Cornelia Hoeve: Farm Life and Dementia

*Interview with Gerke de Boer, Annie Herder*

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**Background**

This interview is part of a greater research effort into dementia and best practices in elder care in Northern Europe. Sofia Widen traveled to the north of The Netherlands to study the innovative thinking of Cornelia Hoeve, a farm that is now a care home. In this interview Gerke de Boer and Annie Herder explain how people with dementia live in Cornelia Hoeve.

Cornelia Hoeve is an old farm house which is now home to about twelve people with dementia. The philosophy of Cornelia Hoeve is centered on the wellbeing, personal freedom, and the unique qualities of each person. The care vision of Cornelia Hoeve focuses on the living environment. Cornelia Hoeve is designed to improve wellbeing. The residents can walk in the garden, help with daily households chores, and continue their normal routines. The residents can decide at which time they want to wake up and if they would like to eat together with other residents or alone in their room. People working at Cornelia Hoeve establish close relationships with the residents. In this interview, Gerke de Boer and Annie Herder describe their approach. Mr. de Boer foresees that robots will be used to a much greater extent in the future in daily living and in care settings.
Gerke de Boer and Annie Herder at Cornelia Hoeve

Gerke de Boer has been caring for the elderly people in the Netherlands since 1971. He now runs a business that trains nurses in caring for people with dementia. Mr. de Boer trains the nurses that work at Cornelia Hoeve.

Annie Herder used to be the manager of Cornelia Hoeve since 2012 to 2016. She now works at another care home of Hof en Hiem. Her specialty is the care of individuals with dementia. Mrs. Herder has worked in elder care for many years. In 1970 Mrs. Herder started in the first Dutch nursing home designed for people with dementia in Nieuw Toutenburg. She worked in different hospitals, nursing homes, and a children rehabilitation center. Mrs. Herder achieved a higher degree in Nursing and a higher degree in Management.
Interview

Gerke de Boer (GB): My name is Gerke de Boer. In 1971, forty five years ago, I started caring for the mentally disabled as a male nurse. After that I worked for four years in a large psychiatric institution. Then I worked four years with children. In 1982, I started working for the nursing home in Noordbergum, The Netherlands. At first I thought I would only do this for two years. It smells a little in those homes and it was boring. I stayed there for sixteen years. Within half a year I was completely sold on it. I have now had my own company for four or five years.

Sofia Widén (SW): What is the name of your company?

GB: My company is Gerke de Boer Bij- en nascholing. We train and coach nurses working in dementia care. Another group which is growing very, very fast in The Netherlands is psycho geriatric individuals. That group is going to cause an enormous number of problems over the next ten years.

SW: Are there care organizations that can provide enough support for psychiatric care?

GB: There are some organizations. In 1958 the government started to not let people live in big institutions in the Netherlands. Instead, people have stayed at home for the last twenty five years. They are growing older now. I interviewed ninety of these mentally ill individuals throughout the Netherlands, from the south to the north. I also wanted to capture cultural differences. What we saw was that these people need to go to nursing homes because they cannot deal with the complexity of society anymore.

The first three people that I interviewed, I thought I was in a movie. “Where is the camera?” I asked the first person why he had come to live in a nursing home? He said because UPC—that is a broadcast company—changed the channels so that the NetherlandOne television station was not on button one anymore. The television is their only connection to society. They sit in their flats and call up UPC. However, they are answered by a robot giving them a menu. In twenty seconds the voice on the telephone gives them four more options. It makes those people crazy. When you are very fragile, and many are in a very bad mental condition, that literally makes you crazy, especially when you already have a lot of problems like falling asleep.

SW: That is why the first people had to move in. What about the second and the third?

GB: The first person I interviewed told me about UPC and I was not surprised. I am a psychiatric nurse and I have heard those stories a hundred thousand times before. The television is watching me. Complete paranoia. Then the second person also said UPC changed. That’s when I thought, “Where is the camera?” Then the third said the same to me and that was the first time that I thought it might be true.
**SW:** So you think the reasons people move into care homes can be strange or absurd?

**GB:** It's not just dementia. The ninety individuals I talked to symbolize a far bigger group of elder people who will be coming into the nursing homes over the next ten years.

**GB:** Most of the time the people come because they start forgetting to take care of themselves. They do not shower anymore. They do not take their pills anymore. They do not eat anymore. They do not brush their teeth anymore.

**Annie Herder (AH):** They do not take care of themselves.

**GB:** They do nothing at all. That is the reason they come to nursing homes. They cannot take care of themselves.

**AH:** My history is the same as Gerke’s. I have also worked in Nieuw Toutenburg. But that was long ago. The last seven years I worked for Care Center Hof en Hiem. Hof en Hiem consists of four residential care facilities and three small scale residential facilities. The Cornelia Hoeve is one of these small scale residential facilities. This care home was a farm. The number of residents who suffer from dementia is growing at all four residential care facilities.

Cornelia Hoeve opened in September 2012. During the month before that, the building was renovated. This farm grew very fast. We try to keep it as residential as possible. In the front part of the house is a kitchen and a living room. In the former stables there are twelve apartments.

**SW:** Do they eat breakfast here and lunch in the kitchen?

**AH:** Sometimes. They like to sit here to have a full view of the garden. The ceiling is glass. There is plenty of outside light. It brightens the indoor areas. People who suffer from dementia like a lot of light. This is why a glass ceiling was installed.

Our vision of dementia care is focused on the living environment. Scents, colors, shapes, lights, and sounds have a major effect on how people feel and behave. The brain of dementia sufferers is particularly sensitive to this. We cannot do anything about the condition, but we can control the environmental factors. That is our vision. The more pleasant the environment, the less demented the behavior. The furniture, the lights, the garden, it all looks pleasant. The residents can walk a lot.
The Cornelia Hoeve farmhouse

**SW:** Why is colored furniture used here? Is it to create a contrast?

**AH:** The contrast, yes.

**CH:** When people have dementia, their sight gets worse so they cannot see all colors. But red, for example, is a color you can see for a long time.

**AH:** Dr. Anneke van der Plaats, a famous geriatric doctor, said to me that you need to look through the eyes of the person with dementia. Then you see how the individual is looking at the world.

**SW:** Has she written books?

**AH:** Yes. Gerke and Anneke also wrote a book together, *The Demented Brain*.

**SW:** Why is there a TV in the middle of a darker room?

**AH:** The idea of the movie house is Anneke van der Plaats’s. The intention is that residents can continue their own life as much as possible by providing them with a home like, family environment with emphasis on providing assistance in everyday life focusing on the needs of the residents. The residents’ wellbeing is key in this respect. We can make sure the residents can live here in the most pleasant way possible so they can still enjoy the last years of their lives. They can stay here until the end.
**SW:** Is the farm for everyone or is it mostly for individuals who are used to live out of town?

**AH:** It is for everyone with dementia. It can be different, but some people who have lived their life in Amsterdam come here and they want to live here.

**SW:** Do they retire here?

**AH:** Yes.

**SW:** Has anyone ever moved to the farm and said, “This is not for me.”

**AH:** Once, in the beginning.

**SW:** Why was that?

**AH:** He was very aggressive. He needed more room, more space.

**SW:** Might some people feel more secure in a smaller environment?

**AH:** Each person has their own apartment, but they are not often here. They are always looking for each other in the living room.

**GB:** They like to go out and see the other residents and interact with them and be together.

**AH:** Activities also include cleaning the house, doing the dishes, and doing the laundry.

**SW:** Do they like to work in the garden?

**AH:** Yes. Next to the farm there are gardens where you can work. Other activities are organized as well. Residents live a sheltered life here. They cannot leave because the door is locked. It is safe. I like the small scale. Many of the people I think are happy.

**GB:** There is no fixed structure.

**AH:** We follow the rhythm of the residents. If they want to sleep until seven, it is ok. If they want to sleep until eleven, it is also ok. When they want to have a meal in their room, it is ok. When they want to have their meal with other people, it is ok.

**SW:** Do you believe that larger care homes can be as flexible as you are?

**AH:** That is a good question. It is very easy to say, “The kitchen closes at eleven,” but it is really a question of, “Do I work where you live, or do you live where I work?” Regular nursing homes tend to become institutions. I think care homes can achieve more than you might think.
When you want to change a system, you do not need to discuss the things you want to put into the system. You just need to talk about the things you do not want to do anymore. One of the main things we should stop in those homes is medicalizing care. It is a problem of the highest order that cure and care are fixed together. The cure is poisoning the care.

There is a difference between a good life and a healthy life. Every helper, every nurse, every doctor in these institutions thinks that a good life is a healthy life and the other way around. If people live a healthy life, they will have a good life. I think the success story here is that there is more attention to the relationship between the nurse and the resident. That is what is happening here.

Would you say you should focus not on the illness but on the person?

Yes, and on the relationship with the helpers. That is the secret here. The helpers here, the nurses here, they feel confident letting people sleep until nine or ten. They know it is ok. These organizations also care for the nurses. This is one of the secrets of good dementia care.

How do you create trust?

Just do it. Tell them we work this way here. We will help you take good care of these people. We select personnel to work here who are focused on dementia care, which is very different from other kinds of care.

What is your latest project?

We are now working with elder psychiatric individuals. Not people with dementia, psychiatric individuals; people with severe anxiety, depression, psychosis, and fear. It is very, very, new. There are no books in the Netherlands about how to work with this group.

Are you optimistic or pessimistic?

I am very optimistic, especially about the use of robots.

Why robots?

Robots improve life, especially for elder psychiatric individuals. Within five, six, seven years, every person here will have a personal robot. That is going to be fantastic.

How will robots help?

In every way.

Reminders?
GB: Yes including reminders. The robot will need to recognize if a person is sad, glad, happy, or worried. A brain that is damaged like a dementia brain can be misled easily. When they see a robot smiling, they really think it is a smiling person. That is why elderly people with a doll think it is a real baby. There used to be a person here who had a little seal with a battery. That guy walked around with this seal for three years. It was alive for him.

AH: Robots help with taking medicine, doing exercise, keeping people alert.

GB: Yes. So I am very optimistic about that.

SW: A final question. What would like to improve?

GB: This is ideal. This is one of the top locations in the Netherlands. It is small, it is cozy, and it has very good nurses. There is a sound vision. There is a clear direction. It is modern. It is open. I think this should be the standard in the Netherlands. I do not think we could do any better. You will never make everybody happy.

SW: Thank you so much for your time.

GB: Thank you for visiting, Sofia. Welcome back.

END