

Appendices

A. Observations elderly care	2
B. Interviews frail elderly	7
C. Interviews care professionals	10
D. Analysis takeaways	16
E. Intervention 1	17
F. Creative session	21
G. Intervention 2	23
H. Poems “Ook dat is toekomst”	27
I. Intervention 3	28
J. Feedback session	32
L. Final design	35

A. Observations elderly care

Three care services of Pieter van Foreest have been observed; case manager visits, a day at the meeting center and living at a nursing home.

All elderly that use one of the three services can be considered frail, but a distinction can be made between elderly who mainly suffer from mental, physical or social limitations.

The case managers solely visit elderly who are diagnosed with dementia (mental). They support them and their relatives in making (care) decisions, such as going to a meeting center or being admitted to a nursing home. The latter is the final residence for frail elderly, when the elderly are in need of 24/7 care due to their physical, social and/or mental limitations.

Finally, the meeting center could be seen as a service in between living independently at home and with full care at the nursing home. This service offers daily activities for frail elderly, whose mental, physical and/or social limitations make it hard for them to stay at home independently each day of the week.

Figure 1 shows how the different services overlap in time and links to the living situation of the elderly and their autonomy/dependency.

On the next pages a more detailed explanation of each service is given,

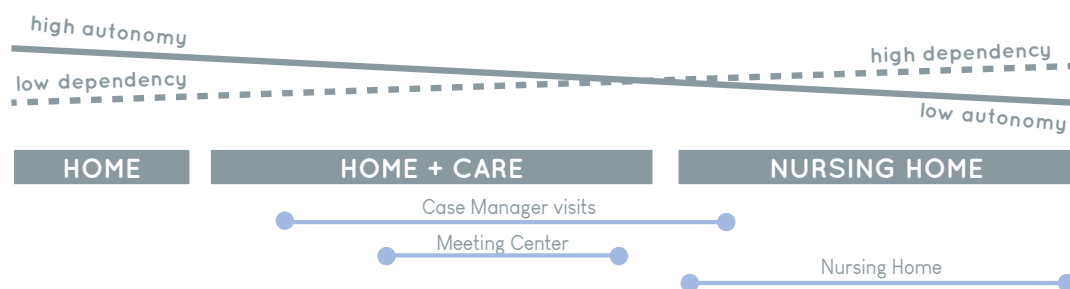


Figure 1. Overview of three different PvF services over time



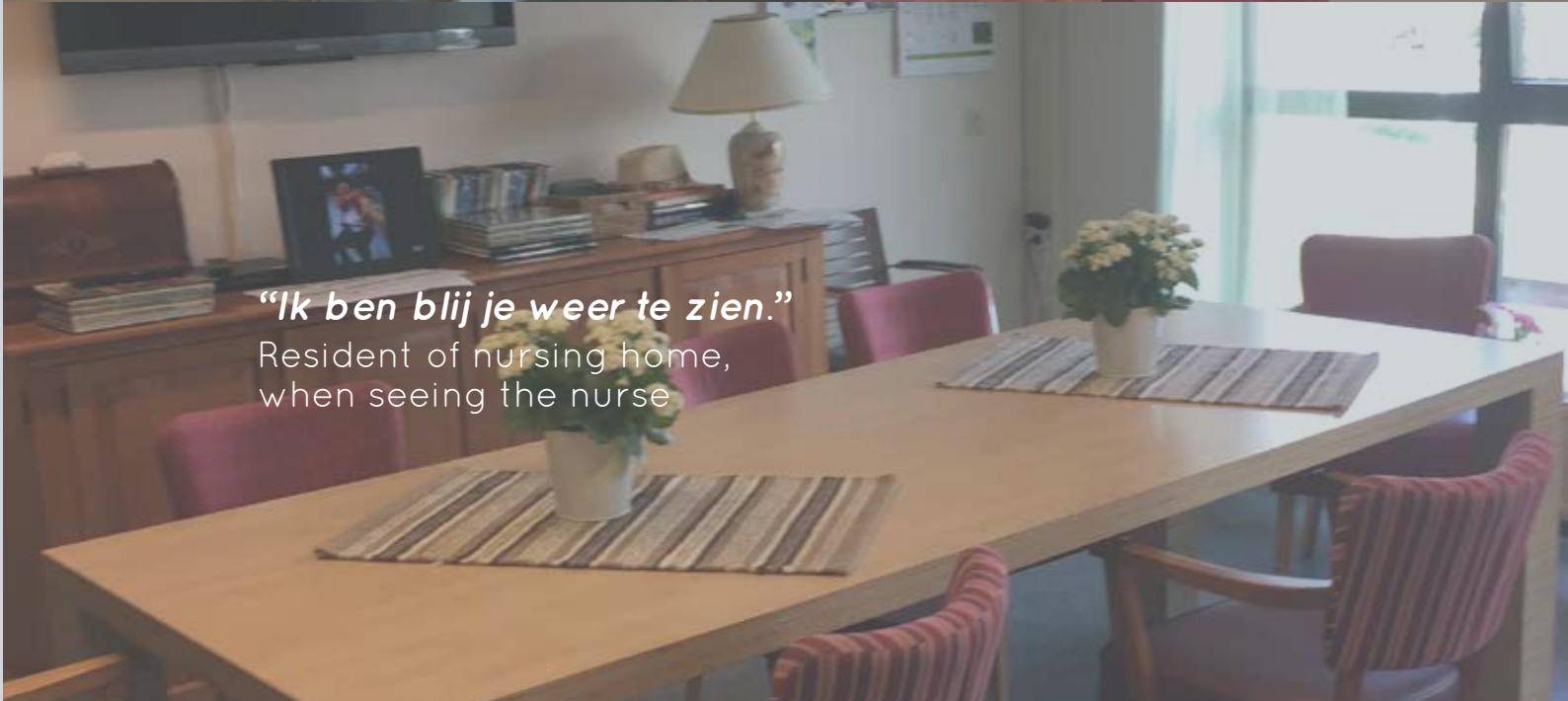
***“Ik luister aandacht
naar wat jullie over mij
bespreken.”***

Elderly man during case
manager visit



***“De mensen zijn belangrijk.
De sfeer, die maak je
samen.”***

Visitor of meeting center



“Ik ben blij je weer te zien.”

Resident of nursing home,
when seeing the nurse

Observation case managers

Frailty elderly

Due to their mental issues, it is complicated to always ensure the elderly person is directly addressed in the conversation. This expresses itself when the casemanager and the caregiver talk about the elderly person instead of with them, for example when the decision is made to move the elderly person to a nursing home against their own desire. A reason for such a decision could be that the informal caregiver of the elderly (relative) is too burdend with the care. A situation likes this makes it difficult to place the wants of the elderly central.

Involvement relatives

During the case manager visit a relative usually present. This is often the main informal caregiver of the elderly person. This could be helpfull when the elderly person and the relative are on the same page. However if the elderly person their desires differ from those of their relative this could make it difficult for the elderly to express themselves freely, and could result in a situation in which not the

desires of the elderly person, but those of their relatives are leading in a care decision.

Contact professional

The interaction with the case manager is short (circa 1 hour) and not so frequent (once every four till six weeks).

Communication about future and care

During their visit the case manager focusses on discusses the elderly person's current situation and their past with him or her and their caregiver, in order to make decisions regarding their future and care (current).

Figure 2 summarizes the case manager service.

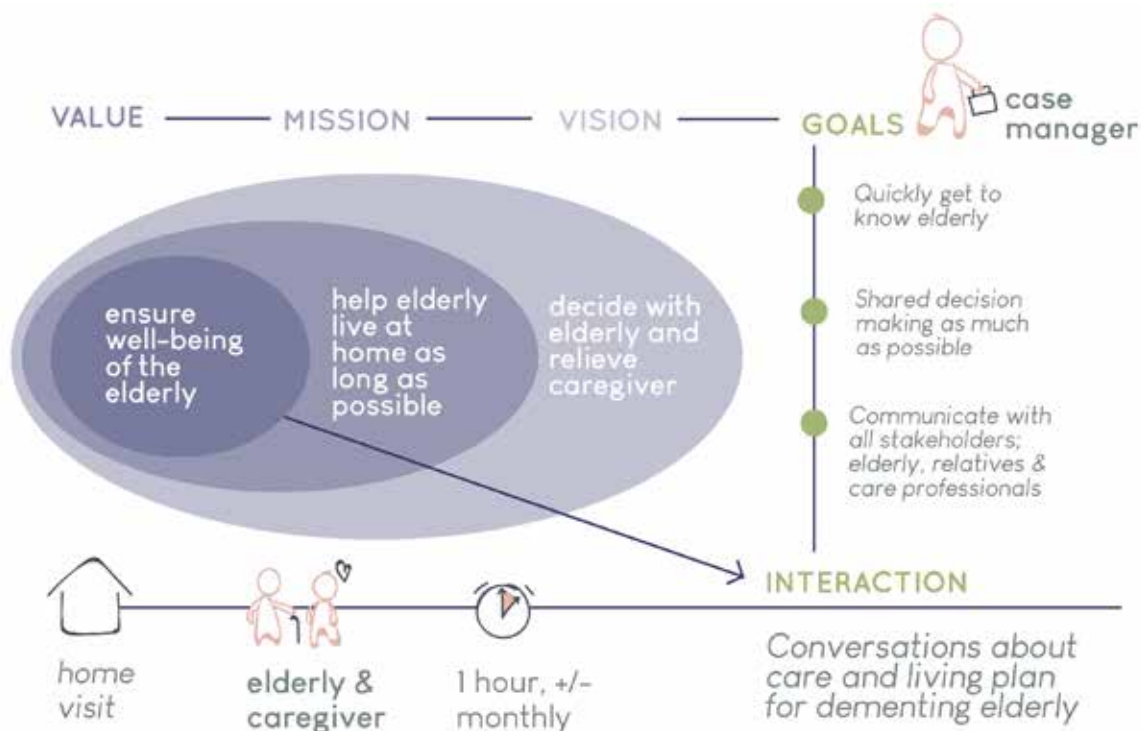


Figure 2. Context of case manager service

Observation meeting center

Frail elderly

The elderly still live at home and are relatively they autonomous. However due to social, mental and physical disabilities the elderly are not able to constantly stay at home and therefore make use of the meeting center service some days a week.

This results in a diverse group of frail elderly, which all visit a certain "living room". Three of the livingrooms focus on elderly with mental issues, one living room is especially for socially and physically frail elderly.

During the morning the elderly could leave their own living rooms to join a choice the activity in another living room. In each living room a specific activity takes place including memory training, movement excercises and creativity practices. The elderly return to their own living room around noon to have a hot meal.

The meeting center strives to stimulate the elderly's independence e.g. by letting them decide as much as possible.

Involvement of relatives

The relatives (informal caregivers of the elderly) are not present in the meeting center. To keep relatives up to date the meeting center schedules a meeting with their main informal caregiver each half year (MDO). Next to this they sometimes have contact over the phone or email, often when the employee notices a negative change in the elderly's behaviour.

Contact professional

The meeting center focusses on group activities, which take place in one of the "living rooms" accompanied by a meeting center employee and sometimes a volunteer. Each meeting center employee has their 'own' living room, so the elderly become familiar with him or her. The employee has to divide their attention over all visitors of that living room. This leaves little room for individual contact.

Communication about future and care

During the daycare at the meeting center the focus lies on meaningful activities and the group conversations usually adress the present or past. Individual conversations with the elderly only take place before the half yearly MDO, in which future and care could become a topic.

Figure 3 summarizes the meeting center service.

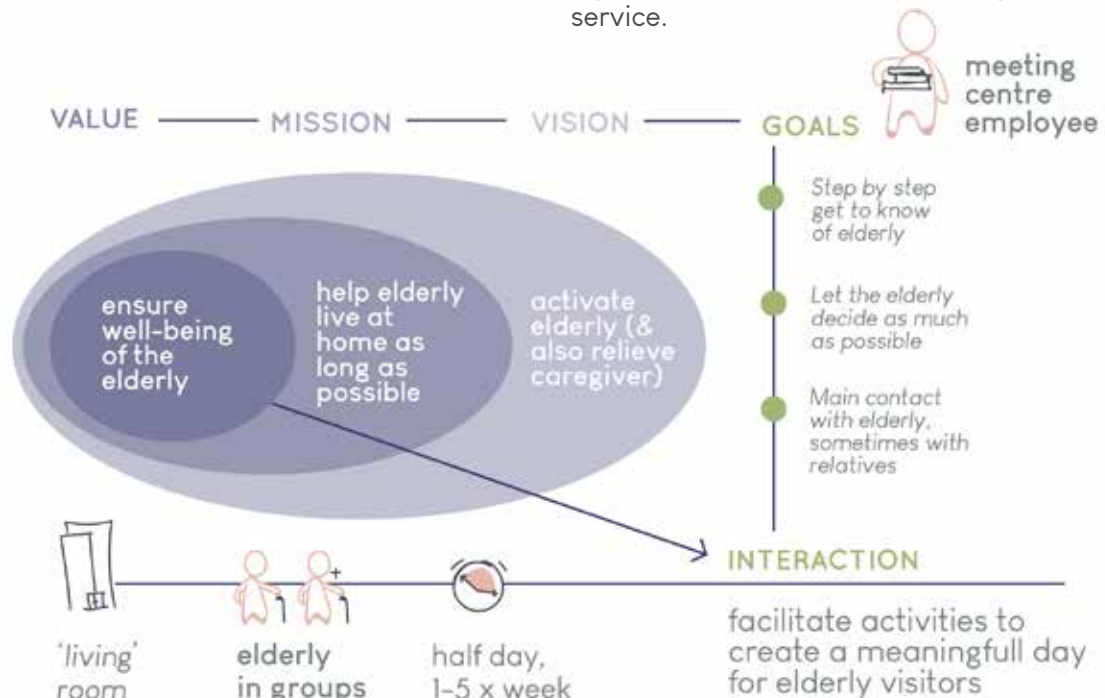


Figure 3. Summary meeting center

Observation nursing home

Frail elderly

The elderly has become so frail that they are dependent on 24/7 care. Moving to a nursing home means letting go of control and adapt to the fixed daily structure. Thereby elderly experience a considerable loss of autonomy.

To still ensure a private living space each elderly person has their own room within a department of the nursing home. The majority of the elderly in the nursing home struggle with severe mental and social issues, usually due to dementia. A smaller number of the elderly live in the nursing home, because of their physical inabilities.

Involvement of relatives

Relatives are not constantly involved, but play an important role in getting to know the elderly, especially when they suffer from dementia. The elderly are able to receive visitors, including their relatives, in their own room. The nursing staff keeps the relatives up to date via online platforms, such as email, or phone contact.

Contact professional

The nursing staff has individual contact with the elderly. This contact focusses on personal care. Each department strives to have a regular occupation of the same nursing staff so the elderly becomes familiar with them.

During the week (circa three times) the elderly can also join activities. These are group activities led by an activity employee.

Communication about future and care

The nursing home could be seen as the final residence of the elderly, since they usually pass away 9-12 months after their move. The focus on the nursing home is therefore to ensure the elderly their well-being until their end of life.

Figure 4 summarizes the case manager service.

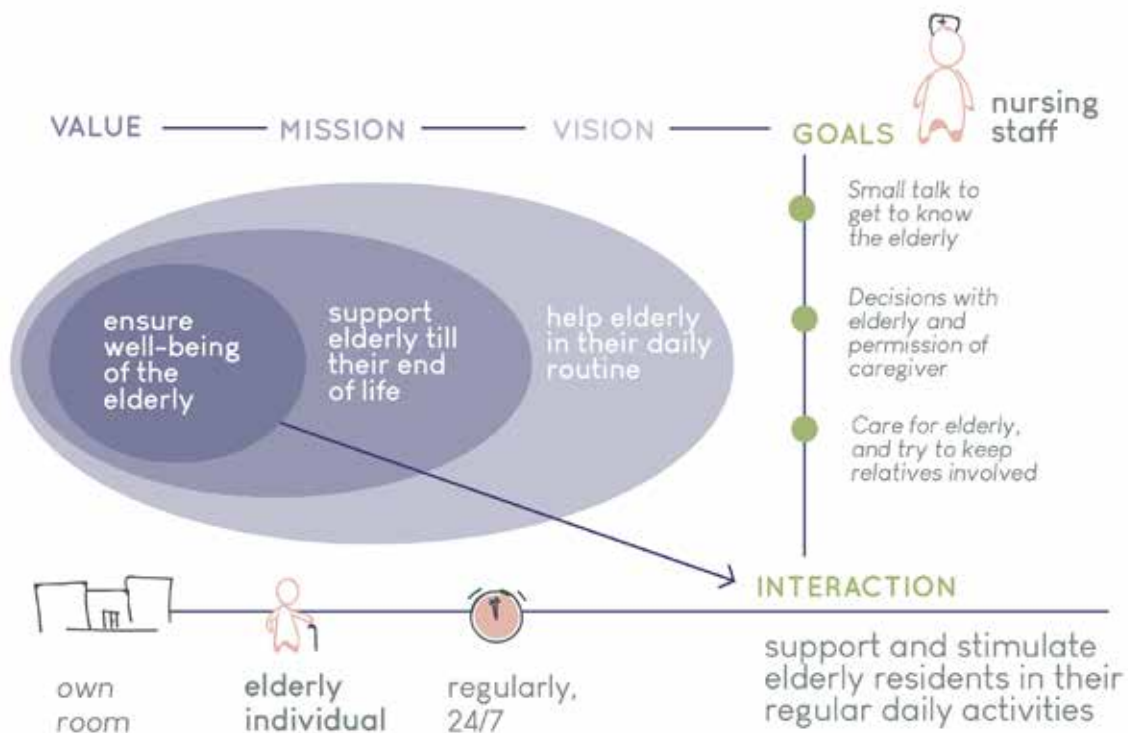


Figure 4. Summary nursing home

B. Interviews frail elderly

Four semi-structured interviews took place:

- 2 mental frail elderly males at the meeting centered
- 1 socially frail elderly woman at the meeting center
- 1 socially and physically frail elderly woman at the nursing home

The data collected during these interviews consists of notes and audio recordings. No images or names of the elderly are included, because of privacy concerns. For this same reason only the main findings of the interviews are summarized.

Figure 5 shows the conversation tool that was used in the interviews. Figure 6 on the next page shows the set up of the interview.



Figure 5. 'Praatplaat' presents the topics of the interview.

Interviews with 'Praatplaat'

The interviews addressed the following six themes:

- > values and character (*Past*)
- > meaning and connection (*Present*)
- > quality of life and mortality (*Future*)

Note that the order of the themes show which aspect of time weighs the heaviest, but it does not mean that a certain theme only relates to either past, present or future. Since many of these themes play a role over time, this is further explained below.

Values & Character traits

In the stories of the elderly about their past lies the core of who they are; what their **values** are and what **characterizes** him or her. The content of both these themes seem to be formed in the past and stay relatively similar over time.

Values seem to be closely linked to how (and where) the elderly grew up, i.e. in a religious household or a large workersfamily. That said, talking about nurture can help to understand the perspective of the elderly person, since it has the potential to clarify values that are still relevant in the present.

The character traits of elderly seems to mainly express themselves in their interests. Even though their character traits may seem quite stable, the exact interests themselves might evolve over time depending on the physical, social or mental well-being of the elderly. For example, the curious character of one of the elderly interviewed results in interests that relate to discovering new worlds. In the past this has expressed itself in the sports he practiced, such as diving and flying, now he watches documentaries about other parts of the world.

Connection & Meaning

How the elderly experiences the present expresses itself through their **connection** and **meaning**. In other words what matters to them (now).

Connection for all the elderly relates to social contact, such as seeing their relatives. It is interesting to see how family matters to the elderly in both their past and present, but which specific relatives play a role changes over time. Where their parents and siblings take the central stage in their past, now their own partner and children seem to play a larger role in their life. This can ofcourse be logically explained by the fact that many of their own generation are already deceased. Besides social connection, in some cases also the house or city the elderly live in is mentioned as something they feel closely connected to.

The topics that address meaning vary per elderly person and seem to depend on their connection, character traits and values. What elderly consider to be meaningful in their lives also differs on the short term (today, this week) and on the long term (somewhere next months).

Meaning and connection evolves around tangible aspects of the elderly's life, e.g. the activities they undertake with people, and can help to address the future. For example one of the elderly was looking forward to when her granddaughter moves to Brussel, so she can visit her new house.

Quality of Life & Mortality

The future for elderly has to do with both **quality of life** and **mortality**. Where the latter seems to be something that crosses the mind of elderly every now and then, quality of life seems to be a theme that is harder to grasp.

Elderly often describe not wanting to become "like that", referring to a certain future state of well-being they do not consider quality of life. However exactly describing how and when they perceive quality of life seems to be difficult. The reason for elderly to think about their future mainly relates to their connection. To illustrate, one of the elderly said he would agree to move to a nursing home to ensure he does not have to move in with his children and be a burden to them.

Findings of the interview

Finally, the elderly interviewed seem to be aware of their mortality. When the future became a topic of the interview, many quite openly started talking about dying and funerals themselves. Whereas they also mentioned not to share this (often) with their relatives. This is could be a sensitive conversation to have with them, especially when relatives rather not realize the mortality of the elderly person. To conclude, elderly do think about their mortality, however helping them to express what quality of life means for them now and what they desire for the future seems difficult.

Who you are; value and character find their origin in the past of elderly

What matters; reflecting upon meaning and connection gives insight in what is important for the elderly

What you desire; the elderly's connection and meaning links to their wishes for the future

Past, present & future; the present links to the elderly's past and their future

Praatplaat; the timeline helps to guide the conversation, however the elderly need to be triggered to engage with the tool

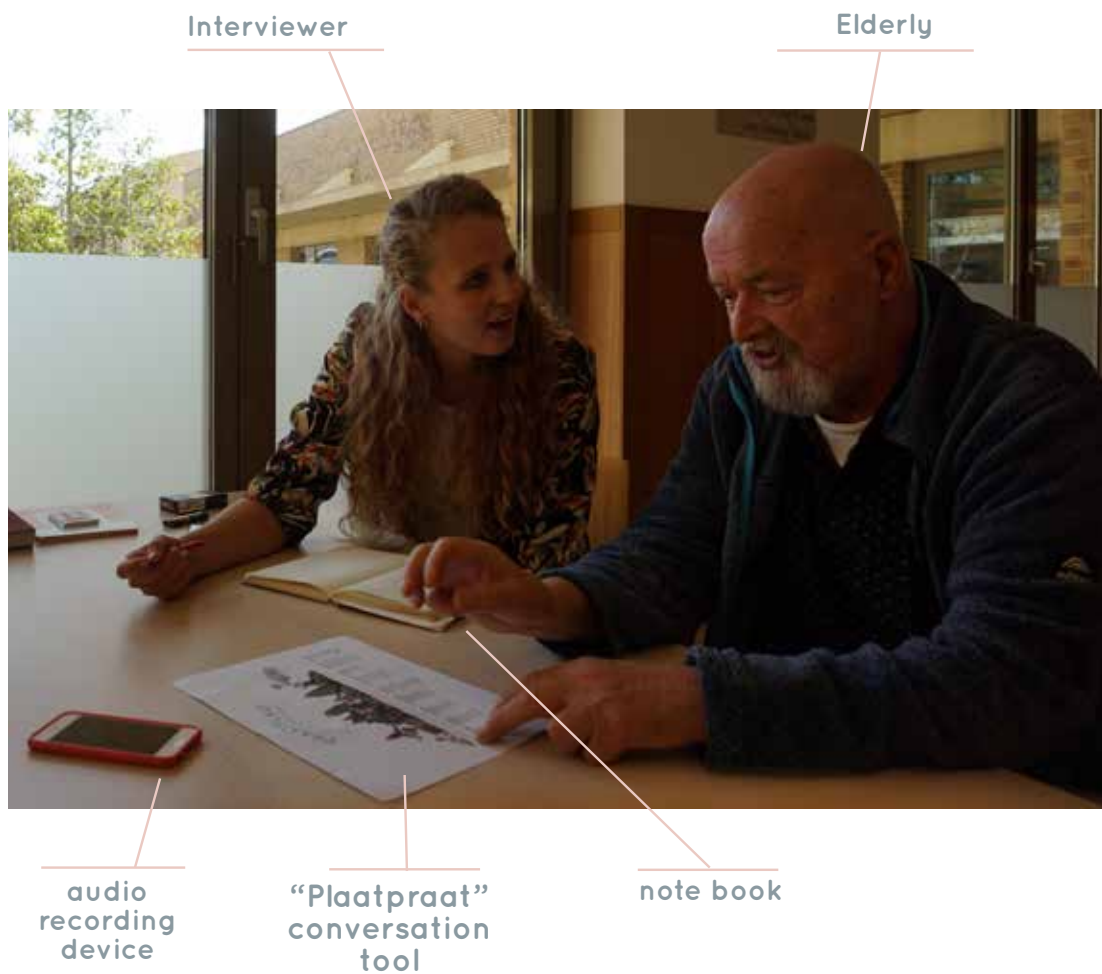


Figure 6. Setting of interview with elderly

C. Interviews care professionals

The following care professionals were interviewed:

- > Specialist Geriatric Medic at nursing home 'Akkerleven'
- > Spiritual Caregiver at nursing home 'die Buytenweye'
- > Geriatrician at hospital Reinier de Graaf Gasthuis
- > Neuro clinical sychologist at nursing home 'de Hooge Tuinen'
- > Nurse at nursing home 'Akkerleven'
- > Nurse Clinical Geriatrics at hospital 'Reinier de Graaf Gasthuis'
- > Meeting center employee at meeting center 'Vermeertoren'

All experts except the geriatrician and geriatric nurse are employees of Pieter van Foreest.

The method used was a semi-structured interview technique (van Boeijen et al., 2013) with four main topics:

- > **Expertise:** their care objective towards and interaction with the elderly
- > **Future perspectives:** when and how is the future adressed in their contact with the elderly
- > **Shared decision making:** how elderly (and their relatives) are involved in decisions
- > **Advance care planning:** if and how this currently applies to their expertise

Figure 7 shows the questions addressed in

the interviews (in Dutch).

The data collected during these interviews consist of notes and audio recordings. No images or names of the interviewed professionals are included, because of privacy concerns.

A bulletpoint summary of each interview is presented on page 12-15.

The interviews provided information regarding:

- > the care professional's role and objective
- > when and why they get in touch with the elderly
- > their interaction with the elderly
- > how the careprofessionals documents the conversations with the elderly

Furthermore the research activity gave insight in:

- > similarities and differences between the care professionals
- > opportunities & challenges for communication and addressing the future

EXPERTS

Expertise

- Zou u een korte toelichting kunnen geven over uw expertise?
- Wanneer en waarom komt de oudere en/of de familie in aanraking met uw expertise?
- Hoe ziet uw interactie met de oudere er normaliter uit? Wie zijn hier allemaal bij betrokken? Binnen welke context vindt dit plaats?
- Hoe zou u uw band/relatie met de oudere omschrijven?

Toekomst perspectief

- Wat zijn de meest voorkomende aanleidingen om te praten over de toekomst met de oudere?
- Welke onderwerpen worden er besproken, met betrekking tot de toekomst?
- Heeft u bepaalde manieren/trucjes/tips om met de oudere te praten over toekomstige zaken?
- Heeft u wel eens gesprekken met de ouderen waarin het heden en/of het verleden centraal staan? Hoe verlopen deze?
- Komt het onderwerp van sterfelijkheid ter sprake? Zo ja, hoe en waarom? Zo nee, waarom niet?

Gezamenlijk beslissen

- Hoe heeft de relatie van de oudere met de familie invloed op uw werk?
- Heeft u het idee dat de oudere altijd genoeg wordt meegenomen in keuzes? Waarom wel of niet?
- Hoe zien de gespreks- en beslismomenten tussen u en de oudere er uit? Wie zijn hierin nog meer betrokken en wat is hun rol?

Advance Care Planning

- Wat weet u van ACP?
Anticiperend beleid, vooruitkijken, shared decision making, voor urgentie, cyclisch en repetitief gesprek, flexibel over tijd, voorkomen ongewenste behandelingen, erkennen wensen
- Heeft u het met de oudere wel eens over mogelijke zorg? Zo ja, welke vormen van zorg, met wie en hoe verloopt zo'n gesprek/wat is uw rol hierin?
- Heeft u het met de oudere wel eens over hun behoeftes en wensen? En zo ja, welke zijn dit, waarom en hoe? Zo nee, waarom niet?
- Hoe komt u erachter wat belangrijk is voor de oudere in hun leven?
- Hoe rapporteert u dergelijke bevindingen over zorg en het leven van de ouderen?
- Hoe kijkt u persoonlijk aan tegen het principe van ACP? (nuttig, overbodig, lastig etc.)
- Hoe zou u, vanuit uw expertise, een bijdrage kunnen leveren aan ACP?
- Wat is voor u, in de huidige situatie, een aanleiding om te praten over Advance Care Planning met de oudere? Initieert u dit gesprek altijd of komen ouderen hier ook zelf mee? Wat is daarvoor de reden?

Figure 7. Interview questions for care professionals

Specialist geriatric medicine

Expertise

- the role of a general practitioner in the nursing home
- the nursing home is the elderly's final station
- intake conversation with the elderly person, their relatives and nursing staff, when the elderly person moves to the nursing home
- "Ken je patiënt."
- "Hoe kwetsbaar ouderen ook zijn in het ontmoetingscentrum hebben ze nog een vorm van autonomie."

Future perspectives

- I see ... & what are your desires regarding that?
- what if ...?
- First intake, immediately ask the important question "Do you want to be resuscitated?" to determine Yes- and No group

Shared decision making

- loss of autonomy of the elderly does not necessarily mean they are not competent, therefore a set of questions is used to test the elderly's competency
- having the nursing staff around as a friendly face, makes it possible to make clear and reliable agreements with the elderly (direct approach)

Advance care planning

- believes that a living will should be made, when people retired, since only 10% of the people age above 70 who are resuscitated become themselves again
- number 1 cause of dying in the nursing home is a lung infection, number 2 is a hipfracture
- palliative treatment is not equal to palliative sedation

Spiritual caregiver

Expertise

- spiritual support
- sincere attention without judgement; no diagnosis, no advice, no judgement
- one on one interaction with the elderly
- Space to share "Ik bied een vrijplaats"
- meeting trigger is when the elderly experience a feeling of loneliness, fear, sadness, questions their existence
- confidential character
- tell to relieve and live to the fullest
- return and reflect upon the essence of the conversation
- understanding of life and becoming aware of relevant aspects
- approachable, understandable attitude
- "Ik kan jou dingen vertellen, die ik niet aan mijn kinderen kan vertellen."

Future perspectives

- experience the past, live in the present, look to the future
- elderly people are aware that they are old and that their life is finite

Shared decision making

- elderly seek for their inner strengts and sometimes wish to find the end of their life vs. relatives who do not want to let go "Ik hoop dat je nog lang zal blijven"
- responsibility to take elderly along in care decisions
- strive to only share the content of the conversation if the elderly is okay with it

Advance care planning

- make elderly aware of their motives in life to discover their underlying reason why they do not want to live anymore

Geriatrician

Expertise

- send by referral of GP, elderly with multiple health limitations (mental and physical), sometimes indications or diagnosis dementia
- ensure happiness of the elderly, but try to reduce hospital visits (2nd line care), keep care in the 1st line (general practitioner)
- medical consults are short; GP: between 5 till 10 min. internist: 1st consult 20 min, others 8 min geriatrician: 1st 1,5 hour, others 0,5 hour
- often relatives of the elderly present

Future perspectives

- "Wat als je morgen niet meer wakker zou worden?" this confrontation pushes reflection
- short term is more specific, long term is more general
- elderly or their relatives should spark the conversation when the elderly is still cognitively well, then when the elderly's condition deteriorates the representative can act better in their name
- people need a little push

Shared decision making

- use connection and meaning of the elderly to make fitting care decisions, what is their happiness in their life, use that to define goals (can do, not want to)
- make
 - balancing if the treatment is beneficial: is there more to win or more to lose?
 - a tool could give a push, each year reflect upon it and repeat
 - care is flexible over time
 - competency of the elderly is related to specific care decisions
 - knowing the desired outcome makes the conversation more efficient

Advance care planning

- knowing what you desire, is the essence to start advance care planning discussions
- "Goed geformuleerde levensdoelen, zijn veel meer waard dan behandelverboden." then care professionals can interpret how they can support the elderly according to their expertise
- "De huidige focus in de ouderenzorg is om te weten wat je moet doen in het geval van een noodsituatie"
- Usually doctor sparks the conversation, sometimes also nurses
- bring up ACP in first consult, go into details in second consult

Neuro clinical psychologist

Expertise

- psychologist in the nursing home (mental and social health)
- gets involved when something is wrong in the functioning or behaviour of the elderly
- contact differs per resident, sometimes one on one; if this is not sufficient then involve their relatives, could give them a feeling of security
- "Over koetjes en kalfjes praten met belangrijk details."
- sincere, personal contact; trying to see the elderly as people to understand them
- serious, but positive approach

Future perspectives

- "Om naar de toekomst te kunnen kijken, moet je eerst reflecteren op hoe het nu is."
- future and mortality are difficult subjects to discuss
- confronted with death every day in the nursing home, and every day the elderly also lose more autonomy

Shared decision making

- it is not easy for everybody to think in possibilities, being confronted with care could lead to frustration
- relatives are always involved, they have known the elderly for a long time
- stimulating the elderly and their relatives to share their feelings and thoughts

Advance care planning

- important for the elderly is transparency and person-oriented working; Is what we do really what the elderly want?

Nurse

Expertise

- support elderly in daily routines (physical, mental and social) to keep structure in their life in the nursing home
- each resident has circa three 'contact' nurses to strive for a feeling of safety and security for the elderly and familiarity
- communication and observation to know how the elderly is doing

Future perspectives

- mainly talk about the now, the elderly themselves often start talking about the past
- sometimes elderly think about their mortality by reflecting upon their past, this also helps them to see the now
- sooner offer elderly possibilities to help them
- make possible deterioration a topic of conversation

Shared decision making

- important to listen and take the time
- difficult to balance the involvement of relatives
- you want to have the family and the

elderly on the same page

- elderly need time and space to think e.g, about resuscitation
- a lot of tools take too much time, get to know things in a short amount of time

Advance care planning

- person-oriented care, to know what the elderly wants
- sometimes you can keep sending elderly to the hospital, but it does not always positively influence their quality or comfort of life

Nurse clinical geriatrics

Expertise

- medical nurse in the hospital specialized in elderly
- prepares the elderly for their contact with a specialist
- map the elderly based upon four aspects: somatic, physical, functional and social
- use screening tools for vulnerability (mental and physical)
- most often the contact involves the elderly and their relatives
- important to get to know the elderly and gain their trust

Future perspectives

- "Drie vragen die ik stel zijn:
 - Hoe oud ben je?
 - Hoe oud voel je je?
 - Hoe oud wil je worden?"
- Asking how they see their future: do you want to stay home, in the hospital or go to the nursing home?

Shared decision making

- sometimes the relatives take over the conversation, especially if the elderly has

mental limitations

- relatives and the elderly are not always on the same page about the topics that they want to discuss

Advance care planning

- try to gain information about meaning and quality of life
- would be best if the general practitioner already talks about it, so the elderly know what they want when they are sent to the hospital; also to prevent that elderly are sent to the hospital, who do not want to be treated

Meeting center employee

Expertise

- employees of the meeting center have a diverse background (nurses, ergotherapists, social pedagogic worker etc.)
- contact with elderly mainly in group, but also individual
- also contact with informal caregivers, home care and casemanager
- responsible for living room (circa 25 elderly in total) and arrange social, mental and physical activities
- bond of trust, open communication and listening are important
- *“De ouderen zijn het middelpunt.”*
- respect, open, honest approach

Future perspectives

- looking at the future, only if it is indicated by the employee (preventive)
- the elderly are losing their autonomy in this stage of their life

Shared decision making

- what are the needs of the individual, looking at the human aspects
- relatives are not always involved, it

should be between the elderly and them

- once every half year meeting with the relatives (MDO) for 15 minutes, elderly are often not present, their informal caregivers are overloaded

Advance care planning

- conversations are both personal and based on the elderly their current situation
- preventive conversations to give the elderly possibilities, if you leave the conversation up to them it will be too late

D. Analysis takeaways

Establish tangibility & reflection

Tangible objects and topics can spark the elderly their imagination. Tangibility can stimulate them into explaining their own associations. Making personal associations can help elderly to reflect, in order to discover why they have these associations and how they feel about them.

Make room for personal input

It is important to give elderly the freedom of choice and the opportunity to use a design to their own personal preference. By applying those features into a design you can give the elderly some control and thereby a form of autonomy within the tool. This can manifest itself at different levels, from offering choices to personalization.

Stimulate sharing

The nuance between keeping things private, while also stimulating interaction to facilitate sharing is important to keep in mind. Elderly could indirectly share their desires through a letter, but they can also discover things together with another.

Formulate life 'goals'

If a tool helps elderly to formulate what matters to them this could be useful not only for themselves, but also for care professionals and relatives. Being able to help them express their perspective upon quality and end of life, could create a better understanding for the elderly themselves and those around them.

Avoid time intensive designs

Care professionals have only a limited amount of time. Therefore reality learns that products, however well they suit their purpose, will not be used, when the interaction is too time consuming.

Ensure user friendliness

A products could be difficult to use for multiple reasons. It might be, because it is unfamiliar for the elderly, for example a (new) technology, or because it is not very portable. Also too many loose elements could make the design clumsy. If either of these before mentioned elements are present, it could hinder the user friendliness.

Accessibility is key

Both the form and the content of a tool should be accessible for the older target group. Considering the form, technology should be used thoughtfully. Furthermore the form of the tool should not hinder the accessibility for the elderly. To illustrate a tool that is only available online could be problematic, when elderly themselves do not have devices with internet access. Secondly, accessibility also is important considering the content of the tool, since the topic of the conversation is very sensitive due to it's personal nature. Therefore you need to be careful with a too direct, confrontational approach.

E. Intervention 1

Prototype

Design

The design of the prototype consists of (Figure 8):

- > a set of instructions, explaining the intended use of the tool
- > three categories of image cards with space to add a story and emotion
- > a personal booklet with a timeline, visualizing past, present and future
- > a sticker set of the 8 basic emotions (Plutchik, 1980)
- > an empty card, with space to add personal content

Use

The design is made to be used during a group activity, in which visitors from different livingrooms come together to train their memory under the guidance of a meeting center employee. The use of the tool consists of four steps:

1. **Card:** *one of the elderly chooses a card from a category and explains to the group how this image links to his or her life (tell a personal story)*
2. **Experience:** *he/she explains what kind of feelings this card evokes*
3. **Moment:** *he/she decides if this card has to do with the past, present or the future*
4. **Reflect:** *the elderly person decides how important the story about the card is to him or her*

In the instructions these steps are described and accompanying questions per step are suggested, in which the “Why?” is a recurring question.

Ideation

The design is in essence quite similar to the “praatplaat” used in the interviews with elderly, with as main adjustments that it is more interactive and intended to be used as a group activity. The first prototype idea included a group timeline, this eventually evolved into a booklet, so that its outcome would be personal for each elderly, since everyone has their own perception of what is important for them.

personal booklet:
timeline & empty card

3 categories:
image cards



Instructions for
meeting center employee

Set of 8 basic
emotion stickers

Figure 8. Prototype of the first intervention: "Wat voor mij belangrijk is".

Research

The intervention took place:

- > with a randomly selected group of eleven elderly from various livingrooms
- > with one meeting center employee, facilitating the sessions
- > with one researcher, to document and assist when necessary
- > within the time span of a memory activity (45 min.)
- > in one of the livingrooms of the meeting center Vermeertoren

The intervention was video recorded and pictures were taken during the research.

Results

The pros and cons of the intervention are listed in Figure 9.

The memory activity makes it difficult to have in-depth conversations, mainly because the group is too large. The intervention does encourage individual contact between the elderly and also the meeting center employee .

The elderly like how the booklet becomes a personal belonging and that they can take it home.

The images on the cards seem to encourage elderly to collect memories, in which meaning and connection are recurring themes. The images also seem to empower elderly to relive certain aspects of their past.

Regarding the content of the intervention, the present and especially the future is barely discussed. Addressing feelings and asking “Is it important for you?” helps the elderly to evaluate and communicate personal content.

Discussion

Figure 10 summarizes the points of discussion.

The insight that the group is too large questions if a smaller group or a one on one interaction might be more suitable for the next intervention.

Considering the form of the prototype, the ownership of the booklet shows the opportunity to create a tangible belonging. Although the timeline in the booklet does not help elderly to get grip on their future time perspective.

The card set, eventhough the images seem to be useful to address past associations, in its essential form has a practical issue, namely the cards run out while you are using it, since elderly get to keep the card they pick.

The empty card is a nice addition since it invites relatives to think along with the elderly person, however many elderly did not take the card back to the meeting center. Exactly why is hard to point out, but the most obvious reason is that they do not find it interesting enough or just forget, because of their dementia.

The insight that certain themes seem to be similar for all elderly and the fact that reflective questions give elderly the push towards sharing personal content could be opportunities to use in the next interventions.

Further ideation on both the form and content of the tools seems to be useful. As well as defining a different setting for the next intervention.

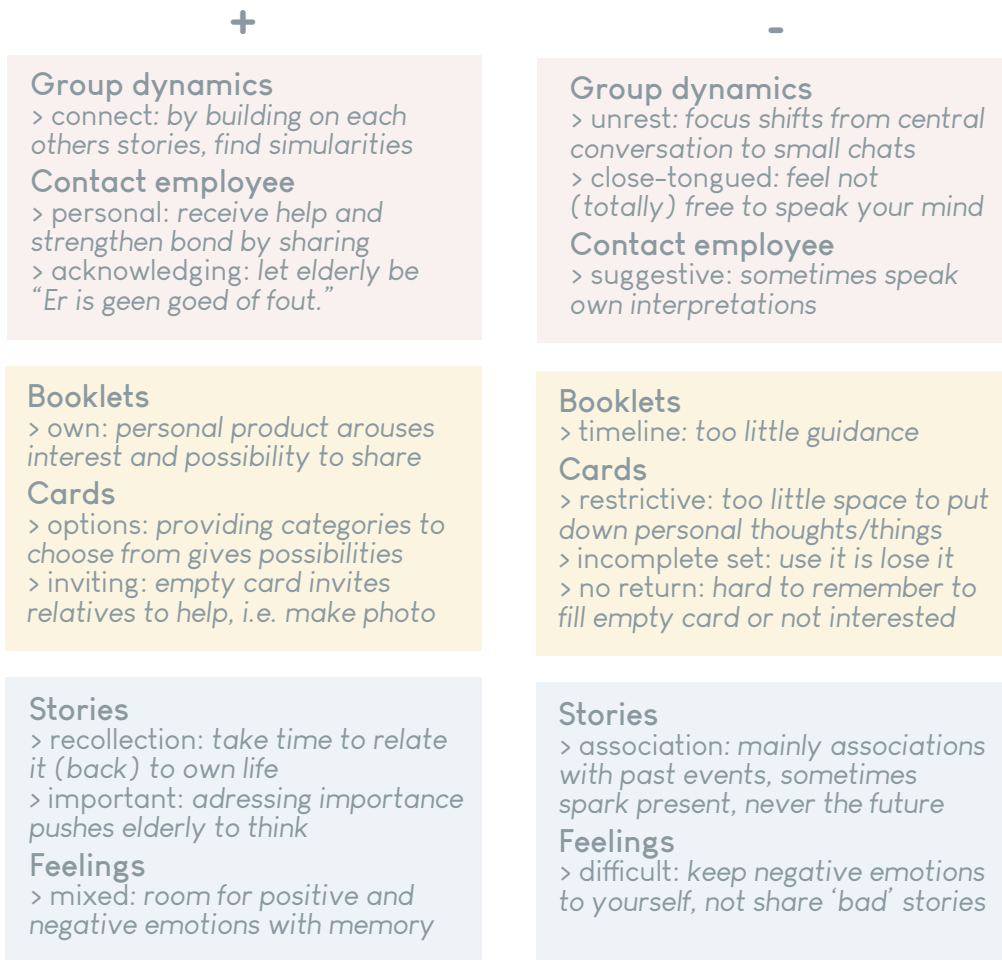


Figure 9. Pros & Cons of the first intervention, from top to bottom: interaction (pink), tool (yellow) and content (blue)

Might a smaller group solve this issue?
 Or should it be an fully one on one interaction?

Do feelings help to link past to present state?

Separate the conversation tools, from a personal profile?
 Or should the tool integrate conversation and profile?

Could images also support associations with present and future ?

How to shift the focus from past to present and future?
 Only one phase per session?

Might talking about events help to adress themes linked to connection and meaning?

Different mirroring questions per time phase?

Figure 10. Points of disucssion first intervention, top to bottom: interaction (pink), tool (yellow) and content (blue)

F. Creative session

To explore how to design a tool a creative session with four industrial designers took place (Figure 12). For this session the five conversation elements were translated into the following how might we's:

- > How to spark frail elderly to talk about their quality of life?
- > How to collect the past, present and future with the elderly?
- > How to create a tangible outcome of the conversation?
- > How to help the elderly share their quality of life?
- > How can the elderly reflect upon their quality of life?

The sessions resulted in individual ideas which are clustered (Figure 13). The most relevant clusters for this project are highlighted.

Individual ideas that inspired the second prototype design are (Figure 11):

- > a personal diary and a fill-in story
- > 'terugblik op je leven' (a metaphor for looking back at life)



Figure 11. Inspirational ideas



Figure 12. Students during creative session, inspirational materials on the right.

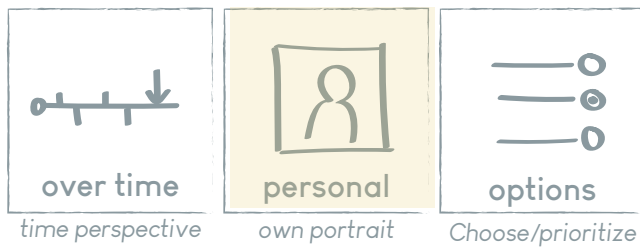
Spark - motivation



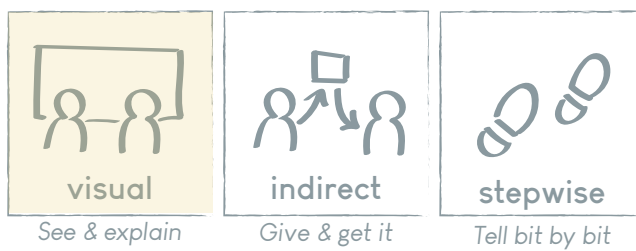
Collect - approach



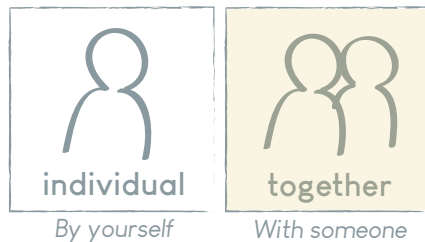
Create - structure



Share - narrative



Reflect - how



Reflect - what

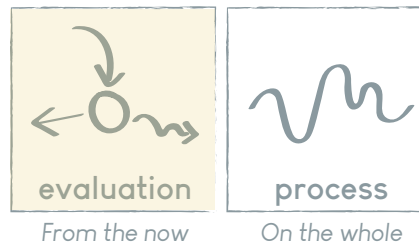


Figure 13. Idea clusters

G. Intervention 2

Prototype

Design

The second prototype design is visualized in Figure 14. During the second intervention the following parts of this prototype were researched:

- > 'terugblik' and 'gespreksstof' should help elderly to recollect their past and stimulate them to tell how this relates to who they are
- > 'mijn ideale dag(boek)' is a home exercise that connects the 'terugblik' to the next session focussed on the now, 'blik op nu'

Use

This prototype consists of a communication toolkit, "blikken & gespreksstof", and a documentation tool, "jouw blik". During three different sessions, each respectively focussing on the past, present and the future, conversations take place with as goal to collect content for "jouw blik".

In between each session a home exercise is given, to help elderly to start thinking about the next session's focus. These exercises can also be collected in the documentation tool. After the three sessions, "mijn blik" will be filled with content representing:

- > *who you are (past)*
- > *what matters to you (present)*
- > *what you desire (future)*

Ideation

The design of the second prototype is developed based on the creative session and learnings from the first intervention. The associative images of the first intervention are re-integrated in the design, and since they mainly seem to stimulate past experiences, they are placed in the "terugblik". The reflective questions are applied in "blik op nu".

The nuance in the perception of time is applied in "mijn ideale dag(boek)" and "verlanglijstje voor later", by means of 'dividing' the day and the future in small, tangible pieces.





Figure 14. Second prototype design: “Blikken” with “Gespreksstof” & “Mijn Blik”

Research

The intervention took place:

- > with a group of three elderly from different livingrooms that had been involved in previous project activities, such as the observations, interviews and/or the previous intervention
- > with one designer, who role played the meeting center employee
- > within the time span of a daily activity (45 min.)
- > in a separate room of the meeting center Vermeertoren

The intervention was video recorded and pictures were taken at the start and end of the research.

Results

The pros and cons of the intervention are listed in Figure 15

The second intervention learned that the interaction is very sensitive. It is important that there is no judgement, in order to acknowledge everybody's personal truth. During the prototyping and the intervention it became apparent that the current form of the prototype is too complicated. Its metaphor was not clear and the complexity of the prototype with three different sessions, inbetween steps and the separate recording of the content in a profile seems to be a hassle.

Considering the content discussed during the intervention it was found that the smaller group helped to dive deeper into the 'hidden' personal layers and talk about more than the past, by asking questions like "why" and "how is it now". Another finding is that function and feeling seem to link, in other words, when elderly communicate about their (dis)abilities this seems to evoke certain feelings that are attached to being able to do something (meaning).

Discussion

Figure 16 summarizes the points of discussion.

The insight about the sensitivity of the interaction raises the question whether a group interaction has any value in this project. It might be interesting to explore how the interaction would evolve if the next intervention is solely based upon one on one contact. Note that this was also the idea of the second on third session of the prototype, but since they have not taken place, so no conclusion can be drawn.

The form of the second prototype was too complex, which suggests the need to go back to the essence and consider what is actually the purpose of the tool. Thereafter a more simplified design can be developed.

The finding that an intervention with a smaller group helps to dive into deeper layers, shows how more time for individual contact is beneficial for the discussed content.

Finally, the link between function and feeling shows potential to shift the focus from the past - what they used to do - to the present - what they still can do - and how this makes them feel. However, the future was still not a topic of conversation. For this reason it is questioned if starting the focus on the past, might distract from talking about the future.

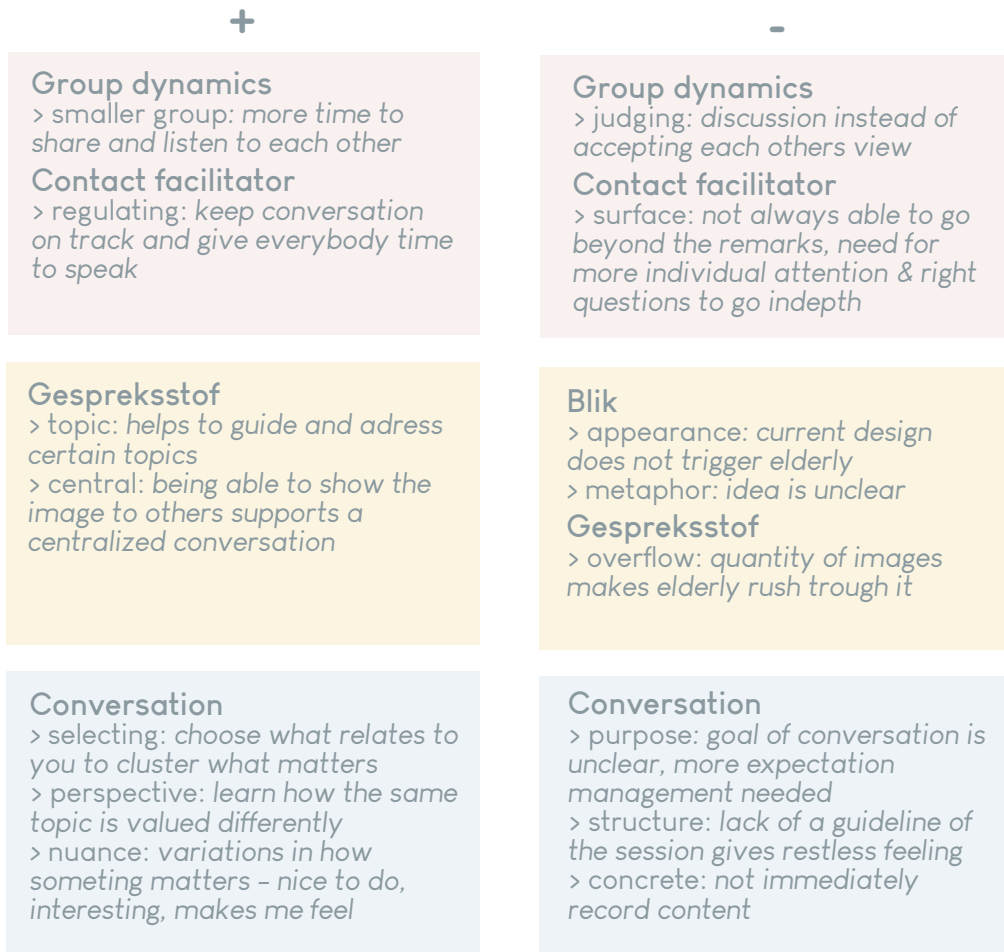


Figure 15. Pros & Cons of the second intervention, from top to bottom: interaction (pink), tool (yellow) and content (blue)

Does a group interaction add value or is it not appropriate for this certain conversation tool?

Could a different shape of metaphor stimulate?

How to make an integrated design, to trigger both collection and creation?

What are the conversation guidelines and questions to enable indepth conversations?

How to expose the deeper meaning of functional activities and help explain what they mean to you?

Figure 16. Points of discussion second intervention, from top to bottom: interaction (pink), tool (yellow) and content (blue)

H. Poems “Ook dat is toekomst”

Ook dat is toekomst

zoveel geleefd
toch nu wel even
stilstaan bij alles
en het leven

wie ik ben
wat ik voel
te delen met anderen
wat ik bedoel

niet om te stoppen
maar om te ervaren
hoe kwaliteit er nu is
en dit te bewaren

wat is belangrijk
voor mij in het leven
luister en verbind
mooiste wat je kunt geven

om ervoor te zorgen
dat jullie weten
wat ik graag wil
mijn wil niet vergeten

al zoveel geleefd
nu zal ik even
wachten op jou
jou de tijd geven

wie jij bent
wat jij voelt
om goed te begrijpen
wat jij bedoelt

niet om te oordelen
maar om je te laten
geef jou de ruimte
om met mij te praten

wat is belangrijk
voor jou in het leven
luister en verbind
mooiste wat ik kan geven

om ervoor te zorgen
dat ik nimmer
vergeet wat jij wil
jouw wil wel herinner



Figure 17. On the left the poem from the perspective of the elderly, on the right that of their conversation partner.

1. Intervention 3

Prototype

Design

In Figure 18 the third prototype design is visualized. During the intervention the following parts of this prototype were researched:

- > 'Ook dat is toekomst' the elderly version of the poem was read aloud at the start of the conversation
- > The profile booklet with the three essential question "Who are you?", "What matters to you?" and "What do you (not) desire?", which were discussed and documented during the conversation

Use

The design consists of various booklets, which could be divided into:

- > "Ook dat is toekomst"
 - generic explanatory booklets: the poem for the elderly, their conversation partner and the purpose of the conversation
- > "Portret"
 - personal documentation booklet for the elderly

The prototype is should be used in a one on one conversation with an elderly person.

At the start of the communication the poem is read aloud, thereafter the personal booklet with the three essential questions is shown to the elderly person. The conversation should flow naturally around these questions. The conversation partner should stimulate the elderly person to share their perception and stories, in order to write them down in the "Portret" booklet. At the end of the conversation the booklet is given to the elderly, who then has the possibility to share its content with others.

Ideation

The design of the third prototype uses the poem "Ook dat is toekomst" as a conversation starter. For the intervention also a profile booklet was created, which makes it possible to note down personal content of the elderly during the conversation.

As the prototype of the second intervention was too complicated, the third prototype kept only the essential elements necessary to tell the story and enable documentation.

The poem "Ook dat is toekomst" embodies a simple design. It shows how with only a few words and basic illustrations, you can spark elderly to think about their quality of life. Furthermore no photographs were used in this prototype, since previous interventions learned that these often trigger the past. The aim was to see if this form of design could shift the focus from the past towards the future.

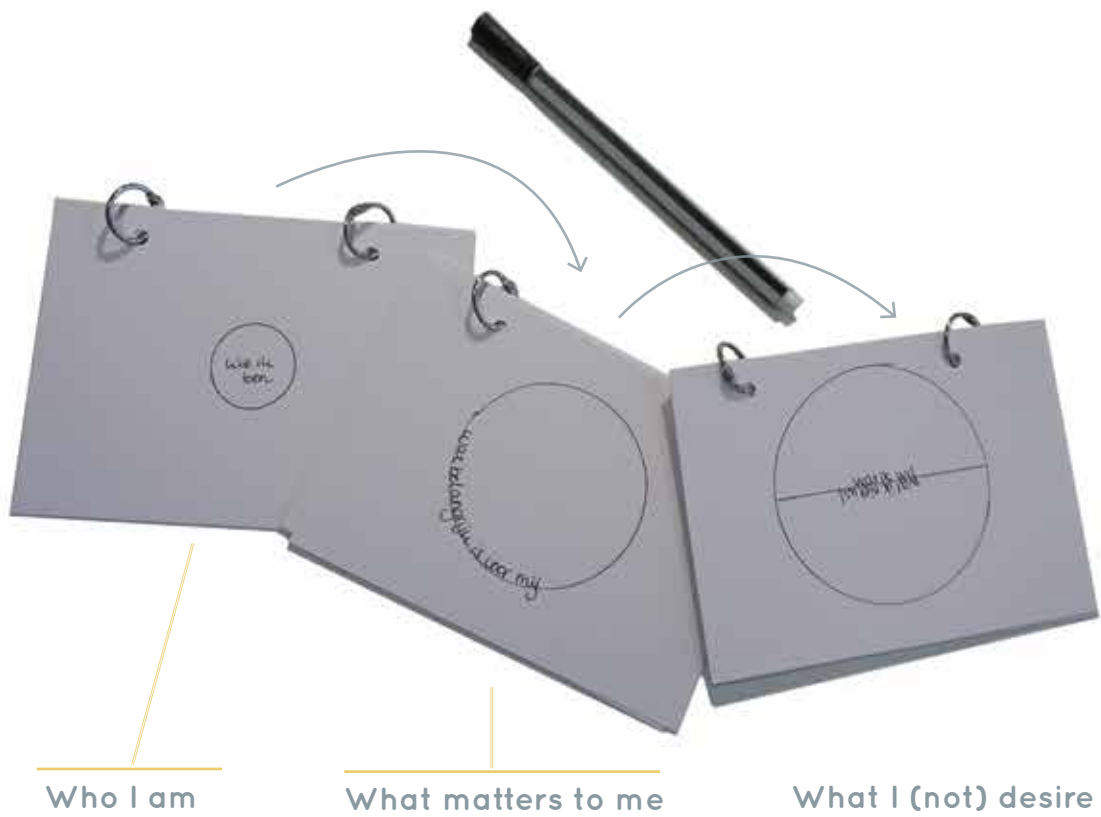
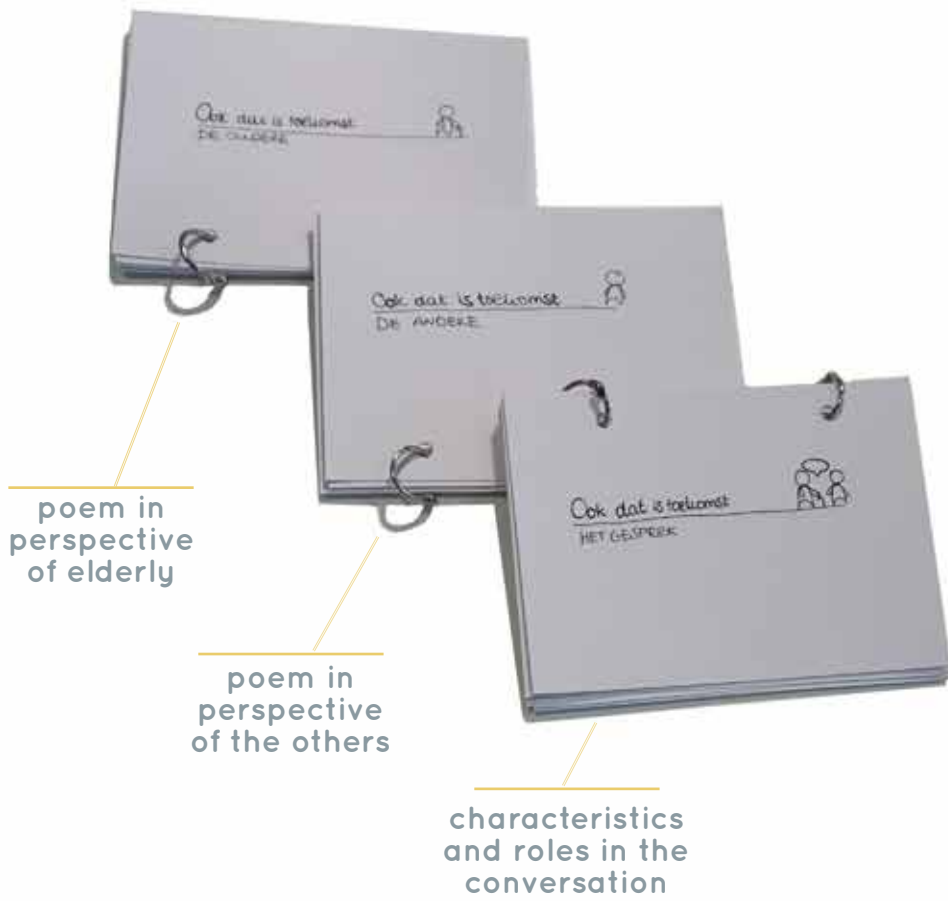


Figure 18. The third prototype: "Ook dat is toekomst" & "Portret" booklet

Research

The intervention took place:

- > as a one on one conversation with three elderly (2 women, 1 men), who are socially frail visitors without cognitive impairments
- > with one designer, with a double role as questioner and writer (conversation partner of the elderly)
- > in an individual conversation that lasted between 30-60 minutes
- > in three different rooms, other than the living rooms of the meeting center Vermeertoren, so the conversation could take place behind closed doors in order for it to be as private as possible

The intervention was audio recorded and pictures were taken at the end of the conversation.

Conclusion

The pros and cons of the intervention are listed in Figure 19.

Reading the poem "Ook dat is toekomst" aloud at the start of the interaction sparks the elderly to take upon the role as narrator and think about difficult matters, which are usually not the topic of conversation. Eventhough elderly mention they find it hard to express themselves, the intervention proved that doing it together can encourage the elderly into storytelling. By giving them time to think and by writing down their own remarks, the other person can help the elderly person to make their perception upon quality of life tangible. This way the conversation becomes a collaboration between the elderly person and the other, where communication and understanding play a central role, and the story of the elderly is created so it is accessible for now and later.

Discussion

Figure 20 summarizes the points of discussion.

The balance in the interaction with the elderly person and the other one is sensitive and actually already starts before the conversation takes place. In other words it all stands or falls by the relationship between the elderly person and their conversation partner. This means that maybe the elderly person opened up during the intervention, because the other one was now a practical stranger. Thereby the question arises if this interaction would also be appropriate between the elderly and meeting center employees, and if so, with who of them would they feel comfortable.

The current form of the tool including the poem and the profile booklet seems to be suitable as a minimal viable prototype, since it helps to adress the desired content. On the other hand the current form is not flexible over time, so if the elderly would reflect upon its content later on it is hard for them to adjust this in the profile booklet. Looking into digitizing this format might have the potential to overcome this issue, however adding a screen to the intimate interaction might also be a hinder.

Previous interventions have shown that starting with the past can distract from the goal to address the future. What was learned from the content of this intervention is that emphasizing on the now in the conversation with the elderly helps to bring the future closer. However it still seems to be difficult to let the elderly think beyond their mindset that future is just faith, "you just have to wait and see". Eventhough the poem helped elderly to understand that expressing future thoughts can be meaningful for them, it was not enough to let them come up with ideas about the future without extrinsic motivational questions. In other words it seems to be difficult to help them discover what they desire, therefore clear, directive questions are needed.

+

Contact

> start: reading poem to each other is a special, intimate start
> roles: elderly are storytellers, the other is questioner and writer

The other

> wait: being silent gives elderly literal space to talk

-

Contact

> privacy: difficult to find a comfortable place for a private conversation

The other

> stranger: openness of elderly might be related to the fact that I am an outsider

"Ook dat is toekomst"

> tone: illustrates it is not just a "normal" conversation
> choice: let elderly decide to read or have it read aloud

Profile booklet: Portrait

> natural flow: freedom to switch between three different categories

"Ook dat is toekomst"

> present: give one to each elderly
> emphasis: "ouder" and "zoveel geleefd" questionable intonation

Profile booklet: Portrait

> fixed: hard to adjust it later on
> little guidance: still hard to express/find the right words

Conversation

> repetition: repeat part of elderly their sentence or previous topic
> now: bring a past anecdote to now, by asking "How is that now?"

Portrait

> acknowledge: repeat content & asks if it is okay, before writing

Conversation

> 1 question: ask 1 thing at a time
> choice of words: be careful
> medical: do not force fit
> future: still a little difficult to express in words, it is just faith

Portrait

> assumptions: let elderly interpret

Figure 19. Pros & Cons of the third intervention, from top to bottom: interaction (pink), tool (yellow) and content (blue)

How to create space for quiet moments for self reflection?

How to ensure the storytelling becomes a collaboration, in which the elderly feels free to express themselves?

How to make the story more visual and self explanatory so elderly are stimulated to share it with others?

How to use the power of poetry to empower the elderly to make it easier to formulate their future desires?

How can the essential structure be used as a "the umbrella" of the conversation?

How to create a freer attitude instead of practical mindset towards the future?

How to make the now the start of the conversation to avoid dwelling in the past?

J. Feedback session

Since only in the first intervention a meeting center employee was involved, a feedback session was held with two meeting center employees and the program manager innovation and expertise of Pieter van Foreest. During the feedback session brainstorm sheets were used, see Figure 20 on page 34.

Socially frail visitors

During the start of the session it is proposed to focus on the living room with socially frail elderly, who do not suffer from cognitive disabilities such as dementia. It is agreed upon that this diverse group in particular could benefit from individual attention, since their main reason to visit the center is for emotional support. Furthermore these elderly, due to their social limitations, sometimes find it difficult to express themselves in a group setting.

“Juist in die groep [sociaal kwetsbare bezoekers] bereik je bepaalde mensen niet.”

Meeting center employee
(brainstorm)

Conversation with employee

The question who should be the conversation partner was explored with the employees of Pieter van Foreest and resulted in dividing the potential conversation partners in three categories: familiar, professional and stranger.

This division again showed how the meeting center employee is familiar to the elderly, but also has a professional incentive. Furthermore a conversation with the elderly about their quality of life could contribute to their personal relationship with the visitor and thereby also help them in their line of work, by knowing which care to provide the elderly. The meeting center employees themselves also express that they would like to have these conversations with the elderly visitors of their living room, but they consider finding the time to be a struggle.

“Het mooiste zou zijn als de begeleider van de groep het zelf zou doen.”

Meeting center employee

Another familiar person is the informal caregiver, a relative, of the elderly. Considering the fact that elderly who visit the meeting center, also do so because their caregiver is overloaded, it seems that they are not the right person within this scope. Taking into account the other two categories, namely the professional and the stranger, it can be concluded that the first might give the elderly the feeling that something is not right with them, whereas finding an emphatic ‘*fresh pair of eyes and ears*’ is a time-intensive and difficult process.

Based on the above reasoning it is decided to design for a situation in which the meeting center employee can become the conversation partner of the visitor.

First & follow up conversations

A distinction is made between the first and the second conversation. These differ, because the first focusses on starting the desired quality of life communication and for the first time the portrait is created. This first conversation forms a basis for later conversations, where there can be reflected upon the previous collected content.

Having this first conversation as early as possible seems to have potential, because it can support the meeting center employee to get to know the visitor and help them develop a connection. Considering the timing of the first conversation it needs to be taken into account that a lot is happening for the elderly, before and when they first start visiting the meeting center.

Therefore it seems to be good to have this first conversation with the elderly a few weeks after they started going to the meeting center.

Follow up conversations can happen spontaneously, if the meeting center employee senses something is going on with the elderly or before scheduled moments, in which future care is discussed, such as the half yearly multidisciplinary consultations (MDO's).

Considering the timing in general, the conversation should take place in the morning, because at the end of the day the visitors can be tired.

Finally the conversation should be presented spontaneously to the visitor, even though it might be planned in advance for the meeting center employee. This to prevent that the visitor feels like they have to prepare or are summoned.

Necessities

The meeting center employees describe the communication with the keywords; *quiet, familiar and intimate*. To enable the employees to have this conversation they express they need the following things:

Tool

The employees find it useful if a tool would help them prepare for their role in the conversation, also a stimulating introduction to start the communication with the elderly person would be of help. Preferably the tool would also be used in later conversations, since recognition of the material can help to recap the previous conversation.

Time

The employees express that they think the duration of the conversation should be balanced; it should be long enough to give the elderly the time to express themselves, while also leaving room for a follow up conversation. Furthermore taking the time for such a conversation is pleasant for both involved.

Space

Besides figurative room for thought (*time to reflect*), an actual space to talk is also necessary. This place should be a quiet setting, in which the visitor and the employee will not be disturbed or distracted by unwanted stimuli. Thereby a space to talk also enables them to take time for the conversation.

The focus for the design part of this project lies on developing a conversation tool, not on redesigning the time and space of the conversation. That said the necessity of creating time and space can be emphasized by the tool.

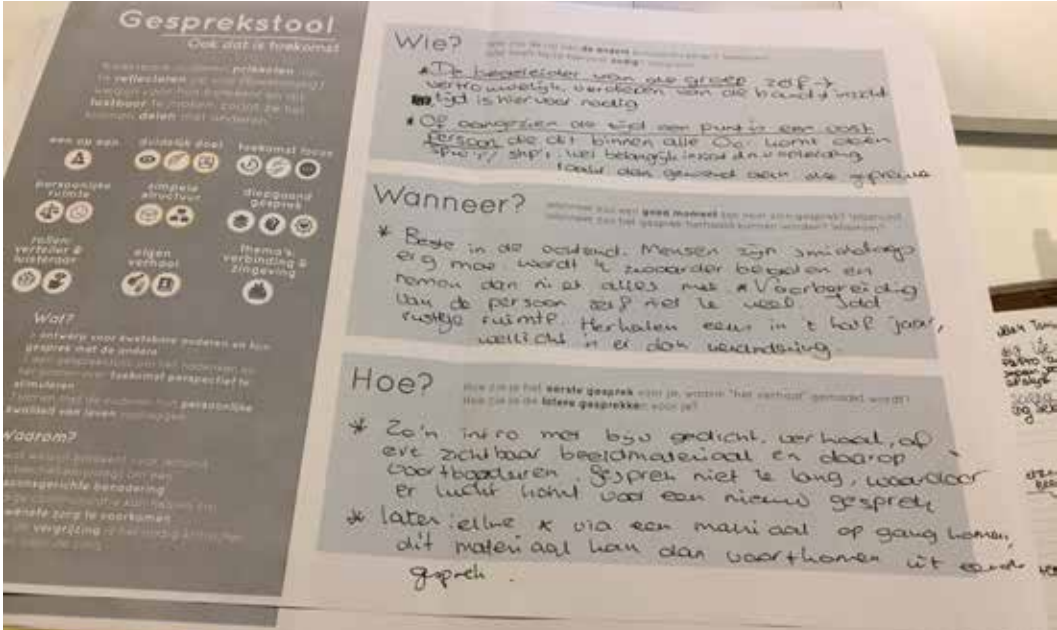
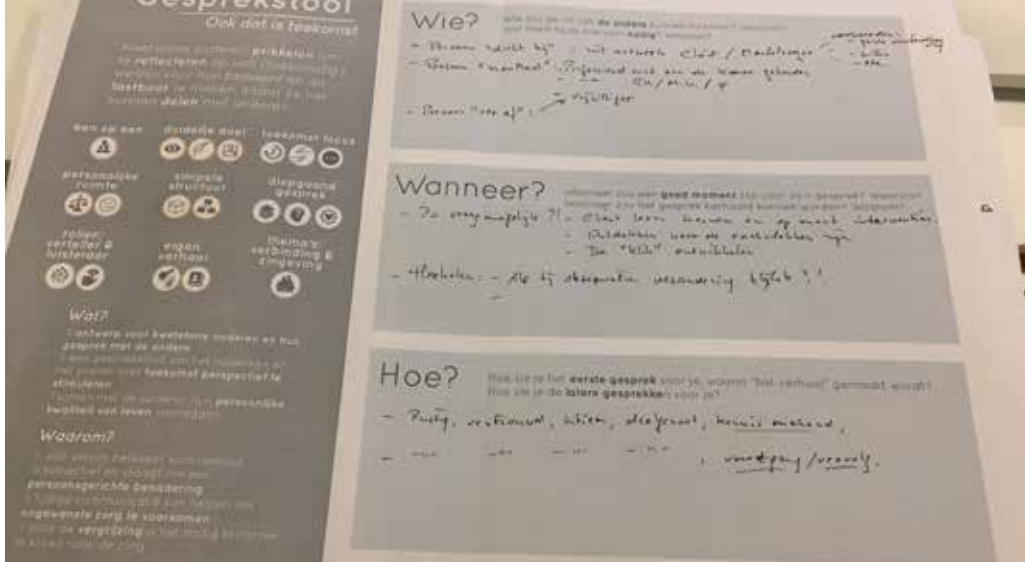
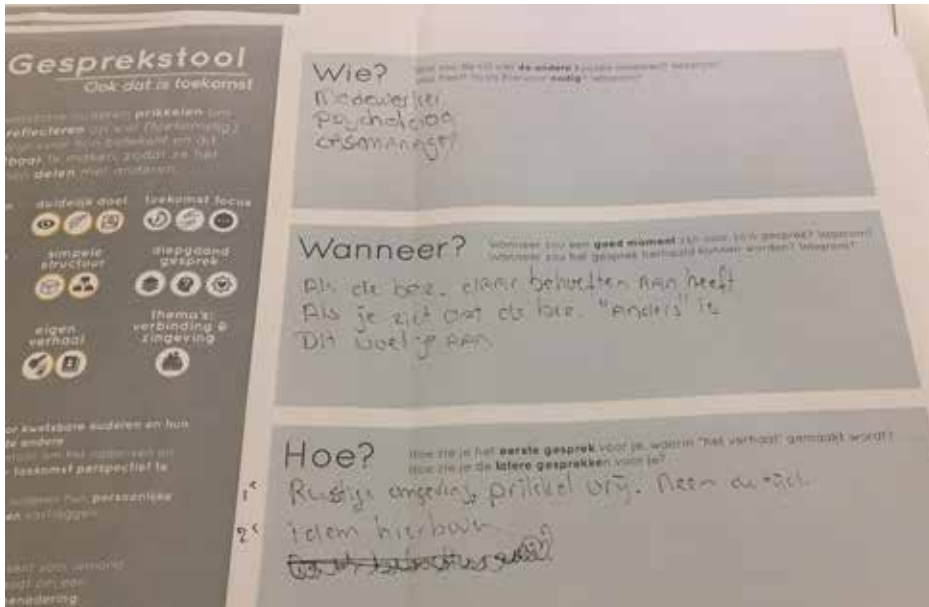


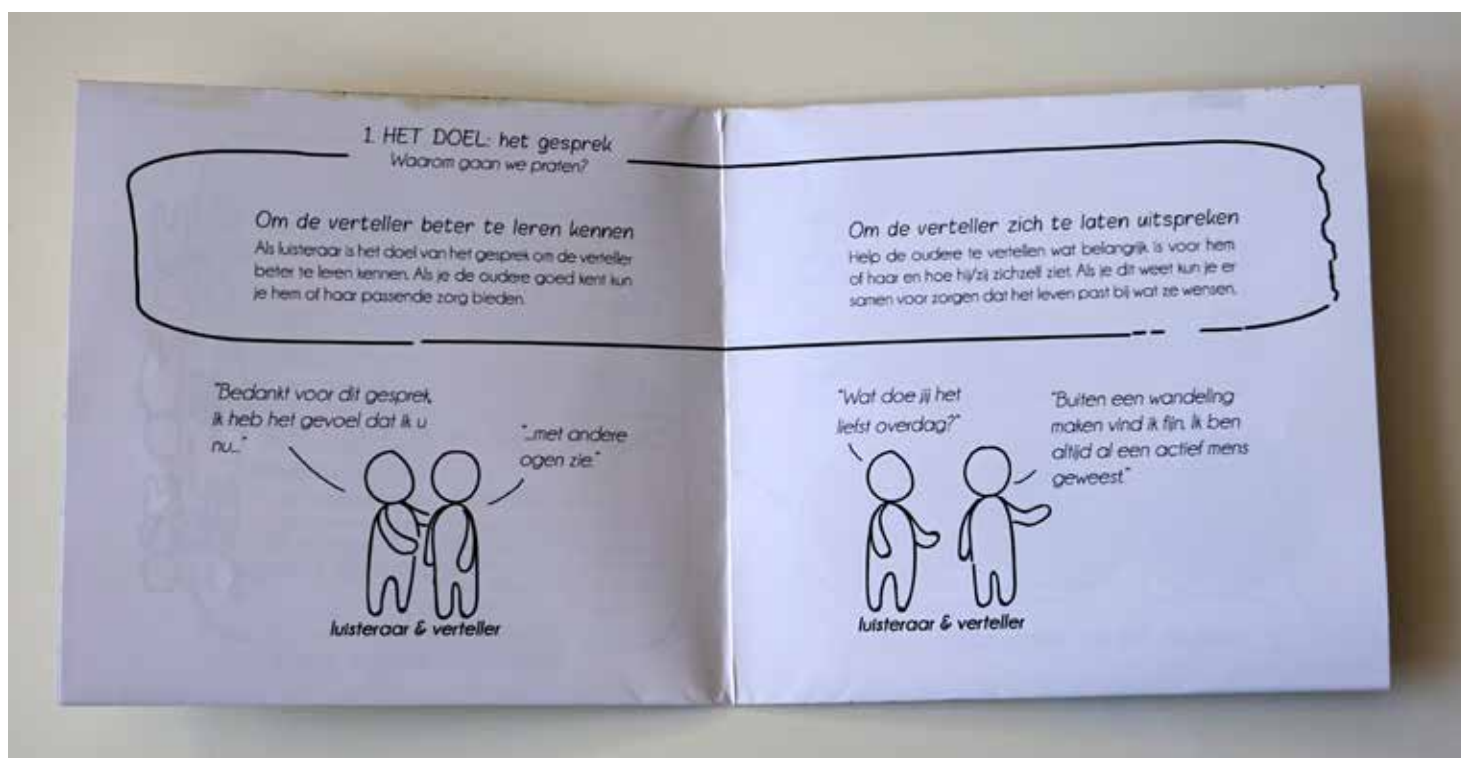
Figure 20. Brainstorm sheets filled in by the employees of Pieter van Foreest during the feedback session.

L. Final design









2. JOUW ROL: de luisteraar

Hoe bereid je het gesprek voor?

Als luisteraar nodig jij de oudere uit om eens samen te kletsen, omdat je hem of haar (nog) wat beter wil leren kennen. Daarbij creëer jij een geschikt moment voor jou en de verteller.



Hoe

Door interesse te tonen en mee te leven, kun je de verteller op een positieve manier stimuleren om dingen met je te delen. Het is daarbij belangrijk dat je de verteller zichzelf laat zijn. De keuze wat hij/zij wil delen ligt altijd bij de verteller.

Ruimte

Ga op zoek naar een rustige omgeving. Een plek waar je een-op-een met de verteller kan praten zonder gestoord te worden. Zo bied jij de verteller letterlijk en figuurlijk de ruimte om zijn/haar verhaal te delen.



Tijd

Zorg voor een moment, waarin zowel jij als de verteller de tijd voelen om te praten. Begin het eerste gesprek als je elkaar al een beetje kent, bijvoorbeeld na een paar weken. Maar wacht niet te lang. Door op tijd in gesprek te gaan, voorkom je dat je pas praat als er negatieve veranderingen zijn. Herhaal het gesprek na een tijdje nog eens, om te kijken of het nu anders is voor de verteller.

Ruimte en tijd om te delen zonder oordeel

Ook dat is toekomst

Het gesprek door de ogen van de luisteraar

al zoveel geleefd
nu zal ik even
wachten op jou
jou de tijd geven

niet om te oordelen
maar om jou te laten
geef jou de ruimte
om met me te praten

wie jij bent
wat je voelt
goed te begrijpen
wat jij bedoelt

wat is belangrijk
voor jou in het leven
luister en verbind
mooiste wat je kan geven

om ervoor te zorgen
dat ik nimmer
vergeet wat je wil
jouw wil steeds herinner



Ook dat is toekomst

Het gesprek door de ogen van de verteller

zoveel geleefd
toch nu wel even
stilstaan bij alles
en het herleven

niet om te stoppen
maar om te ervaren
hoe kwaliteit er nu is
en die te bewaren

wie ik ben
wat ik voel
te delen met anderen
wat ik bedoel

wat is belangrijk
voor mij in het leven
luister en verbind
mooiste wat je kan geven

om ervoor te zorgen
dat jullie weten
wat ik graag wil
mijn wil niet vergeten



2. JOUW ROL: de luisteraar

Hoe bereid je het gesprek voor?

Als luisteraar nodig jij de oudere uit om eens samen te kletsen, omdat je hem of haar (nog) wat beter wil leren kennen. Daarbij creëer jij een geschikt moment voor jou en de verteller.

Hoe

Door interesse te tonen en mee te leven, kun je de verteller op een positieve manier stimuleren om dingen niet te delen. Het is daarbij belangrijk dat je de verteller zichzelf laat zijn. De keuze wat hi/zij wil delen ligt altijd bij de verteller.



3. HUN VERHAAL: de verteller

Hoe verloopt het gesprek?



Stap 1 Ontmoeten

Geef de oudere het boekje met het gedicht en vraag of ze het voor willen lezen. Hiermee stimuleer je de oudere om de verteller te worden. Vraag ook wat ze van het gedicht vinden.



Stap 2 Kern van het gesprek

Blader samen naar de drie onderwerpen: kwaliteit, ik en mijn wil. Laat de oudere rustig bekijken wat deze zijn en welke hen aanspreekt. Ga dan in gesprek en vul het samen in.



Stap 3 Bedanken en herhalen

Kijk samen nog eens naar het boekje, kan de verteller zich vinden in wat er opgeschreven is? Geef daarna het boekje aan de oudere. Die mag zijn of haar verhaal mee naar huis nemen en het delen met anderen, als hi/zij dat wil. Vergeet de verteller niet te bedanken voor het delen van zijn of haar verhaal. En nog eens uit te nodigen voor een gesprek.

4. SAMEN ONTDEKKEN: warmhouders

Hoe kun je hen laten vertellen?

Dit deel van de uitleg kun je gebruiken als spiekbrieftje. Mocht het gesprek even niet meer lopen, dan kun je met deze tips het gesprek warm houden en de verteller helpen door te praten.

Leer de verteller beter kennen

Vraag niet waarom, dit kan voelen alsof de verteller een reden moet geven.

In plaats daarvan kun je vragen:

"Hoe bedoel je dat?" of

"Wat betekent het voor jou?"



Hou het oog op later

Als de verteller afdaalt in het verleden, vraag dan: "Hoe is het nu voor jou?" Door de verteller terug te halen naar het nu, kan je daarna verder naar later

Ruimte

Ga op zoek naar een rustige omgeving. Een plek waar je een-op-een met de verteller kan praten zonder gestoord te worden. Zo bied je de verteller letterlijk en figuurlijk de ruimte om zijn/haar verhaal te delen.



Tijd

Zorg voor een moment waarin zowel jij als de verteller de tijd voelen om te praten. Begin het eerste gesprek als je elkaar al een beetje kent, bijvoorbeeld na een paar weken. Maar wacht niet te lang. Door op tijd in gesprek te gaan, voorkom je dat je pas praat als er negatieve veranderingen zijn. Herhaal het gesprek na een tijdje nog eens, om te kijken of het nu anders is voor de verteller.

Ruimte en tijd om te delen zonder oordeel

De drie hoofdstukken van het verhaal



Het gesprek start als de verteller het gedicht 'Ook dat is toekomst' heeft voor gelezen. Maar elk gesprek is natuurlijk anders. Praten over de kwaliteit van nu is vaak een goed begin. Door te horen wat er belangrijk is in het leven van de verteller, kom je er niet alleen achter wie de verteller is. Maar ook wat er belangrijk kan zijn voor later. Probeer tijdens het gesprek samen het boekje in te vullen. Zo ontstaat er een verhaal.



Tip! Pak het boekje voor de verteller er al voor jullie gesprek eens bij. De invulzinnen helpen jou om vragen te stellen over de drie onderwerpen.



Maester het onzekere

Geef toe dat later niet zeker is, maar probeer er een positieve draai aan te geven. "Stel je voor dat alles kan, wat zou je dan wensen?"



Stiltes zijn waardevol

Laat stiltes vallen, "..." zodat de verteller de ruimte krijgt om na te denken.

Begrijpen we elkaar?

Door (deels) te herhalen wat de verteller zegt, kun je kijken of je elkaar goed begrepen hebt. Zo wordt het voor jou en de verteller duidelijk wat hij/zi



Door mijn ogen

*praatpakket voor een oudere
en zorgverlener om in gesprek
te gaan over kwaliteit van leven*

Ouder worden we allemaal. Wanneer iemand ook kwetsbaarder wordt komt de zorgvraag om de hoek kijken. Die vraag gaat eigenlijk om veel meer dan zorgkeuzes alleen. Wie is die oudere eigenlijk en wat vindt hij of zij belangrijk? Hoe kom je er op tijd achter welke zorg kan bijdragen aan zijn of haar kwaliteit van leven?

Vergeet niet om

- het boekje voor de verteller
- uitleg deel "4. Samen ontdekken"
- een pen en dit schriftbord

...want dit neemt u mee naar het gesprek

Voor wie en waarom?

Naast dat het fijn is als zorgverleners een oudere beter te leren kennen, kun je diegene ook situëren om na te denken over wat belangrijk is voor hem of haar. Dit praatpakket helpt zorgverleners in gesprek te gaan over kwaliteit van leven. Zo kun je erachter wie de oudere is en wat hij of zij belangrijk vindt. Heel belangrijk zowel het nu, als het later een anderseip. Zodat als het later is, je samen met de oudere gekozen kan worden voor passende zorg.

Hoe gaat dat dan?

Dit pakket biedt handvaten om een gesprek te starten waarin de oudere, als persoon, centraal staat. Aan de hand van een geschied, worden de drie thema's van het verhaal geïntroduceerd.

Kwaliteit: Wat is er nu belangrijk voor jou?
& Hoe zie ik jezelf als persoon?

Mijn wil: Wat zijn jouw wensen en hoe zorgen wij daar samen voor nu en later?

Tijdens het gesprek wordt zich langzaam het persoonlijke verhaal van de oudere. Samen leggen jullie dit vast in een boekje. Het verhaal van de oudere verandert met hem of haar mee. Herhaal daarom het gesprek in verloop van tijd.

Het pakket

Het pakket bestaat uit een uitleg boekje en schriftbord. De uitleg bespreekt de zorgverleners voor op de foto of de knipsel. Het boekje stuurt de oudere, de verteller schriftelijk verhaal over kwaliteit van leven vast te leggen. Het schriftbord gaat om welke dingen je mee neemt naar het gesprek en wat er wordt afgehandeld. Het pakket wordt eruit, ook als er geen tijd is, als op te schrijven.