



# Talking Murals

*THE USE OF MURALS IN PLACES WHERE  
PEOPLE WITH DEMENTIA LIVE*

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The Dementia Centre HammondCare is committed to providing excellence in dementia care. Older and younger people living with dementia deserve services that are designed and delivered based on evidence and practice knowledge of what works. This is achieved through providing research, training and education, publications and information, consultancy and conferences.

Thank you to everyone who supported the publication of *Talking Murals: The use of murals in places where people with dementia live*.

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# Contents

Foreword.....	3
What are murals? .....	4
How are murals usually used? .....	8
What issues do murals raise? .....	13
Reminiscence.....	19
Conclusion .....	24
Appendix.....	26
More from HammondCare and The Dementia Centre.....	29

# Foreword

## **A guide to the ethical and practical use of murals in care homes**

This brief guide aims to aid care home managers in understanding the potential impact and influence of murals before buying, commissioning or installing them. It is also relevant to day centres, specialist housing units and hospitals. It seeks to clarify when murals might be problematic and when they might be beneficial. A mural should not be purchased without careful consideration of the pros and cons. A recent literature review (Gibson, 2018) points out that there is very little high quality or conclusive research about the use and misuse of murals. A list of websites which include illustrations of photographic murals is provided at the end of the guide.

# What are murals?

Murals painted on walls in care settings are not uncommon. They are often the outcome of arts projects, usually situated inside buildings but occasionally in outside areas. They are clearly intended to be works of art, and although murals may not appeal to everyone, they usually make no pretence of being realistic. It is also possible to purchase murals created by specialist artists, some using computer-generated art printed on vinyl.



This art mural is on an alcove wall in the corridor of Mowbray ward, an acute dementia assessment ward in Monkwearmouth Hospital, Sunderland. Staff report that patients enjoy sitting in this alcove. Depending on the patient, the mural can be used to generate conversation. Some patients comment on certain aspects of it.

Photo-realistic wallpaper has become increasingly common in recent years. The subject of a mural can be anything. The variety of content is enormous – rural or seaside scenes, woodland, busy streets, shop fronts, furniture and fittings, doors, views from a window, people and animals. Murals are usually life-sized, giving the impression that the view of the wood, street or room is actually there. Some include a 3D component where objects are also fixed to the walls. Others are used as a backdrop to a setting, such as a café, in front of which the care home may put chairs and tables.

The shared characteristic of all murals is that they are fixed and cannot be readily changed or removed. They are usually difficult to cover up as they are on a wall or door.

### **Why is the use of murals an issue?**

Using modern technology, any photograph can be made into a wall or door covering. Businesses which provide them usually offer a wide selection, but increasingly they can be made to order. Most commonly they are life-sized and intended to be permanent. This is an issue because murals are situated within the ‘homes’ of older people and people with dementia. Even if one group of residents, relatives, friends and staff originally chose them, subsequent groups may have different preferences. Because residents have to live with them full-time, it is important that they have a universally positive impact, which is difficult to guarantee.

The claims made by providers of mural products can be rather sweeping. Examples of the types of claims made by mural suppliers include:

- *Bespoke murals can create a sense of home for your residents. Choose from a huge range of designs to help people identify their surroundings and feel familiar in their care home.*
- *Evidence from the dementia care sector has shown that these graphics can encourage reminiscence and stimulate long held memories for people with dementia who are struggling with their short term memory.*

- *Murals can be used to create a striking vista in a room or corridor. The transformative effect of a beautiful landscape, or calming ocean scene can be dramatic. Any space can be enhanced through the application of a mural, including care homes, hospitals or respite centres.*
- *Research has demonstrated that the environment has a significant impact on people with dementia living in a care home. The design of the environment can support wellbeing – scenes that promote nostalgia, that are calming and familiar, help with reminiscence and create a talking point within the care home.*
- *There are many benefits to installing murals and made-to-measure designs for older people and people with dementia living in nursing homes – they brighten up a room or corridor; create a sense of an open and inviting space; bring nature and the outdoors inside; be a diversion or distraction from unwanted features and act as a point of stimulation and conversation for residents, visitors and staff.*
- *Peel and stick wall murals are a quick and easy way to create colour and interest in a home, improving emotional wellbeing for residents.*

Such claims fail to acknowledge that people with dementia are very different from one another, and what suits one person may not suit the next.

## **What do we need to know about dementia when considering this issue?**

Each person with dementia is affected in different ways and their understanding, memory and behaviour change over time. Their current physical and mental health will have a big impact on them, as do other factors, including whether they are sleeping and eating well. Their medication will often affect them very profoundly. They will vary in age: people in care homes can be anywhere between 60-100+ years old, and are occasionally younger than 60. Their previous life and experiences in terms of education, jobs, habits, family and other factors will also influence them.

Increasing numbers of people in care homes were born in other countries and will have come from very different cultures. Their understanding of where they are and what is going on in the present will be very much affected by this.

The way people with dementia respond to their surroundings can vary over the course of the day. This may be because they have always been a 'night owl' or 'morning lark', but it can also be because, like the rest of us, their bodies are working to a circadian rhythm. They may be intellectually brighter in the morning and physically more active mid-afternoon; or they may have had a bad night, be generally feeling miserable or simply have indigestion.

As we get older, we are more likely to experience sensory impairments – affecting our sight, hearing, smell and taste. The ageing eye, along with common conditions such as cataracts, glaucoma and macular degeneration, mean that older people require more light to see, and need sharper visual contrast to make out objects. Dementia complicates this: people who can no longer fully understand the information their senses are providing may also perceive things incorrectly. Clutter becomes problematic for lot of people who are less able to separate out what is important.

It is crucial to remember that although reminiscence is generally a positive activity, many people have experienced past trauma, for example war, violence, abuse, forced migration or hunger. Reminiscence can trigger these memories and cause considerable distress. Knowledge of an individual's background is always important when encouraging reminiscence.

# How are murals usually used?

## Door concealment

A few people can and do try to leave care homes, and they can be very determined (such behaviour is sometimes referred to as ‘eloping’ or ‘exit-seeking’). This is a worry for everyone given the vulnerability of many people with dementia. In our society there is a tendency to be more concerned about physical harm than psychological harm. Staff may face considerable penalties if a resident leaves a building unescorted and injures themselves. Constant staff surveillance is not always possible or helpful.

The advantage of using a mural to conceal a door is that it sometimes works. However, the research does not tell us whether it works better than other strategies, or about the impact it has on the mood of the person or their degree of confusion. Indeed, it might increase agitation and the person may then try to leave via a window or another door.

Mr Hoskins was constantly trying to get out of a fire door which was ‘concealed’ with a mural showing a beach scene. He became very aggressive when he was stopped. It turned out that he had previously lived near the sea. He spent a lot of his time on the beach and was desperate to return to it.

There are alternatives. In terms of design, there are simpler ways of concealing a door. Painting it the same colour as the wall, removing door furniture, using technology, or having attractive distractions nearby are all tried and tested methods, but they will not always solve the problem. Better still is finding out why someone wants to leave.

Some possible reasons include:

- *longstanding habits relating to going out to work, collecting children from school, etc.*
- *feeling imprisoned (perhaps due to past trauma) or present unhappiness*
- *feeling too hot, overwhelmed by busyness or noise, being in pain*
- *being frightened of another resident, anxious about others at home, or a similar trigger*
- *being an 'outside person' who cannot bear to be inside all the time*
- *searching for the toilet*

Understanding the reason and solving the problem will be much more effective for the person with dementia. The best carers are clever detectives who can discover why people behave as they do.

The disadvantages of concealing a door with a mural are many and include:

- *they may cause distress*
- *they may focus interest on a door which would otherwise have been ignored*
- *they can cause confusion, for example staff going in and out through a fake bookcase*
- *there are ethical issues to consider: is it ethical to trick people? Is it a way of confining them without going through proper procedures?*

## **Door identification**

It is possible to buy a wide range of door murals in different styles, which are designed to look unique so that people can find their own rooms. Ideally, the door should resemble their own front door at home, or have a special meaning for them. Door identification may work well for some people, but could be very confusing for others, since all the doors in the corridor would be different. The effect could feel more like clutter. One issue is whether doors can be altered to suit individual people as residents move in and out of the care home.





HelloCare assisted the Vietnam Veterans Keith Payne VC Hostel to cover the bedroom doors with an old photograph of each resident. The resident and their family chose a photograph which had personal significance. The photographs are the size of the door. This enabled the resident to find the door and also provided many opportunities for reminiscence.

*Images courtesy of Vietnam Veterans Keith Payne VC Hostel.*

## Enhancing the environment

This is the usual reason given for purchasing a mural, and there are many apparent advantages. Many care home environments have rather austere decor. Strong, bright coloured walls with pictures and objects can be rare. Care home interiors may seem confusing when all the corridors look the same. There may only be a few windows with good views. They can also be noisy and busy environments. A mural may seem like the answer. One can, for example, purchase a fake window showing views of a garden, a beach, a landscape in autumn colours, a field of poppies, etc. - You could purchase a peaceful woodland view, have a set of shop fronts decorating an unattractive corridor, and decorate other spaces with idyllic landscapes.

Staff, relatives and friends may feel that a mural brightens up a space, alcove or corridor. Murals can also make alcoves look bigger through the use of perspective.



This charming photograph of Robert with his daughter Harriet and grandchildren, was taken by his wife Allyson in the bistro at Waypoints care home in Verwood. The mural behind seems striking but Penny Dale, the manager of the home, says: 'I am not too sure that the residents here get too much out of the mural'. She compared it with the mural of a café with tables and chairs in front of it which was in a home where she previously worked. This worked well.

# What issues do murals raise?

## Outside views

Murals seem to provide two main types of outside view: one is a window with a view, the other is a whole wall covered with a nature scene. We know that actual views of nature from a window can diminish anger, aggression, restlessness, and agitation in most people, including people with dementia (e.g. Mooney and Nicell 1992). What we do not know is whether the same calming response is achieved with a photograph stuck onto a wall. It would seem likely that this may be the case if the picture is sufficiently realistic in content and scale.



Mrs Horowitz really enjoys sitting quietly in a hall area in her care home which has a woodland mural on the wall.

Problems with outside views may include:

- *some people may be made anxious or frightened by certain views, such as woodland or ocean*
- *some views may be disorientating, for example autumn colours all year round*
- *it may be disorientating if the actual view from the building's windows vastly differs from the mural*

There are also ethical issues. Is it ethical to mislead people into thinking that they are looking out at something when they are not? This is not straightforward as there may be a difference between murals which take up a whole wall, and fake windows and doors. The latter is perhaps more likely to be misinterpreted. Ethical considerations also require us to ask whether this intervention could cause harm, and if some people may be made anxious, afraid or confused. For example, if a season (such as bluebell woods in springtime) is depicted in a mural it does not change with the seasons throughout the year. It thus has the potential to generate seasonal disorientation.

Wendy Mitchell, who has dementia and wrote the memoir *Somebody I Used to Know*, said in a blog: "I really hate them [murals]. They are so confusing. What's wrong with a nice painting or simply a window with a view? Why make us think we're somewhere else?"

## Backdrops of specific scenes

The most common backdrops are seaside scenes with paintings of deckchairs, ice cream carts, etc. Sometimes even real sand and seashells are used as part of the installation. Another common backdrop is a café where tables and chairs are placed in front of the mural. Bus stops are also common: usually a bench is put beside it and residents can 'sit and wait for the buses'. Some murals integrate 3D objects such as windows which open. Backdrop murals would seem to have fewer negative aspects, as when they are done well there should be plenty of associated real objects for residents to engage with. They can also provide a location for group activities. However, the world they portray may not always be a familiar one to all residents. There may also be dangers of overstimulation, causing confusion for some people.



In Maister Lodge, an acute mental health inpatient unit for older people in Hull, there is a mural which consists of photographs of local landmarks superimposed onto a Google map of the area. The patients particularly enjoy talking about King Billy, a prominent sculpture in Hull.

Mr Johnson-Howard was completely bewildered by a seaside scene in his care home which showed a promenade with flags, bunting, ice cream parlours and cafes. Staff tried to engage him in discussion about a scene they assumed would be familiar. In fact, Mr Johnson-Howard had been a very successful yachtsman who spent a lot of his life racing from harbours. He was totally unfamiliar with seaside holiday resorts.

## Murals in lounge areas

Busy townscapes, street scenes, traffic, fairgrounds and other hectic scenery on lounge room walls need very careful consideration. They can easily be overwhelming because of their extensive, complex detail, or frightening since they are often incongruous with the area - why would there be a busy street scene in a lounge? Some murals depict a scene in a child-like or 'naïve' design which could be interpreted as infantilising or demeaning.

Indeed, full wall murals in lounge areas are nearly always problematic. It is instead easier to make a lounge look like a lounge, with normal furniture and ornaments. The notion that murals are 'homely', as some would claim, seems questionable, since it is rare to find a full wall mural in a domestic home.

In the lounge area of Mrs Hussein's care home was a mural of a bookcase with a dog sitting on the floor beside it. Mrs Hussein was appalled by this because she thought that it was very unhygienic to have a dog inside the house. She had to be constantly reminded that it was not a real dog.

## Murals in corridors and hallways

Murals are most often used in corridors and hallways, rather than lounge areas. They may be used in corridors within the units where people live; or those which link sections of the home.

A wide range of mural shop fronts is available, for example: grocers, haberdasheries, sweet shops and dress shops, all generally harking back to the 1950s. Sometimes the murals are full of activity – street scenes, fairgrounds, parks, playgrounds, sports grounds, gardens and beaches. Sometimes they are reproduced photographs of local streets or well-known landmarks.



In Quarry House, a care home owned and operated by Bristol Care Homes, murals were chosen by residents, relatives, friends and staff for each floor. The only ones that were in a living area, showing a garden scene, were stuck on below the handrail, which made them an appropriate height and left space for other 'talking points' above.

The same issues need to be considered. Might there be residents for whom the scenes are unfamiliar or frightening? Might they be overwhelming? Might they be frustrating since they only provoke visual stimulation, with no other senses like touch, sound or smell involved? Frustration may also be an issue if there is a mural of a window looking out onto to a garden, but no access to this garden. Might the level of detail cause agitation and confusion? Many people with dementia react badly to overstimulation, and this is possible if the mural is full of detail, particularly when it is located in a confined space. Might people think the objects depicted are real? It is common for flowers in wallpaper to be picked off. The vinyl that most photo-realistic murals are made of sticks very firmly so it would be hard to pick such flowers, which in turn may cause frustration.

Hallucinations (unreal perceptions) are known to occur in up to 20% of people living with dementia at some point during the course of the condition. Those who “hear voices” may attribute these voices to characters portrayed within murals, which may contribute to distress.

Visual illusions (misperceptions of real objects) are much more common. Visually cluttered murals may be more prone to cause misperceptions of motion within the contents of a mural, which may, again, lead to distress and disorientation.

Murals in corridors and hallways do brighten up spaces that are often unattractive. They are bright and lively and give the impression of activity. They are potentially **orientating**, for instance when one corridor portrays a street scene and another a seaside scene. They may also help with **way finding** (a resident can find her bedroom because it is near the big tree for example). But there are alternative strategies that can be used to achieve similar effects, as discussed in the next section.

## Murals in bathrooms

These are usually located on a whole wall facing the bath, and consist of outdoor scenes such as woodland, waterfalls or windows. They may be installed to make the bathroom look bigger or perhaps as an attempt to calm people. Many care setting bathrooms have no windows, so the mural may be an alternative to a view outside. However it is not hard to imagine that some people would be made anxious by the possibility of strangers entering the bathroom through the woods, or a window with the curtains open.

## Related products

These may include baffle boards, and screens with photo-realistic skins. The same issues apply to these products.

# Reminiscence

Great emphasis is placed on the potential of murals to trigger reminiscence. Reminiscence is known to be beneficial for most people, but not everyone. Although it may occur casually or spontaneously, it is better when done purposefully within a caring relationship and should be based on some understanding of the person's background. Relevant music, tangible objects that can be touched, tasted or smelt, and familiar sounds and pictures can stimulate discussion about the past with individuals or small groups. Murals may well serve as conversation prompts for busy staff or visiting families and friends, and although it concerns the past, it links people with each other in the present.

The problem with murals and reminiscence is that a mural's significance will vary from person to person (see section 3). No single mural will suit everyone. Yet when they are in place everyone can see them and they may be difficult to avoid. They may cause distress for some people which could manifest itself as agitation or withdrawal, and if they do there is little that can be done to prevent it.

## Encourage conversation

It can be very difficult, when visiting someone with dementia in a care home, to make conversation for any length of time. It can be helpful to have something to look at and talk about, even for care home staff. Murals can certainly provide the stimulation for conversation, but once again, there may be aspects that cause distress. Pictures serve a similar function, and if they prove to be unsuitable, it is a simple process to change them.

## Are there alternatives to murals?

Suggesting that the only choice is either a sterile, unattractive, disorientating place OR a bright, cheerful place with a mural is false. There are a lot of alternatives. There are other ways of brightening up these spaces which need to be considered:

pictures, wall hangings, object installations, etc., all of which can be changed if they are found to be problematic.

3D objects are a good way of assisting with orientation and wayfinding. They can be hung on walls or placed at key points. These can include small items of furniture, piles of old suitcases, china pots with or without plants in them and so on.



This landmark is used in Northcare Manor to orientate people to the lift and to that particular floor.

Murals are sometimes considered an easier visual option than pictures - until they cause problems.

An often neglected issue is that older people need at least twice as much light as younger people in order to see clearly. Without this degree of lighting they may not be able to see the murals clearly and may misinterpret the depicted scene or objects.



The owner of Northcare Manor in Edinburgh: a nursing home with many residents with dementia, finds that black and white photographs of familiar scenes generate a lot of discussion between staff and residents. If she finds a picture is being ignored or causing alarm she takes it away. If she discovers her residents have shared interests (like vintage cars) she puts in extra pictures around this theme.

### **Ethical considerations**

Ethical considerations concerning murals in care homes include the following:

- *misleading residents*
- *confining residents*
- *providing viable alternatives to lack of skilled or trained staff*

Ethical questions such as these are best solved through the consideration of the following questions:

### ***Who benefits?***

Although everything in care home design has to also help staff and visitors, it is crucial to remember that the residents live there 24/7 and may have no way of avoiding parts of their

environment. It is their home. It is always a challenge in a care home environment to design a communal area for a large variety of different individuals.

### *Is there choice?*

Do residents have the choice to go elsewhere if they are alarmed or upset? Are there competent staff who will notice when someone is upset or alarmed? Can the murals be removed or covered up?

### *Is it fair?*

It takes more skilled staff and more resources to provide an environment that is constantly adapting to the changing needs of residents and this cannot be taken for granted in these straightened times. Murals may be a relatively low cost way of providing an attractive environment that suits most of the residents, staff and visitors. A fake bus stop, for example, may not be an ideal alternative to taking someone outside the home for a bus ride, but it may be all that the home can manage.

### *Other considerations?*

A mural that contains functional objects could mean that for some people with dementia they cannot distinguish that it is two dimensional and not real. Their engagement with the image and communication about this may lead others to conclude that the person is more confused.

A care home painted a pillar to look like a post box. A resident was seen regularly trying to 'post' things into it.

For example this scenario could lead to a person stating that 'our letter box is blocked' or 'my letters are ruined' because they have attempted to insert something into the image and it did not go in to the slot.

An image of a bookshelf could also lead someone to tell staff that ‘the books are jammed in the shelf’. If murals are being used that contain functional images, staff should be trained in their purpose and be aware of the potential risk that occasionally they may be misinterpreted. Just like a mirror that is causing distress, there needs to be the capacity to cover a mural in a timely manner.

If a mural is being used to block an exit to outside the facility or unit, there should be alternative places that the person can have access to, ideally outdoors and with easy access. Relevant care planning and protocols should be in place and adherence to legislation and policy on freedom of movement.

Mr de Figueiredo lived in a dementia unit on the first floor of a care home. He caused a lot of anxiety for the staff because he was constantly trying to leave and was very aggressive. The care home opened a second dementia unit on the ground floor to which he was transferred. This unit had a courtyard with rabbits in a hutch. When it was not raining, he would sit on the same bench in the courtyard all day, quietly watching the rabbits, which was a great relief to the staff.

# Conclusion

The aim of this guide is to encourage careful thought before purchasing murals. Below is a summary of key points:

- *Murals are permanent. If they cause distress, agitation, confusion, etc. there is little that can be done. They are not easy to conceal.*
- *There are alternatives which need to be considered. The most significant is pictures which can be changed easily to suit both the group in the home and individual residents. Other alternatives require more effort, such as having a good view through a real window, having big windows in the lounge with views of a garden or real woodland, having a care plan in place for someone who wants to leave which includes distraction or an alternative, safe outside space.*
- *Care home residents change over time. What suited one group may not suit the next group at all. Similarly, residents differ greatly from one another and what suits one person will not suit someone else, or even that same person at a different time. Generally, a traditional décor is recommended which can then be adapted in small but important ways with pictures, ornaments and objects, depending on who the current residents are.*
- *Murals are often promoted as providing opportunities for conversation and interaction. This may often be the case, but staff need to be supported to have the time to sit in front of a mural and reminisce. Is there a possibility that staff, relatives and friends are comforted by the thought that residents reminisce even when they are not present? What if negative memories occur, and who is to know?*
- *There are genuine hazards. Murals depicting furniture such as a seat or a bench that someone may try to sit on, and then fall, are clearly perilous. Some murals have objects low down such as animals, which could cause a resident to fall if they bend down to examine or interact with them. Clutter is known to cause confusion and agitation and some murals are very cluttered by design.*

## Pros of murals

- *brighten up a place*
- *provide interest*
- *make spaces look bigger*
- *can be thought to make a place look more homely*
- *can be used to differentiate spaces - e.g. floors in a care home can be themed for orientation*
- *can be used to help residents find their way around, especially to their own rooms*
- *provide potential stimulation for reminiscence and conversation*
- *encourage discussion between residents, e.g. a group of residents waiting for a bus*
- *can prevent people from leaving through a door*
- *may improve mood with outside views*
- *can be a helpful backdrop to actual places such as cafes or pubs*

## Cons of murals

- *cannot be removed if a resident/residents do not like it (they might be frightened, disorientated, or confused)*
- *pose dangers of overstimulation, especially if a mural presents as very 'busy' in an enclosed area such as a corridor*
- *may be irrelevant to the particular group of residents*
- *can give misleading impressions that something is going on*
- *are not homely: it is very unlikely that anyone would have full wall murals in their own house*
- *can draw attention to a door, result in confusion or cause agitation*
- *may cause distress, disorientation, or confusion*
- *not everyone will have the same preferences and there is a risk someone will suffer distress*
- *not all reminiscences are happy, and reminiscence works as part of a dialogue based on the knowledge of the person's background*

# Appendix

## Authors and acknowledgements

- *Kimia Benam, Director / Architect ARB RIBA, Kimia Benam Architects Ltd*
- *Dr Julie Christie, Region Manager UK and Europe, The Dementia Centre HammondCare*
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- *A/Prof Colm Cunningham, Director, The Dementia Centre HammondCare*
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- *Dr Jo Hockley, Senior Research Fellow, Usher Institute, University of Edinburgh*
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- *Jordan Simpson, Manager, Northcare Manor*
- *Vietnam Veterans Keith Payne VC Hostel*
- *Dr Natalie Yates-Bolton, Associate Consultant, The Dementia Centre HammondCare*

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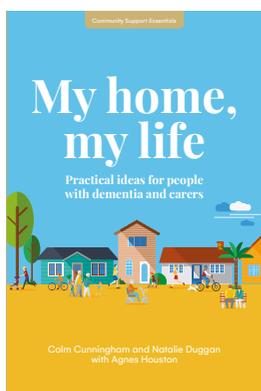
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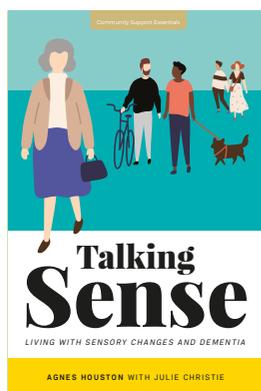
Mary is a senior consultant with The Dementia Centre HammondCare.

# More from HammondCare and The Dementia Centre



## **My home, my life: Practical ideas for people with dementia and carers**

My home, my life: Practical ideas for people with dementia and carers brings together the voice of people with dementia and carers with the best learning from research and care experience to provide insightful tips, strategies and real-life stories to support greater independence. Whether it is through a better understanding of the impact of dementia and ageing, tips on good design at home, strategies for going out or approaches to communication and care, My home, my life will enable people with dementia, carers and their support networks to meet challenges with courage and creativity.



## **Talking Sense: Living with sensory changes and dementia**

Talking Sense is the culmination of more than a decade of research by Agnes Houston after she was diagnosed with younger onset dementia in 2006. It was also written as a response to the lack of practical advice she was offered by a number of health care professionals after her diagnosis. Agnes found that not only was there little support for continued independence, but what support there was had virtually no awareness of the common experience of sensory change. This brief guide is a practical tool for carers looking to support people living with sensory challenges while raising awareness of the little-known phenomenon that people living with dementia can also face sensory challenges such as vision and perception impairment.

**“This guide seeks to clarify when murals might be problematic and when they might be beneficial. A mural should not be purchased without careful consideration of the pros and cons.”**

*~Mary Marshall*

People living with dementia may experience the design of the built environment differently and so it is important that any design features or decor are well thought out.

Talking Murals explores the potential impact of murals inside spaces where people with dementia live, or may visit.

Intended for designers and managers of care homes, day centres, specialist housing units, hospitals and other services, this brief guide covers different ways murals can be used, the issues to consider when installing a mural and the potential benefits and risks to visitors or residents.

Talking Murals will help encourage careful consideration before the purchasing or installation of murals, and promote an understanding of some of the ethical challenges of mural design.

