sometimes the names and the stories that were once paired with the object are lost. But for the person, it can be as if the object retains its memory for them and so it remains warm with familiarity and redolent in significance, like a screwed up hankie always carried in the left hand, a cuddle cloth gripped by a toddler or the endless turning of a ring on the third finger. The things of home hold us deeper than words, beyond description or justification.

Display

Keeping up with the Jones' represents an attitude in which homemakers are acutely aware that they are creating an artwork for the benefit of others and so they ornament, dust and polish, tidy and redecorate for a real or imaginary audience rather than for themselves. The stain on a carpet or scuff marks on a skirting board cause pain and for some, the long, dull ache of shame because there is no cash or capacity to replace it. What matters here is the sense that others will be impressed or will make harsh judgements, whether or not these guests actually appear or make any comments at all. Like putting on clean underwear just in case one is unexpectedly admitted to hospital, where the shame could be fatal, homemakers are insistent that everything should be clean and tidy 'just in case' the landlord or the grandson appears at the front door.

The visiting audience is joined by the homeowner themselves in those moments when they look around a sparkling kitchen or a redecorated lounge with satisfaction and contentment. The person has exercised some control over their world, ordered the chaos and straightened the curtains, matching the external view with the internal vision. The homemaker is an artist, searching well beyond function and purpose, seeking an elusive aesthetic in which homeliness is perfectly represented, not just in 3D, but by inhabiting the installation. All this creativity and satisfaction is denied to care home residents when staff arrange or rearrange their belongings.

Behind this viewpoint of the home as a representation lies the question about just exactly what is being represented. For example, if aesthetic beauty is the goal, then a painting by the naïve artist Alfred Wallis might adorn the wall, but if the message is about a loving extended family, then grandson Freddie's latest production will be on show. So the home may contain a wealth of items that would fail any test of artistic beauty or ergonomic efficiency, and yet take their place as they symbolise places or people and so have a place in the heart of the homemaker.

Clashes of opinion or power may appear in relation to decorative objects, as where Dorothy did not want her husband's life drawing in the lounge[211], the UK Government bans certain pictures in secure units[212]. Care homes that permit residents to have a wall drilled to hang another picture promote the kind of individual control which enhances the sense of home[213], while those that replace pictures with policy documents and corporate logos reinforce the institutional character of the building and the devaluation of its occupants[214].

Clutter and dreams

> **Challenge #8**
>
> Do you tidy up too much?

Show houses are beautifully dressed, while most real homes have clutter. As one resident commented, *'We went to one place but it was so posh I wouldn't want to go.'*[215] People who experience sensory overload prefer minimalism, with un-ornamented spaces, clean lines, and personal items tidied away[216]. Others find themselves in prison[217] or high security psychiatric hospital[218] where the rules ban clutter to help staff conduct regular searches for contraband such as street drugs or weapons and so, if for no other reason, these places are unlikely to feel like home. In most ordinary homes, half-finished correspondence adorns the dining table, plant pots in the garden wait to be refilled with seasonal blooms, and the bed is unmade. A pile of laundry cascades from a chair, there are discarded socks in the lounge and the whole place needs a fresh coat of paint. Crucially, this is my mess, while living in an environment that someone else is choosing to leave dirty and dilapidated would be entirely different and disgusting[219]. It is this control that is usurped when staff teams in a care home succumb to obsessive cleaning that dominates and restricts the life of residents[220]. But if the mess is mine, this is my home, just like the stripped-back, minimalist space designed for relaxation is home for you[221].

Conclusion

The physical stuff of home is important, but it is not all. Indeed, the staff interviewed by Canham's team[222] considered that the architecture and furnishings of the care home could help, but it was the quality of relationships and the passage of time that had a bigger impact upon the sense of being at home. Others would no doubt want to add the voice, choice and control exercised by the person as crucial factors in generating a sense of homeliness.

Alongside the physicality of home, with its snug familiarity, cobwebs and takeaways, there exists a no less potent fantasy of home. Every time we glimpse into someone else's parlour, whether visiting a relative or watching a soap, there is the opportunity to evaluate. Did you see that terrible colour scheme? Perhaps I should pull that kitchen gadget out of the cupboard and have a go. I wonder if I dare ask for a cutting of that shrub. None of these comparisons, whether covetous, smug or filled with wonder, need to be converted into our own home improvement projects, none need to be realised. Rather, they form part of our inner world of reflections or our social circle of conversation as we uproot and plant, redecorate and rearrange our fantasies. This too is home.

Status of this document

This is one of a suite of more than 30 *How To* guides that explore practical ways to coproduce delivery of health and social care, teaching, research and evaluation. They can all be downloaded from here. Each has been co-authored[223] in public, is available online from the very first draft and each version is amended as soon as anyone suggests an improvement to the text[224]. They are therefore never finished and always open to capturing tacit knowledge and proven expertise from new sources.

[1] Hostel guests who are strangers to one another are expected share a bedroom, sometimes sleeping on bunk beds. See Bunda RB (2014) *The Business of Beds: An Exploration of Hotel and Hostel Business Strategy"* Honors Scholar Thesis. Available at https://opencommons.uconn.edu/srhonors_theses/350.

[2] For a view on what home means to older adults who live in their own homes, see Molony SL (2010) The meaning of home: A qualitative metasynthesis. *Research in Gerontological Nursing*, 3, 291–307.

[3] Bates P & Banks R (2020) *How to make a family-based care home*. It is initially persuasive to think that the difference between a house and a home is that between a material and a emotional analysis, as in the popular adage: 'A house is made of walls and beams; a home is built with love and dreams'. But this is not satisfactory, as love and dreams are embodied in our possessions, which themselves carry emotional significance, so the topics are interdependent rather than independent variables. This is acknowledged in this pair of resource papers.

[4] See https://api.parliament.uk/historic-hansard/commons/1943/oct/28/house-of-commons-rebuilding. Buildings such as homes, offices, cinemas and churches elicit specific behaviours – see Robinson JW (2006) *Institution and home: architecture as a cultural medium* Amsterdam: Techne Press.

[5] Wada M, Canham SL, Battersby L, Sixsmith J, Woolrych R, Fang ML & Sixsmith A (2020) Perceptions of Home in Long-Term Care Settings: Before and After Institutional Relocation. *Ageing and Society,* 40(6), 1267-1290. https://doi.org/10.1017/S0144686X18001721.

[6] Rijnaard MD, van Hoof J, Janssen BM, Verbeek H, Pocornie W, Eijkelenboom A, Beerens HC, Molony SL, & Wouters EJM (2016) The factors influencing the sense of home in nursing homes: A systematic review from the perspective of residents *Journal of Aging Research*, Article ID 6143645, http://dx.doi.org/10.1155/2016/6143645. Lauren Blood is working on #200lives, a study of costs and quality of residential care and supported living for adults with learning disabilities aged 18-64 in England – see https://www.ndti.org.uk/our-work/our-projects/housing-choices2/evaluating-supported-living-and-residential-care-for-adults-with-learning-d/.

[7] Not only has the meaning of 'home' changed over the years, but it changes for the individual across their lifecourse too. For a historical overview of the way that the idea of home has changed over the last 500 years, see Rybczynski W (1986) *Home: A short history of an idea*. USA: Viking, Penguin. For a review showing that the concept of homelike has been tricky to define and apply to congregate residential care, see Ausserhoffer D, Deschodt M, De geest S, van Achterberg T, Meyer G, Verbeek H, Sjetne IS, Malinowska-Lipień I, Griffiths P, Schlüter W, Ellen M. & Engberg S (2016) "There's no place like home"; A scoping review on the Impact of Homelike Residential Care Models on Resident-, Family-, and Staff-Related Outcomes. *Journal of the American Medical Directors Association* Available at https://eprints.soton.ac.uk/390204/2/%2527There%2527s%2520no%2520place%2520like%2520home%2527%2520PUBLISHED.pdf. For a review of place attachment theory (which is a close neighbour to the concept of home), see Scannell L & Gifford R (2010) Defining place attachment: A tripartite organizing framework *Journal of Environmental Psychology,* Volume 30, Issue 1, Pages 1-10. Available at http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.895.7086&rep=rep1&type=pdf. For a view on what home means for people at the end of life, see Collier A, Phillips JL & Iedema R (2015) The meaning of home at the end of life: A video-reflexive ethnography study *Palliative Medicine* March, 1:8. DOI: 10.1177/0269216315575677.

[8] Despite this 'flight from standardisation', I have looked at the work of some other people who have considered this topic, such as Fleming A, Kydd A, & Stewart S (2017) Care homes: The developing ideology of a homelike place to live. *Maturitas*, *99*, 92-97. https://doi.org/10.1016/j.maturitas.2017.02.013. One of the challenges here is the sheer number of variables that are generated by such lists, such as one early example that had 1,398 factors that defined a place as home – see Thompson T, Egli M & Robinson J (1999) 'Architecture and behaviour of people with intellectual disabilities: Observation methods and housing policy' chapter 8 in Thompson T, Felce D & Symons F (eds.) (1999) *Behavioural Observation: Technology and Application in Developmental Disabilities.* Paul H. Brookes. Page 104. Beyond these attempts to count physical and architectural features lie broader meanings of the term 'home', such as the place where children or ideas are born, nationality and the sense of ease that one might feel in a friend's house. See Mallett S (2004)

Understanding Home: A Critical Review of the Literature. *The Sociological Review*, 52(1), 62–89. https://doi.org/10.1111/j.1467-954X.2004.00442.x.

[9] Researchers have asked independent raters to catergorise photographs of various architectural features and furnishings as either institutional or homelike. Raters make these decisions very quickly and the ability, professional training or other variations in respondent make little difference – there is a high level of concordance between all groups. See for example, Thompson T, Robinson J, Dietrich M. Farris M & Sinclair V (1996) Architectural features and perceptions of community residences for people with mental retardation. *American journal of mental retardation*. 101. 292-314.

[10] **Citizens like wide beds**. Single beds are unpopular with adults, who prefer to sleep in a wider bed. Which? Magazine surveyed over 4,000 of its adult UK members in May 2018 and found that more than 90% slept in a bed that was larger than the English standard single (36 inches across) that is provided in some care homes. See https://www.which.co.uk/reviews/mattresses/article/what-bed-size-do-you-need (email inquiry on 29/5/20 resulted in a statement from Which? explaining that no futher information was available). Similarly, a survey of 1053 American adults in 2017 found that more than 90% slept on a bed more than 39 inches wide. 18% of American adults in the 18-29 age range slept in a narrow bed (39 inches wide), which may reflect the numbers who live in student accommodation. The proportion falls dramatically to only 5% of 30-59 year olds and then rises a little to 7% of those aged 60+. See https://www.statista.com/statistics/673201/mattress-size-among-us-adults-by-age-group/. The National Bed Federation record UK sales, of which 18% are of single beds (personal communication from Simon Williams 26/05/20), while 21% of the UK population (2011 census figures) are aged under 18. Older happily partnered adults report that their shared bed is an important relationship setting. – see Rahn, A, Bennett, C, Jones, T, Lykins, A. Happily partnered older adults' relationship-enhancing behaviours. *Australas J Ageing*. 2020; 39: 30– 39. https://doi.org/10.1111/ajag.12731. See also Rahn A, Jones T, Bennett C & Lykins A (2020) Baby boomers' attitudes to maintaining sexual and intimate relationships in long-term care. *Australas J Ageing* 39: 49– 58. https://doi.org/10.1111/ajag.12732. Lemieux et al found that patients wanted a double bed when one of them needed palliative care – see Lemieux L, Kaiser S, Pereira J, Meadows LM (2004) Sexuality in palliative care: patient perspectives. Palliat Med 18(7): 630–7. In 2009, Bowden & Bliss noted that palliative care services may supply a hospital bed to community patients, but providing a double bed was a rare and unusual response – see Bowden G & Bliss J (2009) Does a hospital bed impact on sexuality expression in palliative care? *British Journal of Community Nursing* Vol. 14, No. 3. https://doi.org/10.12968/bjcn.2009.14.3.40095. It is taken for granted that couples will sleep in the same room in the see Department of Health (2003, 2006) *Care Homes for Older People: National Minimum Standards: Care Homes Regulations* London HMSO paragraph 23.9 which asserts 'In new build, extensions and all first time registrations, service users wishing to share accommodation are offered two single rooms for use, for example, as bedroom and sitting room.' Attitudes may have changed over the decades, as illustrated by Hinds HA (2019) *A Cultural History of Twin Beds* London: Bloomsbury Academic. ISBN: 9781350045422.The provider preference for singles is also revealed by the marketing website run by Layfords, where (i) only 3 of the 21 adjustable beds they sell specifically for care home use would accommodate more than one person, while (ii) all 55 adjustable beds they sell appear to be available at 30 inches wide as well as in other widths. On 24 May 2020 I contacted Jiseon Ahn, Aydoğan Aydoğdu, Fangxuan (Sam) Li, Murat Nazli, National Bed Federation, Barbara Nelles and the Sleep Council to ask if they have any additional data. I suspect a similar picture would emerge from the hotel sector where rooms with single beds are almost certainly less popular than rooms with larger beds.

[11] Citizens who have experienced discharge from hospital to their home and then struggled to cope with changes in their mobility or other skills and confidence prior to admission to a residential care facility may think of home with feelings not of warmth and safety but of fear and failure – see https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/more-support-when-leaving-hospital/getting-hospital-discharge-right. Negative views of home may be adopted by decision-makers too – see Pulkki J & Tynkkynen L-K (2020) Misunderstanding home: Exploring depictions of home in old age policy decision-making." *International Journal of Ageing and Later Life* pp1-24.

[12] Some two million adults aged 18-59 in the UK are estimated to have suffered domestic abuse in the year to March 2018 – see https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018. In 2018 there were over 67,000 allegations of abuse made to the Care

Quality Commission regarding English care homes – see https://members.parliament.uk/member/4637/writtenquestions?page=2#expand-1131203.

[13] There are many kinds of dream, including the detailed and practical ambition that can be realised and the nostalgic, frivolous wish for the impossible. In all cases, dreampower can be harnessed. See http://peterbates.org.uk/wp-content/uploads/2017/04/harnessingdreampower.pdf. Rybczynski illustrates this by describing nostalgic fictions of bygone homes constructed by American marketing experts – see chapter 1 of Rybczynski W (1986) op cit.

[14] Others use the terms homey, homelike and hominess.

[15] An Australian survey of persons with disabilities found no-one who wanted to live in a large congregate facility – see Every Australian Counts (undated) *A place I can proudly call home.* Available at https://everyaustraliancounts.com.au/past-campaigns/housing-plan/. Wolfensberger encouraged staff designing services to identify the 'culturally valued analogue', which for congregate residential care settings is ordinary homes, where most citizens choose to live. See Wolfensberger W (1998) *A brief introduction to Social Role Valorization: A high-order concept for addressing the plight of societally devalued people, and for structuring human services.* (3rd ed.). Syracuse, NY: Training Institute for Human Service Planning, Leadership and Change Agentry (Syracuse University).

[16] The Association of Directors of Social Services shares this view, asking for a review of social care to deliver less 'reliance on long stay, larger scale care homes' and to 'strengthen the right to live at home, to remain at home following a change of care needs and to be discharged home after a spell in hospital.' ADASS (July 2020) *Adult social care – shaping a better future. Nine Statements to Help Shape Adult Social Care Reform.* Page 10. Downloaded from https://www.adass.org.uk/media/8036/adult-social-care-shaping-a-better-future-nine-statements-220720.pdf on 25 July 2020.

[17] Mackesy C (2019) *The Boy, The Mole, The Fox and The Horse* London: Ebury Press.

[18] Over 400,000 people were living in residential care homes in England in 2019. Goffman introduced the concept of 'total institutions', describing rigid regulations, group treatment rather than individualised treatment and segregation from outsiders. See Goffman E (1961) *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates.* New York: Anchor Books.

[19] CQC maintains a register of care homes in England and the author accessed this at https://www.cqc.org.uk/search/site/spreadsheet%20of%20care%20homes?sort=default&distance=15&mode=html&f%5B0%5D=ds_created%3A%5B2019-01-01T00%3A00%3A00Z%20TO%202020-01-01T00%3A00%3A00Z%5D&f%5B1%5D=im_field_registration_status%3A6585&f%5B2%5D=bundle%3Aprovider on 1 March 2019, selected the year '2019' and 'providers of registered care homes' and downloaded the database as an Excel file. Using the column headed 'Specialisms/Services', he deleted all services that did not include accommodation for persons who require nursing or personal care. The result was a dataset of 1405 providers. Sites were selected to meet the following criteria: (i) the weblink given by CQC worked (a surprisingly large proportion of links were broken); (ii) the site indicated that the provider ran at least one registered care home; and (iii) the provider was not a local authority. The first 100 websites were then briefly reviewed in May 2020 (a visual scan taking perhaps 3 minutes) and text that contained any of the terms 'homely', 'homelike' or 'home from home' or similar declarations were transcribed – a total of 72 websites met this requirement. It is possible that some relevant information was missed because it was in an obscure part of the website.

[20] "Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family." (Universal declaration of human rights, Article 16)

[21] "Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance." (ibid, Article 18)

[22] "No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation." (ibid, Article 12)

[23] For the European Convention for the Protection of Human Rights and Fundamental Freedoms, see http://hrlibrary.umn.edu/euro/z20prot1.html. The judgement in *Guberina v. Croatia*, delivered on 22 March

2016, confirmed that this applied to the right to accessible housing for persons with disabilities – see https://hudoc.echr.coe.int/eng-press#{%22itemid%22:[%22003-5332264-6646797%22]}.

[24] "Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement." Article 19(a)

[25] "Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community (Article 19(b)

[26] "No person with disabilities, regardless of place of residence or living arrangements, shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence or other types of communication or to unlawful attacks on his or her honour and reputation. Persons with disabilities have the right to the protection of the law against such interference or attacks." Article 22.

[27] States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions (Article 28)

[28] R –v- North & East Devon HA ex parte Coughlan.

[29] R –v- Brent Kensington and Chelsea & Westminster Mental Health NHS Trust ex parte Core & Others.

[30] NHS England (2015) *Managing care home closures: A good practice guide for local authorities, Clinical Commissioning Groups, NHS England, CQC, providers and partners.* This paper is jointly badged by the Department of Health, ADASS, the Local Government Association, The Care Provider Alliance, Care Quality Commission and NHS England.

[31] Department of Health (2014) *Positive and Proactive Care: reducing the need for restrictive interventions.* Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf.

[32] Chaudhury H, Cooke HA, Cowie H, & Razaghi L (2018) The influence of the physical environment on residents with dementia in long-term care settings: a review of the empirical literature *Gerontologist* Vol. 58, No. 5, e325–e337. DOI:10.1093/geront/gnw259. For a previous systematic evidence review, see Marquardt G, Büter K & Motzek T (2014) Impact of the Design of the Built Environment on People with Dementia: An Evidence-Based Review *Health Environments Research & Design Journal* Vol 9, pp127-157. DOI:10.1177/193758671400800111. Also Böckerman P, Johansson E & Saarni SI (2012) Institutionalisation and subjective wellbeing for old-age individuals: is life really miserable in care homes?. *Ageing and Society*. Oct 1;32(7):1176. Also Rioux L & Werner C (2011) Residential satisfaction among aging people living in place. Journal of environmental psychology. Jun 1;31(2):158-69.

[33] In one analysis, relatives perceived a care facility to be homelike if the staff interacted positively with residents, whereas the physical characteristics of the premises were not statistically associated with this perception. See Chamberlain SA, Weeks LE & Keefe J (2017) Factors Influencing Family-Member Perception of "Homelikeness" in Long-Term Care Homes, *Journal of Housing For the Elderly,* 31:4, 394-409, https://doi.org/10.1080/02763893.2017.1335672.

[34] Lopez RP, Amella EJ, Strumpf NE, Teno JM & Mitchell SL (2010) The influence of nursing home culture on the use of feeding tubes. *Archives of Internal Medicine,* 170(1), 83–88.

[35] Megan Graham de-pathologises 'wandering' and sees people who like to walk as desiring to be alive and grow – see Graham ME (2017) From wandering to wayfaring: Reconsidering movement in people with dementia in long-term care *Dementia* 16(6), 732-749. Abstract at https://journals.sagepub.com/doi/abs/10.1177/1471301215614572

[36] Isaksson and colleagues found less violence in care homes that had a smaller number of residents. Isaksson U, Astrom S, Sandman PO, & Karlsson S (2009) Factors associated with the prevalence of violent behaviour among residents living in nursing homes. *Journal of Clinical Nursing* 18(7), 972–980.

[37] Calkins MP (2008) Powell Lawton's contributions to long-term care settings *Journal of housing for the elderly* 1,2, 67-84.

[38] Robinson 2006 op cit, page 97.

[39] Ramcharan P, Nankervis Strong M, Robertson A, (2009) *Experiences of restrictive practices: A view from people with disabilities and family carers: A final research report to the Office of the Senior Practitioner*. Victoria State Government, Australia. The link between homeliness and participation beyond the home is reported in Egli M, Feurer I, Roper T, & Thompson T. (2002) The role of residential homelikeness in promoting community participation by adults with mental retardation. *Research in Developmental Disabilities,* 23, 179–190.

[40] See Scottish Government (2017) *Health and Social Care Standards My support, my life,* Standard 5.6.

[41] Care homes may adopt a 'hotel-style' see Department of Health (2003, 2006) op cit, pages 1, 20. Standard 19.1 of these same standards indicates that care homes are required to be homely. People with mental health difficulties should ideally be supported in their own home, with a homely environment being the next best thing. DHSS (1981) *Reform of mental health legislation*. London: HMSO.

[42] Residents in both medium and low secure psychiatric services are encouraged to personalise their bedroom spaces – see http://www.rcpsych.ac.uk/pdf/final%20standards%20for%20medium%20secure%20units%20pdf.pdf. Also (https://www.rcpsych.ac.uk/pdf/Standards%20for%20Low%20Secure%20Services.pdf. Doing so increases residents' feeling of home – see Johnson RA and Bibbo J (2014) Relocation decisions and constructing the meaning of home: A phenomenological study of the transition into a nursing home. *Journal of Aging Studies*, 30, 56–63.

[43] Another registered care home has been spotted that identifies itself as a 'residential hotel' – see http://www.stheliersresidentialhotel.com/ but this is comparatively rare.

[44] The Care Quality Commission has remained almost silent on the issue of homeliness – the terms homely or homelike appear in only two case studies in the five annual *State of Care* reports and is not used in other places in these reports, or in CQC guidance.

[45] Després C (1991) The Meaning of Home: Literature Review and Directions for Future Research and Theoretical Development. *The Journal of Architectural and Planning Research* 8(2): 96–115

[46] Somerville P (1997) The Social Construction of Home. *The Journal of Architectural and Planning Research* 14(3): 226–45

[47] However, different definitions of the concept of 'person-centred' lead to different priorities, so it is important to locate this work firmly in the person-centred planning tradition. See a comparison of these definitions at http://peterbates.org.uk/wp-content/uploads/2017/05/857.pdf.

[48] Chuck et al found that in homelike residential care settings, residents decorated their rooms with more personal items compared to those living in institutional settings. See Chuck AW, Milke DL and Beck CHM (2005) Degree of bedroom personalization in institutional and homelike settings for persons with dementia: A quantitative investigation. *Canadian Journal on Aging*, 24, 329–337.

[49] Equalities Act 2010.

[50] Being in control of the move will also make it more successful – see Edwards H, Courtney M & Spencer L (2003) Consumer expectations of residential aged care: reflections on the literature. *International Journal of Nursing Practice 9* (2):70-7. Available at http://www.ncbi.nlm.nih.gov/pubmed/12694475. Also Leith K (2006) "Home is where the heart is…or is it?" A phenomenological exploration of the meaning of home for older women in congregate housing. *Journal of Aging Studies 20* (4):317-333. Available at http://linkinghub.elsevier.com/retrieve/pii/S0890406506000302

[51] Residents at Hawkinge House hold tenancy rights, can refuse carers access to their room, can engage an alternative care provider whilst continuing to live there. See https://hawkingehouse.co.uk/rights-based-approach/.

[52] Personal communication from Bill Love, June 2020.

[53] Shared Lives carers are landlords (see https://sharedlivesplus.org.uk/wp-content/uploads/2019/04/The-landlord-status-of-Shared-Lives-carers.pdf) so perhaps the person's bedroom might be seen as their home, but the approach taken by Shared Lives is that the person is joining in with the life of the carer's family, so will access the remainder of the house. In this sense, the carer's home belongs to them rather than to the person receiving support.

[54] Warren S & Giles J (2019) A practical guide to the Reach standards Paradigm. Available at https://paradigm-uk.org/wp-content/uploads/2019/10/A-Practical-Guide-to-The-Reach-Standards-2019-compressed-1.pdf

[55] See https://www.ndti.org.uk/uploads/files/TheRealTenancyTestFINAL.pdf.

[56] Gillsjö C, Schwartz-Barcott D & Von Post I, (2010) Home: the place the older adult can not imagine living without," *BMC Geriatrics* vol. 11, article 10, Available at https://bmcgeriatr.biomedcentral.com/track/pdf/10.1186/1471-2318-11-10.

[57] Brownie S, Horstmanshof L, Garbutt R (2014) Factors that impact residents' transition and psychological adjustment to long-term aged care: A systematic literature review. *International Journal of Nursing Studies*. Dec 1;51(12):1654-66. Also Brownie S, Horstmanshof L & Garbutt R (2014) Factors that impact residents' transition and psychological adjustment to long-term aged care: A systematic literature review. *International Journal of Nursing Studies* Dec 1;51(12):1654-66. Also Österlind J, Ternestedt BM, Hansebo G & Hellström I (2017) Feeling lonely in an unfamiliar place: older people's experiences of life close to death in a nursing home. *International journal of older people nursing*. Mar;12(1):e12129. Also Paddock K, Brown Wilson C, Walshe C, Todd C. Care home life and identity: A qualitative case study. *The Gerontologist*. 2019 Jul 16;59(4):655-64.

[58] Bland M (2005) The challenge of feeling 'at home' in residential aged care in New Zealand, *Nursing Praxis in New Zealand,* vol. 21, no.3, pp.4–12.

[59] Falk H, Wijk H, Persson L-O & Falk K (2013) A sense of home in residential care *Scandinavian Journal of Caring Sciences*, vol. 27, no.4,pp.999–1009. See also the systematic review by Fitzpatrick and Tzouvara that found that a successful transition involved the person deciding that 'this is my home' – see Fitzpatrick JM & Tzouvara V (2019) Facilitators and inhibitors of transition for older people who have relocated to a long-term care facility: A systematic review. *Health & social care in the community*. May;27(3):e57-81.

[60] Gawande A (2015) *Being mortal* London: Profile Books Page 66.

[61] Canham SL, Battersby L, Fang ML, Sixsmith J, Woolrych R & Sixsmith A (2017) From familiar faces to family: Staff and resident relationships in long-term care. *Journal of Aging &* Health 29(5), 842–857. DOI: 10.1177/0898264316645550.

[62] Residents in the following study said that nursing homes should be able to accommodate couples rather than the admission process breaking up relationships. See van Dijck-Heinen CJML, Wouters EJM, Janssen BM & van Hoof J (2014) "The environmental design of residential care facilities: a sense of home through the eyes of nursing home residents," *International Journal for Innovative Research in Science & Technology*. Vol.1, no.4, pp.57–69. The website of Hawkinge House says, 'Residents' spouses can also be accommodated, to allow couples to stay together even when one develops the need for on-going care.'https://hawkingehouse.co.uk/

[63] Not everyone facing death chooses to die at home, and not every informal caregiver is eager to support that wish. In addition, choices may change over time, as the person perhaps becomes concerned that their own needs will overwhelm their loved ones. These themes are discussed in Hoare S, Morris ZS, Kelly MP, Kuhn I, Barclay S (2015) Do Patients Want to Die at Home? A Systematic Review of the UK Literature, Focused on Missing Preferences for Place of Death. *PLoS One*. 10(11):e0142723. Published Nov 10. DOI: 10.1371/journal.pone.0142723. The UK government aims to support people's choice about where to die and to ensure that appropriate support is available in that setting – see Department of Health (2016) *Our Commitment to you for end of life care: the Government Response to the Review of Choice in End of Life Care.*

[64] Of course, many care home residents have significant connections with their own relatives, but what is distinct about the home is that the concern for one's own parents or children is shared with other members of the household. Whether in childcare or in supporting aged parents, it is the pooled concern that the family share which strengthens the bonds of the family, despite the frequent failures to turn this ideal into a practical reality.

[65] Department of Health (2014) op cit.

[66] Eijkelenboom A, Verbeek H, Felix E & van Hoof J (2017) Architectural factors influencing the sense of home in nursing homes: An operationalization for practice, *Frontiers of Architectural Research,* Volume 6, Issue 2, pages 111-122. Available at https://doi.org/10.1016/j.foar.2017.02.004. Also Bates P (1997) The front door key *A Life in the Day* Vol 1, Issue 2, pages 20-21. Department of Health (2003, 2006*)* op cit, paragraphs 24.5 and 24.6 establishes the general principle that service users should be provided with a room key and a lock suited to their capabilities unless a clear personalised risk assessment indicates otherwise. Downloaded on 22/7/20 from https://www.dignityincare.org.uk/_assets/resources/dignity/csipcomment/csci_national_minimum_standards.pdf.

[67] As long ago as 1590, Simon Stevin advocated the use of door locks to define the privacy of a home. In the modern day, residents at Willowbrook care home can lock their storage space, bedrooms and other rooms where they need to be free from interruptions. See https://www.willinbrookhealthcare.co.uk/our-care/

[68] "Mrs Miniver suggests that intimacy is much more than just emotional or relational. It is also material and environmental. Arriving home after a holiday, she notices how 'the key turned sweetly in the lock. That was the kind of thing one remembered about a house: not the size of the rooms or the colour of the walls, but the feel of door-handles and light-switches, the shape and texture of the banister-rail under one's palm; minute tactual intimacies, whose resumption was the essence of coming home'. For Mrs Miniver, the intimacy and familiarity of the home is tactile as well as emotional. It is to be found not only in the conjugal and familial affiliations that play out within its walls, but also in the barely observed relationships that one develops with the materials making up the fabric of that home." Hinds H (2019) *A Cultural History of Twin Beds* Taylor and Francis p134.

[69] Klaassens M & Meijering L (2015) Experiences of home and institution in a secured nursing home ward in the Netherlands: a participatory intervention study *Journal of Aging Studies* vol. 34, no.3, pp.92–102. However, care is needed in teasing out the symbolic meaning from the object, as illustrated by Robinson who 'reads' the room key as evidence of the vulnerability of the inhabitant and a reminder to staff of their duty to protect the person. This is somewhat different to the idea that the room key confers autonomy on the holder, See Robinson, 2006 op cit, page 17.

[70] See Bates P (2019) Eating Together for a discussion about the importance of hosting.

[71] Lewinson and colleagues heard from residents in assisted living who felt trapped because they did not have easy access to a taxi service and this made them feel less at home. See Lewinson T, Robinson-Dooley V & Grant KW (2012) Exploring 'home' through residents' lenses: assisted living facility residents identify homelike characteristics using photovoice," *Journal of Gerontological Social Work*, vol.55, no.8, pp.745–756, Available at https://www.tandfonline.com/doi/pdf/10.1080/01634372.2012.684758?casa_token=S16-Ky0Rv1kAAAAA:U71gNaQMcoYh8LV603uXsRj0sQQiqgculUsDflRcFk_VvMJ0UmwFJoeF9cYMCKErLt1HCt9puusI1w. For a discussion of informal ride-sharing as an alternative approach, see Bates P (2018) *May I give you a lift? Ride sharing and disabled people.* Available at http://peterbates.org.uk/wp-content/uploads/2018/11/Can-I-give-you-a-lift.pdf.

[72] Carboni JT (1990) Homelessness among the institutionalized elderly *Journal of Gerontological Nursing* Vol.16, no.7, pp.32– 37.

[73] Varley A (2008) A place like this? Stories of dementia, home, and the self. *Environment and Planning D: Society and Space* 26 (1):47-67.

[74] Department of Health (2003, 2006) op cit paragraph 10.2 insist that residents receive their post unopened.

[75] Cooney A (2012) "Finding home": A grounded theory on how older people "find home" in longterm care settings. *International Journal of Older People Nursing,* 7(3), 188–199.

[76] Since Marconi invented the radio in 1901 and the BBC began broadcasting in 1922, people have grown up surrounded by music and personal access to the means to choose, play and adjust the volume has been highly valued. Knowing residents must surely including knowing the type of music they enjoy and the significance of important pieces or genres in their biography, rather like the Radio 4 interview show 'Desert Island Discs' Do residents have the means, opportunity and encouragement from others to access their favourite music?

[77] Robinson CA, Reid RC &, Cooke HA (2010) A home away from home: the meaning of home according to families of residents with dementia *Dementia* Vol.9, no.4, pp.490–508.

[78] A study by the Alzheimer's Society found that, apart from communication necessary for completing care tasks like dressing and eating, a typical resident had only two minutes of conversation with staff over a six-hour period. See Sharp S (2007) *Home from home A report highlighting opportunities for improving standards of dementia care in care homes* London: Alzheimer's Society. Available at https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/home_from_home_full_report.pdf

[79] van Hoof J, Verhagen MM, Wouters EJM, Marston HR, Rijnaard MD, & Janssen BM (2015), Picture your nursing home: exploring the sense of home of older residents through photography *Journal of Aging Research*, vol. 2015, Article ID 312931.

[80] Quoted in Somner R (1974) *Tight spaces: hard architecture and how to humanise it* Englewood Cliffs, NJ: Prentice-Hall.

[81] Poor Law Amendment Act 1834.

[82] See https://www.scottishlegal.com/article/ecthr-rules-again-that-uk-s-prisoner-voting-ban-is-unlawful.

[83] Nick Day has come across services that still adopt this viewpoint. (personal communication, May 2020)

[84] Fleming A & Kydd A (2018) What makes a nursing home homely? A Scottish based study, using Q methodology of the perceptions of staff, residents and significant others *Journal of research in nursing* 23 (2-3) pp141-158. https://doi.org/10.1177/1744987118757837.

[85] Thompson et al (1999), op cit. found that the presence of fire alarms and extinguishers and exit signs made a place appear more institutional and less homelike.

[86] In 2012, some residents of Inspire, Aberdeenshire moved from a more homely to a less homely place and preferred the new environment with its wide, uncarpeted corridors. These were not people who had spent a lifetime in similar institutions or who had substantial mobility challenges. This reveals that the definition of homely is highly personal and perhaps the only person who can say if a place feels homely is the homemaker themselves. (personal communication, Patricia Thompson-Wright).

[87] Topo P, Kotilainen H & Eloniemi-Sulkava U (2012) Affordances of the care environment for people with dementia - An assessment study. *Health Environments Research and Design Journal* 5(4), 118–138. Department of Health (2003, 2006) page 14 insists that 'It is important that homes look at alternative ways of maintaining residents' involvement - for example, by providing kitchenettes, organising cooking as part of a range of daily activities – and enabling residents to be involved in laying up and clearing the dining rooms if they wish to, before and after mealtimes.'

[88] Douglas M (1991) 'The Idea of a Home; A Kind of Space *Social Research* LVIII/1, spring, 287–307.

[89] Peace S & Holland C (2001) Homely residential care: A contradiction in terms? *Journal of Social Policy 30* (3): 393-410.

[90] Each individual suite at Hawkinge House has its own front door and letterbox – see https://hawkingehouse.co.uk/documents/Website%20Linked%20Documents/Hawkinge%20Statement%20of%20Purpose.pdf. Other homes identify bedroom doors with a room number, name or photograph to help with wayfinding.

[91] Knight C & Haslam SA (2010) The relative merits of Lean, Enriched, and Empowered Offices: An experimental examination of the impact of workspace management strategies on well-being and productivity *Journal of Experimental Psychology Applied* June. 16(2):158-72. DOI: 10.1037/a0019292.

[92] Lee, K (2019) *"Could be a risk couldn't it": Decision-making, access to, and the use of functional objects for people with a dementia living in a care home.* University of Southampton, Doctoral Thesis.

[93] Department of Health (2003, 2006) op cit, paragraph 9.2 indicates that residents should self-manage medication when they can and have their own lockable storage. Similarly, they should have normally access to safe storage of money and valuables, as set out in paragraph 18.6 and retain the key to it (paragraph 24.7). Standards for low secure units as defined by the Royal College of Psychiatrists – see https://www.rcpsych.ac.uk/pdf/Standards%20for%20Low%20Secure%20Services.pdf.

[94] Whilst some people fear that a member of their household will steal their money, this is a gross abuse of the trust that is usually considered to be the touchstone of the home. It is noted that in some homes, medicines

and hazardous cleaning products are locked away from children or others who might misuse them, while valuable jewellery, large amounts of money or important documents might be locked in a burglar and fire-proof safe.

[95] Quoted in Robinson 2006 op cit, page 69.

[96] Lee K (2019) op cit, p39 notes that having a TV in one's own room provides one of the few experiences of independent control that some residents enjoy, as well as staying in touch with current affairs and providing interest in place of boredom.

[97] Bates P & McLoughlin B (2019) Respecting privacy in care services *The Journal of Adult Protection*, Vol. 21 No. 6, pp. 276-284. Abstract at https://doi.org/10.1108/JAP-06-2019-0020. Full text available at http://peterbates.org.uk/wp-content/uploads/2019/12/Respecting-privacy-in-care-services-.pdf.

[98] As pointed out in the introduction, many people are subject to domestic violence, and this highlights the importance of a focus on human rights and strengthens our insistence that people who live in a place called home should be able to enjoy their possessions and their privacy in ease and safety.

[99] Mortenson WB, Sixsmith A & Beringer R (2016) No place like home? Surveillance and what home means in old age *Canadian Journal on Aging*. Vol.35, no.1, pp.103–114. These practices are limited by the Department of Health (2003, 2006) paragraph 19.6 which directs that: 'The use of CCTV cameras is restricted to entrance areas for security purposes only and does not intrude on the daily life of service users.'

[100] Hellström I, Eriksson H & Sandberg J (2014) Chores and sense of self: Gendered understandings of voices of older married women with dementia. *International Journal of Older People Nursing* 10(2), 127–135. New care home residents studied by Lovatt adopted a routine that included domestic chores to help them feel at home. See Lovatt M (2018) Becoming at home in residential care for older people: a material culture perspective. *Sociology of Health and Illness* 40(2), 366–378.

[101] Nakrem S, Vinsnes AG, Harkless GE, Paulsen B, & Seim A (2013) Ambiguities: residents' experience of 'nursing home as my home *International Journal of Older People Nursing,* vol.8, no.3, pp.216–225.

[102] Cooney A (2012) op cit.

[103] Bradshaw SA, Playford ED & Riazi A (2012) Living well in care homes: A systematic review of qualitative studies *Age and Ageing 41*: 1-12.

[104] Department of Health (2003, 2006) paragraph 21.6 requires that: 'En-suite facilities (at minimum a toilet and hand-basin) are provided to all service users in all new build, extensions and all first time registrations from 1 April 2002.'

[105] Morgan D & Stewart N (1999). The physical environment of special care units: Needs of residents with dementia from the perspective of staff and family caregivers. *Qualitative Health Research,* 9(1), 105-118.

[106] Department of Health (2003, 2006*)* op cit, paragraph 23.2 declares, 'In all new build, extensions and first time registrations, all places are provided in single rooms with a minimum of 12sq metres usable floor-space (excluding en-suite facilities).' Downloaded on 22/7/20 from https://www.dignityincare.org.uk/_assets/resources/dignity/csipcomment/csci_national_minimum_standards.pdf.

[107] The UK government considers that providing space for these things requires a minimum of 15 square metres, or 17-19 if the person needs adaptations. See Department of Health (2011) *Environmental Design Guide Medium Secure Services.* Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215623/dh_126177.pdf. At Hawkinge House, each resident has a suite that has room for a kitchenette, dining area and suite so that they can receive guests – see https://hawkingehouse.co.uk/why-choose-us/care-suite-concept/. Department of Health (2003, 2006) paragraph 24.2 requires bedrooms to include drawers and enclosed space for hanging clothes.

[108] Department of Health (2003, 2006) op cit, paragraph 24.2 requires bedrooms to contain a table to sit at.

[109] As one elderly resident told Dr Gawande "You will understand when you're older, but the best thing in your life is when you can go yourself to the bathroom." Gawande A (2015) *Being mortal* London: Profile Books, Page 130.

[110] Personal communication, November 2020.

[111] Lemieux L, Kaiser S, Pereira J, Meadows LM (2004) Sexuality in palliative care: patient perspectives. *Palliat Med* 18(7): 630–7.

[112] **Advantages of Single Beds**. Single beds have several advantages, including: their lighter weight makes them easier to move for cleaning while their smaller size makes it easier to change and wash bedding, people who sleep alone can turn over without disturbing their partner and select their preferred coverings and warmers and may be disturbed by their partner's movements less often and so sleep better. In 1947, the Mass Observation survey asked people about their preferences for twin or double beds and their responses (listed with the most popular ideas first), for double beds were: Should be, this is marriage, Sexual spontaneity etc, Makes for happier marriage, Habit; always have used one, Keeps you together (psychologically), Warmer, Usual thing, normal, More friendly, more intimate, More comfortable and More fun. The parallel list for twin beds was: Healthier, more hygienic, Less disturbance, more sleep, Cooler, Modern idea, More privacy, More comfortable and More freedom. See File Report 2495 'The State of Matrimony', 20 June 1947: 12, quoted in Hinds H (2019) op cit, p183. In hospital, problems may arise if the bed is too big for nurses to easily reach all parts of the patient's body as first described by Florence Nightingale in her 1859 work *Notes on Nursing*. See this response at Pretorius K, Cengiz A, Geshell L, Jang, DE, Prater T, Wang Y, MacKenzie M, Sagna A (2018) What Bed Size Does a Patient Need?, *Nursing Research* July/August, Volume 67, Issue 4, p273-274. Available at https://journals.lww.com/nursingresearchonline/Citation/2018/07000/What_Bed_Size_Does_a_Patient_Need___The.2.aspx. Department of Health (2003, 2006) paragraph 23.5 expect that: 'Room dimensions and layout options ensure that there is room on either side of the bed, to enable access for carers and any equipment needed.'

[113] **Special Beds.** Bowden G & Bliss J (2008) Does using a hospital bed have an impact on the meaning of home? *British Journal of Community Nursing* Vol 13, number 12. https://doi.org/10.12968/bjcn.2008.13.12.31827. The single beds used by English hospitals are too small at 36 inches wide to permit larger patients to turn over, thus increasing the risk of discomfort, bed sores, inability to get off the bed and falls when attempting to stand – see Wiggermann N, Smith K & Kumpar D (2017) What Bed Size Does a Patient Need? The Relationship Between Body Mass Index and Space Required to Turn in Bed. *Nursing research*, *66*(6), 483–489. https://doi.org/10.1097/NNR.0000000000000242. It is interesting to note that a care home manager suggested that falls are more likely when residents sleep in a single bed (personal correspondence 12/10/20). Hospital beds offer a number of functions, including adjustable profiling (lifting shoulders, knees etc), adjustable height (to assist care providers), bed rails (to prevent falling out) and dynamic mattresses which move the sleeper and so reduce pressure injury. Adjustable beds must be provided for residents who receive nursing care (as set out in Department of Health (2003, 2006) op cit, paragraph 24.3) 480 people died in the USA between 1985 and 2009 as a result of being caught, trapped, entangled, or strangled in beds with rails - see https://www.fda.gov/medical-devices/hospital-beds/guide-bed-safety-bed-rails-hospitals-nursing-homes-and-home-health-care-facts, while in the UK, recent Government advice offers an assessment tool which considers the risk of injury but includes no questions on upholding the person's right to be free of illegal restraint – see https://www.gov.uk/guidance/bed-rails-management-and-safe-use. For a literature review of bed rails, see Moore K, Ryan A & Rhead G (2015) *A review of the literature on restraint and the use of bedrails* Ulster University and Nursing Homes Ireland. Explaining the use of bed rails to people with cognitive impairments may require specific resources, but Nicola Darby was unable to locate Easy Read materials – see https://www.facebook.com/groups/2843154462396049.

[114] **Bed Standards.** Department of Health (2003, 2006*)* op cit. paragraph 24. Downloaded on 22/7/20 from https://www.dignityincare.org.uk/_assets/resources/dignity/csipcomment/csci_national_minimum_standards.pdf.

[115] **Hotel Beds.** The Hilton, London, opened in 1963, offered 'French' bedrooms, which contained a double bed, and 'English' bedrooms that contained twin beds (*The Times* 11 April 1963 p6). As part of the Development of Tourism Act 1969, the Hotel Development Incentives Scheme awarded £50million for hotel upgrades and new development projects commenced before April 1971 and completed before April 1973. Some of this money was spent on merging single rooms to create larger double rooms with en-suite bathrooms. The Goring Hotel, London was unofficially known as the annexe to Buckingham Palace and in 1985 it offered 41 singles and 47

double rooms, charging £60 for a single room in 1985. See Stewart DA (1994) *Hoteliers and Hotels: Case Studies in the Growth and Development of U.K. Hotel Companies 1945-1989*. PhD thesis, University of Glasgow, p73. By 2 October 2020, neither Trivago nor Booking.com hotel finder websites offered a filter to identify single rooms and one imagines that single hotel beds are confined to specialist hotels that serve publicly funded guests such as homeless people and undocumented asylum seekers.

[116] **Twin Beds for Couples**. Hinds has charted the history of twin beds as a sleeping option for married couples, noting the popularity of this arrangement between 1900 and 1950. Germ theory and the belief in the importance of conserving the body's vital energy, rejection of the Victorian four-poster and the disappearance of domestic servants, the unreliability of contraception and a culture of self-discipline all combined to popularise twin beds as a stylish and modern design choice for couples. Before the advent of the welfare state, marriages were as much about practicality as romantic love, while women acquired the ability to hold property and vote, as well as gain an education, a career and a divorce, so the twin bed portrayed the elusive dream of equality, individuality and even privacy within marriage. Designs for twin beds were created by Charles Rennie Macintosh, Frank Lloyd wright and Le Corbusier and then boosted by imagery in literature, theatre and film. Despite these influences, by 1950, one observer noted that three times as many couples were buying a double bed than were buying a pair of twin beds. See Hinds H (2019) *A cultural history of twin beds* Taylor & Francis. While it is not entirely clear that this 3:1 statistic is evidence-based or that it discounted beds bought for children or single people, it suggests that a quarter of shopping couples were selecting twins rather than doubles (Hilary Hinds, personal correspondence, October 2020). Such ideas may shape the emotions, recollections and preferences of some current care home residents. Meanwhile, some 'modern' couples of a new century are retaining separate apartments in their own search for balance between coupledom and individuality – see Ayuso L (2019) What future awaits couples Living Apart Together (LAT)? *The Sociological Review* 67(1):226-244. doi:10.1177/0038026118799053.

[117] Namazi K & Johnson B (1996) Issues related to behavior and the physical environment: Bathing cognitively impaired patients. *Geriatric Nursing* 17(5), 234-238.

[118] Department of Health (2003, 2006) op cit, paragraph 22.3 requires that: 'The home provides grab rails and other aids in corridors, bathrooms, toilets, communal rooms and where necessary in service users' own accommodation.'

[119] Separate lever taps are easier to operate and less confusing than a mixer tap. See Housing 21 (2020) op cit.

[120] Department of Health (2003, 2006) op cit, paragraph 24.2 requires bedrooms to contain a mirror.

[121] The Green House model insists that medicines are kept in a cabinet in the person's own room. See https://www.thegreenhouseproject.org/about/tour-green-house.

[122] PASSING is a service evaluation tool that invites participants to replace these institutional items with their 'culturally valued analogue' - see Wolfensberger W & Thomas S (2007) *PASSING: A tool for analyzing service quality according to Social Role Valorization criteria. Ratings manual (3rd rev. ed.)* Syracuse, NY: Syracuse University Training Institute for Human Service Planning, Leadership & Change Agentry. Where offices are needed in residential units run by Navigo, they are intentionally very small to reduce their negative impact on homeliness and power imbalances. (personal communication).

[123] Shield RR, Tyler D, Lepore M, Looze J & Miller SC (2014) Would you do that in your home?" Making nursing homes home-like in culture change implementation *Journal of Housing for the Elderly,* 28:383–398. DOI: 10.1080/02763893.2014.930369. Nurses stations add to the institutional feel – see Dobbs D (2003) The adjustment to a new home. *Journal of Housing For the Elderly*, 18, 51–71.

[124] For living rooms, see Valadez-Martínez L (2019) Decoration makes a home: The role of living room furnishings in achieving a dignified standard of living in urban Mexico, *Emotion, Space and Society,* Volume 32, https://doi.org/10.1016/j.emospa.2019.100586. For dining rooms, see Chaudhury H, Keller H, Pfisterer K, Hung L (2017) Development of a physical environmental observational tool for dining environments in long-term care settings *The Gerontologist* Volume 57, Issue 6, December, Pages e95-e101. Available at: https://doi.org/10.1093/geront/gnw261

[125] Red, orange and yellow are easier for people with dementia or visual difficulties, while cooler colours, such as blues, greens and purples are more difficult to differentiate. See Housing 21 (2020) *Design standards and guidelines.*

[126] Gibson MC, MacLean J, Borrie M & Geiger J (2004). Orientation behaviors in residents relocated to a redesigned dementia care unit. *American Journal of Alzheimer's Disease and Other Dementias,* 19(1), 45–49.

[127] Department of Health (2003, 2006) op[cit, paragraph 22.5 indicates that: 'Doorways into communal areas, service users' rooms, bathing and toilet facilities and other spaces to which wheelchair users have access, should be of width sufficient to allow wheelchair users adequate access. In all newly built homes, new extensions to homes and first time registrations doorways into areas to which wheelchair users have access should have a clear opening of 800mm.'

[128] Wada et al (2020) op cit.

[129] Room size (both floor area and ceiling height) is negatively associated with perceptions of homelikeness – see Thompson et al (1999) op cit. Construction materials, height of the building and the scale of entryways also influence perceptions – see Marsden JP (1999) Older Persons' and family members' perceptions of homeyness in assisted living. *Environment and Behavior*, 31, 84–106. In research by Robinson (2006, op cit, page 85), rooms in excess of 300 square feet in size were classified as institutional.

[130] A comparison of the average footprints of houses built in 2009 found that UK homes were almost twice the size of the average home in Hong Kong, while homes in Australia and America are three times larger than in the UK. See http://shrinkthatfootprint.com/how-big-is-a-house.

[131] Researchers found that as the percentage of the building given over to corridors increases, so the perceived homelikeness falls. See Thompson et al (1999) op cit.

[132] Elmstahl S, Annerstedt L, & Ahlund O (1997). How should a group living unit for demented elderly be designed to decrease psychiatric symptoms? *Alzheimer Disease and Associated Disorders,* 11(1), 47–52.

[133] Isaksson U, Astrom S, Sandman PO & Karlsson S (2009) op cit.

[134] Personal communication from Richard Banks, June 2020.

[135] Marquardt G, Büter K & Motzek T (2014) op cit.

[136] Is signage is used, it should utilise text and well-known icons on the door to the toilet or the office. For people with sight or comprehension challenges, signs should employ a suitable font type such as sans serif, be large enough to read clearly from a distance and will have sufficient colour contrast and a non-reflective finish.

[137] Shield RR et al (2014), op cit. Also Kane RA and Cutler LJ (2009) Promoting homelike characteristics and eliminating institutional characteristics in community-based residential care settings: Insights from an 8-state study. *Seniors Housing & Care Journal*, 17, 15–37.

[138] One housing provider considers that painting doors bright colours increases the institutional feel, so instead paint the reveal part of the door frame in a contrasting colour to support wayfinding. Similarly, since some people will be confused by white porcelain against white tiles in a bathroom, but coloured bathroom suites are passé in interior design terms, they select contrasting tiles for the wall behind the toilet, sink and bath. Some carpets and paints are given a Light Reflectance Value (LRV) and so can be compared to achieve a sufficient contrast, measured as 30 points between LRV scores. See Housing 21 (2020) op cit.

[139] Camouflaged doors can reduce exiting behaviour and reduce depression. See Cleary TA, Clamon C, Price M, & Shullaw G (1988). A reduced stimulation unit: Effects on patients with Alzheimer's disease and related disorders. *The Gerontologist,* 28(4), 511–514. Also Zeisel J, Silverstein NM, Hyde J, Levkoff S, Lawton MP & Holmes W (2003) Environmental correlates to behavioral health outcomes in Alzheimer's special care units. *The Gerontologist* 43(5), 697–711. Also Marquardt et al (2014) op cit.

[140] P v. Cheshire West and Chester Council & Anor [2014] UKSC 19.

[141] The negative relationship between the number of residents and perceived homelikeness was confirmed in the research carried out by Thompson et al 1999 op cit.

[142] In 2010, 41% of homes had a second WC and 22% had a second bath or shower room. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6748/2173483.pdf.

[143] See https://www.which.co.uk/news/2018/04/shrinking-homes-the-average-british-house-20-smaller-than-in-1970s/

[144] The Green House model insists that there is just one dining table, large enough to seat all the residents, staff and two visitors. See https://www.thegreenhouseproject.org/about/tour-green-house. Also Zimmerman S & Cohen LW (2010) Evidence behind The Green House and similar models of nursing home care *Aging Health* 6(6), 717–737. DOI: 10.2217/AHE.10.66.

[145] As size increases, the average rating from the Care Quality Commission deteriorates – see Care Quality Commission (2017) *The state of adult social care services 2014 to 2017* figure 8, page 20. Available at https://www.cqc.org.uk/sites/default/files/20170703_ASC_end_of_programme_FINAL2.pdf. In 2012, there were just over 460,000 beds available in registered care homes in England, of which 2% were in homes for five or fewer people, while almost 85% were for 20 or more residents. Some of the larger homes may be divided up into 'family' groups, but these may comprise 12 beds. See https://www.whatdotheyknow.com/request/request_for_a_list_of_all_care_h.

[146] See https://futurecarecapital.org.uk/wp-content/uploads/2020/03/Data-that-cares-full-report-single.pdf.

[147] Alexander C, Ishikawa S & Silverstein M (1979) *The timeless way of building* New York: Oxford University Press.

[148] Cain S (2012) *Quiet: the power of introverts in a world that can't stop talking* London: Penguin.

[149] It has been shown that residential care homes for people with dementia which offer a range of spaces ranging from private through semi-public to public spaces achieve better levels of social engagement and subjective wellbeing than homes where there is no such gradation. See Barnes S (2002) The design of caring environments and the quality of life of older people. *Ageing and Society*, 22, 775–789.

[150] Department of Health (2003, 2006) op cit, paragraph 19.3 requires that: 'Grounds are kept tidy, safe, attractive and accessible to service users, and allow access to sunlight.' Namazi and Johnson found that providing easy access via an unlocked door to a safe garden area reduced agitation. See Namazi KH & Johnson BD (1992) Pertinent autonomy for residents with dementias: Modification of the physical environment to enhance independence. *American Journal of Alzheimer's Disease and Other Dementias*, 7(1), 16–21. Housing 21 support people with dementia by planting sensory gardens, selecting plants that rustle in the wind, emit pleasant scent have flowers in warm colours. They plant larger areas with a number of small plants that bloom in a single colour as these are easier to see that single large blooms.

[151] For almost any statement about home, an exception can be found. For example, Hollis observes that some Manhattan apartments are designed without a kitchen as it is assumed that their occupants will eat all their meals away from home. See Hollis E (2016) *How to make a home* London: Macmillan p117.

[152] Morgan-Brown M, Newton R & Ormerod M (2013) Engaging life in two Irish nursing home units for people with dementia: Quantitative comparisons before and after implementing household environments, *Aging and Mental Health*, 17 (1): 57-65. Available at http://www.tandfonline.com/doi/pdf/10.1080/13607863.2012.717250.

[153] This may include cupboards with large handles and transparent doors so the contents can be seen, fold down or carousel units to improve access to items stored in the cupboard and a halogen hob which does not retain heat and so reduces the risk of burns.

[154] Wilkinson A, Brackertz N, Fotheringham M & Winkler D (2018) *Housing for people with disability: evidence review of post-occupancy evaluation instruments* Melbourne: Australian Housing and Urban Research Institute Research Service. Available at https://apo.org.au/sites/default/files/resource-files/2018-05/apo-nid261341.pdf. Also Neylon S, Bulsara C & Hill A (2017) The effectiveness of environment assessment tools to guide refurbishment of Australian residential aged care facilities: A systematic review. *Australasian Journal on Ageing*. DOI: 10.1111/ajag.12367, Available at https://researchonline.nd.edu.au/cgi/viewcontent.cgi?article=1178&context=health_article. Also Fleming A (2020) Using Q methodology to explore Scottish stakeholder perceptions of what makes a care home homelike. *SAGE Research Methods Cases.* Doi:10.4135/9781529732856. For a replication of this work in the USA, see https://sigma.nursingrepository.org/bitstream/handle/10755/620225/Kleppe_Info.pdf?sequence=4&isAllowed=y. Also Robinson J (2011) *Institution and Home: Architecture as a Cultural Medium.* Delft, Netherlands: Techne Press. Also Iwarsson S and Slaug B (2010) *Housing Enabler – A Method for rating/screening and analysing accessibility problems in housing. Manual for the complete instrument and screening tool.* Lund and

Staffanstorp, Sweden, Veten and Skapen HB and Slaug Enabling Development. For a focus on subjective experience of feeling at home, see Molony SL, McDonald DD & Palmisano-Mills C (2007) Psychometric testing of an instrument to measure the experience of home *Research in Nursing & Health* Vol.30, no.5, pp. 518–530.

[155] Department of Health (2003, 2006) op cit, paragraph 22.5 indicates that doors should be a minimum of 800mm wide to accommodate access for people in wheelchairs.' Downloaded on 22/7/20 from https://www.dignityincare.org.uk/_assets/resources/dignity/csipcomment/csci_national_minimum_standards.pdf.

[156] Joosse LL (2011) Sound Levels in Nursing Homes *Journal of Gerontological Nursing* 37(8):30-35. Available at https://doi.org/10.3928/00989134-20110329-01.

[157] Communal areas may be noisy because of their large size and the number of people accommodated in them. Department of Health (2003, 2006) op cit, paragraph 20.1 says: 'In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1sq metres for each service user.' Notice that there is no maximum size.

[158] This quote uses the term 'wandering', which is a contested term as it assumes, without asking that there is no intention to go somewhere in particular or to take exercise. Marquardt G, Büter K & Motzek T (2014) op cit.

[159] Egli M, Roper T, Feurer I & Thompson T (1999) Architectural acoustics in residences for adults with mental retardation and its relation to perceived homelikeness *American Journal on Mental Retardation* 1999, Vol 104, No 1, pp 53-66.

[160] Shield RR et al (2014) op cit.

[161] Sinha SP & Nayyer P (2000) Crowding effects of density and personal space requirements among older people: the impact of self-control and social support. *The Journal of Social Psychology* 140(6):721-728.

[162] Noise is a major source of stress for hospital inpatients and should be reduced – see Williams M (1988) The physical environment and patient care *Annual Review of Nursing Research* 6 (3), 61–84. Haslam found that patients were more disturbed by human conversations than by sound from mechanical sources - see Haslam P (1970) Noise in hospitals: its effect on the patient. *Nursing Clinics of North America* 5, 715–724.

[163] Graham ME (2020) Long-term care as contested acoustical space: Exploring resident relationships and identities in sound *Building Acoustics* 27(1) 61-73. Abstract at https://doi.org/10.1177/1351010X19890478.

[164] "The more intimate people feel (in the dark, sat close, low ceilings) the more laughter there seems to be: conversely, the more exposed people feel (not close to each other, brightly lit, high ceilings etc) the harder it can be to get an audience to laugh. And I am sure this scales to other phenomena." (Personal communication from Sophie Scott, Professor of Cognitive Neuroscience, January 2020).

[165] Department of Health (2003, 2006) op cit, paragraph 24.4 indicates that 'carpets or equivalent' must be provided in bedrooms, but neglects to explain what counts as an 'equivalent floorcovering.

[166] Department of Health (2003, 2006) op cit, paragraph 20.7 directs that furnishings in communal rooms should be domestic in character.

[167] Rugs can be recessed to remove trip hazards caused by a difference in levels. Threshold strips can be introduced to avoid the risk that the change of flooring looks like a step.

[168] Department of Health (2003, 2006) op cit, paragraph 26.1 require homes to be free from offensive odours.

[169] The Chartered Institute of Building Services Engineers (CIBSE) recommend that care homes are lit to a brightness of 100-150 lux, while the Department of Health (2003, 2006) op cit, paragraph 25.6 expects 150 lux in resident's bedrooms. Warmer, softer ambience should be achieved, especially in communal areas, measured as perhaps 3000 Kelvin luminaires. See CIBSE (2013) *LG09: Lighting for communal residential buildings.* See https://www.cibse.org/knowledge/knowledge-items/detail?id=a0q20000008I7kJAAS.

[170] Chmielewski E (2014) *Excellence in design: Optimal living space for people with Alzheimer's disease and related dementias*. Available at http://www.perkinseastman.com/dynamic/document/week/asset/download/3421211/3421211.pdf.

[171] See Valadez-Martínez L (2019) Decoration makes a home: The role of living room furnishings in achieving a dignified standard of living in urban Mexico *Emotion, Space and Society* Vol 32, 100586. https://doi.org/10.1016/j.emospa.2019.100586.

[172] Department of Health (2003, 2006) op cit, paragraph 20.6.

[173] Department of Health (2003, 2006) op cit, paragraph 24.2 requires bedrooms to be fitted with curtains or blinds.

[174] Figueiro MG (2017) Light, sleep and circadian rhythms in older adults with Alzheimer's disease and related dementias. *Neurodegenerative Disease Management* 7(2), 119–145. doi: 10.2217/nmt-2016-0060

[175] Both scenery and greenery have a positive impact on health – see Seresinhe C, Preis T & Moat H (2015) Quantifying the impact of scenic environments on health. *Sci Rep* **5,** 16899. https://doi.org/10.1038/srep16899.

[176] Sash windows had been invented in the Netherlands in the seventeenth century and adapted by Robert Hooke for use in England, thus giving control over access to fresh air, a pleasure which some care home residents are still waiting to enjoy. Department of Health (2003, 2006) op cit, paragraph 25.2 directs that: 'Rooms are individually and naturally ventilated with windows.' Meanwhile, advice on preventing airborne infection recommends that rooms have at least 2.5 air exchanges per hour – see https://www.bushproof.com/care-homes-strategy-for-infection-prevention-control-of-covid-19-based-onclear-delineation-of-risk-zones/.

[177] For a discussion of the significance of closing the curtains, see Van Der Horst H & Messing J (2006) "It's Not Dutch to Close the Curtains": Visual Struggles on the Threshold Between Public and Private in a Multi-Ethnic Dutch Neighborhood, *Home Cultures*, 3:1, 21-37, DOI: 10.2752/174063106778053264.

[178] Department of Health (2003, 2006) op cit, paragraph 25.4.

[179] Lee K (2019) op cit, page 128.

[180] Jonsson O, Östlund B, Warell A & Dalholm Hornyánszky E (2014) Furniture in Swedish nursing homes: a design perspective on perceived meanings within the physical environment," *Journal of Interior Design,* vol.39, no.2, pp.17–35.

[181] For a study showing that bedroom decoration can reveal a great deal about the occupant, see Fidzani, L. C., & Read, M. A. (2014). Identity Expression and Bedroom Personalization by Urban Adolescents in Botswana. *Journal of Adolescent Research*, 29(6), 691–715. https://doi.org/10.1177/0743558413502533.

[182] Nord C (2013) A day to be lived. Elderly peoples' possessions for everyday life in assisted living. *Journal of Aging Studies* 27(2), 135–142.

[183] The average time between house moves in England was 23 years in 2017, according to Zoopla, and one imagines that it might vary by age, with older people staying in their homes for longer than younger people. This is ten times the average length of stay in English care homes, which stood at 2.3 years in 2010. See https://www.zoopla.co.uk/discover/property-news/how-often-do-we-move-house-in-britain/ and https://eprints.lse.ac.uk/33895/1/dp2769.pdf .To reverse the argument, large buildings with dozens of bedrooms look like hotels, where one only stays for a few nights. Little wonder that some residents of care homes which look like hotels constantly think it is time to return home!

[184] Molony SL, Evans LK, Jeon S, Rabig J, & Straka LA (2011) Trajectories of at-homeness and health in usual care and small house nursing homes *Gerontologist* Vol.51, no.4, pp.504–515.

[185] Fleming R, Kelly F & Stillfried G (2015) 'I want to feel at home': establishing what aspects of environmental design are important to people with dementia nearing the end of life. *BMC Palliat Care* 14**,** 26. https://doi.org/10.1186/s12904-015-0026-y.

[186] People with visual processing challenges may have difficulty with wallpaper that looks like a bookcase or images of real life objects. See Housing 21 (2020) op cit.

[187] The number of electrical power outlets is correlated with perceptions of homelikness – see Thompson et al 1999 op cit. Department of Health (2003, 2006) op cit, paragraph 24.2 requires bedrooms to contain at least two accessible double electric sockets.

[188] Portable Appliance Testing requires employers to get electrical equipment safety checked but does not insist on this being done in a particular way or at a particular frequency. Despite this, some care homes and other settings treat the home as a workplace, write specific mechanisms into their internal policies, treat them as law and prevent residents using their equipment. See https://www.hse.gov.uk/electricity/faq-portable-appliance-testing.htm.

[189] Few people actually follow the advice of William Morris who famously said that we should own nothing that was either useful or beautiful. A BBC TV programme called *The Repair Shop* launched in 2017, restoring treasured items without reference to the cash value or cost.

[190] Csikszentmihalyi M & Rochberg-Halton E (1981) *The Meaning of Things: Domestic Symbols and the Self*. New York: Cambridge University. Press.

[191] Such collections can be viewed and sometimes borrowed from museums, such as the Museum of the Home – see https://www.museumofthehome.org.uk/.

[192] For example, see the website and work of Kath Reynolds at https://www.kathreynolds.co.uk/.

[193] Cipriani J, Kreider M, Sapulak K, Jacobson M, Skrypski M & Sprau K (2009) Understanding object attachment and meaning for nursing home residents: An exploratory study, including implications for occupational therapy. *Physical & Occupational Therapy in Geriatrics 27* (6):405-422. [Online] Available at http://informahealthcare.com/doi/abs/10.3109/02703180903183164.

[194] Lee K (2019) op cit. p22.

[195] See Kellyn Lee's animation at https://www.youtube.com/watch?v=1JAP_iYtHtQ, also https://www.theguardian.com/society/2021/jan/14/everyday-objects-people-with-dementia-quality-of-life-care-homes.

[196] Jackson M (ed) (1995) *At home in the world* Sydney: Harper Perennial. p123. The same link between agency and a sense of home was identified by Power ER (2017) Housing governance and senses of home in older age: The provider scale. *Journal of Housing for the Elderly*, 31, 193–212.

[197] Lee K (2019) op cit.

[198] Rybczynski (1986, op cit, p141) explains that the tradition of spring cleaning has prosaic roots and began in the middle of the 19th century. Domestic lighting relied on oil, kerosene or gas which produced better lighting than candles but were sooty and smelly fuels. After the dark winter was over it was time to clean away the soot and odour.

[199] Ekerdt DJ, Sergeant JF, Dingel M, & Bowen ME (2004) Household disbandment in later life. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 59(5), S265–S273.

[200] Koppitz A, Dreizler J, Altherr J, Bosshard G, Naef R & Imhof L (2017) Relocation experiences with unplanned admission to a nursing home: A qualitative study. *International Psychogeriatrics, 29*(3), 517-527. doi:10.1017/S1041610216001964.

[201] Innes A, Kelly F & Dincarslan O (2011) Care home design for people with dementia: What do people with dementia and their family carers value? *Aging and Mental Health*, 15(5), 548– 556.

[202] Lee K (2019) op cit, page 99. Department of Health (2003, 2006) op cit paragraph 14.4 says "Service users are entitled to bring personal possessions with them, the extent of which will be agreed prior to admission."

[203] Lee K (2019) op cit page 124 notes that while English guidance documents say that the resident should have personal possessions, nothing is said to clarify how this should happen.

[204] In the example provided by Lee (2019) op cit, page 129 residents were discouraged from bringing valuable items with them because they would not be covered by the home's insurance, but no options were offered for the resident to take out their own insurance or bear the risk themselves. It is far too provocative to refer in the body of this paper to the photograph of Holocaust victims at Buchenwald being forced to take off their jewellery and spectacles prior to being processed.

[205] O'Neill M, Ryan A, Tracey A, Laird L (2020) 'The Primacy of 'Home': An exploration of how older adults' transition to life in a care home towards the end of the first year. *Health & Social Care in the Community*. Nov 26.

[206] Zizzo, G, Mackenzie C, Irizarry C & Goodwin-Smith I (2020) "Loss and grief: The experience of transition to residential aged care." *Australian Journal of Social Issues* 55 (2020): 474-491.

[207] Casey D, Lynch U, Murphy K, Cooney A, Gannon M, Houghton C, Hunter A, Jordan F, Smyth S, Felzman H, Meskell P (2019). Telling a 'good or white lie': The views of people living with dementia and their carers. *Dementia*, doi: 10.1177/1471301219831525

[208] Department of Health (2003, 2006) op cit paragraph 10.3.

[209] Kroger J & Adair V (2008) Symbolic meanings of valued personal objects in identity transitions of late adulthood. *Identity: An International Journal of Theory and Research,* 8(1984), 5–24.

[210] Respondents in the study by Valadez-Martinez (2019, op cit) considered a three-two-one sofa suite to be essential to dignified life in Mexico City as it meant that they could offer hospitality to friends. Department of Health (2003, 2006) op cit, paragraph 24.2 expect each room to contain comfortable seating for two people.

[211] Garvey P 'Organised disorder: Moving furniture in Norwegian homes' Chapter 3 in Miller D (ed) (2001) *Home possessions: Material culture behind closed doors* Oxford: Berg.

[212] "Pictures of nude bodies or pictures of children may be inappropriate" in both medium secure and low secure mental health services in the UK. See http://www.rcpsych.ac.uk/pdf/final%20standards%20for%20medium%20secure%20units%20pdf.pdf. Also (https://www.rcpsych.ac.uk/pdf/Standards%20for%20Low%20Secure%20Services.pdf.

[213] van Hoof J, Verbeek H, Janssen BM et al (2016) A three perspective study of the sense of home of nursing home residents: the views of residents, care professionals and relatives. *BMC Geriatr* 16, 169. https://doi.org/10.1186/s12877-016-0344-9. Also van Hoof J, Janssen ML, Heesakkers CMC et al (2016) The importance of personal possessions for the development of a sense of home of nursing home residents," *Journal of Housing for the Elderly*, vol.30, no.1, pp.35–51. Available at https://www.tandfonline.com/doi/pdf/10.1080/02763893.2015.1129381.

[214] Wolfensberger W (1971) *Normalisation* Toronto: National Institute of Mental Retardation.

[215] Glasby J, Allen K & Robinson S (2019) "A game of two halves?" Understanding the process and outcomes of English care home closures: Qualitative and quantitative perspectives. *Soc Policy Admin*. 53: 78– 98. https://doi.org/10.1111/spol.12412.

[216] Early descriptions of minimalism include the essay 'Ornament and Crime' by Adolf Loos published in 1908. These ideas were expressed through Le Corbusier's 'machine for living', the mass produced and cheap homes of the postwar reconstruction period and a range of recent examples of what Rybczynski calls 'conspicuous austerity'. These exceptions to the general preference for comfort and clutter illustrate a main point of this paper – that home is best understood as a highly personal concept. The paper by Loos is available at https://web.archive.org/web/20150403175309/http://www2.gwu.edu/~art/Temporary_SL/177/pdfs/Loos.pdf

[217] Prisoners in the UK are allowed the contents of two boxes, measuring 0.7m x 0.55m x 0.25m – see http://www.google.co.uk/url?sa=t&rct=j&q=standard%20volumetric%20box%201626%20prison&source=web&cd=3&ved=0CC0QFjACahUKEwiAp-Lr-ofJAhVDchQKHUz-BWY&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fuploads%2Fsystem%2Fuploads%2Fattachment_data%2Ffile%2F271756%2Fvolumetric-control-limits.doc&usg=AFQjCNFsAqLJAmAwEwQKYveovnxVuwN9Cg&sig2=vl8fUvYxPYnTVRNWpY45OA .

[218] The High Security Psychiatric Services (Arrangements for Safety and Security at Ashworth, Broadmoor and Rampton Hospitals) Directions 2011, paragraph 21. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216578/dh_128192.pdf

[219] Lewinson et al (2012) op cit found that clean places felt more homely than dirty places.

[220] Annette Bilfeldt described a nursing home where a group of staff wanted to send all the residents to bed at 8.30pm each evening so that they could clean the lounge. See Bilfeldt A 'Power inequalities and ethical challenges in action research at public nursing homes in Denmark' case study 2.1 **in** Banks S & Brydon-Miller M

(2019) *Ethics in Participatory Research for Health and Social Well-Being: Cases and Commentaries* Abingdon: Routledge. Pages 41-42.

[221] Respondents at the end of life explained how important it was to have a simple, clutter-free environment that did not intrude with excess visual stimulation – see Fleming R, Kelly F & Stillfried G (2015) op cit.

[222] It is perhaps worth observing that the issue of agency may be at work here. Frontline staff will have very little power over the design of rooms, selection of furniture or the policies that would permit access to tools, so it is perhaps unsurprising that they focus on the area where they can make a difference – the quality of their relationships with residents. See Canham SL, Battersby L, Fang ML, Sixsmith J, Woolrych R & Sixsmith A (2017) From familiar faces to family: Staff and resident relationships in long-term care. *Journal of Aging & Health* 29(5), 842–857. DOI: 10.1177/0898264316645550.

[223] The following people have kindly responded to an inquiry with comments and challenges to this discussion: Richard Banks, Madeline Cooper-Ueki, Laura Davis, Nick Day, Alison Giraud-Saunders, Bill Love, Sarah Storer. The conversation started with me uploading the first draft on 26 April 2020.

[224] Most of the documents we read are finished pieces of work, carefully crafted and edited in private before being shared with anyone else. This is a different kind of paper – it was shared online from the first day, when the initial handful of ideas were incomplete, poorly phrased and tactless. The work has been edited many times, and, on each occasion, a revised version has replaced the earlier material online. This process is still under way, and so this paper may still be lacking crucial concepts, evidence, structure and grammar. As readers continue to provide feedback, further insights will be used to update it, so please contact peter.bates@ndti.org.uk with your contributions. This way of writing is risky, as it opens opportunities to those who may misunderstand, mistake the stopping points on the journey for the destination, and misuse or distort the material. This way of writing requires courage, as an early version can damage the reputation of the author or any of its contributors. Or rather, it can harm those who insist on showing only their 'best side' to the camera, who want others to believe that their insights appear fully formed, complete and beautiful in their simplicity. It can harm those who are gagged by their employer or the workplace culture, silenced lest they say something in a discussion that is not the agreed party line. It can harm those who want to profit from their writing, either financially or by having their material accepted by academic journals. In contrast, this way of writing can engage people who are not chosen to attend the meeting or asked for their view until the power holders have agreed on the 'right message'. It can draw in unexpected perspectives, harvest tacit knowledge, stimulate debate and crowdsource wisdom. It can provide free, leading edge resources.