

Dementia Friendly Design Tool



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Foreword

I am delighted to introduce the new Kirklees Dementia Friendly Design Tool.

We are very proud to be working in collaboration with the University of Stirling's, Dementia Services Development Centre who have a highly regarded international reputation, backed by academic research, for promoting best practice in designing environments for people living with dementia.



I have seen first hand how their design work can very positively impact on the experience of people living in a care home environment that is built using their design research, but, of course, most people live in their own homes in local communities. It is really important, therefore, that we apply the same attention to design to public spaces and buildings and to enable people to make simple changes to their own homes that will enable them to continue to live well.

We have already seen the positive impact of working with the University of Stirling in the dementia friendly refurbishment that created Almondbury Library and in the new library in Fartown, again designed using dementia friendly design principles. The great thing about these buildings is that anyone can go into them and see and feel the impact of good design in practice.

Whilst we talk about dementia friendly design, the principles work for everyone. This is very much about inclusive design that works well for people at all stages of life. We have seen positive impacts from applying the principles in other care settings for instance.

This design guidance is intended to be used by all of us for everything from major building projects to choosing a new door mat for our own home. Incorporating these design principles into every stage of the process is highly cost effective. It costs no more to use a dementia friendly paint scheme or flooring that creates an inclusive environment than it does to make choices that prevent people from enjoying a building or public space.

Work such as this design guidance doesn't happen by itself so I would like to thank everyone who has been involved, in particular Lesley Palmer, Martin Quirke and Katie Wallace from the University of Stirling's Dementia Services Development Centre and Terryann Shaw, Stephen Stead, Julie Uttley and Jaspreet Aujla from Kirklees Council for their work in pulling together the guidance and also the many others who have contributed to date and, at least as importantly, those who will use the guidance to make positive changes in the future.

We are proud to put people at the heart of everything we do.

A handwritten signature in black ink, appearing to be 'R Parry', written over a light blue grid background.

Richard Parry
Strategic Director for Adult Social Care

Introduction

‘Our vision is for people living with dementia and their carers to recognise Kirklees as a dementia friendly place to live, work and play and to be recognised nationally as a leading Dementia Friendly Community’.



I am immensely proud to be able to have been a part of producing this design guidance for Kirklees, which will contribute to our focus on improving outcomes for people living with dementia, but one which will also benefit the wider population. We know from our close work with expert colleagues at the University of Stirling’s Dementia Services Development Centre that good design elements will support a person’s independence regardless of their age, mobility and physical health.

This design guidance is a bold move for Kirklees and a real turning point for us as we move forward in the design of inclusive places and spaces across Kirklees to address the impact of more people living longer with long term conditions including dementia. It is clear that we need to be able to design and shape our environments in an age friendly way, which will enable all members of our communities to use buildings and spaces in an inclusive and equitable way.

This guidance will not replace any existing policy, guidance or standards i.e. Building Regulations, Accessibility, Fire Safety, Highways etc. but will work alongside it. There will be compromises to make along the way but that doesn’t mean we shouldn’t aspire to it. We will talk about the need to use signage appropriately to aid wayfinding, appropriate lighting levels, the importance of contrast and tone, reducing the use of reflective surfaces and why. We will explain through each of the sections in general how we can all make spaces more accessible in a subtle, simple way and, therefore, easier to use and navigate for all of us.

We have some good examples now in Kirklees of buildings where this guidance has been put into practice (both new build and refurbishment) and so there are opportunities to see how the guidance works in practice.

So, if you have a programme of works for redecoration or refurbishment, then it’s a perfect opportunity to make some subtle changes that will benefit everyone. What we decide and what we do needs to be designed and delivered jointly to ensure seamless standards.

In addition, a short guidance booklet will be developed to enable families to apply some of the key design principles in their own homes.

Kirklees Council are proud to be part of the Kirklees Dementia Friendly Communities Steering Group, which has been formed to raise positive awareness of dementia in Kirklees, and also the Kirklees Dementia Engagement and Empowerment Project, which is embedded in a rights based approach for and by people with a lived experience of dementia, both groups have kindly contributed to this guidance.

Together we are committed to 'Working Towards' becoming a Dementia Friendly Council, and ultimately, a Kinder Kirklees.

Thank you

A handwritten signature in black ink, appearing to read 'T. Shaw'.

Terryann Shaw
Dementia Strategic Partnership Manager
Kirklees Council

Introduction to the University of Stirling

The University of Stirling has a distinct reputation in the field of dementia and ageing, and its activities involve world class research, knowledge exchange and development of commercial opportunities.

Our international centre for knowledge exchange – the Dementia Services Development Centre (DSDC) - is recognised worldwide and has a strong reputation for supporting individuals and organisations to meet the changing needs of an ageing population. Since its formation in 1989 DSDC has worked to: improve the lives of people with dementia through design; make communities dementia-friendly and influence policy to improve services for people with dementia.

At DSDC, we pride ourselves on our international reputation as leaders in the field of dementia design. Our interdisciplinary team of nurses, architects, engineers, and designers advise on products, services, and the design of environments where dementia matters. This includes provision for older people, for palliative and end-of-life care, as well as design specifically for older and working age people diagnosed with dementia.



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What is Dementia?

Dementia is the term we use to describe a broad range of brain diseases, including conditions such as Alzheimer's disease, vascular dementia, Parkinson's disease dementia and dementia with Lewy bodies. One person in every fourteen over the age of 65 year has dementia in the UK, and this is projected to increase; one in three people born in the UK this year are likely to develop dementia in their lifetime (source: Alzheimer's Research UK, 2018).

Dementia is most commonly understood to be a condition which affects our memory, but dementia can also impact on sight, hearing, balance, gait disorders, visuospatial understanding, tonal differentiation, wayfinding and hallucinations. The challenges caused by these symptoms are often compounded by other general issues of ageing, such as reduced mobility, hearing loss and impaired visual acuity. The design of the built environment can therefore have a profound impact on how a person with dementia perceives, experience and engages with the places and spaces in which they live, socialise and work.

Living with these impairments results in high levels of stress and frustration. Though these are common traits, people with dementia have their own unique pathway through the condition which depends on a several factors, including the extent of brain damage. Their experience will be affected by their general health, personality, family circumstances and ability to remain independent and maintain a quality of life. Reduced cognitive capacity can make it harder to cope with daily challenges, whilst noisy, busy, or hostile environments can have significant negative effects on independence, behaviour, self-esteem, and overall wellbeing. Therefore, creating dementia friendly environments is one of the key non-pharmacological interventions in therapeutic care.

What is dementia-friendly design?

Dementia-friendly design aims to compensate for the changes people experience when living with dementia; a progressive syndrome resulting in the decline of cognitive function. However, all of the principles underpinning Dementia Friendly Design are applicable to a wide number of people, including those with age related impairments, mobility issues and sight impairments to name a few. Good design is substantially more complex than just making physical changes to the built environment. It has an impact on the way a space is interacted with, the health and wellbeing of the people who use it and overall quality of life.

Independence, dignity, purpose, and personal identity are qualities we all hope to maintain as we age, however poor design considerations can have a devastating effect on the lives of older people and people living with dementia or other impairments. Understanding how a person experiences the world around them is key to making sound design choices. This could include addressing lighting issues to support those with sight impairments or providing memory cues for those who have difficulty with orientation.

About this tool

This publication is intended as a working toolkit and provides evidence-based explanations and checklists on how to make the design of a variety of spaces and places more dementia friendly. Produced by DSDC in collaboration with Kirklees Council, it is intended to empower individuals, organisations, and communities within the Borough of Kirklees to improve their environments to be more dementia-friendly and to support people living with dementia to live with dignity and maintain activities of daily living such as shopping, socialising, and accessing services.

This toolkit can be used by anyone, from homeowners wishing to make simple domestic changes to business owners, service providers and construction professionals. It covers a variety of different environment types from domestic homes to public buildings and outdoor spaces and can be used in its entirety or as individual guidance sheets. Guidance is provided in an easy-to-follow checklist with further explanation to provide information and understanding on the importance of the design feature and how it can impact on a person living with dementia.

The guidance in this toolkit is informed by University of Stirling research in this field (refer to 'Further Useful Resources' within this toolkit) and we recommend reading this in conjunction with the range of design publication from the Dementia Services Development Centre, which provide additional background information that will ensure users have a deeper understanding of design in the context of dementia. Much of the guidance in this tool relates to compensating for inter-related sensory and cognitive impairments and we recommend you read further design guidance from sources such as the RNIB and BSi in relation to specialist design.

How to use this tool

The tool is intended as an audit checklist and we recommend that users plan their audit in advance and familiarise themselves with the toolkit in its entirety.

The tool comprises of 'Essential Technical Criteria' and seven environment sections which set-out different types of environments you are likely to audit (public buildings, shopping and town, activity and leisure etc.). Each environment sections further comprises of sub-sections which relate to the building type or space you are auditing (e.g. library, supermarket, office etc.). For each space you are required to complete the environment/building sub-section and all of the Essential Technical Criteria.

1. Entrances	
Y/N	Notes
1	The entrance is easily identifiable on approach. It has a glazed door panel and is readily identifiable from the general features of the building (including any signs or other glazed elements).
2	People with dementia often have difficulty entering cases such as the building entrance. Architectural cues and signage can provide visual cues or a clear pathway. It is important that any signage is clear and unambiguous for the person with dementia and people living with dementia should be very aware about entering an unfamiliar space. To reduce stress it is important the entrance is easily recognisable from the street and the a person facing the door to enable a view into the building before entering.
3	The principal entrance is accessible. It has a level approach, entrance path and threshold. It is possible to move with a person of limited mobility (including a wheelchair user).
4	If there is any obstruction or any other barrier to the entrance, it should be clearly marked. Observe Handicap. If there is any obstruction or any other barrier to the entrance, it should be clearly marked. Observe Handicap. If there is any obstruction or any other barrier to the entrance, it should be clearly marked. Observe Handicap.
5	A person of limited mobility (including a wheelchair user) can access the entrance. This can accommodate vehicle access to the principal entrance.
6	The entrance has a height clearance. There are clear lines of sight through the space.
7	Sharp discontinuity and anything difficult are some of the early symptoms of dementia. To reduce the demand on the person to hear and think a sequence of simple messages through a variety of senses the entrance and circulation should be simply designed. Spaces that turn a corner or pass through multiple doors are complex to understand.
8	To help reassure people with dementia if their destination is unclear, signage is provided to clearly identify the building and the service provided. This is described in simple language. For example: 'Barbers' or 'CAFÉ'.
9	A signpost provides the way to the entrance. There is a signpost or automatic door. It is obvious whether the door should be touched or not.
10	To avoid confusion it is important that the opening mechanism of the door is clearly communicated.
11	There is an accessible toilet near the building entrance (either inside or outside the building). The toilet door is clearly visible on arrival.
12	People with dementia can become anxious when they cannot easily locate a toilet. The toilet should be fitted with contrasting blue and grab supports and fittings should be dementia friendly. Refer to the technical guidance for dementia friendly toilets. Toilets do not present a trip or fall hazard.
13	Barrier seating can become an obstacle if filling part of surrounding surfaces, a change in tone may also prevent someone with dementia from walking across the threshold.
14	Signage requires people to rely on signage from the entrance door with a height sign indicating the purpose. There is also space to be used when speaking to a staff member.
15	Immediately knowing where to go and ask for assistance will reduce stress over feeling lost.
16	Acoustic space between reception and waiting areas can prevent a busy reception area from being too noisy. The space supports subtle communication and orientation.
17	Signage can be confusing and confusing for people with dementia and a hearing impairment. Cognitive impairments can reduce the ability to filter out background noise, causing distress and reducing the ability to concentrate or communicate.
18	Every entry system (e.g. scanner or buzzer) is clearly identified and controls are highly visible (e.g. the button colour will be red).
19	The design of the entrance should be clearly identifiable and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances.
20	Consideration of future planning should be taken to ensure that the entrance is accessible and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances.
21	There is a transitional space between the outdoor and indoor spaces, to temper light levels.
22	A canopy, lobby or covered canopy can provide a sheltered area from adverse weather, and help to prevent a sharp reduction in light levels on entry to the building. The space can also help to adjust to these changes and therefore increases the use of open and falls. In a carteristic setting, a transitional space can also encourage the use of outdoor spaces in all types of weather.
23	Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
24	Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).

	Y/N	Notes
1		The entrance is visibly identifiable on approach (including any signage or other glazed elements).
2	✓	People with dementia often have difficulty entering cases such as the building entrance. Architectural cues and signage can provide visual cues or a clear pathway. It is important that any signage is clear and unambiguous for the person with dementia and people living with dementia should be very aware about entering an unfamiliar space. To reduce stress it is important the entrance is easily recognisable from the street and the a person facing the door to enable a view into the building before entering.
3	✓	The principal entrance is accessible. It has a level approach, entrance path and threshold. It is possible to move with a person of limited mobility (including a wheelchair user).
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5		A person of limited mobility (including a wheelchair user) can access the entrance. This can accommodate vehicle access to the principal entrance.
6		The entrance has a height clearance. There are clear lines of sight through the space.
7		Sharp discontinuity and anything difficult are some of the early symptoms of dementia. To reduce the demand on the person to hear and think a sequence of simple messages through a variety of senses the entrance and circulation should be simply designed. Spaces that turn a corner or pass through multiple doors are complex to understand.
8		To help reassure people with dementia if their destination is unclear, signage is provided to clearly identify the building and the service provided. This is described in simple language. For example: 'Barbers' or 'CAFÉ'.
9		A signpost provides the way to the entrance. There is a signpost or automatic door. It is obvious whether the door should be touched or not.
10		To avoid confusion it is important that the opening mechanism of the door is clearly communicated.
11		There is an accessible toilet near the building entrance (either inside or outside the building). The toilet door is clearly visible on arrival.
12		People with dementia can become anxious when they cannot easily locate a toilet. The toilet should be fitted with contrasting blue and grab supports and fittings should be dementia friendly. Refer to the technical guidance for dementia friendly toilets. Toilets do not present a trip or fall hazard.
13		Barrier seating can become an obstacle if filling part of surrounding surfaces, a change in tone may also prevent someone with dementia from walking across the threshold.
14		Signage requires people to rely on signage from the entrance door with a height sign indicating the purpose. There is also space to be used when speaking to a staff member.
15		Immediately knowing where to go and ask for assistance will reduce stress over feeling lost.
16		Acoustic space between reception and waiting areas can prevent a busy reception area from being too noisy. The space supports subtle communication and orientation.
17		Signage can be confusing and confusing for people with dementia and a hearing impairment. Cognitive impairments can reduce the ability to filter out background noise, causing distress and reducing the ability to concentrate or communicate.
18		Every entry system (e.g. scanner or buzzer) is clearly identified and controls are highly visible (e.g. the button colour will be red).
19		The design of the entrance should be clearly identifiable and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances.
20		Consideration of future planning should be taken to ensure that the entrance is accessible and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances.
21		There is a transitional space between the outdoor and indoor spaces, to temper light levels.
22		A canopy, lobby or covered canopy can provide a sheltered area from adverse weather, and help to prevent a sharp reduction in light levels on entry to the building. The space can also help to adjust to these changes and therefore increases the use of open and falls. In a carteristic setting, a transitional space can also encourage the use of outdoor spaces in all types of weather.
23		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
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16. GP Practices	
Y/N	Notes
1	A reception desk with a welcoming individual is visible on entry to the surgery.
2	Immediately knowing where to go and ask for assistance will reduce stress over feeling lost, or any anxiety the person may have about coming to the GP surgery.
3	The waiting area can be easily identified easily from the reception area and staff can approach patients and prompt them to their appointments, should they not have their name being called. Waiting can be quite an anxious time for a patient. If the waiting area can be unobtrusively signposted, it can be reduced anxiety.
4	A large, accurate, wall clock is visible in the waiting area. A calendar is also helpful.
5	Perception of time can be distorted for people with dementia. Provision of large accurate clocks and calendars can alleviate this. There are also other ways to help people with dementia to understand time and manage their appointments.
6	There are clear signs to go and to look at in waiting areas which are accessible and visible. Digital information screens located at the reception area do not need to fill the head background, can be helpful, and could show waiting times, emergency or images of nature.
7	Some people with dementia are unable to do much more than sit and watch. Providing something absorbing for them to watch can be helpful. A view with something happening e.g. a busy greenhouse or parkland, can be a great asset.
8	There is a quiet area where people with dementia can sit or lie down until they need their appointment.
9	There can encourage behaviours of a person with dementia. A quiet room or private space where the person with dementia and their carer can sit, can be helpful to reduce stress and anxiety.
10	Where public address systems are used, announcements offer legible indications of where patients are to go.
11	People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to react to dementia day activities.
12	There is legible signage to the toilet from the entrance, waiting room and on leaving the treatment room. Preferably, the toilet is adjacent to the waiting room.
13	A person with dementia often needs to find a toilet in a hurry. It is important to maintain dignity and confidence a toilet must be visible on arrival to the waiting room.
14	Where there are a number of consultation room doors, these are clearly signed and distinguishable from the others.
15	It can be difficult to remember in double handed corridors where there are several similar doors. High level projecting signage and the use of colour or treatment objects, including signage to each door can be helpful.
16	The consultation rooms are welcoming and not overly clinical in aesthetic.
17	A person of limited mobility and advice within the consultation room can help to provide a relaxing environment and serve as a waiting point. A small table can create personal space for the patient.
18	There is sufficient seating within the treatment room to accommodate patient, staff and carer (if present). Seating is positioned to promote good communication. A new colour can be used and a sufficiently close to the staff member.
19	It can be alarming for people with dementia to sit alone in a corridor, a familiar person accompanying them can be helpful.
20	There is adequate concealed storage for equipment.
21	Equipment which is not in use should be stored out of sight in a safe or secure area.
22	There is enough space for the table/chair to remain while treatment is ongoing. Observe. Enough space on both sides of the table.
23	People with dementia can be very anxious when being treated/treated etc. and it is often helpful for relatives to keep the patient calm and comfortable.
24	There is an unobtrusive focal point in the treatment room such as a piece of art, an interesting object or view from a window, which can serve as a talking point and help to reduce any anxiety.
25	Waiting can be quite an anxious time for a patient. If the waiting area can be unobtrusively signposted, it can be reduced anxiety. Waiting can be quite an anxious time for a patient. If the waiting area can be unobtrusively signposted, it can be reduced anxiety.
26	The design of the entrance should be clearly identifiable and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances.
27	Consideration of future planning should be taken to ensure that the entrance is accessible and not be confused with other entrances. It should be clearly identifiable and not be confused with other entrances.
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Essential Technical Guidance

The criterion in this section is based on research and expert opinion and covers topics such as lighting, contrast, signage and wayfinding and toilet provision (each of which are relevant irrespective of the building type or space). In all cases you should aim to achieve all of the 'Essential Technical Guidance' in sections 1 to 11.

Environment Sections

The toolkit categorises places and spaces into seven environment sections: outdoor environments and public realm, care environment, shopping and town, eating, drinking and socialising, activity and leisure, public buildings and work, and the domestic environment. Within each section there is specific guidance relating to specific environment types. For example the 'Care Environment' comprises of 'GP Practices, Hospitals, Care Home, and Day Care Centres.

Planning your assessment/audit

1. Identify the type of space/building you intend to assess and select the relevant section from the tool, along with the 'Essential Technical Guidance' sections 1-11. Have a copy for each auditor plus a spare copy in case you make a mistake or wish to add further notes.
2. Select a suitable time of day to audit. It is preferably that the audit is undertaken when the building/space is in use as this will give you a true indication of the challenges and issues likely to be experienced by a person with dementia.
3. Take a digital camera to record features of the environment which are relevant to your assessment. Permission to photograph must be sought first but photographs can form a valuable part of a building assessment. Ensure that you do not include people in the photographs.
4. Plan the route that you will take through the space and if possible, map this out on a plan of the building. This can help you link photographic evidence with the location when reporting your findings to others

Please note these lists are non-exhaustive and aim to provide guidance, prompt discussion and offer a thought process when making design decisions. It is important to note that no environment is perfect but even one change can make a large difference for someone. Therefore this toolkit should be used to support good practice and encourage improvements where possible and viable.

Sound, light, and colour contrast can be measured with specialist equipment for accuracy. Technical details for sound and light are provided in the DSDC lighting and acoustic books.

Further useful resources are listed at the end of this guidance document.

1. Entrances



Wayfinding is an essential ability to maintain independence and autonomy in our lives. Research shows that a reduction in wayfinding capabilities is one of the first symptoms of dementia and that locating a building entrance can be very difficult. The ability to make decisions can become limited, and so it can be very challenging and stressful to follow a route or move through a series of spaces. Often subtle cues are missed or misinterpreted, and so a combination of good signage and architectural communication should be considered in the design.

High level, large scale signage can help to compensate for some deficits, helping to draw attention to the building and

its function. The doorway should be recognisable from a distance and have high contrast to its surroundings – perhaps reinforced by a visible entrance canopy. Glazing can also provide valuable visual information but should not be easily confused with the entrance. Manifestation will be required for safety, to prevent collisions with full height glass, but should not obscure the view into the space.

Lighting can be strategically positioned to highlight key access routes, including door furniture if necessary. The ageing eye takes longer to adjust to a change in lighting levels between outside and inside, so lighting should be carefully designed so that

brightness levels change gradually between spaces, helping to prevent disorientation and reduce the risk of falls from the dazzling effect of a sharp decline in brightness. Draught lobbies can be utilised to help this change whilst also preventing heat loss.

Door security, such as doorbells and intercoms should be easily seen and understood. Audible buzzers or voices over intercom may be alarming for people with dementia, especially if they cannot locate the source of the noise. In health and care settings the noise from bells, alarms, and buzzers should be removed altogether if possible – with the staff making use of silent, vibrating, alerts instead.

1. Entrances

	Y/N	Notes
1		The entrance is visibly identifiable on approach. It has a glazed vision panel and is readily identifiable from the general features of the building (including any sidelights or other glazed elements).
		<i>People with dementia often have difficulty interpreting cues such as the building entrance. Architectural cues and signage can provide visual nodes or cues to assist wayfinding. It is important that entry is not stressful for the person with dementia since people living with dementia will often be very stressed about entering an unfamiliar space. To reduce stress it is important the entrance is easily recognised, is visible from the street and has a glazed section of the door to enable a view into the building before entering.</i>
2		The principal entrance is accessible. It has a level approach, entrance platt and threshold. There is good access for those with physical or mobility problems including wheelchair users.
		<i>If there is any obstacle at all, even a few millimetres, it will increase chances of tripping or catching a walking aid. Observe: Handrails; lift; ramp; height and accessibility of door handles; disabled parking spaces near building.</i>
3		There is accessible parking or a covered vehicle drop off within close proximity to the entrance.
		<i>A port cochere or projecting roof structure provides cover and protection from adverse weather. This can accommodate vehicle drop-off at the principal entrance.</i>
4		The circulation has a legible composition. There are clear lines of sight through the space.
		<i>Spatial disorientation and wayfinding difficulties are some of the early symptoms of dementia. To reduce the demand on the individual to have to plan and initiate a sequence of complex moves through a variety of spaces the entrance and circulation should be simply designed. Spaces that turn a corner or pass through multiple doors are complex to understand.</i>
5		The entrance has clearly visible, legible signage which describes the building function.
		<i>To help reassure people with dementia of their destination, signage is provided to clearly identify the building and the services provided. This is described in simple language. For example, 'Barbers' or 'Café'.</i>
6		It is obvious whether the door is push/pull or automatic and if there is a revolving door or automatic door, it is obvious whether the door should be touched or not.
		<i>To avoid confusion it is important that the opening mechanism of the door is clearly communicated.</i>
7		There is an accessible toilet near the building entrance (either inside or outside the building). The toilet door is clearly visible on arrival.
		<i>People with dementia can become anxious when they cannot easily locate a toilet. The toilet should be fitted with contrasting toilet seat, grab supports and fittings should be dementia friendly. Refer to the technical guidance for dementia friendly toilets.</i>
8		Mats do not present a trip or slip hazard.
		<i>Barrier matting can become an obstacle if sitting proud of surrounding surfaces, a change in tone may also prevent someone with dementia from walking across the threshold.</i>
9		The main reception desk is very visible from the entrance door with a legible sign indicating its purpose. There is also space to be seated when speaking to a staff member.
		<i>Immediately knowing where to go and ask for assistance will reduce stress over feeling lost.</i>
10		Acoustics have been fully considered, as entrance spaces can often be of a large scale with many hard surfaces. The space supports audible communication and conversation.
		<i>Noise can be overwhelming and confusing for a person with dementia and a hearing impairment. Cognitive impairments can reduce the ability to filter out background noise, causing distress and reducing the ability to concentrate or communicate.</i>
11		The door entry system (e.g. intercom or buzzer) is clearly identified and controls are highly visible (e.g. the button contrasts with the unit).
		<i>The design and placement of the intercom system should be carefully considered so that it is understandable and highly visible to visitors. Consideration of panel placement close to fully automated outward opening doors should be well considered without relying on the person having to move backwards outwith the door swing.</i>
12		There is a transitional space between the outdoor and indoor space, to temper light levels.
		<i>A draught lobby or overhead canopy can provide a sheltered area from adverse weather, and help to prevent a sharp reduction in light levels on entry to the building. The ageing eye can take longer to adjust to these changes and therefore increases the risk of trips and falls. In a care/domestic setting, a transitional space can also encourage the use of outdoor spaces in all types of weather.</i>
13		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).</i>

2. Vertical Circulation



Vertical circulation is the means available by which people and goods move between a change in level or floor, and includes stairs, lifts and escalators. For older people and those with mobility impairments this can be a daunting and timely task to complete. Dementia can have a great impact on a person's mobility; reducing depth perception, and alter changes in gait, balance and co-ordination. Highly visible circulation routes supported with legible signage on arrival to direct people, will help to increase wayfinding capabilities and reduce anxieties around moving between floors.

Lifts can be a point of confusion for a person with dementia. The design of the car interior if highly reflective or mirrored can cause

distress. Controls may be too small or overly complex, which can result in the individual either becoming trapped inside the lift or exiting on the wrong floor. In addition the orientation of the lift car doors can also create wayfinding difficulties and the sliding threshold plate can often be perceived as a step.

Contrast should be implemented to highlight a change in level, with a 30% LRV difference between stair nosing, and the tread and riser. However in the case of a lift, where the lift floor is level with the adjacent landing, tonal continuity should be provided at all floors the lift services. Calming, light colours should be applied and reflective materials and mirrors avoided. A seat located in the lift can

provide an opportunity to rest between floors for people who are unsteady on their feet.

Handrails on both sides of the staircase or ramp are essential when changing level, however in the domestic home, a stair lift may be appropriate, and safety of the user should be assessed prior to installation.

Space standards should be well considered to allow mobility scooters, wheelchairs and pushchairs to traverse the building with ease. Residential buildings occupied by people near the end of life should also consider a 13-person lift to accommodate a profile bed or coffin.

2. Vertical Circulation

	Y/N	Notes
1		There is an alternative to the stairs e.g. ramp, lift which are clearly signed/visible.
		<i>Buildings should have an alternative to the stairs to allow everyone to be able to access the upper floors. Visibility of directional signage to vertical circulation will enable the shortest route through the building, reduce anxiety about not knowing where to go, and reduce the burden on staff to give directions.</i>
2		Steps are straight (not tapered).
		<i>Tapered steps can be dangerous and disorientating to climb, as the changing width can cause visual illusions and appear to move. This type of stair relies on the individual to walk at an angle if using a handrail to the outer edges of the staircase, therefore increasing the risk of trips and falls.</i>
3		The rise of steps is of uniform height.
		<i>Risers of a uniform height allow a person to assess the height of the next step correctly. For a person with reduced depth perception, a change in riser height can be very difficult to judge. This change can alter a person's gait, cause them to lose balance, and thus increase the risk of falls.</i>
4		Edges to steps are clearly delineated for safety: Nosings are clearly contrasted with the treads and riser.
		<i>To highlight a change in level, stair nosings should contrast the treads and riser. People with dementia often have visuospatial problems and cannot see 3D. It is important that they see steps and hesitate in order to prepare themselves.</i>
5		The steps/ramp contrasts in tone with the wall. The stairs/ramp also has sloped/stepped skirting along the wall, which contrasts with both floor and wall.
		<i>Contrast to a minimum of 30% LRV difference is required to ensure the environment is able to be read and interpreted correctly. This enables people to see where the stairs end and the wall begins.</i>
6		There is an easy to grip, grabrail or handrail for all stairs/ramps. They are located on both sides of the stairs/ramps, and contrasts in tone with the wall or surface it is fixed to.
		<i>Handrails need to be highly visible (contrasting colour to the wall behind), easy to grip, with some tactile indication where sections end for people with impaired vision.</i>
7		There is double the light level on the stairs that younger people find adequate.
		<i>The ageing eye needs around twice as much light to see this is especially important where there is a change in level and a higher risk of falls/injury.</i>
8		The lift interior is calming i.e. the lining is pastel coloured, not reflective or shiny. There are no mirrors or reflecting surfaces inside the lift.
		<i>Lifts are necessarily a confined space, so for people with dementia, the interior needs to look as normal and non-threatening as possible. Some people with dementia cease to be able to understand a mirror and are frightened to see other people in them.</i>
9		Lift flooring matches that of the adjacent landing.
		<i>People with dementia often have visuospatial problems and cannot see 3D. It is important that they do not see steps, hesitate and potentially tumble.</i>
10		Lift lighting is bright, but glare-free and uniform.
		<i>Glare causes visual discomfort and squinting and is often misinterpreted; shadows can be seen as objects or holes.</i>
11		A sensor keeps the lift doors open until people are safely inside the lift.
		<i>The doors do not close too abruptly and risk distressing users.</i>
12		Lift button controls are large and visible. They contrast with the door frame on the exterior and contrast with the panel on the interior.
		<i>As per signage guidance i.e. consider visibility, height and clarity.</i>
13		The lift is not in a bedrooms area, nor is on the adjoining wall of a bedroom.
		<i>Lifts, especially with voice support, are potentially noisy and may cause distress or confusion. Noise at night can affect sleep, the person with dementia may not be able to understand the source of the noise.</i>
14		There is a clear description of what is located at each floor inside the lift and opposite the doors on each floor. Landmarks are also used to identify landing spaces.
		<i>Highly visible informative and identifying signage will reduce any anxiety about where to go or about feeling lost. The use of a landmark or identifiable theme within the landing space can also help to aid wayfinding and make each floor distinguishable from each other.</i>
15		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).</i>

3. Toilets



There is a major lack of publicly available toilets within most communities across the UK. Without knowing where to access to suitable public toilets, many older people will be much less willing to leave the house for fear of getting caught short. This has a significant impact on social isolation, loss of independence and loneliness. Local businesses, shops and cafes should be encouraged to allow free access to their toilets for both paying and non-paying customers. Primarily toilets should be located at ground level, close to the entrance and with unimpeded access. This includes not having to find a member of staff to ask for permission or for a key. Subsequently, toilets should be positioned at key locations throughout the building, at every level where possible and with clear vantage points and signage. A signature toilet

door colour should be used throughout the building or adopted by the council area to clearly distinguish against any other door.

There are a large number of design considerations which should be taken into account to aid dignity and safety. Adequate contrast between critical planes and fixtures and fittings is vital in a complex environment such as the bathroom. Often white fixtures are fitted on white walls and blend into the background for someone with a sight impairment. The toilet and toilet seat should be clearly seen to aid dignity, independence and safety.

Noisy hand dryers can be a source of distress for a person with dementia and therefore it is recommended that paper/towel dispensers are fitted instead. For similar reasons air extract

fans, and air conditioning units should also operate as quietly as possible.

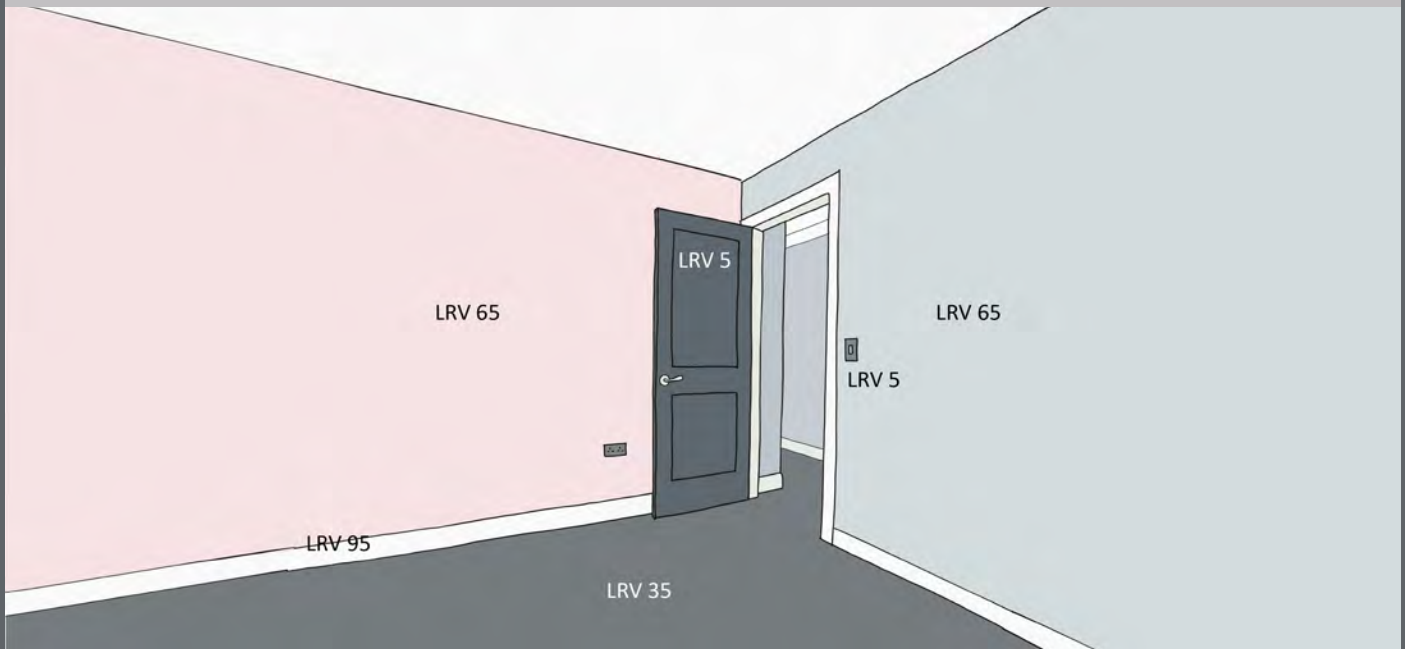
From January 2021, it will be mandatory in England to include a changing place in new large public buildings or those under considerable renovation or which change use. Transfer to the toilet/shower should be easily accessible from a wheelchair. A peninsular toilet can provide access for both left and right transfer.

Many modern bathroom fittings are now highly popular, for example infra-red taps and toilet flush function. These can be unfamiliar to people with dementia and will need to be appropriately signed as to how to use them. Traditional fittings such as cross-head, quarter-turn taps and paddle flush levers are much more recognisable in how they function.

3. Toilets

	Y/N	Notes
1		There is a toilet adjacent/adjoining key activity rooms within the building e.g. entrance, waiting room, consultation room, dining area, lounge, bedroom).
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be visible and easily reached from key activity rooms in the building. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>
2		An 'accessible' public toilet is provided and has the required grab supports, contrasting toilet seat and activity space for a wheelchair user. Where possible, a changing places toilet is also provided.
		<i>An 'accessible' public toilet is defined by the British Standards Institute BS 8300 - Design of an accessible and inclusive built environment or within the 'Approved Document M - Access to and use of buildings' of the UK Government Building Regulations. 'Changing Places' toilets are larger accessible toilets for severely disabled people. Refer to UK Government website for further information. Links provided on 'Resources' page of this document.</i>
3		Within private toilets such as ensembles there is adequate space for transfer to the toilet from a wheelchair or hoist, especially when two carers are required.
		<i>Publicly available accessible toilets will provide sufficient space for a person to be supported to toilet, if necessary. However in private toilets, where space standards can be smaller it is important there is sufficient space for two carers to provide support.</i>
4		The doors to toilets have a distinctive, consistent signature colour/finish throughout the building. This colour/finish is not used on any other door. The door should contrast with the adjacent wall.
		<i>People with dementia have impaired learning. If they only have to learn one cue for all toilet doors throughout the building they are more likely to remember it. This can maintain dignity, independence and continence. The door should contrast with the wall. This makes the toilet door more visible and therefore more likely to be used.</i>
5		Where toilets are behind cubicle doors they contrast in tone with the adjacent fixed cubicle panel.
		<i>Similar to above, it is important that the toilet/cubicle door is clearly visible and can be distinguished from adjoining fixed panels (which are often flush and difficult to differentiate from the opening door) and provide sufficient contrast.</i>
6		There is a sign on the toilet door to aid wayfinding (refer to 'Essential Technical Guidance' for 'Signage and Wayfinding').
		<i>A person with dementia often needs to find a toilet in a hurry. Visible cues such as legible signage can reduce any anxiety about locating one. Research shows a pictogram of a toilet in perspective with the word 'toilet' is better than the international stick figure symbols.</i>
7		It is obvious how the door lock operates e.g. traditional in appearance, understandable. The locking mechanism clearly indicates whether the toilet is occupied.
		<i>To aid dignity, it should be obvious if the toilet is occupied and how to lock/unlock the door when inside. Consider whether the indicator colour/wording is clearly legible and of a size which someone with diminished eye sight can read.</i>
8		Mirrors are well situated and are designed to be removable or easily covered.
		<i>Some people with dementia cease to be able to understand a mirror and are frightened by believing they see other people in them. One of the simplest solutions is to fit a roller blind over the mirror. Mirrors should not be visible on entry to the room or in direct line of sight when using the toilet as this can prevent a person with dementia entering or using the facilities.</i>
9		Contrast is used in wall finishes and fittings so that grab rails and sanitaryware contrast with the walls behind. Also, the toilet seat should contrast with both the toilet pan and the floor below.
		<i>Contrast will make the fittings more visible, which is essential for safety in the case of the toilet.</i>
10		Cisterns, flush levers and wash hand basin taps are traditional in appearance, simple to operate and have legible indications to help people to use them (e.g. to identify hot from cold and flow). Avoid back-to-wall toilets and integrated plumbing systems (IPS) panel systems.
		<i>Independence boosts self esteem. Self esteem is helped if people can manage familiar tasks like flushing the toilet or washing their hands on their own. They are more likely to be able to do this if the sanitaryware looks familiar. This also aids hygiene and infection control. Note, lever flushes are more ergonomic to use for a person with dexterity issues. Avoid wall mounted flush plates or cistern flush buttons as these can be harder to use.</i>
11		Toilet roll holders are simple to operate, contrast with the wall behind and are preferably domestic-style in their design.
		<i>Independence boosts self esteem i.e. if people can manage familiar tasks like using toilet paper on their own. This also aids hygiene and infection control.</i>

4. Contrast



Contrast is a key consideration in many aspects of design for dementia, and in design for sight loss. Providing contrast between two objects helps them to be seen against each other, whereas lack of contrast may mean they blend into each other. Both of these scenarios have their use in dementia design – depending on whether we want to draw attention to something in the environment or not.

However, before discussing how to use contrast in design it is important to understand what it is and, of course, what it isn't. In this context, contrast refers to differences in tone, not differences in hue (e.g. colours of the rainbow). When measuring tone we use a measure known as Light Reflectance Value (LRV). LRVs are a measure of how much light reflects off a surface, from 0% (black) where all light is absorbed, to 100% (white)

where all light is reflected. This means that two shades of the same colour could have drastically different LRV values, whereas two different hues (or colours of the rainbow) could have exactly the same LRV. Although manufacturers usually use highly calibrated scientist equipment to determine the LRV of materials, where LRV is unknown it can be beneficial to use the tonal view on cameras to get some sense of how much contrast exists between surfaces, fixtures and fittings in an environment.

Age related changes, in addition to living with the symptoms of dementia can affect vision. Colour sensitivity may diminish and therefore tonal values become much more important for a person to navigate and understand their surroundings. There can also be a reduction in peripheral vision, and depth perception.

Ensuring critical planes and furniture stand out against their background so that they are clearly visible, can help someone to live a more independent and safe life. As recommended by the British Standards Institute, providing at least 30% LRV difference between planes or objects against their background will ensure sufficient contrast for them to be seen. This design principle can be used on a large scale, for example providing adequate contrast between floors and walls but can also be extremely useful in smaller areas, like placing a white bar of soap on a dark wash cloth.

Features which do not need attention can therefore be tonally consistent with their surroundings, for example across level flooring, or staff/service doors in relation to the adjacent wall.

4. Contrast

Light Reflectance Values measure the amount of light which bounces off any given surface. This is strongly correlated with the ability of blind and partially sighted people to identify differences in colour. It is not always possible to discern contrast by the naked eye. Contrast is often referred to in manufacturers published technical guidance. If this is not available, try taking a black and white photograph of the area, which will show where contrast is required. The greater the contrast, the greater the difference between tones i.e. black and white.

	Y/N	Notes
1		The colour of the flooring contrasts with the colour of the walls. Ideally, the skirting will also contrast with both the floor and the walls.
		<i>Contrast to a minimum of 30% LRV difference is required to ensure the environment is able to be read and interpreted correctly. This enables people to see where the floor ends and the wall begins.</i>
2		The colour of fittings and fixtures intended for use by the person with dementia contrast with their environment (e.g. crockery, plates, tables, chairs, kettle etc.)
		<i>Contrast makes fittings and fixtures more visible which is essential to ensure the person with dementia can maintain independence and sustain activities of daily living. Increasing their visibility through contrast will increase the likelihood of the person with dementia engaging with them. Consider the item in relation to its typical position i.e. crockery and the table in which it is usually placed or a visitors book and the reception counter.</i>
3		The colour of furniture and fixed items (e.g. tables, chairs and worktop surfaces) contrasts with the colour of the flooring beneath them.
		<i>Contrast makes the furniture and fixed items more visible which is essential for safety. Increasing their visibility through contrast will increase the likelihood of the person with dementia engaging with them.</i>
4		Button controls, switches and sockets are large and visible and contrast with the wall on which they are fixed. This includes light switches, door entry systems, lift buttons, reception bells etc.
		<i>To enable a person with dementia to be able to interact independently with the environment it is important that they are able to see, accurately locate and understand the usage of controls, light switches and door entry systems. Contrast between control buttons and their back plate, as well as contrast between the back plate and the wall will increase their visibility.</i>
5		The colour of the door (internal and external) contrasts with the wall adjacent and the handles or door ironmongery (e.g. push plates, pull handles etc.) contrast with the colour of the door on which they are fitted.
		<i>Colour contrast will make door and door handles visible which will in turn draw attention to these features and encourage their use. This includes external doors. Observe: where a door forms part of a larger glazed panel the door frame should contrast with abutting and adjacent mullions and transoms so as to clearly delineate the entrance door from windows or full height glazed panels.</i>
6		Edges to steps are clearly delineated for safety. Nosings are clearly contrasted with the treads and riser.
		<i>People with dementia often have visuospatial problems and can struggle to interpret 3D. It is important that they see steps and hesitate in order to prepare themselves.</i>
7		Colour contrast between the interior floor finish and exterior surfacing is minimal i.e. there is very little difference in colour contrast.
		<i>Where the threshold is level, any tonal contrast between the colours of materials at the threshold could be mistakenly perceived as a step leading to increased risk of falls.</i>
8		The colour of flooring is tonally consistent throughout including threshold strips i.e. there is very little difference in colour contrast. This includes lift flooring, which should also match with the adjacent landing.
		<i>People with dementia often have visuospatial problems and can struggle to interpret 3D. It is important that they do not mistakenly perceive steps in flat floors, then hesitate and potentially tumble. There should be no more than 10% LRV difference between adjoining floor finishes, including the thresholds and any transitional strips.</i>
9		Doors to areas not intended to be used by the person with dementia e.g. staff facilities, hazardous stores or plant rooms are well concealed. Observe: Doors are the same colour as the walls; skirting or handrail extends along the door with no, or minimum, door furniture and architraves.
		<i>Frustration for people with dementia should be avoided wherever possible. If a non-usable door is well concealed, this will be minimised and will reduce the likelihood of a person with dementia engaging with the door.</i>

5. Patterns and Colour



The considered application of pattern and colour can bring an interior to life, giving it much more interest, meaning and purpose. However, dementia can change the way a person perceives a space. Strong geometric or bold pattern can become distorted, appear to move and cause visual illusions. This can be very distressing, cause disorientation and lead to a higher risk of falls.

Carefully selected pattern for easily removable or reversible furnishings such as cushions, throws and curtains can be appropriate as they can be removed or turned around where necessary. Flooring should never contain strong pattern, flecks, sparkle or heavily grained timber effects so as not to impede movement.

Patterns such as these can alter a person's gait, walking speed, increase the risk of falls or prevent someone from walking at all.

No specific colours are recommended, or advised to be avoided. However, as our eyes age, it is understood that the blue end of the spectrum is lost first and therefore when using colours such as blue and green, a more vibrant, saturated colour will be more distinct. Generally colour is of personal or cultural preference and therefore contrast is more important to consider, whilst also designing for interest and relaxation. A simple colour palette of 2-3 colours works most effectively and this principle of simplicity should also be implemented where colour is to be used for

wayfinding strategies. Research also shows that adopting a unique colour for toilet doors which is distinguishable against any other door, aids independence and misdiagnosis of incontinence. People with dementia have impaired learning and so if only one cue has to be remembered when locating the toilet it will more likely be remembered.

Large scale wall murals or those with accurate representation, such as trompe l'oeil can be confusing for a person with dementia who is already working constantly to understand their environment. Containing pictures within frames which contrast their background are more easily understood and will not cause distress and agitation.

5. Patterns and Colour

	Y/N	Notes
1		Strong wallpaper patterns and murals with false, realistic scenes are avoided.
		<i>Strongly contrasting patterns, swirls, or stripes, may cause visual hallucinations for people. Any murals that contain full scale realistic objects (bookcases, shelving, woodland scenes etc.) can be misinterpreted by people with dementia causing increased distress and potential picking at the wallpaper as they try to understand their surroundings.</i>
2		Patterned flooring has been avoided and flooring is not laid to create a pattern e.g. herringbone, checker board etc.
		<i>Strongly contrasting geometric patterns, swirls, or stripes, may cause visual hallucinations for people with dementia, and are likely to affect confidence, balance, gait and walking speed. This is similar where tiles (carpet, ceramic etc.) and boards (wood, vinyl plank etc.) are laid in a tessellated way or to create a feature pattern. Ideally, floors are homogeneous throughout.</i>
3		Where pattern is used, this is kept to furnishings, fixtures and fittings which can easily be removed.
		<i>Pattern can bring a sense of warmth and pleasure to the built environment and the use of soft furnishings can help to improve the acoustic performance of the room. Pattern on cushions, curtains and loose fittings is acceptable as this tends to be located to smaller areas and these items can be removed in the event pattern is disconcerting to the person with dementia.</i>
4		Wall colours are warm and light to maximise light levels.
		<i>Light wall colours will maximise reflected light, thereby aiding overall lighting levels within a room; tones should not be cold or overly clinical.</i>
5		The doors to toilets have a distinctive, consistent signature colour/finish throughout the building. This colour/finish is not used on any other door. The door should contrast with the adjacent wall.
		<i>People with dementia have impaired learning. If they only have to learn one cue for all toilet doors throughout the building they are more likely to remember it. This can maintain dignity, independence and continence. The door should contrast with the wall. This makes the toilet door more visible and therefore more likely to be used.</i>
6		Doors to areas not intended to be used by the person with dementia e.g. staff facilities, hazardous stores or plant rooms are well concealed. Observe: Doors are the same colour as the walls; skirting or handrail extends along the door with no, or minimum, door furniture and architraves.
		<i>Frustration for people with dementia should be avoided wherever possible. If a non-usable door is well concealed, this will be minimised and will reduce the likelihood of a person with dementia engaging with the door.</i>
7		Texture has been used to aid wayfinding.
		<i>The use of texture can aid wayfinding for those who rely on their fingertips to read their environment. Sharp or cold surfaces and hairy timbers should be avoided.</i>

6. Fixtures, Fittings and Finishes



Design is in the details. Specifying the correct details can make a significant difference to safety, confidence and independence for people living with dementia or other physical and cognitive impairments. Details such as thin throat gutter detailing and seamless thresholds considered early on in the design process impact greatly on the ease of movement in and out of buildings, and can be difficult to rectify if left to be specified or improved later on during the build.

Fixtures and fittings should be recognisable and for the person with dementia this could be a typical design from when they

were in their 30's. The familiarity of how fittings operate will enable the person with dementia to be independent for as long as possible. This meaningful design era will naturally shift as subsequent generations' age and therefore design needs to continuously adapt to meet the needs of the audience.

As people age, core strength can diminish and so doors should open with the minimal physical effort required and preferably be hinged rather than sliding. Specification of swing-free closers are excellent for fire safety and those with reduced mobility or strength. Other age related impairments such as arthritis can make

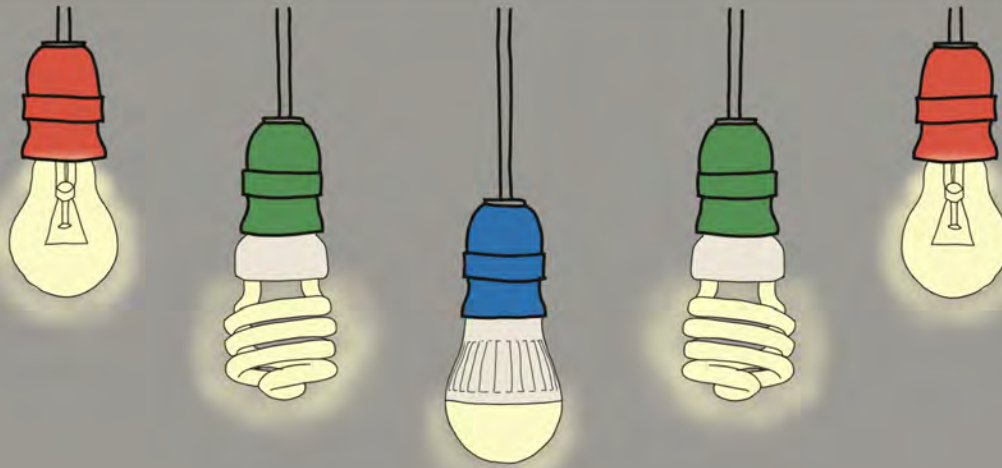
gripping objects very difficult. Quarter-turn taps and lever handles rather than door knobs are easier to use for people with reduced dexterity. It is recommended that door furniture and ironmongery should contrast their background by at least 15 LRV in order to be seen.

Reflective materials and finishes should be substituted for matt, non-glossy alternatives. This is due to the ageing eye being sensitive to glare. Reflections can also be hazardous and distressing. Finishes should contain no sharp edges for those who rely on tactile elements and their fingertips to read.

6. Fixtures, Fittings and Finishes

	Y/N	Notes
1		There is evidence of respect for ethnic, cultural and religious backgrounds. Observe: Space for prayers. If multicultural, no dominance of one particular religion's image.
		<i>People come from very different backgrounds and what is familiar, and therefore comfortable, will vary. It should be obvious that this has been considered in décor etc. Places for worship for different faiths using the building should also be evident.</i>
2		Safety has been well considered in the specification of fixtures, fittings and finishes to reduce risk of injury/falls.
		<i>Sharp edges, loose wires, risk of scalding should all be well considered. Worn fixtures and furniture with jagged edges can cause skin tears, and unfamiliar fittings create further hazards (e.g. modern coffee makers).</i>
3		Fixtures and fittings are recognisable and easy to use.
		<i>People with dementia may need a lot of cues as to the nature of the room and appropriate behaviour. Cues need to be recognisable in terms of their age and background.</i>
4		Gloss and shiny finishes have been avoided e.g. paintwork, ironmongery, internal linings.
		<i>Shiny and gloss finishes reflect too much light causing glare, which may be disorientating or prevent clear understanding (e.g. glossy signage). Matt finishes including matt paint finishes are preferred.</i>
5		There is a range of furniture suitable for the needs of all, including chairs of different heights/depths. Round tables provide more seating flexibility; square tables can be put together more easily for large functions.
		<i>A chair too low will often affect circulation and may give people backache (which may affect behaviour). A chair too high or too deep will make them feel trapped. Some chairs need to provide head and neck support so that people can take short rests or naps in them. Seating should be arranged in social clusters as opposed to around the perimeter of the room.</i>
6		Furniture design/placement enables, rather than restrains. Observe: Depth of seat; position of tables and seating.
		<i>People need to be able to get in and out of chairs. They may need chairs with arms to hold on to or push up from. Tables should not be so close that people are trapped. Arm rests of dining chairs need to clear freely underneath dining tables. This is to prevent hand injuries when people are moved towards the table while sitting in the chair.</i>
7		There is seating at frequent intervals to provide opportunities for rest.
		<i>Seating should be domestic in style, comfortable and robust to support a person's weight. The seat pad should contrast with the floor and ideally the chair back should contrast the wall and the chair arms contrast both the seat pad and the floor.</i>
8		There are comfortable handrails to give both physical assistance and a sense of direction/distance.
		<i>Handrails need to be highly visible (contrasting colour to the wall behind), easy to grip, with some tactile indication where sections end for people with impaired vision.</i>
9		Ironmongery to doors (e.g. pull handles, locks, thumb turns) is visible, comfortable to hold and contrasts the door. The operation to open is understandable. If there is a revolving or automatic door, it is obvious whether the door should be touched or not.
		<i>For the person with dementia, the handle should be of a traditional and easily understandable form. Where pull handles are used, to reduce confusion they should only be placed on the 'pull' side of the door.</i>
10		Doors open easily with minimal physical effort.
		<i>Door closers can create resistance and can hinder the opening of the door. Consider whether the door is heavy and the resistance too great for a frail individual to be able to open. Where possible, fit a free-swing arm where a door closer is required.</i>
11		The use of stainless steel kick plates which reflect the floor finish and blur the edge of the door have been avoided.
		<i>Highly reflective kick plates can create the visual illusion of the floor continuing beyond from where it does. The gaze of a person with dementia is more likely to be downwards, towards the floor and therefore if the person is not able to see the contrasting door leaf, they may assume the floor continues and could collide with the door. Kick plates should be matt and match the tone of the door. A clear acrylic would also be acceptable.</i>
12		Mirrors are well situated and are designed to be removable or easily covered. Mirrors in lifts are not located on the wall but are preferably mounted at high level e.g. a convex mirror.
		<i>Some people with dementia cease to be able to understand a mirror and are frightened by believing they see other people in them. One of the simplest solutions is to fit a roller blind over the mirror. Mirrors should not be visible on entry to the room or in direct line of sight when using the toilet as this can prevent a person with dementia entering or using the facilities.</i>
13		Provide sturdy tables to support people leaning on them; tables high enough to clear chair arms and with rounded corners to reduce injury from collision.
		<i>Some people with dementia use furniture and fixtures to support balance as they walk/move through a room. This is not ideal and can be very dangerous. However, to prevent furniture from toppling, it is important it is sturdy. In addition, the impact load of a person positioning them self on a seat can be greater when the person has reduced mobility. It is therefore important that the seating remains stable and does not move under this increased load.</i>
14		When using coved skirting, detail skirting and wall finish to reduce the difference between the perceived edge of the room and the actual edge of the room.
		<i>People with dementia can experience difficulty interpreting the 3D aspects of their environment. We use contrast to increase visibility and we contrast the wall with the floor and skirting with both the wall and the floor to reinforce where the wall and floor meet. Coved skirting distorts this junction, therefore creating the visual illusion that the floor continues further than it does.</i>
15		There is a large analogue clock located in key activity rooms.
		Digital clocks may not be understood by older people. Clocks may need nearby lighting so they can be seen when it is dark.

7. Light Levels



People with dementia can misinterpret their surroundings due to poor lighting. Lamps which are too dim, badly positioned, or cause glare can create visual illusions, reflections and shadows, making the environment dangerous and more difficult to understand.

The ageing eye needs twice as much light in order to see and enable the person to be able to function in everyday tasks. Daylight provides good colour rendition and should be optimised wherever possible. Building orientation and window size during the planning stages will determine this quality of light. A means of glare control should also be considered, especially for south facing windows. However, lighting solutions will also need to be supplemented with adequate artificial lighting for the winter months, evenings and to enhance luminance at

task stations, such as kitchen worktops. Incorporating multiple circuits will optimise flexibility according to the time of day and can be dimmed in the evening.

There are also some quick, cost effective solutions such as extending curtain rails so curtains can be fully opened, trimming trees outside windows, increasing the wattage of bulbs and painting interiors light colours to reflect the light, which can all improve the internal light levels. It is important to note that glazing can act like a mirror at night when it is dark. To avoid confusing reflections, blinds and curtains should be drawn.

Direct view of the light source should always be shielded and positioned above eye level to reduce 'pooling' of light and shadows on the floor. Lighting on PIRs can startle people if there is a drastic increase in the light output or if they

switch off suddenly. This is especially significant to consider in bathrooms where a light switch may be more familiar and reduces the risk of being in darkness. This sudden change could frighten and physically disable a person with dementia, who may not know they need to move in order to turn the lights back on.

Light has major benefits on health. Exposure to sunlight helps our bodies to produce vitamin D, which increases bone strength, reduces depression, and can be linked to a reduction in cancer, cognitive impairment and cardiovascular disease. Sunlight also helps to protect us from infection and regulate the body's circadian rhythm and will support the production of melatonin for a better sleep pattern.

7. Light Levels

	Y/N	Notes
1		The space has good levels of natural lighting from windows, roof lights or borrowed light from other rooms.
		<i>Natural light enhances the experience of the building for all users. The simplest daylighting device is a vertical glazed opening or window. As a general rule of thumb, daylight will penetrate a room to a distance of about 2.5 times the window head height (if there are no obstructions). Roof lights can be a useful supplement to side windows in an interior. The light can brighten the back of an excessively deep room or bring a welcome balance to strong sideways lighting. Very deep interiors or internal corridors can be day lit solely by roof lights or sun pipes.</i>
2		The space has good levels of artificial lighting, which is bright (refer to our recommended light levels table) and uniformly distributed/lit across the space.
		<i>DSDC sets technical standards for brightness (Lux) and colour rendering index for artificial lighting. These can be tested accurately with scientific instruments or smart device apps. As a rough guide, if you are under the age of 30, the room should seem conspicuously bright. If you are aged between 30 and 48, it should appear very bright, and if you are aged over 48, it should feel bright. Ensure even lighting throughout. People with dementia may see dark patches as holes in the floor which can affect their movement.</i>
3		Artificial lighting should be designed to be symbiotic with the daylight strategy. It should not be thought of as two independent lighting strategies.
		<i>A lack of daylight lighting coordination can lead to a number of problems surrounding aspects such as glare, uniformity and lighting control.</i>
4		The light levels (illuminance) are higher at task areas e.g. kitchen work surfaces, reception counters, activity/reading areas etc.
		<i>Refer to our recommended light levels table.</i>
5		The lighting and glare can be controlled throughout the day. Daylight, glare and evening light spill can be controlled.
		<i>There is more than one light switch and more than one lighting circuit. Curtains and/or light blinds are required if there is a danger of glare in bright sunlight. They should not be block-out blinds, but allow some light transition through them.</i>
6		Lighting is bright, but glare-free.
		<i>The older eye is more susceptible to the effects of glare from lighting (natural and artificial). Glare causes visual discomfort and squinting and is often misinterpreted; shadows can be seen as objects or holes.</i>
7		The colour rendering index (Ra) of the lamp (bulb) is greater than 85, preferably 90-95.
		<i>The ageing eye has a reduction in colour perception therefore maximising the Ra will improve the perception of colour. Good colour rendition is important to ensure objects look natural, finishes appear more vivid and contrast is fully exploited.</i>
8		The lamp (bulb) colour that is selected should reflect the environment within which it is in.
		<i>A homely environment tends to be warmer, with spaces which are used for concentration or exercise have cool colour temperature lamps. The 'colour appearance' of a lamp (bulb) refers to the apparent colour of the light emitted. E.g. warm light is below 3300k, cool is above 5300k.</i>
9		The external lighting is evenly distributed and the light source is above eye level.
		<i>Principal light source should not be below eye level – low level lighting (e.g. bollards) can produce shadows that can be confusing for the person with dementia.</i>
10		At door entrances the lighting inside is bright enough to compensate for impaired vision when returning from a bright outdoor space.
		<i>Adjustment to a change in light levels is more difficult and slower for older people, so they can be temporarily unable to see unless the contrast in light levels is minimised. Providing transitional light levels which mediate between bright daylight and lower internal light levels can help to reduce the impact of this.</i>
11		Light systems on PIRs/movement sensors do not dim to fully being off and provide sufficient time to undertake the required task.
		<i>People with dementia are more likely to take longer than average when undertaking a task e.g. in the toilet or when walking down a corridor. It is therefore a matter of health and safety that the lighting system does not switch off or drop significantly when they are undertaking a task. This can result in a person becoming trapped in a room or being unable to independently move through a space. Note, even when walking the movement of a person with dementia can be so modest that the PIR does not detect their actions.</i>
12		Therapeutic views are provided from key activity rooms e.g. entrance, waiting room, consultation room, dining area, lounge, bedroom). The view is visible from a seated position (and lying if within a bedroom, ward or treatment room).
		<i>Therapeutic views can increase quality of life, improve recovery time (from illness or injury) and provide a focal point to aid conversation or reduce anxiety. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>

8. Acoustics



Noise levels have a major impact on the emotional, social and psychological wellbeing of people living with dementia. Whereas sound can support us to connect to people and our surroundings; loud, sudden or unnecessary background noise can cause and exacerbate distressed behaviours. Subsequently this can increase aggression and impacts heavily on the ability of medical professions to be able to assess symptoms and prescribe the correct treatment. The feeling of belonging and inclusion also relies to a great extent on being able to hear. Balance is also related to our auditory system which can decrease how steady a person feels on their feet and lead to a risk of falls.

In the care environment it can be common to have TVs and music turned up even when not being watched or listened to. This, combined with more open plan areas with no partitioning, allows noise to travel between spaces more readily. This can lead to over sedation of residents within care environments to reduce the behaviours presented, but does not tackle the underlying issue. Visitors can also be reluctant to stay for long when experiencing noisy spaces and upon seeing distressed behaviours.

Within an everyday setting, noise can be debilitating, preventing concentration on tasks, wayfinding, hindering clear communication and

inhibiting a person with dementia from finishing their meal. The environment should therefore be designed to support hearing through maximising clarity of communication and minimising unwanted noise. In the planning stages the internal layout and room adjacencies should be considered for noise transfer. Natural materials with a high insulation value, acoustic panelling and soft furnishings can also help to absorb noise reverberation and help clarity of communication. Fittings such as overhead door closers can also be used to prevent doors slamming and are critical for fire safety.

8. Acoustics

	Y/N	Notes
1		Key activity areas intended for use by people with dementia are not located adjacent to service areas, plant, busy vehicular routes/transport hubs, which generate noise.
		<i>Noise can be overwhelming and confusing for a person with dementia and those with a hearing impairment. A cognitive impairment can reduce their ability to filter out background noise, causing distress and reducing the ability to concentrate. Service delivery zones, lift motor rooms, staff welfare facilities, loading bays etc. all cause unwanted noise. Consider both the location of the building to the wider urban/rural context and the location of rooms within the building.</i>
2		Internal finishes, fittings and furnishings promote sound absorption, dispersion and diffusion e.g. soft furnishings, perforated ceiling panels, acoustic proprietary fittings are provided to reduce noise.
		<i>This is important for people with dementia to be able to operate to their maximum abilities. A noisy environment impedes most activities for a person with dementia and can result in the person becoming overwhelmed and agitated. Hard surfaces, fittings and furniture are not conducive to supporting good acoustics. Soft furnishings, acoustic flooring, ceiling and wall linings can reduce noise and support the person with dementia to participate.</i>
3		There are alternative quieter spaces available for the person with dementia to use, which are away from busy key activity rooms.
		<i>Staff should be trained on the effect of noise, how it can exacerbate behaviours of a person with dementia and how to identify if a person with dementia is struggling with the environment. A quiet room or private space where the person with dementia and their care companion can wait, undertake activities in private etc. will reduce stress and anxiety.</i>
4		Where the room is large, there is a room divider available to subdivide the space and reduce noise when activities are taking place in one area.
		<i>This will minimise noise which can be distracting and disabling to others in the room.</i>
5		Assistive technologies are provided which support good hearing e.g. induction loop systems, vibration pads, light alert systems etc.
		<i>This will help to compensate for any hearing impairments the person may have.</i>
6		Mechanical ventilation systems are quiet, almost imperceptible.
		<i>People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to interact / undertake daily activities.</i>
7		Fixtures and fittings which generate noise such as coffee grinders, TVs and public address systems are kept to a minimum.
		<i>People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to interact/undertake daily activities.</i>
8		There is an alternative to hand dryers to dry your hands in wash room facilities.
		<i>Hand dryers are a worrying source of noise for people with dementia. An alternative method to dry hands will enable people with dementia to choose.</i>
9		Arrange furniture and fittings so that the person with dementia can face the source of any sound e.g. receptionist in a waiting room.
		<i>If the person with dementia is able to see the source of the sound they are more likely to recognise what the sound is and understand how to respond.</i>

9. Signage and Wayfinding



Wayfinding is an essential ability for maintaining independence. Signs are everywhere in our daily lives, but lack of standardisation across environments can lead to confusion, rather than a clear understanding of our surroundings. Often one of the first symptoms of dementia is a diminished ability to navigate through a series of spaces due to reduced memory and problem solving capabilities. As dementia is progressive people can find themselves lost in once familiar places, especially in the later stages. This can be a very stressful and frightening experience leading to a loss of confidence and seclusion.

We can support these difficulties through architectural cues, interior design, increased lighting and a clear signage scheme. Generally schemes for orientation and wayfinding

should contain identifying, directional and informative signage. The sensory experience is also a worthwhile consideration. Features such as tactile walls can stimulate touch and memory.

As a rule of thumb, useful information should be highlighted and that which detracts from a clear message or is unhelpful, disguised or omitted. It can be a good exercise to walk around existing environments and assess the signage already in place, with the designated audience in mind. Signage is often relied heavily upon at decision points, for example exiting lifts and staircases or at a junction of routes. Abbreviations should be avoided.

Legibility and consistency of the scheme are crucial to how successful the scheme is

overall. The chosen typeface should be clear san-serif style in sentence case, and have sufficient contrast to the background it is placed on. Size of typeface from the distance it is to be viewed should also be considered. Where possible a pictogram to support the word, has been evidenced to aid understanding and recognition of the word. This can support people with dementia and other cognitive impairments but also tourists and community members whose first language is not English.

Unique objects or landmarks are known to aid wayfinding and recognition of the function of a space, more so than the use of colour. However large scale murals should be avoided. These realistically portrayed scenes can cause more confusion and disorientation.

9. Signage and Wayfinding

	Y/N	Notes
1		There is at least 30% LRV difference in contrast between the tone of the writing on the sign and the tone of the background of the sign. There is also at least 30% difference in contrast between the background of the sign and the wall on which it is fixed.
		<i>The ageing eye loses the ability to discriminate between colours, so tone is more important in terms of contrast. The background of the sign is not a transparent material. Where the sign is fixed to a patterned background the sign should have a distinctive border around it.</i>
2		There is extensive use of glass to show what is behind doors and walls and to increase visibility. Glass is not covered by curtains.
		<i>People with dementia are at risk of diminishing confidence. The ability to see into a room before entering will help them to understand the function of the room, as well as seeing any people already in there, which will help them decide whether to enter the room or not.</i>
3		There are landmark objects on arrival to the building, through the building and in key activity spaces to aid wayfinding e.g. artwork, water features, interesting objects.
		<i>Generally speaking, most people navigate by landmarks rather than colours. Colour may help staff and relatives, landmarks as well are necessary to increase the chances that people with dementia will be able to find their way.</i>
4		Circulation routes lead to meaningful places. Dead ends have been avoided or are provided with a seat where the person can rest, reorientate and return.
		<i>Corridors that lead to locked doors or dead ends will cause frustration and potential anger. Corridors work best if they lead to a sitting area or to some other distraction e.g. access to a garden area that is safe and connected with the main part of the building.</i>
5		Circulation routes are of varying widths but have an effective clear width at the narrowest point sufficient to enable two people in a wheelchair to pass i.e. minimum of 1.5m.
		<i>This is to avoid the tunnel effect. Circulation routes should be broken up into smaller areas. They also need to be wide enough for a wheelchair to get past someone with a Zimmer frame or walking sticks.</i>
6		Signage on the floor has been avoided.
		<i>Signage located on the floor can distort the perception of a flat surface to walk across. A change in tone within flooring can create the appearance of movement, or look like an obstacle or hole, thereby increasing the risk of trips and falls.</i>
7		There are plenty of accurate, analogue clocks which are large and easy to understand.
		<i>Digital clocks may not be understood by older people. Clocks may need nearby lighting so they can be seen when it is dark.</i>
8		There is legible and coherent signage scheme to help wayfinding for everybody. The words on the signs are in sentence case (i.e. not all in upper or lower case) use a sans serif font and use simple descriptive language e.g. 'toilet'.
		<i>People with dementia have impaired learning. Signs enable people with dementia to find their way. The size of the text should be considered in relation to the distance in which it is to be viewed.</i>
9		The way out of public buildings is clearly signed from key decision points, e.g. at corridor junctions, lift exits and along the route.
		<i>Being able to reorient your way out of a building is just as important as being able to understand a building's function and navigate through it. Signage should direct people to the nearest exit and differentiate between multiple exits. It can be disorientating to exit a building from a location other than the one you entered. This will reduce any anxiety around becoming lost or being late for other appointments of the day.</i>
10		The bases of all signs offering wayfinding are around 4 feet/1.2 metres from the ground.
		<i>Many older people are small and many of them have lost the strength of their shoulder muscles so their heads hang down. Signs should be low enough for all people using the building to see them.</i>
11		There is a relevant, easy to understand picture or graphic image as well as words on each sign.
		<i>To ensure the maximum number of people with dementia can understand a sign, it is useful to have both words and a drawing.</i>
12		Signs are fixed to the doors they refer to, not to adjacent wall surfaces, except where they are needed for directions.
		<i>Identifying signs for rooms are more likely to be seen if they are fixed to the door, rather than to the side of the door. However a second sign to the side of the door may be appropriate where the door is often left in an open position, or not seen from a main direction of approach.</i>
13		There is a sign directing users to the nearest toilet from key activity rooms.
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be visible and easily reached from key activity rooms in the building. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>
14		Directional signage is used to direct people to key activity rooms.
		<i>There should be directional signage on arrival and throughout the building to direct people with dementia to key activity rooms. The 'key' rooms will vary depending upon the function and purpose of the building. Observe: is this room intended to be used by a person with dementia? If so, it is a 'key activity' room.</i>
15		Where digital noticeboards are used, Information is static for sufficient time for slow readers.
		<i>People with dementia will require longer time to read, process and understand digital notices.</i>
16		'Visual clutter', i.e., posters and printed information is kept to a minimum to prevent over stimulation, confusion and anxiety.
		<i>Too much visual information can be overwhelming and drown out a clear message.</i>

10. Technology and Interfaces



Assistive technology can support a person to live well with dementia by facilitating mobility, remembrance, sight, dexterity, connectedness and continence to name a few. It is intended to compensate for, or alleviate a disability and can be either classed as a medical device or as a product/system which supports activities of daily living.

Learning from historic one-size-fits-all approaches we know assistive technology is only likely to be effective if it addresses the recognised individual needs, abilities and personal preferences of the person we are concerned with. Therefore each person with dementia should undergo a personal assessment which highlights their specific needs, enabling the selection of

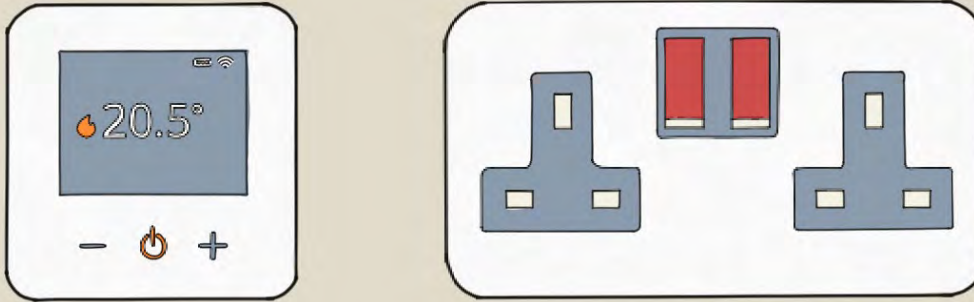
appropriate technology tailored to the individual. Furthermore, as the person's experience of dementia and their subsequent needs can change, there may be a need for regular reviews so that technology can be adapted to meet these changes. Whilst assistive technology can play an invaluable role in enabling the person to stay safe whilst maintaining as much independence as possible, it can also provide comfort and reassurance to concerned carers and family members. They should however be included in the decision making/assessment process, as the physical and mental wellbeing of carers living in the same household can be greatly impacted by the types of assistive technology chosen.

It is important that the person with dementia has some control over their environment and therefore controls should be easy to use and locate. Consideration should be taken over adopting brand new and complex technology as it may not be familiar to an older person and constant assistance may be required to operate and maintain it. Simple solutions are often the most beneficial like talking clocks, sensor plugs, pressure mats and big button remotes. Care should also be taken to avoid having to replace devices as they become obsolete. As technology advances it should still be accessible to as many people as possible, for as long as possible.

10. Technology and Interfaces

	Y/N	Notes
1		There is creative use of technology to support people with dementia in their independence or in doing what they wish to do. Observe: Passive alarms; sensor pads; carer call system, anti-flood plugs, shower seat, hoist, pill dispenser etc.
		<i>Technology should be tailored to the needs of the individual. Some people may manage on their own, however there may be a need for a movement sensor, for example, to indicate to staff/family that the person has spent an unusually long time in the toilet and may need assistance.</i>
2		Technology has been adapted to accommodate the person with dementia's specific needs. Observe: Adapted phones; big-button remote control; large-face analogue clock etc.
		<i>The person should have been individually assessed and provided with equipment and technology to suit their individual needs. Where there are several people, the technology and equipment in each room should be different.</i>
3		Interfaces such as controls, switches, systems are simple in their design and aesthetic, easy to understand and intelligible in their use.
		<i>Intelligible and understandable controls allows the person with dementia to act independently and reduces the burden on carers, or care staff for simple tasks.</i>
4		Interfaces contrast in tone with their background (digital or physical in the environment).
		<i>Clearly visible and understandable controls allows the person with dementia to act independently and reduces the burden on carers, or care staff for simple tasks.</i>
5		Environments have been future proofed by installation of additional electrical spurs and concealed storage to be able to fit new equipment/telecare/automatic door openers.
		<i>As peoples' needs change so do the expectations of the building to adapt to meet them. Considering how the building may function in the future can predetermine appropriate locations for future cables/equipment so they can be built into the fabric and hidden when not in use e.g. a hoist.</i>
6		Technology is not overcomplex for the user and safeguarding measures have been considered for when a change of need occurs e.g. as dementia progresses.
		<i>Technology which was once understood may become more confusing as dementia progresses and where repetitive behaviour is seen. Technology should not be overcomplicated for the user just because it exists, e.g. controlling lighting via an app instead of a recognisable light switch. It should be easily adaptable to meet the new needs of the user, where a family member or carer cannot appropriately manage it.</i>
7		High speed wifi is made available to all building users to support the use of other technologies/apps.
		<i>People are increasingly relying on their mobile phones to remember lists/appointments, locate destinations and stay in contact with people. Many assistive technologies also require an internet or wifi connection to work, monitor and assist. To prevent older people becoming digitally excluded, housing providers could consider this as part of the service charge to support older people to stay connected and use assistive technologies in their private accommodation as well as communal areas.</i>
8		The visual acuity and dexterity needed to operate switches, buttons and knobs has been considered and tested. Touch/digital buttons have been avoided.
		<i>Textured and contrasting knobs and buttons are easier to use and locate for a person with limited dexterity and/or a sight impairment. Larger or alternative formats of device could also be considered in relation to user need.</i>
9		When an organisation develops apps/user technology, they have co-designed this with people with dementia to maximise user friendliness.
		<i>To make the most impact and provide a product which meets the need of the user, they should be consulted as part of the design process.</i>
10		Consideration has been taken to provide new technologies which support wayfinding and navigation.
		<i>A common early symptom of dementia is a decline in the ability to wayfind. The inclusion of digital information boards around town centres and shopping malls could help someone to orientate themselves and navigate. Apps on mobile phones could also be tested to support the individual.</i>

11. Heating and Small Power



In the UK we worry more about being too cold, rather than too hot, but both are serious for people with dementia. Heat can lead to dehydration, confusion, lethargy, constipation, and urine infections that make people with dementia very unwell, perhaps leading to hospital admissions. Older bodies don't adjust well to heat and cold; and dementia means the person may not notice or be unable to tell you that they are too hot or too cold or to do anything about it. Temperature control is important for our comfort but particularly it is important for older people. As we age the body loses its ability to thermoregulate, leading to feeling the cold more than usual and an increased risk of hypothermia if body temperature falls below 35°. Internal temperatures in buildings are subject to season, the building's construction and orientation and

therefore it is difficult to provide specific guidance in relation to optimised temperature. However, it is important to ensure that the environment's temperature is monitored and users' comfort assessed regularly; in some cases daily.

At home, older people can often worry about the cost of heating and may turn it off in order to save money. This can lead to health problems and a risk of falling due to muscle stiffness. Utilising systems which can be monitored by family members, through the use of an app on a mobile phone, can help to provide peace of mind for the wellbeing of loved ones.

The ability to use small power (unfixed devices and appliances) makes daily life much easier and sustains the person with dementia's

independence. In general, it is imperative that the design of controls or control interfaces (where digital) are not overly complex, have easy to understand (preferably illustrated) controls and information is legible. Fitting switch/socket plates that contrast with the wall and with contrasting rockers to the plates, will help to make these more visible and give someone more control over their environment. It can also reduce the risk of falls by placing these higher on the wall, so that people who are not as stable on their feet do not need to bend down to reach them. People with dementia may also have reduced dexterity and this can cause difficulty gripping and turning small knobs such as dimmer switches or placing sufficient pressure on a rocker switch to activate it.

11. Heating and Small Power

	Y/N	Notes
1		All hot water flow outlets have an anti-scald thermostatic mixing valve (TMV).
		<i>A person with dementia may not understand the danger of hot water or be able to articulate the source of pain, therefore the installation of TMV's will maintain a constant set water temperature to prevent scalding.</i>
2		Radiators have a thermostatic radiator valve (TRV) to control surface temperature, or a low surface temperature (LST) safety cover has been installed.
		<i>Older people are sensitive to temperature and contact with a very hot surface could cause a serious burn. It is also more difficult for the body to regulate temperature and so a person with dementia may not be able to express how they feel. Controlling the surface temperature of radiators will prevent the risk of scalding.</i>
3		Heating controls are easy to understand and are tamper proof if necessary.
		<i>Ideally individuals should have control over their environment. Where there are multiple occupants, a multi-zone heating system will allow flexibility for each individual room. Simple controls which are easy to understand will increase independence and where appropriate timers could also be set on the system. Where new systems are used (e.g. low carbon/ zero emission boilers), there are a range of controls which are familiar and easy to understand.</i>
4		There is draught-proofing where people do not have control over the environment, e.g seating areas, dining spaces, bedrooms or where people spend a significant amount of time.
		<i>Older people feel the cold more than usual, and therefore draught-proofing can help to maintain a constant body temperature and allow activities of daily living to resume as normal. Furniture placement should also be considered so that it is positioned in a comfortable environment for the user.</i>
5		Switches are labelled and contrast the backing plate where someone with dementia is required to use them.
		<i>Labelling switches where they could be easily confused, e.g. a bank of switches in the kitchen, will prompt understanding of the function of each one. Colour contrast can be used to highlight important switches. Refer to 'Essential Technical Guidance' on 'Contrast' for further guidance.</i>
6		Switches and sockets are accessible to reach. Sockets are positioned in relation to notional furniture layouts.
		<i>To enable a person with dementia to be able to interact independently with the environment it is important that they are able to see, accurately locate and understand switches and sockets. Locating sockets higher up on the wall and away from corners of the room, will be easier for older people to reach and prevent the risk of falling. The Accessible Homes Team may be able to help to raise or lower these, if out of reach.</i>
7		There are isolator switches for individual pieces of equipment/appliances or other innovative ways of turning off appliances to safeguard vulnerable people.
		<i>People with dementia may forget to turn off appliances, leaving them at an increased risk of fire or flooding. Isolator switches, plugs on timers or appliances which automatically turn off can give family members and carers peace of mind over their loved ones safety.</i>
8		Sockets/ports/outlets have been future-proofed to allow for a change of use or user needs of a building, including residential homes.
		<i>Peoples' needs change over time and therefore buildings must be able to adapt with them. E.g. where a hoist or stair lift may be needed in the future. If this is considered in advance sockets/ports/outlets can be installed in suitable positions ahead of need. Where this has not been possible e.g. during a refurbishment of an existing building, effort should be made to conceal new cabling/wiring, whilst avoiding trunking.</i>
9		Charge points have been provided with easy access in public places.
		<i>Free access to charge points in the community will encourage people with dementia to use town centres, without worrying that they may lose connection to people and assistive apps, should their mobile phone run out of battery.</i>

12. Outdoor Spaces and Walking Routes



Spending time outdoors is one of the best known means of improving the overall wellbeing of people living with dementia. Views to green space has also been evidenced to improve mood, and accelerate recovery time after surgery. Exposure to daylight has many health benefits, especially where the sun has direct contact with skin. For example, sunlight triggers the production of vitamin D, which is vital for bone strength, and can therefore reduce admittance to hospital from falls, where further conditions can arise.

For older people, walking is the most common mode of transport and therefore good pedestrian routes and easy access to public transport are essential to maintain active participation and keep people connected with their community. High-quality pedestrian access can often be

hindered by narrow pavements, high kerbs, uneven surfaces, inadequate street lighting, lack of handrails and lack of places to sit. These barriers can diminish the confidence of many older people, preventing them from leaving the house, contributing to poor health, loneliness, depression, and decreased longevity.

Important design factors for our towns and cities should include making pedestrian safety a primary concern. Vehicular, bus and cycle routes should be clearly distinguishable from pedestrian walking routes and these should be made safe all year round, for example by prioritising the gritting of footpaths during icy conditions. Buffers of trees and planting can enhance this division by providing soft and attractive boundaries. Pavements and thoroughfares should also be

free from clutter and access should not be restricted by furniture, parked cars or A-boards. Crossings should give priority to pedestrians, and allow ample time for older people and those with mobility issues to cross safely. During any roadworks or maintenance, care should be taken to match tarmac and paving as closely as possible with the original surface. A change in surface finish could cause someone to avoid walking across the area and increase the likelihood of trips and falls.

A minimum 1.1m balustrade is essential where surfaces vary in level and handrails should be provided on ramps with slopes greater than 1:20. Care should be taken with the shadows cast from railings, as these can cause confusing patterns on walkways which are often perceived as steps.

12. Outdoor Spaces and Walking Routes

	Y/N	Notes
1		There is access to outdoor areas in all weathers. Observe: There is a lobby/veranda or similar space to allow access outside in all weathers.
		<i>People with dementia will often be calmer if they can go outside when they want, a lobby or veranda will be a great asset providing intermediate space to enjoy the outside.</i>
2		There is a balance of trees to provide shade and areas where people can sit in the sun to get their vitamin D. There are also wind breaks.
		<i>Vitamin D helps maintain bone density and muscle which can help to prevent fractures in the event of a fall. Conversely vitamin D deficiency has been linked to a reduction in cognitive function and to some forms of dementia. Therefore, it is important to provide spaces which benefit from direct sunlight.</i>
3		There is a range of plants providing 'year round' interest and plants are not harmful e.g. no poisonous or spiny plants within reach.
		<i>It is important that the planting provides a sense of season to those using and/or looking out on the garden. ** For people in the UK trees and plants with or without leaves could provide orientation to season. People with dementia might pick and ingest parts of plants, so it is essential that none within their reach are harmful.</i>
4		There are visible resting areas along a pedestrian path, preferably at a maximum distance of 45m between resting points.
		<i>To support people who might be more frail and unable to walk long distances, and to encourage walking, visible resting places can provide a destination point and place to rest. The ability to go out and maintain independence is a prerequisite for autonomy in ageing.</i>
5		Walkways and pavements have an unobstructed width of at least 1.5m. There is no street furniture, A-boards or vehicles blocking the way.
		<i>An unobstructed walkway of at least 1.5m will ensure people with mobility issues, wheelchair users and pushchairs will be able to move easily and past each other at the same time.</i>
6		Paths are well defined and do not lead to dead ends or locked gates.
		<i>Dead ends and locked gates cause frustration and anger.</i>
7		Hard surfacing is level, non-slip, non reflective, has defined edges and is not patterned.
		<i>Even small changes in level can cause trips and people with dementia often have a shuffling gait. Check for tree roots lifting pathways and edges. Shiny or very reflective paving can create glare which affects vision. Visually defined edges to a path e.g. by a contrasting colour can aid direction and prompt the person that there is a change in level or edge obstacle.</i>
8		Hard surfacing is well drained. Observe: The water could drain off to soft landscape; there are gullies.
		<i>Wet paving can cause reflections which can be alarming because they may seem like holes. Puddles can be hazardous.</i>
9		Raised edges do not create a trip hazard.
		<i>Particular care has to be taken where paths change direction, as a raised edge in these circumstances can cause falls.</i>
10		Any service covers (manhole covers) where people are likely to walk are concealed (e.g. recessed with inset finish) or located off of pedestrian routes.
		<i>People with a sight impairment and dementia can see service covers within paved areas as holes or obstacles.</i>
11		Planting does not overhang access routes.
		<i>People with poor sight might not see overhanging plants with resulting injury and/or falls.</i>
12		To preserve privacy and to avoid sound reflecting into the building, large areas of hard surfacing outside bedrooms, offices or treatment rooms should be avoided.
		<i>Sound bounces on hard surfaces and can bounce into a window creating unnecessary noise. Unwanted sound, or noise, can be debilitating for people with dementia which can result in reduced function or an increase in agitation.</i>
13		The shadows cast from fencing and railings are not confusing. Observe: Orientation.
		<i>The shadows of a fence can look like stripes on the pavement and this can be very alarming if people have a visuospatial difficulty and see holes where there are shadows . Consider the distance from railings to walkways, or planting screens.</i>
14		A variety of seating and table options are available which are comfortable, robustly constructed and do not move when sitting down or getting up.
		<i>A variety of seating options in sunny and shady areas of the outside space is important. Seating should be able to sustain exposure to the elements.</i>

13. Balconies and Roof Terraces



Balconies and roof terraces provide valuable outdoor space, especially in towns and cities where space is at a premium and there is an increase in multi-storey buildings. Access to the outdoors is essential for our health and mental wellbeing. The ability to sit outside in the morning or evening sun has many health benefits such as decreasing stress and anxiety, improving cognitive performance and enabling the production of vitamin D, which increases bone density and consequently reduces risk of injury/fractures from falls.

Immediate access to an outdoor space at the level in which a person dwells is very important, as travelling through the building to ground level may be a difficult

task and could be dependent on asking for assistance from a family member or carer.

The private balcony can be a symbol of independence, can provide privacy but also foster social connectedness within the development and between neighbours, or even the wider community.

Unfortunately not everyone has a private or shared garden area at home and as we see multi-storey housing more frequently in our towns and cities, further opportunities to sit outside in the community are welcome. Many older people experience a reduction in confidence when going outside and therefore good provision of safe, usable outdoor space, will help to entice people out and boost

their self-assurance. It can also provide a welcome respite, a quieter space, different sensory opportunities, help to orientate to the time of day/ year and gives a different perspective from a higher vantage point. Safety is of vital importance and should be considered throughout the design process. Climbing is a significant factor for someone with dementia who may try and scale the balcony railings. Adding some extra height to the balustrade, inclusion of manifestation on glass balustrades or sloping the handrail inwards can increase safety. Risk/benefit assessments should also be undertaken for the balcony and for the individuals who may use it.

13. Balconies and Roof Terraces

	Y/N	Notes
1		There is unimpeded access to the balcony/roof terrace. The flooring is tonally consistent with the adjacent flooring inside, it is non-reflective and drains easily.
		<i>The door is highly visible, handle easy to use and there is no furniture creating an obstacle or obstructing the doorway.</i>
2		The threshold between inside and outside is accessible and has a level approach. There is good access for those with physical or mobility problems including wheelchair users.
		<i>If there is any obstacle at all, even a few millimetres, it will increase chances of tripping or catching a walking aid.</i>
3		Mats do not present a trip or slip hazard.
		<i>Barrier matting can become an obstacle if sitting proud of surrounding surfaces, a change in tone may also prevent someone with dementia from walking across the threshold.</i>
4		The balcony/roof terrace area is large enough to facilitate the activities/people it is intended for.
		<i>Total occupancy should be considered. Is the space intended as a more intimate setting between two or three people or is it for larger groups? Can the area fit the required furniture and allow for ease of movement through the space?</i>
5		The balustrade does not create any footholds. Additional safety features have been considered to impede the opportunity to climb, but do not create a feeling of imprisonment.
		<i>Metal balustrades often have vertical spindles supported by horizontal rails which can be used as a foothold and may look like an invitation to climb. UK Building Regulations state that a balustrade should be a minimum of 1.1m. Increasing the height slightly, and specifying an inward sloping balustrade can help to mitigate the danger of climbing.</i>
6		There are unobtrusive surveillance features and use of technology to provide assistance in ensuring safety.
		<i>Glazed walls and positioning of the balcony/roof terrace close to communal/public areas will increase visibility. Technology such as silent door alarms or wristbands could alert staff to doors being opened, in a care setting.</i>
7		Risk/benefit assessments have been undertaken, and for individuals where balconies/roof terraces are located in a care setting.
		<i>Understandably there are safety concerns around balconies/roof terraces and a compromise between safety and wellbeing should be taken. The risk assessment should outline the responsible approach, benefits and how concerns are being mitigated.</i>
8		There are views from the balcony/roof terrace area.
		<i>Being able to see and relate to activities, a streetscape or parkland can be a welcome pastime for people with dementia or those with limited mobility. Views of nature have been evidenced to have a calming effect and being able to interact with people can reduce loneliness and increase a sense of belonging in the community.</i>
9		There is outdoor lighting and heating to enable use of the balcony into the evening. It is mounted above eye-level to reduce the pooling effect of light and so that the floor area has not been reduced.
		<i>Principal light source should not be below eye level – low level lighting (e.g. bollards) can produce shadows that can be confusing. The person with dementia can also lack an awareness of their comfort or may be unable to communicate it to others.</i>
10		A toilet is located within close proximity to the balcony/roof terrace and is well signed.
		<i>People with dementia often need the toilet in a hurry. Being able to locate one quickly reduces anxiety when outside.</i>
11		The location of furniture and planters has been considered.
		<i>Furniture located close to the balustrade can create a step, thus shifting the centre of a person's gravity above that of the railing and therefore creating a risk of danger. Furniture should be robust and bolted down where necessary.</i>
12		The balustrade has been designed to allow sunlight to reach the skin of balcony users, and care has been taken to reduce the effect of confusing shadows cast from the balustrade.
		<i>Fully glazed balustrades block the UV needed for vitamin D synthesis. Railings can create strong shadows on the ground which can be perceived as steps.</i>
13		There is no visual barrier at eye level when seated. However a low upstand can be beneficial to prevent vertigo in those who are susceptible.
		<i>To reduce the feeling of imprisonment and increase time spent outdoors, a clear view can provide a welcome pastime and reduce anxiety. Regular maintenance should be considered, especially where glass balustrades are specified.</i>
14		The climate, wind direction and sun exposure have been considered in the planning stages and through balcony features such as wind breaks, awnings and shelters.
		<i>People should be able to go outside in any weather. Older people feel the cold, therefore provision of wind breaks and areas which get direct sun (with the option of shade) will help people to feel more comfortable and encourage them outside.</i>
15		Door design does not minimise the exterior or interior space, or create a hazard. Smaller folding panes may be more appropriate.
		<i>Both outward and inward opening doors can take up valuable floor area and therefore restrict movement. Sliding doors are not recommended as these can be difficult to operate with limited core strength. Consultation with fire safety officers is advisable.</i>
16		Where people dwell above ground level, there is outdoor access at every occupants level.
		<i>It is essential that everyone can access outdoor space at the level they dwell. It may take older people with limited mobility a lot of energy to make their way to ground level and outside. Outdoor space located on the same level and without having to navigate stairs/lifts will enable them to spend more quality time outside, whilst benefiting from direct sunlight</i>

14. Public Transport



After walking, public transport is especially important in helping older people to maintain independence and a connection to their communities. However, it does not always meet their needs, especially for those living in rural areas. Access to key amenities is vital for independence and wellbeing, however the people in need of this the most are the people who find getting to the GP, hospital or supermarket the most difficult. Therefore primary routes and services should be analysed and revised. Adequate seating which is supportive of older people should also be available at regular intervals and waiting points. Bus shelters are often a cause for concern due to vandalism worries.

Transport hubs which are easy to locate, will benefit

both visitors and community members alike. A welcoming arrival and recognition of place are both very important to alleviate any stress and aid orientation and wayfinding to the person's final destination. Artwork celebrating local heritage/landmarks can prompt identification of place, whilst a reliable directional signage scheme will help guide people towards the most direct or appropriate routes between places.

Bus or train timetables are the most often cited challenge for older people when travelling by public transport. Printed time tables are often confusing, and typically use print that is too small for many people to read. At larger stations, or transport interchanges, the number of steps required to get to the

right platform/stance at the correct departure time can cause a higher degree of stress—especially for people living with dementia. Ticket machines and automated gates can also be difficult to understand adding further challenge. Simple printed instructions attached to the machine could help to support people to use the machine independently. Live information reported on digital screens, supported with timely verbal announcements could significantly reduce the stress involved in travel, thereby improving the ability of a wider group of people to travel independently. A visible information point with trained staff on duty is the most beneficial way to support those needing assistance.

14. Public Transport

	Y/N	Notes
1		Timetables, whether in a printed or digital board format, are in a large font, and simple to understand.
		<i>Small print can be illegible for someone with a sight impairment and rows of numbers can become very confusing.</i>
2		Staff are easily accessible for assistance. There is a well signed counter to provide visual cues.
		<i>Self service ticket machines and digital route finders can be very confusing for someone who is not used to technology. People with dementia may also need help with counting money.</i>
3		Innovative solutions for recognition of place and directional signage provide location wayfinding cues, and inform how to navigate into and out of the bus/train station.
		<i>People with dementia may have difficulty interpreting a map. Artwork with cultural or landmark references, can promote recognition of place. Legible signage for entrances/exits/landmarks will help people find their way.</i>
4		When on public transport, audio visual information prompts passengers as to the next stop and final destination throughout the journey.
		<i>People with dementia may forget which stop to disembark at. Verbal and visual prompts can help to alleviate anxiety about where they are going and reassure them they are on the correct service. Including recognised landmarks in the commentary may be more helpful than a station or street name. Time should be given for people to understand and get ready to disembark.</i>
5		Areas which are not for the general public or are dangerous, are well concealed and away from public areas. Safe and accessible, demarcated routes have been provided to all stances/platforms.
		<i>Safety is paramount in busy places such as stations with moving vehicles.</i>
6		If there are a range of options (e.g. self-service tills, automated ticket machines, ordinary ticket offices) these are clearly signed to ensure the person goes to the correct desk/till.
		<i>People with dementia may have difficulty understanding and using new technologies. Similarly, they may become anxious if they perceive that they are holding up a queue because they need additional assistance. An operated ticket desk with a friendly face to provide support will help alleviate stress. It is important that the method for getting assistance, receiving information or purchasing tickets is clearly signed throughout the space.</i>
7		Digital boards are legible, in a large sans serif font and positioned where a person does not need to tilt their head back.
		<i>Posture changes as we age and often older people develop a stoop and downward gaze. Information boards located above head height may be too difficult to read for some, including those with sight impairments.</i>
8		There is a large, accurate, analogue clock.
		<i>Digital clocks may not be understood by older people. Clocks may need nearby lighting so they can be seen when it is dark.</i>
9		Noise has been reduced where possible and quieter waiting rooms are an option.
		<i>Staff should be trained on the effect of noise, how it can exacerbate behaviours of a person with dementia and how to identify if a person with dementia is struggling with the environment. A quiet room or private space where the person with dementia and their care companion can wait will help alleviate some of their stress.</i>
10		Live departure boards are located at bus stops, platforms, departure gates.
		<i>People with dementia may become anxious that they are not at the correct place or that they have missed their transport. Live information at departure points can help alleviate this stress and reassure or confirm where the person should be.</i>
11		Facilities/services are provided to assist people with dementia and their care companion with escorting, operating ticket barriers, carrying bags and helping get on/off transport. They are highly visible so people know where to ask for help.
		<i>Being able to count on there being additional support can help encourage people with dementia and their care companions to use public transport.</i>
12		Seating is supportive of older people, located in frequent locations and cold to touch materials such as metal have been avoided.
		<i>Seating should be comfortable and robust. A chair too low will often affect circulation and may give people backache (which may affect behaviour). A chair too high or too deep will make them feel trapped. Some chairs need to provide head and neck support so that people can take short rests or naps in them. Seating should be arranged in social clusters as opposed to around the perimeter of the room.</i>
13		Public address announcements are kept to a minimum but provide key information on travel.
		<i>People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to interact/undertake daily activities.</i>
14		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

15. Parking



Since 2019 people with hidden disabilities, such as dementia, have been able to apply for a 'Blue Badge' to use accessible parking bays. Provision of dementia friendly/accessible parking bays can help to reduce the distance needed to walk through the car park and provide extra space for manoeuvrability due to impaired depth perception. They should be located at the correct entry level to amenities, close to ticket machines and with easy visual access to the exit.

Ticket machines can cause confusion, therefore they should be clearly signed and easy step-by-step instructions

should be printed on them, whilst offering multiple ways to pay. Older people often rely on cash payments and would not feel confident about paying over the phone or by card.

Multi-storey car parks can be incredibly difficult to navigate and should be supportive of people living with dementia and their carers. Introducing themed floors rather than just coloured or numbered schemes can be more memorable to relocate the correct area. Where access to the main entrance is required via the use of a lift, it should provide direct access without the need for further navigation.

Incorporating dedicated walkways to prioritise the pedestrian are important in the design stage. This extra space defines user areas and will help people feel safer when walking through the car park.

The inclusion of planting and areas of interest can increase the attractiveness of car parks, provide resting areas and help with the wayfinding strategy. Creative planning will not compromise overall capacity but support its users, accommodate larger vehicles, and provide space for loading and unloading.

15. Parking

	Y/N	Notes
1		Parking is easy to identify on approach. Directional and identifying signage is clear and easy to see from a distance.
		<i>It should be obvious where the car park entrance and exit are located. Parking should also be easy to locate online to allow people to plan their journeys ahead of time. Any cost implications should be clear and kept up to date, including where Blue Badge holders are not exempt.</i>
2		Accessible parking is located close to amenities/dwellings or when within a car park, located at the correct entry level, close to ticket machines and with easy visual access to the exit.
		<i>Building regulations state that accessible parking should be no more than 45m away from a common entrance where car parking is provided within the curtilage of a building.</i>
3		Accessible toilet facilities are located next to the entrance/exit of the car park.
		<i>People with dementia often need the toilet in a hurry. Being able to locate one quickly on arrival will alleviate any anxiety around searching for one and encourage people to use their communities and town centres.</i>
4		<i>Where parking is on-street, street furniture does not block access to the vehicle.</i>
		<i>Any obstruction on the pavement can hinder access into and out of a vehicle. Wheelchair users need adequate space for both rear and side transfer.</i>
5		Ticket machines are well signed with clear instructions on how to use them, and accept multiple types of payment.
		<i>Ticket machines should be located close to accessible parking for ease of use and visibility. Multiple types of payments should be available, as older people usually rely on cash payments. A telephone number should be available for assistance if needed. A two part ticket providing the user with a copy of the time they are due back to their vehicle and the level/area they are parked in, could provide a reminder.</i>
6		There are dedicated walkways with dropped kerbs to allow space for pedestrians to walk to ticket machines, the exit and in the case of multistorey car parks; up and down the levels when not using the staircase or lift. The ramps also include handrails.
		<i>Walkways help to prioritise the pedestrian and allow space to move easily from parking bay to destination. Additional signage should warn drivers of pedestrians. The walkways should be clear from any markings, and ideally manholes should be set outside the public walkways. Where this is not possible they should be set to level with a continuation of the floor material.</i>
7		In large car parks, architectural forms (such as trolley bays in supermarkets or sculptures in public parking) are named, themed or made distinctive to aid wayfinding and orientate people to parking zones/areas.
		<i>It is evidenced that unique landmarks can help people with dementia to orientate themselves, more than the use of colours or numbers within a wayfinding strategy. Trolley bays should be located in close proximity to accessible parking.</i>
8		The signage strategy is designed to make clear the difference between types of signage used (e.g directional, informative and identifying).
		<i>Signs identifying speed limits should be easily distinguishable against floor/area numbers. Any potentially conflicting or confusing information should be avoided. Please refer to 'Essential Technical Guidance' on 'Signage and Wayfinding' for further guidance.</i>
9		Multiple exits are clearly signed to aid wayfinding to the correct destination.
		<i>People with dementia may find it difficult to decipher which exit is the most suitable to use. As well as providing the street name, identify key buildings, tourist destinations etc to increase recognition of where to go.</i>
10		Consider using inclusive symbols to encourage people with a hidden or range of disabilities, to feel confident about using accessible spaces, without worry of being questioned.
		<i>The international symbol of access visually relates to wheelchair users. People with dementia or other hidden disabilities may feel uncomfortable about using these spaces or be unaware that they are allowed to.</i>
11		Rows of car parking bays are broken up by planting, meeting places, areas of seating etc to aid wayfinding and allow extra parking bays to have more room to open car doors.
		<i>As cars are increasing in size, extra space between bays can support manoeuvrability when getting in and out of vehicles. Green spaces can also provide a more welcoming environment, shaded areas and support wayfinding.</i>
12		Structural elements, bollards and low level barriers are highly visible, contrast the floor surface and are reflective in the line of headlights at night.
		<i>To prevent any accidents either to drivers or pedestrians, structures which can be tripped over or collided with should be highly visible.</i>
13		Demarcation of the bays and walkways are highly visible.
		<i>Clearly differentiating walkways from vehicle access increases safety for pedestrians and demonstrates clear boundaries for all users.</i>
14		Where parking is located next to bedrooms, car headlights do not shine directly into windows.
		<i>Bright lights during the night can disrupt a person's circadian rhythm, causing poor sleep cycles, confusion, agitation and changes in behaviour.</i>

16. GP Practices



A visit to the GP practice can be a regular occurrence as we get older and most likely the first port of call if we're worried about symptoms such as a decline in our memory. As with many longer-term health conditions, after a diagnosis of dementia, regular check-ups with the GP will be required. It is important therefore that the environment is as legible and reassuring as possible. Avoiding clinical aesthetics, and by introducing more familiar features, such as domestic-style materials, colours, and lighting. Artwork can also help patients to feel more at ease, or to stimulate thought and discussion for those who need a brief distraction.

A direct sight-line to the reception desk from the entrance will prompt a patient where they must go, and seating positioned by the desk will

provide welcome support for those who cannot stand for long. A variety of seating should also be offered within the waiting area, and be ergonomically supportive of older people. Often people with dementia will prefer to sit around the periphery of the room where it is quieter. Seating layout should be considered in small clusters which will be more calming than an airport style of rows and will support communication between patients and the people accompanying them. Toilets should also be highly visible from the entrance/waiting area and well signed within a corridor of consultation rooms. A signature colour will help these to stand out from all other doors (refer to section on Toilets within this guidance.)

Perhaps one of the most difficult tasks for people with dementia

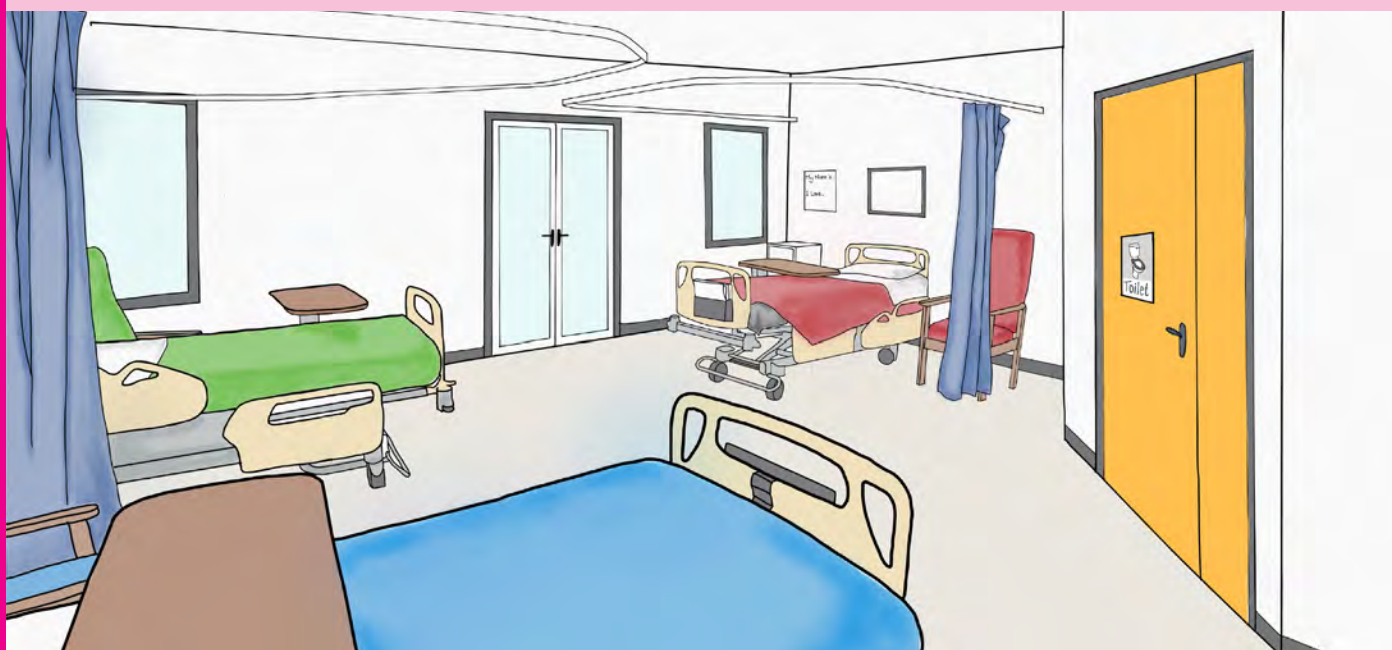
in a GP setting is being able to differentiate between doors on a double banked corridor. Where this is the case, utilising door recesses, providing larger high scale projecting signage and colour coded panels next to each door can aid wayfinding.

People with dementia can have a distorted perspective of time, which can include forgetting dates and disrupted sequencing and estimation of time intervals. Simple innovations such as friendly reminders in advance of an upcoming appointment, offering longer or 'double' appointment times to those who need it, and large analogue clocks in waiting areas, can go a long way in supporting people who experience reduced perception or loss of time.

16. GP Practices

	Y/N	Notes
1		A reception desk with a welcoming individual is visible on entry to the surgery.
		<i>Immediately knowing where to go and ask for assistance will reduce stress over feeling lost, or any anxieties the person may have about coming to the GP surgery.</i>
2		The waiting area can be supervised easily from the reception area and staff can approach patients and prompt them of their appointment, should they not hear their name being called.
		<i>Waiting can be quite an anxious time for a patient. If the waiting area can be unobtrusively watched, difficulties can be remedied quickly.</i>
3		A large, accurate, analogue clock is visible in the waiting room and treatment room. A calendar is also helpful.
		<i>Perception of time can be distorted for people with dementia. Provision of large accurate clocks and calendars can alleviate anxieties around a loss of perception of time and missing an appointment.</i>
4		There are things to do and to look at in waiting areas which are accessible and visible. Digital information screens located at a height where patients do not need to tilt their head backwards, can be helpful, and could show calming cinematography or images of nature.
		<i>Some people with dementia are unable to do much more than sit and watch. Providing something absorbing for them to watch can be life enhancing. A view with something happening e.g. a busy streetscape or parkland, can be a great asset.</i>
5		There is a quiet area where people living with dementia can sit in privacy whilst they wait for their appointment.
		<i>Noise can exacerbate behaviours of a person with dementia. A quiet room or private space where the person with dementia and their care companion can wait, undertake activities in private etc. will reduce stress and anxiety.</i>
6		Where public address systems are used, announcements offer legible descriptions of where patients are to go.
		<i>People with dementia can become alarmed by sounds whose origins are not obvious and understandable. Noise can impair communication and reduce the person's ability to interact/undertake daily activities.</i>
7		There is legible signage to the toilet from the entrance, waiting room and on leaving the treatment room. Preferably, the toilet is adjacent to or adjoining the waiting room.
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be visible and easily reached from key activity rooms in the building.</i>
8		Where there are a number of consultation room doors, these are clearly signed and distinguishable from the others.
		<i>It can be difficult to orientate in double banked corridors where there are several similar doors. High level projecting signage and the use of colour or landmark objects, including signage to each door, can aid wayfinding.</i>
9		The consultation rooms are welcoming and not overly clinical in aesthetic.
		<i>A feature coloured wall and artwork within the consultation rooms can help to provide a relaxing environment and serve as a talking point. A small sturdy table can create personal space for the patient.</i>
10		There is sufficient seating within the treatment room to accommodate patient, staff and carer (if present). Seating is positioned to promote good communication i.e. eye contact can be made and is sufficiently close to aid communication.
		<i>It can be alarming for people with dementia to sit alone in a corridor, a familiar person accompanying them can be helpful.</i>
11		There is adequate concealed storage for equipment.
		<i>Equipment which is not in use should be stored out of sight in case it causes anxiety.</i>
12		There is enough space for the relative/carer to remain while treatment is on-going. Observe: Enough space at both sides of the bed.
		<i>People with dementia can be very anxious when being treated/washed etc. and it is often helpful for relatives to keep the patient calm and comfortable.</i>
13		There is an attractive focal point in the treatment room such as a piece of art, an interesting object or view from a window, which can serve as a talking point and help to reduce any anxieties.
		<i>Waiting can be quite an anxious time for a patient. A pleasant distraction can keep people occupied and can help to pass the time. People waiting may be anxious and restless; a relaxing, calming focal point is preferred over a busy, noisy one.</i>
14		The clinical area with sink, storage and bin is not for patient use and should be inconspicuous/able to be concealed. It should not be the most obvious thing in the room.
		<i>Clinical equipment can be daunting if it is on show. If the staff wash point is similar in tone to the wall it will be less visible, however this must be considered for staff who have sight impairments.</i>
15		Avoid visual clutter throughout but importantly in the waiting area (e.g. unnecessary signs, posters and information sheets is kept to a minimum) to prevent over stimulation, confusion and anxiety.
		<i>Provide appropriate leaflet stands, and locate posters to one information wall. Position some seating to face away from busy notice boards.</i>
16		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).

17. Hospitals



The hospital environment can be especially distressing for people who are admitted into care, but can also be daunting for those who are just visiting a loved one. Often hospitals are very large buildings with long repetitive corridors which can easily disorientate the most competent navigator. Therefore, a clear wayfinding strategy comprising carefully planned spaces, supported by the use of colour, materials, artwork and signage is essential. A simple colour palette is the easiest to decipher and the corresponding meaning should also be clearly identified. Frequent areas of supportive seating along the way will help provide opportunities for rest for those with reduced mobility or physical fitness.

For a person living with dementia, a hospital visit can be an anxiety inducing and frightening experience, which removes stability and routine

from their life. Activities they usually were able to partake in, are done by staff or can cause confusion in a new environment and have a long-term detrimental effect on the person. The sight of medical equipment, clinical smells and the buzzing of alarms all add to this feeling of unease. Therefore sensitive attention to design and an aim to reduce such triggers will create a more welcoming environment. Provision of ample storage, good ventilation mechanisms and a silent nurse call system could help to address these frequent issues.

Upon arrival at the ward it is common to be overwhelmed with excesses of both audio and visual information; Signage is visually obscured due an excess of other notices, various alarms, telephones, and other noisy equipment make it hard to hear conversation, concentrate, or relax. Reducing this unhelpful

stimuli, of visual clutter and noise, and providing only helpful information can help people to feel calm and understand where they are to go.

Ideally a single room with en-suite would be allocated to a person with dementia, however this is not always possible and therefore the ward itself should compensate, again minimising noise and visual clutter, whilst aiming to provide only helpful cues. Distinct themes or unique features for each bed area would help patients to identify and remember which area is theirs.

It is also important that people have access to daylight and ideally there would be an outside garden within close proximity. Exposure to good quality daylight will help to improve sleep quality at night, whilst access to green space can help to relieve stress.

17. Hospitals

	Y/N	Notes
1		The environment and the operations of the hospital work to create a quiet environment and to ameliorate unnecessary noise (e.g. trolleys, flip top bins, alarm alerts, conversations etc.)
		<i>People with dementia find it more difficult to make sense of what they hear and background noise is a greater problem for them than other people.</i>
2		There are individual rooms available for a person living with dementia when admitted.
		<i>A person with dementia's behaviour can agitate other patients and cause additional stresses to staff and visitors. A private environment can help to manage the person with dementia's behaviour and will make it less likely that his or her behaviour will become disturbing.</i>
3		The entrance to the ward/room/bed area is differentiated from other wards/patient room bed area. (E.g. the door/bed bay has a distinctive picture or motif to make each recognisable.
		<i>Ward conditions will depend on local conditions and overall number of beds. Multi-bed rooms can be confusing and difficult for the person with dementia to locate their bed. Unique and memorable features will help patients to recognise their ward, room and bed area.</i>
4		There is space on both sides of the bed for a visitor to remain while treatment is ongoing as well as plenty of space for hoists, drip stands and other moveable equipment and space to stay overnight.
		<i>People with dementia can be very anxious when being treated/washed etc. and it is often helpful for relatives to keep the patient calm and comfortable.</i>
5		An attractive, bold image is mounted above the bed to aid recognition. Ideally it should be a cleanable acoustic panel to help absorb noise in the room and improve patient confidentiality. Age appropriate, interesting and local images would be suitable.
		<i>Unique and memorable features will help patients to recognise their bed.</i>
6		A filled water jug is provided, visible and within reach of the person with dementia.
		<i>A lack of fluid intact can have significant negative impacts on people with dementia and increases their risk of developing delirium. Consider if the water jug is in reach. If the jug is clear consider putting some coloured cordial in it to increase its visibility.</i>
7		All bed areas receive natural daylight. Windows should be large, with low sills to allow views out when lying. Patients should be able to control curtains or blinds for privacy and to control glare.
		<i>Daylight has beneficial effects on patient recovery. Wherever possible beds should be positioned to enable a view out of a window. No equipment should block them. Blinds and curtains control glare and provide dark conditions at night when possible.</i>
8		The bay or bedroom has an adjoining toilet which can be viewed from at least one bedhead. The door should open easily, be painted a strong signature colour repeated throughout the building and have a legible pictorial sign.
		<i>Some people with dementia are unable to connect the urge to go to the toilet with the location of the toilet unless they can see the toilet or signage for it. In a strange environment they can't remember what they have been told about where the toilet is. Having good signage and leaving the door open can prevent 'architectural incontinence'.</i>
9		Bedhead services such as medical gases and equipment can be obscured from view behind discreet panels when not in use.
		<i>The layout and configuration of bedhead services is such to provide efficient access and to enable speedy and economic adaptation and reconfiguration. For a person with dementia the visibility of bedhead services can create anxiety. Wherever possible, and when not in use, bedhead services should be discrete and organised.</i>
10		A large, accurate, analogue clock is visible from the bed.
		<i>Perception of time can be distorted for people with dementia. Provision of large accurate clocks and calendars can alleviate anxieties around a loss of perception of time and missing an appointment.</i>
11		Corridors are free from visual and physical clutter and do not impede patient movement.
		<i>Stores should be provided for large equipment, clinical supplies, cleaning supplies. Often equipment is left within corridor areas and this can present an obstacle to the person with dementia.</i>
12		Lighting systems are adjustable to accommodate multiple people on the same ward and give individual patients a degree of control.
		<i>Supplementary bedhead lighting can support tasks for both patient and staff.</i>
13		Lighting that does not give glare to patients when lying down in bed has been used.
		<i>The older eye is more susceptible to glare. Consider the overhead light fittings as these will be in the patients' eye line while lying in bed.</i>
14		Access to a safe outdoor environment is provided.
		<i>It is desirable to provide access to a safe outdoor environment wherever possible.</i>
15		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

18. Care Home



Leaving the comfort of your own home and moving to a shared facility can be a time of uncertainty and distress. To ensure the transition runs as smoothly as possible, the environment should be as inviting and homely as possible. It is most likely that residents will not want to live in a clinical environment, nor will they have lived in a hotel and so this should be considered in the design process to enable a feeling of comfort and being 'at home'. Allowing residents to bring some of their own furniture and other meaningful items will aid familiarity and help them to settle in. Preferably those living with advanced dementia are located at ground level with easy access to communal areas and the garden.

It is likely that many residents who arrive without dementia will develop it during their stay

and therefore dementia friendly design should be incorporated throughout the building and not just to a specific area or household. This will allow the resident to remain in their room, can tastefully tie in the décor and is supportive of all people, including those with sight impairments and mobility issues.

Maintaining dignity and confidence should be two main goals within the care environment. High amounts of glazing create visual connections between spaces, and personalising bedroom doors with artwork and significant objects, can aid wayfinding in such an unfamiliar setting. Being able to engage in ordinary activities of daily living, can provide interest, opportunities for social interaction, boost confidence, and provide a sense of purpose. Importantly these activities can

help to retain skills for as long as possible, which sustains functional independence and reduces dependence on care providers. It should be noted however, that any fixtures incorporated are fully functioning and therefore items such as post boxes and telephones are operational. Creating fake realities can cause confusion and lead to distress.

There has been a significant increase in the way care homes are creating links with the local community. This can be through provision of amenities such as housing the local library or community café. Design solutions which promote connectedness can have a beneficial impact on end of life, reducing isolation and loneliness, especially for those who may no longer have family.

18. Care Home

	Y/N	Notes
1		The environment is not patronising or confusing. It should be a comforting, calm and safe place for residents to live their best possible life. Fake realities and trompe l'oeil has been avoided.
		<i>Features such as fake indoor streets, bookcase wallpaper, and large scale murals should be avoided as these can be perceived to be real leading to frustration, confusion, slips, trips and falls. Crockery and cutlery should be traditional and not childlike.</i>
2		There is unimpeded access to a safe outdoor space at every level, from each household.
		<i>There is good research evidence that if people can go outside when they want to, their mood is improved. Access to the outside and exposure to sunlight can also reduce aggression, improve sleep quality and appetite, and increase both bone and muscle strength, leading to an overall improvement in wellbeing and reduced risk of hospitalisation from falls.</i>
3		Good air quality is provided throughout the building.
		<i>Good ventilation purges contaminants from the air, reduces infection transmission, controls moisture and maintains a comfortable living environment.</i>
4		A mobility scooter store or wheelchair store is located adjacent to the entrance.
		<i>Mobility items are located close by, however should not impede on or block access/egress from the property nor reduce the unobstructed width of the corridor/entrance as this could present a fire evacuation hazard.</i>
5		The layout incorporates fittings and furniture that will encourage the resident to partake in activities of daily living and which encourages staff/resident interaction.
		<i>Staff should be able to sit at the same level or lower for best communication.</i>
6		There is easy access from upper floors to the ground floor, communal/activity rooms and main outside area.
		<i>Locating people with advanced dementia on the ground floor negates the need for staff assistance to these areas.</i>
7		Doors to areas intended for use by residents (including outdoor spaces) are unlocked.
		<i>A locked door can cause frustration and anger. To encourage freedom of movement and social interaction it is important that all areas intended for use by the person with dementia are accessible and encourage the person to enter, engage and interact.</i>
8		Staff facilities are located where they do not cause noise for residents with dementia.
		<i>Noise can be overwhelming and confusing for a person with dementia and a hearing impairment. Cognitive impairment can reduce their ability to filter out background causing distress reducing the ability to concentrate.</i>
9		The accommodation is clustered into small households of between 8-10 people.
		<i>A household model/social model of care home design is evidenced to improve quality of life, encourage participation in everyday activities, reduce agitation and anxiety, and can help to improve staff job satisfaction.</i>
10		Where residents engage in mealtimes, the dining area has no more than 10 people with dementia eating together. There should be enough seats for staff to interact with clients at mealtime and opportunities for the resident to dine alone if they wish.
		<i>More than 10 people eating together can result in over-stimulation and failure to concentrate on eating. Domestic rather than institutional furniture and decor will assist people with dementia to feel at ease.</i>
11		There is seating at frequent intervals around the building to provide opportunities for rest (maximum 45m) and contrasting handrails to provide support and direction.
		<i>To support people who might be more frail and unable to walk long distances, and to encourage walking, visible resting places can provide a destination point and place to rest.</i>
12		The entrance to the resident's bedroom is personalised and can be made distinctive from other doors within the household.
		<i>Identical entrance areas, door colours and materials are likely to feel institutional and likely to disorientate a person with dementia. Personal objects, memory boxes, different coloured doors and nameplates can all help differentiate one bedroom door from another. This can improve wayfinding, reduce confusion and prevent residents from entering the wrong bedroom. Creative methods of personalisation can provide reminiscence opportunities, therapeutic opportunities and support 'life-story' practices.</i>
13		Bedroom doors are not directly opposite each other, but staggered. The corridor widens where there is access to bedrooms and gives manoeuvring space and interest along the corridor.
		<i>People with dementia may head through the door opposite when leaving their bedroom and find themselves in a strange bedroom which is likely to cause disorientation and disturb someone else or their possessions.</i>
14		Single bedrooms with en-suite accommodation are provided and the resident can personalise their bedroom with their own fittings, fixtures and furnishings.
		<i>Personal items make the room recognisable and familiar and enhances the person's identity and self value.</i>
15		There is evidence of respect for residents' ethnic, cultural and religious backgrounds. Observe: Space for prayers. If multicultural, no dominance of one particular religion's image.
		<i>People come from very different backgrounds and what is familiar, and therefore comfortable, will vary. It should be obvious that this has been considered in décor etc. Places for worship for different faiths using the building should also be evident.</i>
16		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

19. Day Care Centres



Day care centres offer people with dementia and their carers some welcome respite and social opportunities during the week as well as bridging the gap with the community and further resources and services.

The availability of a range of spaces within the centre can accommodate different activities, will enable people to have a choice over what to engage in and allow room for more active pastimes. Doors to these areas should be unlocked and preferably there is unimpeded access to a safe outdoor space too. Space should be maximised to enable staff to participate, to assist service users when needed and for easy movement

of equipment or walking aids.

Provision of hot meals is beneficial as many clients may not get a hot meal at home. The dining area should be small, accommodating no more than 10 people dining at once or be partitioned to achieve smaller numbers. Larger groups of people eating together have been evidenced to be over stimulating, act as a cause of distressed behaviour, and can prevent people with dementia from finishing their meal. A kitchenette where clients can partake in cooking activities can offer a great fulfilment by continuing to do activities they always have. Visual cues such as glazed cabinet doors can

prompt service users where to locate items and increase their independence in the centre.

Transport can be one of the biggest problems when delivering a day care service. It can be extremely advantageous for the day care to own its own vehicle for collection, drop off and day trips. Access to the main entrance from the drop off point should be a short distance and safe, with both rest points and toilets located at close intervals. Independence is enhanced through adopting a signature colour door for all toilets, which will be memorable to service users.

19. Day Care Centres

	Y/N	Notes
1		Doors to areas intended for use by clients with dementia are unlocked.
		<i>A locked door can cause unnecessary frustration and anger. To encourage freedom of movement and social interaction it is important that all areas intended for use by the person with dementia are accessible and encourage the person to enter, engage and interact.</i>
2		Staff facilities are located where they do not cause noise for clients with dementia.
		<i>Noise can be overwhelming and confusing for a person with dementia and a hearing impairment. Cognitive impairment can reduce their ability to filter out background noise, causing distress and reducing the ability to concentrate.</i>
3		There is an accessible route to safe outside space with facilities for clients to engage in light gardening or exploring, where desired. Observe: The exit is unlocked; the exit is not blocked by furniture, or obscured by curtains.
		<i>Some people with dementia will be keen to go outside especially if there are attractive activities available. Frustration should be minimised by making outside spaces easily accessible. Access to the outside should be fully accessible.</i>
4		A mobility scooter store or wheelchair store is located adjacent to the entrance.
		<i>Mobility items are located close by, however should not impede on or block access/egress from the property nor reduce the unobstructed width of the corridor/entrance as this could present a fire evacuation hazard.</i>
5		Doors to areas intended for use by clients with dementia are glazed or have a glazed vision panel to permit a view into the room. Where doors are not glazed, they are open.
		<i>Creating sight lines into and through spaces can aid orientation and navigation. For some people, entering a room can be a daunting activity and it is helpful to be able to see into the room as this can help reduce worries.</i>
6		There are spaces for arts, crafts and recreational activity, both for individuals and groups. Observe: Areas within the unit where clients can engage in arts, craft, music.
		<i>A recognisable activity space where activities can be left without being cleared away is a great help to clients and staff. It should have a sink and easily washable tables and floor.</i>
7		There are attractive shelving and display areas for clients' work if they wish to display it. Observe: Shelving, framed picture boards; use of Blu-tak and drawing pins is avoided.
		<i>The self esteem of people with dementia is often fragile, and may be undermined by childish displays of their work.</i>
8		The layout incorporates fittings and furniture that will encourage staff/client interaction.
		<i>Staff should be able to sit at the same level or lower for best communication.</i>
9		Furniture design/placement enables clients with dementia to be independent. Tables and chairs should be well spaced and have option of arms, skis and raised seats.
		<i>The placement of furniture can impede movement and autonomous movement. It is important that there are unobstructed circulation routes between items of furniture and that the position of seats (reclined and relative to the room layout) does not act as a restraint.</i>
10		There is a variety of seating to cater for different needs and preferences.
		<i>Ergonomic seating of varying heights, designs and upholstery will provide greater opportunity to support the varying needs of different clients with dementia.</i>
11		There are different areas of focus (e.g. area for sitting and chatting) with different focal points (e.g. fish tank, fire place, artwork).
		<i>The environment has to tell people with dementia what is expected of them. Some people with dementia are unable to do much more than sit and watch. Providing something absorbing for them to watch can be life enhancing. A view with something happening e.g. a busy streetscape or parkland, can be a great asset.</i>
12		Where clients engage in mealtimes, the dining area has no more than 10 people with dementia eating together. There should be enough seats for staff to interact with clients at mealtimes.
		<i>More than 10 people eating together can result in over-stimulation and failure to concentrate on eating. Domestic rather than institutional furniture and decor will assist people with dementia to feel at ease.</i>
13		There are sideboards/dressers equipped with mealtime items (e.g. cutlery, napkins, place mats) to encourage clients to participate in mealtime activities such as setting the table.
		<i>Highly visible, easy to open cupboards/drawers or containers should make it easy to find the materials needed to lay the table.</i>
14		Table layout is designed to allow clients to eat alone if required.
		<i>Some people with dementia are very self conscious about their inability to eat normally. Others can be very disturbing in their eating habits. A place to eat alone is helpful as long as it is not stigmatising in its style.</i>
15		Crockery/cutlery are of traditional design and contrast in colour to table and/or background surface. Observe: Crockery is not childish or unrecognisable.
		<i>Crockery and cutlery that are recognisable and adult will help people with dementia to eat. Contrast makes the crockery and cutlery more visible. Contrast should also be considered between food and plate.</i>
16		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

20. Pharmacies



Pharmacists and their teams can provide a lot of support for people with dementia and their carers, and can be a source of valuable information. They can help customers to manage their medication, providing solutions to help customers take the correct tablets at the correct time of day.

When arriving at the pharmacy there should be a clear line of sight to the counter without the view being obstructed by product displays. The pharmacy staff should also be easy to identify and this may be from wearing a distinct uniform and name badge. Knowing where to go and ask for assistance will improve the experience

of the individual, reduce the environmental demands on their cognition and increase their ability to independently engage.

Setting up repeat prescription/reminder services and delivery methods to home addresses are extremely important for those who are housebound or less able to come into the pharmacy. People with dementia may also forget when they have collected their last prescription. This subject can be a source of stress which needs to be handled delicately and discretely. The pharmacy team need to have a good understanding of dementia and how people may present, they should be aware of their

individual customer needs and tactful in their response. A dedicated and private space where personal discussions can take place off the shop floor will alleviate some anxiety and distressed behavioural responses.

Assistive technologies are constantly progressing and staff who are knowledgeable about what is on the market can advise customers about products which may help them to take the correct medication on time.

20. Pharmacies

	Y/N	Notes
1		Signage to the pharmacy is easily identifiable, visible and uses visual iconography to aid recognition.
		<i>The green cross pharmacy sign is easily recognisable on the UK high street. Where the pharmacy is accessed directly from the street, a projecting green cross in addition to fascia signage can aid urban wayfinding. Where the pharmacy is located within a larger shopping centre or supermarket, it is important that the shop facade and entrance provide signage to identify dispensary services are provided and that there is directional signage to direct individuals from the main entrance to the pharmacy.</i>
2		The pharmacy counter can be seen on arrival, and it is obvious who to talk to about personal and confidential information.
		<i>Being able to clearly see the counter and a friendly individual on arrival will reduce the stress of the person with dementia. A clear line of sight to the counter, which is not obscured by a gondola or product display will reinforce the visual connection and reduce the visible 'visual clutter', i.e., the amount of poster and printed information is kept to a minimum to prevent over stimulation, confusion and anxiety. Knowing where to go and ask for assistance will improve the experience of the individual, reduce the environmental demands on their cognition and increase their ability to independently engage.</i>
3		There is a comfortable area to wait while prescriptions are being dispensed.
		<i>An area set back from the circulation route with robust comfortable seating will provide a safe place to sit without becoming overwhelmed by people passing.</i>
4		The waiting and retail area is easily seen and supervised by staff.
		<i>Ideally the waiting area should be positioned close to the dispensary counter and public toilets.</i>
5		There is a discrete area or designated consultation room to talk to a customer. Acoustic design has been considered to prevent sound travel and maintain dignity and privacy.
		<i>People with dementia may feel self conscious about talking to a pharmacist regarding symptoms and prescription. A consultation room will maintain confidentiality, privacy and aid clarity of conversation. The design of the consultation area should have sufficient space to accommodate the person with dementia and a carer (if the individual requires assistance). The space should be visually private and acoustically private. Use sound absorbent materials, soft furnishings and avoid hard surfaces as this will promote good acoustics and aid communication.</i>
6		There is an awareness of vulnerable adult safeguarding. There is a method in place for customers who have already collected their prescription and forgotten.
		<i>To ensure privacy and dignity, it may be appropriate to hold sensitive conversations in a consultation room. Respect the individual by sensitively noting that they have already collected their prescription in a discrete manner and not publicly over the counter.</i>
7		Staff are able to provide advice on assistive technologies which help remind the individual on how to take the correct amount of medication, at the correct time.
		<i>Knowledge of technology like timed dispensers may help some people take the correct dosage of medication on time. Having such devices available to buy or to demonstrate can help the person to decide whether to use such a device and may reduce their stress of buying a product which they are unfamiliar with.</i>
8		Shelving is below eye level to maximise natural light deeper into the plan and provide clear visual access around the shop.
		<i>Gondolas and shelving which does not exceed 1.4m can improve light and visibility and can help the person with dementia to orientate in the pharmacy. It can also increase visual supervision to aid staff to see the customer from the counter and recognise if the customer is in need of assistance.</i>
9		If induction loops are fitted, care should be taken so that private conversations are not overheard by other customers.
		<i>The use of a consultation room can help maintain dignity and privacy.</i>
10		The pharmacy reduces changing brands of medication where possible.
		<i>Different brands will have different packaging, colours and shapes of pills, which can cause confusion and worry.</i>
11		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

21. Supermarkets



Food is one of the many pleasures in life and can be a great source of reminiscence; back to a meal your grandmother used to make or a reminder of a trip to another country. However, supermarkets are ever changing environments which can be noisy and overwhelming for a person with dementia. One week the bread moves to another aisle, the next the packet branding has changed, not to mention the quantity and choice of items available is continually changing. Maintaining a level of consistency will help to reduce anxieties around shopping and help older customers sustain a positive relationship with food.

Supermarket shelving is often from the floor to above head height to maximise on space and show the largest number of products. However older people

are smaller with a lowered gaze due to loss of muscle strength and will find it difficult to see or reach higher shelving. They may not be able to reach to lower shelves due to reduced mobility, and may risk falling over from having to bend down. Optimising the shelf just below eye level will support those with reduced mobility as well as wheelchair users.

During the Covid-19 pandemic, most supermarkets adopted a shopping hour for vulnerable and elderly customers. Keeping this in place will ensure there is a quieter period in the day where there are enough staff on hand to help those who need assistance to navigate. During this time announcements and music could also be kept to a minimum to reduce agitation and distraction.

Superstores are too large for older people to comfortably navigate. The inclusion of places to sit around the store or mobile scooters could benefit those who tire easily. Most large stores have an area near the entrance for 'food on the go'. Essential items like bread and milk could be incorporated into these areas for a quicker and more convenient way to shop. Research may need to be undertaken into the items that older people in a given area buy on a regular basis, but for many who live alone, individual items rather than family sized packs are preferred, and will reduce waste. This should be considered in home deliveries and items with the longest shelf life should be chosen for customers who cannot shop in-store.

21. Supermarkets

	Y/N	Notes
1		There is a public toilet visible on arriving and is also clearly signed from key locations throughout the shopping experience.
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity and independence a toilet must be available.</i>
2		Dark matwells/door mats are avoided where the floor finish is light. Light door mats are avoided where the flooring is dark.
		<i>A matwell which has a sharp contrast to the surrounding floor material can be perceived as a large hole or obstacle, and prevent a person with dementia from crossing the threshold. Refer to 'essential technical guidance' on 'Patterns and Colour'.</i>
3		There are staff available to assist in locating items and escorting shoppers.
		<i>Providing additional assistance can help support the person with dementia's confidence and maintain their abilities. Assistance schemes should be well advertised so customers know they are available on arrival.</i>
4		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support.</i>
5		There is a 'shopping essentials' grab and go area located near the front entrance of large stores.
		<i>People with dementia may feel self conscious or anxious about visiting a large supermarket which is noisy, busy and confusing to navigate. Clustering 'essential' items near the front entrance, close to a check-out point can help the person to locate and purchase items with greater ease and with less cognitive burden.</i>
6		There are smaller trolleys which are not too deep.
		<i>Trolleys can be used as a mobility aid, however deep trolleys require someone to be able to bend over and reach items further away. This will pose a challenge for most older people. Smaller trolleys are also easier to manoeuvre.</i>
7		Heights of shelving have been considered.
		<i>Shelves which are too high or too low can prevent a person with mobility issues from independently doing their shopping, and increase the risk of falling. Optimise the shelf just below eye level to cater to older shoppers and those in wheelchairs.</i>
8		Products are positioned within easy reach for people who may have reduced mobility, dexterity and at a height to compensate for those with a lowered gaze.
		<i>As we age we can experience height loss due to ageing changes in the bone, muscle and joints resulting in a lowered head and lowered gaze height. We recommend essential 'everyday' items are located at a height of 1.2m from the floor level.</i>
9		Signage for aisle content is provided at the entrance to aisles as well as overhead.
		<i>Spatial disorientation and wayfinding difficulties are some of the early symptoms of dementia. Overhead signage can be difficult for older people to see. Refer to the 'Signage & Wayfinding' section of our 'Essential Technical Guidance' within this document.</i>
10		Resting points have been provided around large stores by locating seating at regular intervals.
		<i>To support people who are more frail and unable to walk long distances, and to encourage walking, visible resting places provide a destination point and place to rest. The ability to go out and maintain independence is a prerequisite for autonomy in ageing.</i>
11		Store layout changes are minimised.
		<i>It can be difficult for a person with dementia to orientate if the store layout and product placement keep moving. They may rely on familiarity and habit to know where to go for their usual items.</i>
12		It is easy to identify where to pay. Staff are easy to see against their background. The cash register is easy to see, and the amount to pay is very clear.
		<i>Making the shopping experience and its environment easy to understand and engage with will reduce the anxiety and stress of the person with dementia, support their independence and improve their shopping experience.</i>
13		Relaxed (slow) check-out lanes have been provided with additional assistance and seating.
		<i>Self service and chip and pin machines can be confusing and hard to see. A person with dementia may need further assistance and to talk to a cashier. Cashiers should also have dementia training.</i>
14		The shop accepts a variety of payment methods including cash payments.
		<i>People with dementia may not be familiar with or able to use digital payment methods such as card payments or contactless. The option to pay by cash will ensure the person can maintain their independence and reduces confusion and embarrassment.</i>
15		There is a place to rest a bag at the till area, and a safe place to put a walking stick while paying.
		<i>Practical devices which ensure the person's belongings can be stored within reach and within sight reduce the need for overreaching or bending down and reduces the risk of them being forgotten.</i>
16		Hearing induction loops are fitted at checkouts.
		<i>Induction loops can help hearing aid users to reduce background noise and understand the conversation.</i>
17		The in-store café has an initiative to bring older people together for lunch.
		<i>Many older people living alone find it difficult to make a hot meal. Cafes can help to support the elderly living in the community by decreasing social isolation and offering affordable hot meals.</i>
18		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		Refer to the 'essential technical sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.

22. Local Shops and Post Office



Time spent out of the house and in the local community can be a much-needed respite for people living with dementia and their carers, and many peoples' favourite pastime. The ability to access local shops and perform daily activities also enables people to stay at home in the community for longer. Continuing simple tasks like posting a letter, or withdrawing money from the bank, contribute to maintaining skills for longer and award a person with purpose and independence in their lives. However, staff need to be aware of the type of support which may be required. A friendly staff member being available on the shop floor for face-to-face assistance will provide invaluable reassurance.

People with dementia may not be able to count money and therefore rely heavily on trusting staff to assist.

A shop's function should be easy to determine from the frontage, before a customer decides whether to enter the building. A high level of glazing or shop display enhances visual cues. Consideration over the shop name and graphics can also provide clues as to the service/goods it provides. The familiar, distinctive, and grand building of the post office has been changing in our towns. Many post offices are now less conspicuous, located within shops and often hidden at the back or even upstairs. This dual function of a shop should

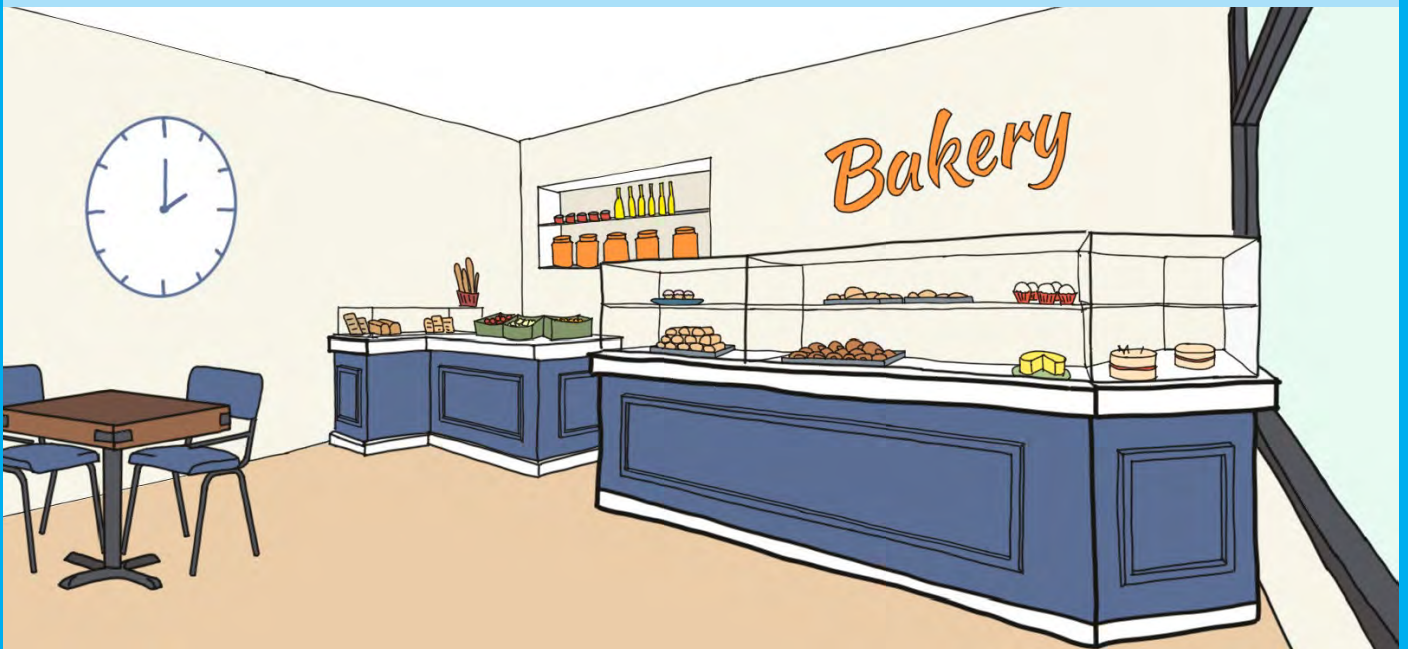
be clearly identified from the exterior, with signage leading to where the service can be located.

A Shopmobility service located close to shopping centres, car parks and public transport drop off points can also improve accessibility to local shops. Borrowing from supermarkets, relaxed or 'slow' shopping hours have also become more common amongst smaller retailers, where customers are not rushed, and background noise is kept to a minimum. A large, unisex changing room within clothing shops would allow carers of the opposite gender to support, rather than have to wait outside.

22. Local Shops and Post Office

	Y/N	Notes
1		Signage to the shop is easily identifiable, visible and uses visual iconography to aid recognition (refer to 'Signage and Wayfinding' guidance within the 'Essential Technical Guidance' section of this document).
		<i>Where the shop is accessed directly from the street, a projecting sign in addition to fascia signage can aid urban wayfinding; projecting signage is visible from further away. Where the shop or service is located within a larger shopping centre it is important that totem signage and/or information displays such as floor plans are provided throughout the shopping centre to help people to navigate and locate your service.</i>
2		<i>Dark matwells/door mats are avoided where the floor finish is light. Light door mats are avoided where the flooring is dark.</i>
		<i>A matwell which has a sharp contrast to the surrounding floor material can be perceived as a large hole or obstacle, and prevent a person with dementia from crossing the threshold. Refer to 'Essential Technical Guidance' on 'Patterns and Colour'.</i>
3		The check-out/post office/service counter can be seen on arrival, and if there is more than one queue to access different counters/services it is obvious where to go.
		<i>A clear line of sight to the counter which is not obscured by a gondola or product display and a friendly individual on arrival will reduce the stress of the person with dementia. To prevent over stimulation, confusion and anxiety, reduce the 'visual clutter', i.e., the amount of poster and printed information. Knowing where to go and ask for assistance will improve the experience of the individual, reduce the environmental demands on their cognition and increase their ability to independently engage.</i>
4		The layout of the shop is simple, preferably open plan and easy to navigate. Visual nodes/wayfinding techniques are incorporated to aid navigation.
		<i>Spatial disorientation and wayfinding difficulties are some of the early symptoms of dementia. To reduce the demand on the individual to plan and initiate a sequence of complex moves through the shop, it is important that the shop floor maximises views through the space and is simply planned. Where the shop is large and does have several linked spaces, implement visual nodes and cues. Refer to 'Signage and Wayfinding' recommendations in the 'Essential Technical Guidance' within this document.</i>
5		The shop has a glazed frontage or glazed entrance door which clearly frames the interior of the shop i.e. manifestation does not impede the view.
		<i>People with dementia are at risk of diminishing confidence. The ability to see into the shop before entering will enable the person to see who is already inside, which will help them decide whether to enter or not.</i>
6		Products are positioned within easy reach for people who may have reduced mobility, dexterity and at a height to compensate for those with a lowered gaze.
		<i>As we age we can experience height loss due to ageing changes in the bone, muscle and joints, resulting in a lowered head and lowered gaze height. We recommend essential items are located at a height of 1.2m from the floor level.</i>
7		Displays are uncluttered and there is legible signage to help people navigate and shop more effectively.
		<i>Overly cluttered or busy environments can increase the person with dementia's anxiety. Reducing clutter can support their shopping experience. In addition, people with dementia have impaired learning and the use of signs can enable people with dementia to find their way more easily and independently.</i>
8		<i>Resting points have been provided around shops, by locating seating at regular intervals.</i>
		<i>To support people who are more frail and unable to walk long distances, and to encourage walking, visible resting places provide a destination point and place to rest. The ability to go out and maintain independence is a prerequisite for autonomy in ageing.</i>
9		It is easy to identify where to pay. Staff are easy to see against their background. The cash register is easy to see, and the amount to pay is very clear.
		<i>Making the shopping experience and its environment easy to understand and engage with will reduce the anxiety and stress of the person with dementia, support their independence and improve their shopping experience. This can improve their confidence and willingness to continue to venture out into their community and their local shops.</i>
10		The shop accepts a variety of payment methods including cash payments.
		<i>People with dementia may not be familiar with or able to use digital payment methods such as card payments or contactless. The option to pay by cash will ensure the person with dementia can maintain their independence and reduce the risk of confusion, embarrassment and loss of confidence if they are not able to transact.</i>
11		There is a place to rest a bag at the till area, and a safe place to put a walking stick while paying.
		<i>Practical devices which ensure the person's belongings can be stored within reach and within sight reduce the need for overreaching or bending down and reduces the risk of them being forgotten.</i>
12		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support. Knowing how to support and communicate with a person with dementia is important to help maintain their dignity and independence and deliver an enjoyable shopping experience.</i>
13		There is a public toilet. Where there is not a public toilet, there is an option for customers to use the staff toilet.
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be available. If space does not permit a public toilet there is a sign indicating that toilet facilities are available.</i>
14		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.

23. Cafe, Restaurant and Eatery



A visit to the cafe or local bakery is a positive, sociable, experience and could be a very important part of a person's weekly routine to feel connected to friends, family and the wider community.

Cues such as the smell of fresh bread and coffee brewing can all add to the authentic experience and recognition of place. The counter and place to pay should be made obvious to the customer on arrival, ideally with a clear line of sight from the door. Handwritten notice boards may look aesthetically pleasing but may not be readable or understood – especially where the name used for the food is not recognised, so cannot be

visualised. Often seeing the item is much more helpful than reading from a menu, so glass fronted counters and fridges which allow easy visual access to the food, can allow the person to immediately understand what they are ordering. The staff can also assist with narrowing down options. Older people and people with dementia often have a reduced appetite, so some simple options and smaller plates on the menu can encourage eating and further custom in the future.

The height and accessibility of the table is important, and should also cater to wheelchair users. Seating should provide ergonomic support and be

comfortable to sit and linger for a while. Incorporating some booth seating or screening will help to reduce over stimulus from the surroundings and enable people to concentrate of their meal and conversation. Utilising any available outdoor space during nice weather provides another choice of seating and the ability to gain effects from the production of vitamin D through direct skin exposure to sunlight, along with therapeutic benefits of being outside.

23. Cafe, Restaurant and Eatery

	Y/N	Notes
1		Signage to the café/restaurant/eatery is easily identifiable, visible and uses visual iconography to aid recognition (refer to 'Signage and Wayfinding' guidance within the 'Essential Technical Guidance' section of this document).
		<i>Where the shop is accessed directly from the street, a projecting sign in addition to fascia signage can aid urban wayfinding; projecting signage is visible from further away. Where the shop or service is located within a larger shopping centre it is important that totem signage and/or information displays such as floor plans are provided throughout the shopping centre to help people to navigate and locate your service.</i>
2		The shop has a glazed frontage or easily recognisable glazed entrance door which clearly frames the interior of the shop i.e. manifestation does not impede the view.
		<i>People with dementia are at risk of diminishing confidence. The ability to see into the shop before entering will enable the person to see who is already inside, which will help them decide whether to enter or not. (Refer to 'Entrance' guidance within the 'Essential Technical Guidance' section of this document.</i>
3		The service counter can be seen on arrival, and if there is more than one queue to access different counters/services it is obvious where to go.
		<i>Being able to clearly see the counter and a friendly individual on arrival will reduce the stress of the person with dementia. A clear line of sight to the counter, which is not obscured by furniture or product displays will reinforce the visual connection and reduce 'visual clutter'. Knowing where to go and ask for assistance will improve the experience of the individual, reduce the environmental demands on their cognition and increase their ability to independently engage.</i>
4		It is easy to see where to place an order and pay.
		<i>A sense of direction and clear understanding of how an establishment operates upon arrival is likely to alleviate anxiety of visiting new places.</i>
5		Products are positioned within easy reach for people who may have reduced mobility, dexterity and at a height to compensate for those with a lowered gaze.
		<i>As we age we can experience height loss due to ageing changes in the bone, muscle and joints, resulting in a lowered head and lowered gaze height. We recommend essential 'everyday' items are located at a height of 1.2m from the floor level.</i>
6		Items for sale/on the menu are easy to see. Glass counters are an ideal way to both store and display fresh food.
		<i>Often seeing an item is more helpful than reading a menu. This enables a person to be able to gesture to what they would like.</i>
7		Names and prices are clearly marked and menus contain images of the products for sale.
		<i>The ability to read can gradually decline as the person's dementia progresses. Images on a menu can help people with dementia to organise their thoughts and communicate what they would like to order.</i>
8		A variety of payment methods including cash payments are accepted.
		<i>People with dementia may not be familiar with or able to use digital payment methods such as card payments or contactless. The option to pay by cash will ensure the person with dementia can maintain their independence and reduce the risk of confusion, embarrassment and loss of confidence if they are not able to transact.</i>
9		Crockery and cutlery are recognisable and have a high contrast with the table setting.
		<i>The ageing eye requires more contrast to differentiate between surfaces and objects. People with dementia are more likely to see where their food is if the crockery contrasts with the table and the food e.g. white fish on a white plate is difficult to see. Similarly, where the cutlery contrasts the table, the person is more likely to see and be able to utilise their cutlery independently.</i>
10		An accessible toilet is visible upon entering the café and from the eating area.
		<i>A person with dementia often needs to find a toilet in a hurry and can become very anxious when they cannot easily locate a toilet. This anxiety can result in withdrawal from social situations. To maintain dignity, independence and continence a toilet must be available and visible.</i>
11		Furniture design is dementia-friendly. It should enable people, be robust and ergonomically supportive.
		<i>People need to be able to get in and out of chairs and may require arms to hold on to or push up from. Tables should not be so close that people feel trapped. Arm rests of dining chairs need to clear freely underneath dining tables to prevent hand injuries. (Refer to 'Fixtures, fittings and finishes' within the 'Essential Technical Guidance' section of this document.)</i>
12		There are a few private tables, which are quieter, giving customers an option of where to sit.
		<i>Some people with dementia are self conscious when they eat. Providing low height screens, planting or room partitioning can provide privacy and help to reduce noise reverberation, aiding clarity of conversation.</i>
13		If music is played, the location of speakers has been considered.
		<i>Too much noise can be disabling for people with dementia. Speakers located next to tables can prevent a group from being able to have a conversation.</i>
14		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support. Knowing how to support and communicate with a person with dementia is important to help maintain their dignity and independence and deliver an enjoyable shopping experience.</i>
15		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

24. Local Pubs



A trip to the local pub or bar is usually associated with the lively buzz of a social atmosphere, people talking and music playing, with the potential to progressively become louder as the night goes on. Should a person with dementia want to visit their local pub, they will be familiar with this type of lively environment, and most likely it will be one of the reasons for visiting. However, noise pollution and reverberation should nevertheless be kept to a minimum. Providing some booth style seating or screening between tables made from sound absorbing materials will help to support clarity of conversation for social meetings and provide partial privacy.

Pub and bar lighting can often be mood lit to contribute to the overall aesthetic. This can make the environment difficult to navigate for people with sight impairments. Higher lux levels should be considered for walking routes, task areas such as the bar and tables and to highlight signage. Care should be taken so that lighting is even and consistent without creating dark shadows across the floor.

Dementia friendly pub lunches are becoming more common and offer a time where people with dementia and their carers can gather together over a hot meal. This opportunity can be a blessing for those who are not able to cook for themselves

at home. Provision of legible, large print menus on the tables can allow someone to choose their meal at their own pace and whilst seated. A relaxed atmosphere without having to rush will allow the group to feel comfortable and offers time to be able to enjoy some pub games such as pool, darts or a live singer. Outings such as these which bring older people together can help to combat social isolation and loneliness within the community.

24. Local Pubs

	Y/N	Notes
1		The building has a glazed frontage or glazed entrance door which shows the interior of the space i.e. manifestation does not impede the view.
		<i>People with dementia are at risk of diminishing confidence. The ability to see into the pub/bar before entering will enable the person to see who is already inside, which will help them decide whether to enter or not. If the bar forms part of a larger building (e.g. airport or shopping centre) and is open-sided, this will also provide good visibility into the space.</i>
2		The bar/service counter can be seen on arrival, and if there is more than one queue to access different counters/services it is obvious where to go.
		<i>Being able to clearly see the counter and a friendly individual on arrival will reduce the stress of the person with dementia. A clear line of sight to the counter, which is not obscured by a gondola or product display will reinforce the visual connection and reduce the visible 'visual clutter', i.e., the amount of poster and printed information is kept to a minimum to prevent over stimulation, confusion and anxiety. Knowing where to go and ask for assistance will improve the experience of the individual, reduce the environmental demands on their cognition and increase their ability to independently engage.</i>
3		Drinks available are visible, with the correct signage for beers on tap and the use of glazed under bar fridges.
		<i>Visual cues are often more easily understood than words on a menu. High visual access will help people to decide what they would like.</i>
4		If self service is provided, the servery/salad bar etc. are clearly visible on entry and from most tables. Produce is displayed in glass fronted cabinets, fridges or is well labelled to help people with dementia to find what they're looking for.
		<i>People with dementia experience diminished wayfinding, confidence and problem solving. If self-service is intended then it is important that the servery is highly visible (not behind a door) with recognisable features. This will help to alleviate any anxiety or confusion and will ensure the person with dementia is more able to act independently.</i>
5		There are a few private tables, which are quieter, giving customers an option of where to sit.
		<i>Some people with dementia are self conscious when they eat. Providing low height screens, planting or room partitioning can provide privacy and help to reduce noise reverberation, aiding clarity of conversation.</i>
6		There is a range of seating styles and places to sit.
		<i>Bar stools and booth seating may not be appropriate for people with mobility issues. However booths or screening may provide some welcome privacy for others, and help to reduce noise reverberation.</i>
7		Crockery and cutlery are recognisable and have a high contrast with the table setting.
		<i>The ageing eye requires more contrast to be able to differentiate between surfaces and objects. People with dementia are more likely to see where their food is if the crockery contrasts with the table and with the food e.g. white fish on a white plate is be difficult to see. Similarly, where the cutlery contrasts with the table, the person is more likely to see and be able to utilise their cutlery independently.</i>
8		The noise from the main kitchen or from noisy servery areas (e.g. coffee grinder) is not distracting to customers.
		<i>Noise can be overwhelming and confusing for a person with dementia and those with a hearing impairment. The main kitchen and noisy service areas should be designed and located so that it is not too noisy to key customer areas, i.e. consider the position or type of the dishwasher, because the noise may overwhelm people with a hearing impairment and dementia.</i>
9		If music is played, the location of speakers has been considered.
		<i>Too much noise can be disabling for people with dementia. Speakers located next to tables can prevent a group from being able to have a conversation.</i>
10		Names and prices are clearly marked and menus contain images of products for sale.
		<i>The ability to read can gradually decline as the person's dementia progresses. Images on a menu can help people with dementia to organise their thoughts and communicate what they would like to order.</i>
11		A variety of payment methods including cash payments are accepted.
		<i>People with dementia may not be familiar with or able to use digital payment methods such as card payments or contactless. The option to pay by cash will ensure the person with dementia can maintain their independence and reduce the risk of confusion, embarrassment and loss of confidence if they are not able to transact.</i>
12		There is a public toilet which is visible on arriving and is also clearly signed from key locations throughout.
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be available. Signage with the word 'toilet' and an image of a toilet in perspective has been evidenced to be the most understood.</i>
13		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support. Knowing how to support and communicate with a person with dementia is important to help maintain their dignity and independence and deliver an enjoyable shopping experience.</i>
12		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

25. Leisure Centres



Physical activity is one of the key things to enable a person to live well within their community and creates opportunities to socialise with like-minded people. Keeping active has furthermore been proven to reduce the likelihood of a dementia diagnosis but can also help people to manage the symptoms allowing them to lead a better quality way of life.

Navigating large leisure centres can be difficult, as well as finding and returning to the correct locker. Adopting a colour scheme, increasing glazing for high visual access and introducing large pictograms into signage can help with wayfinding.

A changing-places toilet or unisex changing room where an opposite sex carer can help is important for accessibility and inclusion, empowering the person to continue their usual hobbies and activities.

Entering and exiting the pool should be considered for safety. The pool edge will need to be clearly demarcated to be visible from a distance. A change in tone and texture underfoot can also be helpful to signify the edge and provide friction to reduce slipping. The water can be a place of relaxation as buoyancy and the help of a float can help to counteract the weight of a person whilst still supporting

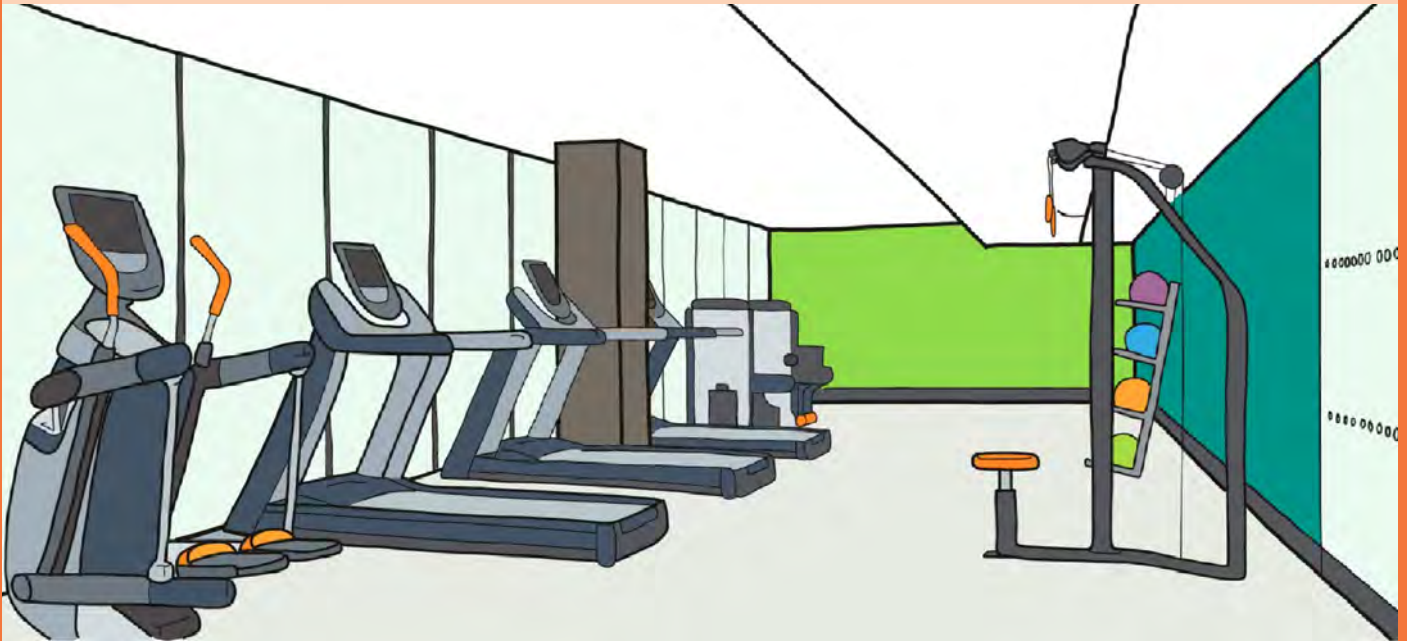
muscle maintenance and joint movement. Once confidence has been built, swimming can be a fantastic way to encourage intergenerational activity and create special moments with children and grandchildren.

For some people getting into the pool poses a challenge and a hoist may need to be used. Accommodating age friendly, quieter swim times can help to increase the person with dementia's confidence, whilst also preventing unwanted and alarming noise reverberation off many hard surfaces.

25. Leisure Centres

	Y/N	Notes
1		The entrance to the Leisure Centre is easily identifiable, visible and uses visual iconography to aid recognition (refer to 'Signage and Wayfinding' and 'Entrance' guidance within the 'Essential Technical Guidance' section of this document.
		<i>People with dementia are at risk of diminishing confidence. The ability to see into the Leisure Centre before entering will enable the person to see who is already inside, which will help them decide whether to enter or not. Large scale signage should be visible from a distance to locate the entrance with an automatic door. Doors which have push pads and open outwards (towards the person approaching) should be carefully considered as the person may not know to move backwards clear of the door.</i>
2		Visitors are greeted by a welcoming staff member, who is able to help by answering questions or operating entry barriers etc.
		<i>The welcome received when arriving can make a significant difference to the experience of new or unfamiliar environments. For people with dementia this can help decrease stress and increase confidence, enabling a higher degree of independence and ability to participate in activities.</i>
3		There are safe and quiet spaces to sit and relax.
		<i>Spaces with a lot of activity and noise can be especially tiring, and even distressing for some people. Having a quiet and safe space available will help those living with dementia, anxiety, and other conditions to cope.</i>
4		There are places to sit within, and near the entrance to key spaces - such as sports halls or the pool area.
		<i>This will support those waiting to gain access before an activity commences, but also support those who need to rest during or between activities.</i>
5		There are viewing areas for those who do not wish to take part in activities.
		<i>People with dementia enjoy passive activities such as watching others. This could for example include sitting in a café overlooking the entrance and reception area or a glazed screen or viewing gallery that allows them to watch group activities.</i>
6		A varied weekly programme of activity is available, including sessions to meet the needs of older people and those with additional needs.
		<i>Fast paced environments with loud music can be disorientating and stressful for some people. A combination of well-advertised accessible activities and time-tabled quiet-times in key spaces will help support a diverse range of user groups.</i>
7		It is easy to locate, and subsequently relocate, a working locker.
		<i>Consider ways of differentiating banks of lockers from each other, and individual lockers from each other. Lockers of different sizes and heights will help serve different needs (such as storing mobility aids) but also help make them more identifiable. Large numbers visible from a distance or innovative and unique locker tags could help people to locate their locker quickly.</i>
8		There is a unisex changing places or accessible changing room.
		<i>Some carers are of the opposite sex to the person they care for. A changing place should be provided where they are able to assist.</i>
9		There are private showering areas available.
		<i>Being able to maintain privacy and modesty whilst changing or taking a shower, will help some people with dementia to maintain a sense of dignity and confidence.</i>
10		Mirror placement has been considered to avoid causing alarm or confusion and to ensure they can be used by all customers, including wheelchair users.
		<i>Mirrors can be confusing for those with dementia if they are located poorly. Some people with dementia cease to be able to understand a mirror and are frightened by believing they see other people in them. Rooms without mirrors fitted and roller blinds for mirrored areas are possible solutions to consider. In some cases, it can be helpful to position the mirror so it is not immediately visible whilst entering the space.</i>
11		Shower controls are simple to operate, and have clear indicators on how to use them.
		<i>Controls should be easy to use for people with limited dexterity, reduced grip strength, or arthritic hands. Ideally, control should not require more than a 'quarter-turn' to operate. Sensor taps are discouraged as they can be confusing. Controls should either have separate hot and cold controls, or clear indicators of how to control water flow rate and temperature. Enabling independent use of taps and shower controls can help maintain confidence and dignity.</i>
12		Drinking water is available.
		<i>Some types of water fountains can be difficult to use. A water bottle filling station or tap will be more recognisable and easier to use. Supporting signage will help locate this.</i>
13		There are separate changing area(s) for sports teams or visiting schools.
		<i>Keeping larger, noisy, and potentially boisterous groups away from the main changing spaces will help preserve a familiar calm setting for more sensitive user groups.</i>
14		Clear, appropriate, signage is provided to lead users between key areas, e.g. gym, swimming pool, changing areas, reception, exit, etc.
		<i>Signage should consider both the wayfinding challenge of finding each activity space as well as finding the way back from there. In larger spaces, such as sports halls, large scale signage will be helpful to identify the correct exit door. Refer to the 'Signage and Wayfinding' section for further guidance.</i>
15		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

26. Gyms and Courts



Maintaining an active lifestyle is important for overall health of body and mind. Weightlifting and resistance training can help to increase muscle mass, bone density and improve balance, all helping to reduce the risk of osteoporosis and fractures due to falls. Physical exertion is also known to aid sleep and produces endorphins that elevate mood and self-esteem.

Some people lack the confidence to take part in activities and worry about finding the support they need. Exercise instructors with an awareness of dementia and an encouraging approach can help the person to stay engaged and find an enjoyment and

relaxation through exercise, which can have a profound knock-on effect in everyday life. Offering organised classes running at a slower pace can be a social opportunity and enables the person to follow along rather than manage their own programme.

Gym equipment can look daunting to people who are not familiar with it, especially if there is an upgrade to new equipment. Staff should be on hand on the gym floor, approaching customers and asking if they need assistance. The layout of machines should also be considered, these could be facing a natural view rather than the main walkway through

the space.

Weighted resistance machines often have an image depicting which muscles the exercise targets and how to perform the movement. These are incredibly useful for most people, including new customers to the gym. Technology is also advancing with digital screens and moving imagery providing greater understanding and tracking personal progress.

Contrasting lines on the floor can be an obstacle for a person with dementia who may perceive them as a step or barrier. Therefore courts should be designed to be simple and easily understood.

26. Gyms and Courts

	Y/N	Notes
1		Visitors are greeted by a welcoming staff member.
		The welcome received when arriving can make a significant difference to the experience of new or unfamiliar environments. For people with dementia this can help decrease stress and increase confidence, enabling a higher degree of independence and ability to participate in activities.
2		There are safe and quiet spaces to sit and relax.
		<i>Spaces with a lot of activity and noise can be especially tiring, and even distressing for some people. Having a quiet and safe space available will help those living with dementia, anxiety, and other conditions to cope.</i>
3		There are places to sit within, and near the entrance to key activity spaces - such as exercise studios.
		<i>This will support those waiting to gain access before an activity commences, but also support those who need to rest during or between activities.</i>
4		The layout of spaces, such as gymnasiums and the equipment within them, are easy to understand.
		<i>Open-plan layouts with high visibility from the entrance door will help orientation and confidence when entering the space. Banks of noisy CV machines or free-weights near the entrance may be intimidating so should be located further away. In a larger complex it may help to provide a small quieter area to the side of the main space where a full range of exercise equipment is available.</i>
5		A supportive programme has been created for those who require a slower pace, breaks in the activity, more personal support, or quieter music.
		<i>Fast paced environments with loud music can be disorientating and stressful for older people. A combination of well-advertised accessible activities and time-tabled quiet-times in key spaces will help support a diverse range of user groups.</i>
6		It is easy to locate, and subsequently relocate, a working locker.
		<i>Consider ways of differentiating lockers from each other, and individual lockers from each other. Lockers of different sizes and heights will help serve different needs (such as storing mobility aids) but also help make them more identifiable.</i>
7		There is fitness equipment supportive of older people.
		<i>A range of simple, familiar, exercise equipment should be available.</i>
8		It is easy to understand how the equipment operates.
		<i>Any non-traditional equipment should be provided with a set of image-led instructions to help people understand what to do. Ideally, the staff who have welcomed the person into the space, can help also to improve confidence by offering friendly explanations or demonstrations where appropriate.</i>
9		Mirror placement has been considered to avoid causing alarm or confusion and to ensure they can be used by all customers, including wheelchair users.
		<i>Mirrors can be confusing for those with dementia if they are located poorly. Some people with dementia cease to be able to understand a mirror and are frightened by believing they see other people in them. Rooms without mirrors fitted and roller blinds for mirrored areas are possible solutions to consider. In some cases, it can be helpful to position the mirror so it is not immediately visible whilst entering the space.</i>
10		Drinking water is available.
		<i>Some types of water fountains can be difficult to use. A water bottle filling station or tap will be more recognisable and easier to use. Supporting signage will help locate this.</i>
11		Clear, appropriate, signage is provided to lead users between key areas i.e. gym, swimming pool, changing areas, reception, exit, etc.
		<i>Signage should consider both the wayfinding challenge of finding each activity space as well as finding the way back from there. In larger spaces, such as sports halls, large scale signage will be helpful to identify the correct exit door. See the 'Signage and Wayfinding' section for further guidance.</i>
13		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

27. Library



Libraries are well known and valued places to visit in the local community and could form a pillar for many people living with dementia. They offer a wide range of services other than lending books. They are places to meet, to find information and they provide access to resources and services. Kirklees Libraries staff and volunteers are all offered training in how to support people with dementia. This awareness can help staff to identify someone who needs assistance. Kirklees Libraries have also curated collections to support those living with dementia and their families.

Creating a bright and inviting space will help people feel comfortable and encourage them stay for longer periods of time. Libraries inhabiting older buildings can often have

lots of dark wood panelling and dark flooring. The space can be made more legible by introducing light tones in the colour scheme and décor to enable light reflection off more surfaces, whilst also ensuring natural and artificial lighting levels are high and even. Incorporating artwork of cultural significance or by local artists will also enhance the aesthetic and provide interesting focal and talking points.

Lowering bookshelf heights will enable people to see all books on offer and provide sight lines over the top of cases to support an understanding of the scale of the room and assist wayfinding through high visual access. Rows should have ample space for a wheelchair to manoeuvre without obstacles within the route, for example structural

pillars or temporary displays. Enabling access of material in different formats such as books with larger text and digital versions like audiobooks and CDs will be supportive of those with visual impairments. Dementia friendly groups which meet weekly or monthly can form a larger support network for members of the community. Reminiscence workshops, storytelling, and sharing of knowledge around health and prescriptions can be scheduled into a programme can stimulate memory and support people to live well. There are also many wellbeing benefits of reading, reading for pleasure and reading as a way of making connections.

A roaming library van/service would be beneficial to those living in rural areas, who have difficulty accessing services.

27. Library

	Y/N	Notes
1		Shelves are located at a height which can be easily accessed by all.
		<i>Books located on either very low, or very high shelves can be difficult to access for those with limited reach or reduced mobility. If the tops of book cases are limited to no more than shoulder height, they will provide sight lines over the top of them enhancing orientation and wayfinding success.</i>
2		There are quiet areas for reading with high levels of lighting.
		<i>People are likely to stay longer if there are comfortable and peaceful places to sit. Lighting needs to be bright enough for older people to read. For further guidance on lighting see the Fixtures and Fittings, and Lighting section.</i>
3		Aisles are wide enough for wheelchair users.
		<i>Wide aisles will aid manoeuvrability around the space. Free standing displays and furniture should not block the route. Additional width should be provided in areas where queues might form, or where people pass each other.</i>
4		There is a variety of furniture to support a range of activities.
		<i>Comfy chairs with a coffee table may be appropriate for small group gatherings or reading a magazine. Ergonomically supportive seating, with armrests will better support older people and those using study spaces.</i>
5		There is a friendly member of staff to answer questions, and assist with technology, such as self-service loan machines. Self-service machines should also have step by step instructions on how to use them.
		<i>Libraries form an important source of information for local communities. This is especially the case for many older people, who may be less comfortable with the use of new technology, including internet searches etc. However, having a helpful librarian available to support them, older people and those with dementia can learn to use these technologies, helping them to maintain living an independent life in the community.</i>
6		Signage located at the top of bookcases should be dementia-friendly. Refer to 'Essential Technical Guidance' on dementia-friendly signage.
		<i>To increase legibility, the words on the signs are large enough to be read from a distance, in sentence case (i.e. not all in upper or lower case) and using a sans serif font. High contrast should be used between the words, the background of the sign and the surface it is fixed to. Signs should have a matt finish to reduce glare.</i>
7		Where shelving is high, signage at a lower level (1.2m above the floor level) would also be beneficial.
		<i>Some people with dementia will not see or recognise signage at height and will therefore not be able to read their environment and navigate as independently.</i>
8		Notices and notice boards are well located, and regularly updated.
		<i>Excess posters and leaflets can cause visual clutter, impacting negatively on wayfinding, and reducing the ability to identify useful information such as directional signage. Posters should not be located on glazed elements where they may reduce light transmission between spaces, and affect wayfinding by reducing visual access.</i>
9		Televisions or digital boards are suitably sized and located to be visible from a distance and without people having to tilt their head back.
		<i>Many older people, and those with dementia, have reduced visual acuity and experience discomfort when trying to look up.</i>
10		There is a dedicated area for children - accommodating play, art and craft, and story telling.
		<i>Grandparents are increasingly taking on child care duties. Spaces that support intergenerational activities, include historical displays for story telling, provide arts and crafts equipment for creative endeavours, or simply providing books that support age specific interests will support visits by families and a more diverse range of individuals.</i>
11		Public toilets are freely available.
		<i>Full enjoyment of a library often requires an extended visit time. However many older people need to use the toilet frequently, and those with dementia or other conditions often need the toilet at short notice.</i>
12		Drinking water is available.
		<i>Some types of water fountains can be difficult to use. A tap which can fill bottles will be more recognisable and easier to use. Supporting signage will help locate this.</i>
13		The library service develops events and activities which meet the community needs around dementia.
		<i>Many older people live alone. Library initiatives can help to support the elderly living in the community by increasing social activity and connecting people to services.</i>
14		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

28. Faith Buildings



Faith buildings are a place of solace, for individual thought, reflection or to connect and seek support from community members. Therefore, it is important that they are accessible to everyone, to reinforce a person's sense of purpose and belonging, and allow them to continue their worship.

Religion can help to stimulate memories through recognition of imagery, traditional song or prayer. Evidence suggests that music/singing can also enhance mood and engagement as musical memory is more likely to be retained longer. Shorter services or implementing a break could help some people

with dementia to maintain concentration. A private but accessible room close by will also alleviate any distress someone need to withdraw themselves from the main hall and have a quiet moment by themselves.

Often older religious buildings have seating which is not supportive of older people. This could include long bench seating like pews or having to bend down to kneel on the floor. Providing a range of seating offers the most flexibility and choice for a person and should be positioned at regular intervals.

UK research suggests that

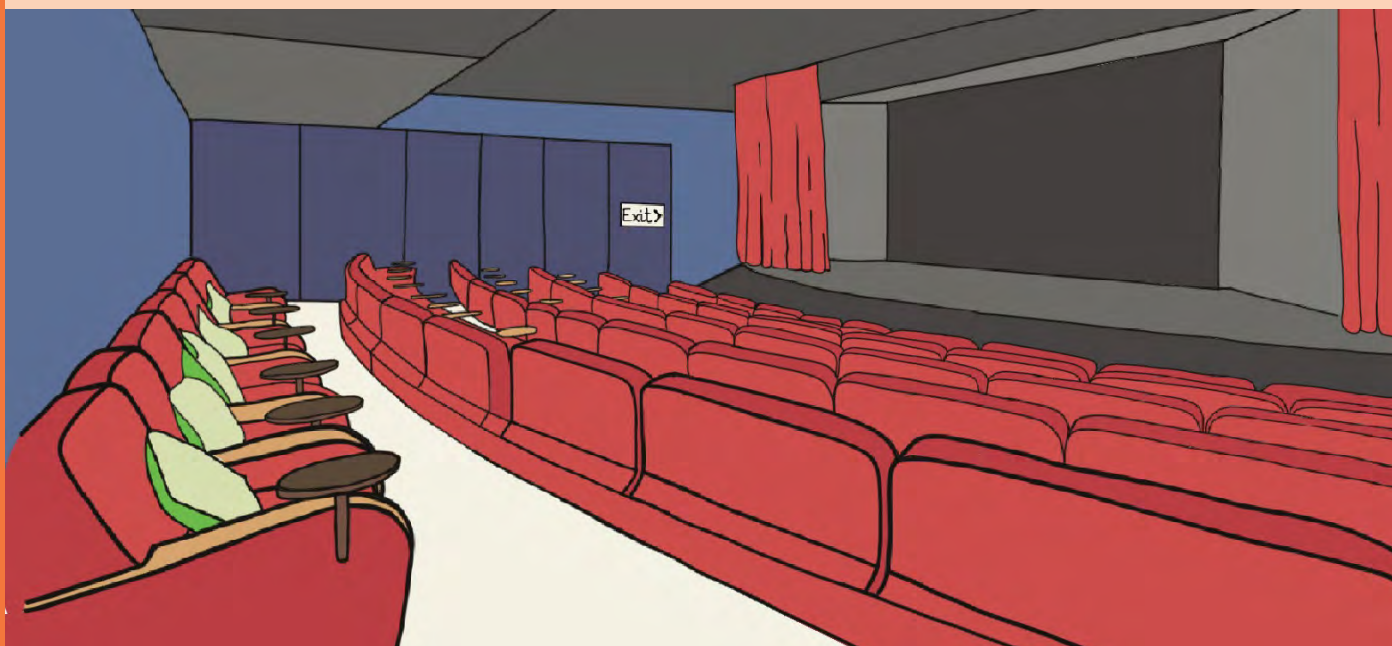
accessibility to older faith buildings are preventing many older people from engaging in their spiritual practice and community in the way they would like to. Level access, handrails, and especially the availability of a toilet will help older members of the community to regularly attend religious services for longer.

Different cultural groups may have differing views on the approach to dementia and in south Asian communities there is not a direct translation for the word 'dementia'. Resources should be published in different languages to promote awareness to all in the community.

28. Faith Buildings

	Y/N	Notes
1		The building supports people with dementia to worship and be supported by their family/carer. Note the family member or carer may not wish to worship but their presence and support may still be needed throughout worship.
		<i>People with dementia may require additional support. The ability for the person with dementia to worship and be supported by their family or carer is important to ensure the person can continue to participate in their congregation/community.</i>
2		People are greeted by a welcoming member of the congregation on arrival.
		<i>A friendly individual on arrival will reduce the stress of the person with dementia and can provide directions to key spaces.</i>
3		There are innovative ways to support people to continue to worship either in the building or within their own home.
		<i>To support people with dementia who may not be able to attend worship in the building services/sermons can be delivered in the person's own home.</i>
4		There is a quiet safe space outwith the main hall, where people can be alone and move to independently if needed.
		<i>People with dementia can become overwhelmed if surrounded by many people. A place to withdraw to for a moment will help to reduce anxiety.</i>
5		If the place of worship is intended for use by multiple faiths, there are familiar objects/features/images to indicate the method of worship.
		<i>Familiarity will aid memory and recognition of place, and prompt a person with dementia of what is expected of them within a particular space.</i>
6		There is a programme to support and keep people with dementia involved in the community.
		<i>This could include enabling the person with dementia to continue volunteering, providing a supportive network for carers or using the platform to educate the community about dementia awareness.</i>
7		Seating is supportive of older people and can be rearranged to support people with limited mobility.
		<i>Dementia can impact on the person's balance, dexterity, strength and gait. Therefore movements of worship (e.g., sitting, kneeling, bowing) can be problematic and can increase risk of imbalance and injury. Provide seating which is ergonomically designed for an older client. Consider providing adaptations or aids to enable the person to undertake worship to the best of their abilities. It is important that the person with dementia is supported to maintain the activity of spiritual bathing, kneeling, bowing or sitting if they choose.</i>
5		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

29. Cinema, Theatres and Auditoria



Ensuring social environments, such as the cinema or theatre, are inclusive of all is very important for people with dementia and their carers. Being able to maintain social routines and attend leisure activities is essential for health and mental wellbeing. This connection to other people and enjoyable pastimes can reduce the detrimental effect of loneliness and isolation, and help to maintain normality in someone's life.

Often building types such as these have low lighting levels for atmospheric value, but this can hinder movement and create obstacles for people with dementia or a sight impairment

when locating the route and their seat. Lighting levels should be high, with a legible signage scheme directing the way on arrival, departure and during intervals.

Relaxed screenings at the cinema can also be inclusive of people with dementia. These include dimming the house-lights but them remaining on throughout the screening, reducing sound levels and allowing viewers to be able to move around freely and talk. Regular intervals and a quiet space close by are also beneficial for anyone needing to take a break from the additional stimuli of a performance and potentially busy and social

space of the cinema/theatre.

Hosting showings of old classic movies, theatre productions and music concerts can help to aid reminiscence for those with a cognitive impairment. Matinee performances can optimise quieter times and pre-show creative classes can help to increase understanding of the plot and help to engage people with dementia in the showing.

29. Cinema, Theatres and Auditoria

	Y/N	Notes
1		There is a reception desk staffed by a welcoming individual visible upon entry.
		<i>The welcome that a person with dementia feels when they first enter a venue can make a significant difference to cognitive and emotional status. Whilst it is possible that some people may not remember everything about the event or performance they attend, they will certainly remember how the experience made them feel. This might affect their willingness to return to the venue for future events.</i>
2		Toilets, or clear signage towards toilets, are clearly visible from the main entry space, any intervals foyer, and upon exit from the performance spaces.
		<i>Patrons may have travelled some distance to get to the venue, and may sit through longer performances than they are comfortable with. People with dementia also often need to use the toilet at much shorter notice. Having the toilets visible from key doorways and spaces will help them to find the toilets quickly when they need to.</i>
3		The entire route from building entrance to seat is well lit.
		<i>Lighting levels can affect wayfinding success, walking confidence, and risk of injury for people with dementia or sight loss.</i>
4		Seating colours, materials, and detailing provide contrast with their surroundings when approaching them - making the 3d shape and location of seating easy to identify.
		<i>Variable lighting levels in performance spaces may make seating even harder to see for those with dementia or sight impairments.</i>
5		There are relaxed, quieter, screening times with the house lighting remaining on, at a low level.
		<i>Relaxed screening times are more inclusive and the audience are more understanding of people's needs. This will prevent the feeling of embarrassment by needing to move, exit the room, talk to a carer or family member or from reactions to loud noises.</i>
6		There are frequent intervals during events or it is easy to exit the auditorium for comfort breaks without interrupting the performance for other patrons.
		<i>This will help improve accessibility for a range of individuals, whether to help them cope with social stress, physical discomfort, or to use the toilets.</i>
7		There are screenings which aid reminiscence and memory.
		<i>Older classic films/theatre productions or those with memorable soundtracks can help people with dementia or a cognitive impairment connect with their past and increase the feeling of self and personal identity.</i>
8		There is a quiet safe space outwith the main hall, where people can be alone and move to independently if needed.
		<i>People with dementia can become overwhelmed if surrounded by many people or loud noises. A place to withdraw to for a moment will help to reduce anxiety.</i>
9		Seating is not all the same. At least some seats should be higher, wider, and be provided with arm rests and back supports.
		<i>People with various physical impairments, hip replacements, or dementia often require more ergonomic seating - especially to remain comfortable over longer periods of sitting.</i>
10		There are places to sit near the main entrance, at intervals along circulation routes, within gathering or waiting areas - such as near the ticket office or the entrances to the auditoria.
		<i>Providing places to sit allows more comfortable use of facilities, supporting those with various health conditions and/or mobility issues. They also help to widen the types of patrons, and to enhance the range of social interactions supported within the venue.</i>
11		There are areas of seating provided with generous, wide and level, access space.
		<i>Gait issues, reduced balance, and other impairments can make it difficult to navigate narrow access spaces.</i>
12		Where the physical fabric of an existing building poses challenges to the implementation of dementia and age-inclusive principles, creative solutions have been put in place to help mitigate these challenges.
		<i>Small measures can make a big difference to accessibility. In many cases flexible management or staff practices can help. For example, in complex venues where level access is not available staff assistance may help some patrons to find their way, or to navigate short flight of steps.</i>
13		Where lighting levels change, this occurs gradually.
		<i>Older eyes can take longer to adjust to changing light levels. Where levels change quickly this can affect safety due to the effect on the persons perception of space.</i>
14		Sounds such as announcements or sound effects are not sudden or louder than necessary.
		<i>Loudspeaker announcements or other sudden loud noises can be highly distressing for people with dementia. Loud sounds in spaces, other than the performance spaces, can affect physical comfort, verbal communication, and overall enjoyment of a social event.</i>
15		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support. Knowing how to support and communicate with a person with dementia is important to help maintain their dignity and independence and deliver an enjoyable entertainment experience.</i>
16		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

30. Offices



The majority of people living with dementia live in the community. A small but increasing number of people diagnosed with dementia are under the age of 65 at the time of diagnosis, and therefore most likely still in the workplace. With an ageing population in the UK, the number proportion of older people in the workforce is likely to increase into the future, and under the Equality Act 2010 employers will have a responsibility to make reasonable adjustments within the workplace to accommodate various disabilities – including for employees who develop dementia. If the necessary adjustments are costly employers are currently eligible to apply to the Access to Work scheme for funding.

Open plan offices are popular and helpfully support the inter-

visibility between spaces. However noise transmission within these open spaces be problematic having some negative effects on communication, concentration, and productivity. A range of design features should be implemented including quiet breakout spaces, enclosed office space for both individual focused time and meetings, and careful selection of materials and construction techniques to help diminish the effects of excess noise. Moveable room and desk dividers can also ensure flexibility of the space, and optimised working conditions.

The team should have an awareness of dementia and how they can support their colleague. Communication styles should be clear and concise, and

information given in advance of meetings and deadlines/ responses, as memory recall and thought process can be disrupted. It may take someone with dementia a little more time to digest and understand information and they may prefer it written down as opposed to spoken, or vice versa. The use of calendars, shared diaries and clocks will be important, and the person may need to be considered for flexible working hours. If responsibilities are to be reallocated this needs to involve the person with dementia as this can have a detrimental effect on self-esteem and financial stability.

30. Offices

	Y/N	Notes
1		There are breakout areas, and quieter places for focus work, especially within open plan office spaces.
		<i>People with dementia have impaired cognition and this can impact on their attention, ability to retain/recall information. It is therefore important that their work environment can support them to be able to do their job to the best of their abilities.</i>
2		There is a toilet which is visible on arriving and is also clearly signed from key locations throughout.
		<i>A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be available.</i>
3		There is an accessible toilet which provides sufficient contrasting toilet seats, grab rails etc.
		<i>An 'accessible' public toilet is defined by the British Standards Institute BS 8300 - Design of an accessible and inclusive built environment or within the 'Approved Document M - Access to and use of buildings' of the UK Government Building Regulations. 'Changing Places' toilets are larger accessible toilets for severely disabled people. Refer to UK Government website for further information.</i>
4		Moveable room dividers, desk dividers and sound absorbing materials have been utilised to reduce visual and auditory distractions at workstations.
		<i>Auditory and visual 'noise' can be debilitating for a person with dementia. Providing fixtures and fittings which reduce noise and block out visible distractions will support the person with dementia to be able to undertake tasks more independently and with more success.</i>
5		There is a large, accurate, analogue clock.
		<i>Digital clocks may not be understood by older people. Clocks may need nearby lighting so they can be seen when it is dark.</i>
6		Kitchens can be located easily and have recognisable appliances, open shelves and/or glazed units.
		<i>People with dementia are more likely to interact/use an object if it is clearly visible to them. The ability to remember what is behind closed doors/cupboards becomes diminished over time and is also a common symptom of early dementia.</i>
7		If there is a staff canteen/break-out room or dining room, there are a few private tables, which are quieter, giving the person with dementia an option of where to sit and whether to sit alone.
		<i>Some people with dementia are self conscious when they eat. Providing low height screens, planting or room partitioning can provide privacy and help to reduce noise reverberation.</i>
8		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support. Knowing how to support and communicate with a person with dementia is important to help maintain their dignity and independence.</i>
9		The office is free from clutter and resources can be located easily.
		<i>'Visual clutter', i.e., the amount of posters and printed information is kept to a minimum to prevent over stimulation, confusion and anxiety.</i>
10		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

31. Public Buildings and Places of Congregation



The majority of people living with dementia live at home in the community, and therefore it is important that people with dementia are able to continue to remain active within their community, and be able to access services, to maintain their independence as well as engage in social activities or employment. Independence and ability is encouraged by having accessible public buildings such as art galleries, bingo halls, museums etc.

The design of our public buildings has a key role to play in contributing to the quality of life of older people and can either be enabling or disabling to a person with dementia and their carer. Public buildings come in many shapes and sizes and are covered several occupancy profiles and intended uses. However, general principles of

legibility, wayfinding, acoustic performance and interior design can be applied and can make a significant impact on whether a public building is dementia-friendly or not.

Consideration must be given to the location of public services to ensure they are easily accessible by public transport or that there is sufficient parking or a drop-off zone within close proximity to the entrance. The design of the building's elevation and massing can support urban wayfinding for example if the form of the building or an element of the building's fenestration is distinctive and memorable (such as a particular roof design or colour of cladding).

Internally it is important that the building entrance is welcoming and information points such as

a reception or totem signage can be located with relative ease. The interior design of the building should utilise contrast to aid legibility, wayfinding and reduce risk of trips and falls.

Having access to public toilets can also support a person with dementia and their carer by alleviating stress and anxiety around the need to toilet with little notice. This can help maintain their confidence to continue to venture outside and participate in community life.

There is no single solution to make a public building dementia-friendly but adopting the Essential Technical Guidance within this guidance document will make a significant difference to the person with dementia.

31. Public Buildings and Places of Congregation

As public buildings vary in function, not all of the below will be relevant in all circumstances.

	Y/N	Notes
1		There is a reception desk staffed by a welcoming individual visible upon entry.
		<i>The welcome that a person with dementia feels when they first enter a building can make a significant difference to cognitive and emotional status. Whilst it is possible that some people may not remember everything about the event or performance they attend, they will certainly remember how the experience made them feel. This might affect their willingness to return to the venue for future events.</i>
2		There is a large clear sign indicating the purpose of the desk.
		<i>The sign should be both big enough to be seen from a distance, and placed where it is less likely to be obscured by other building users. Sign language should be inviting. For example "Information" would be more welcoming than an abstract corporate logo.</i>
3		Toilets, or clear signage towards toilets, are clearly visible from the main entry space, any waiting areas, and upon exit from key spaces.
		<i>Patrons may have travelled some distance to get to the venue, and may sit through longer performances than they are comfortable with. People with dementia also often need to use the toilet at much shorter notice. Having the toilets visible from key doorways and spaces will help them to find the toilets quickly when they need to.</i>
4		All public areas of the building are well lit.
		<i>Lighting levels can affect wayfinding success, walking confidence, and risk of injury for people with dementia or sight loss.</i>
5		The main reception, any social areas, or congregation spaces have good acoustics.
		<i>Sound can be disabling for people with dementia. Spaces with poor sound reverberation (i.e. having an echoing effect) can affect clarity of hearing and in turn exclude many people from understanding verbal communication or engaging in conversation. Soft finishes like carpets, curtains, or specialist sound baffles can dramatically improve the sound quality in a space.</i>
6		The function of the building is obvious when approaching the building, within the entrance area, and within any key function rooms.
		<i>The three dimensional shape of the building, and its interior spaces, together with decor and fittings can all help people with dementia to understand the function of the building, and in turn what to expect of how to behave - thereby reducing confusion and anxiety.</i>
7		There is at-will level access to safe and pleasant outdoor space.
		<i>There is overwhelming evidence for the health benefits of direct exposure to daylight, fresh air, greenery, and views to the wider landscape. They can also provide relief from stress and anxiety. Outdoor space is preferably available at all floor levels, and ideally also available directly off main gathering spaces.</i>
8		There is a quiet safe space available where people can be alone and move to independently if needed.
		<i>People with dementia can become overwhelmed if surrounded by many people or loud noises. A place to withdraw to for a moment will help to reduce anxiety.</i>
9		There is a variety in the types of seating available. At least some seats should be higher, wider, and be provided with arm rests and back supports.
		<i>People with various physical impairments, hip replacements, or dementia often require more ergonomic seating - especially to remain comfortable over longer periods of sitting.</i>
10		There are places to sit near the main entrance, at intervals along circulation routes, within waiting areas, and in all key spaces.
		<i>Providing places to sit allows more comfortable use of facilities, supporting those with various health conditions and/or mobility issues. They also help to widen the types of patrons, and to enhance the range of social interactions supported within the venue.</i>
11		Within gathering spaces, there is secondary directional signage to key spaces including toilets, located above head height.
		<i>When gathering spaces become crowded the primary signage, located c.1.2m above the floor, may not always be visible. Secondary signage that can be seen from a distance over the heads of other people may be invaluable in helping find the way to key spaces.</i>
12		Where the physical fabric of an existing building poses challenges to the implementation of dementia and age-inclusive principles, creative solutions have been put in place to help mitigate these challenges.
		<i>Small measures can make a big difference to accessibility. In many cases flexible management or staff practices can help. For example, in complex building layouts staff assistance may help some patrons to find their way.</i>
13		Staff have an awareness of dementia and have an understanding of how to provide additional support to someone if needed.
		<i>People with dementia may feel self conscious about asking for help. An awareness of dementia, how this presents in individuals and the challenges the individual may face can help staff to identify a customer who requires additional support. Knowing how to support and communicate with a person with dementia is important to help maintain their dignity and independence and deliver an enjoyable shopping experience.</i>
14		Internal finishes, colours, lighting and signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

32. At Home



It is understandable that the majority of people wish to remain in their homes and society should support them to do so for as long as possible. However, remaining at home can raise many challenges for people with dementia and their carers, as the majority of current housing stock is not supportive of cognitive accessibility needs. There are however a few design solutions which are cost neutral and can have a significant positive impact on everyday life at home.

Familiarity is important to retain, whether staying in the same house or when moving to a new home, as big changes in the environment can cause distress and confusion. It may mean keeping a well-loved sofa or buying more traditional appliances to support recognition of function and operation.

Simple changes involving using tonal contrast to see items clearly against their background may be the difference between staying at home and seeking private care. Changing the towels, toilet seat and soap in the bathroom, so they have a high contrast with walls, floors and basin, can make a huge difference to someone's autonomy and dignity.

Ideally there would be level access around the home, to the bathroom and to an outdoor space, to help maintain independence for as long as possible. The available space could also be reconfigured to allow ease of movement for mobility aids and a carer to assist unhindered. Some people may prefer a bath in the home, however a level access shower area (wetroom) should be considered as this will improve safety and risk associated with

bathing and reduction in mobility and agility.

Visual access is important even in a familiar domestic setting, as locations of places and items previously known can be forgotten as dementia progresses. An open plan layout, glazed cupboards and wardrobes, combined with allowing the maximum natural light into a space will prompt the person with dementia as to where things are located.

Any adaptations/alterations should be considered with regards to other statutory approvals such as Building Warrant, Listed Building Consents and Planning Consents. Alterations should also be carried-out with the relevant permission from the property owner.

32. At Home

	Y/N	Notes
1		The entrance to the person's home can be personalised/made distinctive from other doors in their block, street, housing development.
		<i>People with dementia often experience problems with wayfinding. Even locating their own home/front door can become a challenge. Personal objects, a distinct coloured door and nameplates can all help differentiate their door from another. This can improve wayfinding and reduce confusion.</i>
2		A mobility scooter store or wheelchair store is located adjacent to the entrance.
		<i>Mobility items are located close by, however should not impede on or block access/egress from the property nor reduce the unobstructed width of the corridor/entrance as this could present a fire evacuation hazard.</i>
3		There is access to outdoor areas in all weathers. The access should be barrier-free/level. Observe: There is a lobby/veranda or similar space to allow access outside in all weathers.
		<i>People with dementia will often be calmer if they can go outside when they want, a lobby or veranda will be a great asset providing intermediate space to enjoy the outside.</i>
4		Natural and artificial lighting has been maximised by increasing the number of lights in the house, clean and remove anything blocking windows, pull curtains back and clip outdoor shrubbery to increase daylight.
		<i>The ageing eye needs at least twice as much light in order to see, and so optimising natural light and increasing artificial light will make the surroundings clearer, as well as supporting the person's body clock and sleep patterns. Refer to the 'essential technical guidance' sections for more information on lighting.</i>
5		Unhelpful background noise stimulation has been minimised from unwatched TV's, radios.
		<i>Meaningless noise can be disabling for a person with dementia, reducing the ability to concentrate on a task, activity and prevent them from finishing a meal.</i>
6		Technology has been adapted to accommodate the person with dementia's specific needs. Observe: Adapted phones; big-button remote control; large-face analogue clock etc.
		<i>The person with dementia should have been individually assessed and provided with equipment and technology to suit their individual needs. Care should be taken with complex new ideas and unfamiliar controls. Refer to our 'essential technical guidance' for more information on 'technology and interfaces'.</i>
7		A level access wetroom is provided for the person with dementia/their care companion to undertake personal hygiene and toileting.
		<i>To enable a person with dementia to continue to bathe themselves and to toilet independently for as long as possible, it is vital the design of the room is accessible. To support the person and their care companion as their care needs increase it is also important that the space can accommodate supported bathing. This includes having sufficient space for hoists, standing aids, wheelchairs etc.</i>
8		A mixture of glazed cupboards and open shelving are provided in the principal living areas (kitchen, living, toilet and bedroom) to help prompt or remind the person where items such as food, clothes, toiletries are located.
		<i>People with dementia require visual prompts to remind them to eat, dress, shower. Objects which are out of sight in cupboards with solid doors do not offer a visual prompt. Similarly, placing a photograph of the contents of a cupboard on the cupboard door can also act as a visual prompt.</i>
9		Toilets/shower rooms/bathrooms have fixtures and fittings which are recognisable, easy to use and provide sufficient contrast. Where there is an en-suite the bed is positioned so there is a direct line of sight from the bedhead to the toilet.
		<i>Refer to our 'essential technical guidance' for more information on dementia-friendly toilets and contrast. A person with dementia often needs to find a toilet in a hurry. To maintain dignity, independence and continence a toilet must be visible and easily reached.</i>
10		Internal finishes, colours, lighting and (if necessary) signage are dementia friendly (refer to these sections within this guidance document for more detailed information).
		<i>To support a person with dementia to remain in their own home for longer it is important that key features such as the interior decoration supports their needs and is dementia-friendly. It is not always apparent that the interior can be challenging for the person but simple changes such as painting a wall or replacing a carpet can reap significant benefits. Refer to the 'essential technical' sections which relate to lighting, acoustic, interior, fittings and fixtures for people with dementia.</i>

Useful Resources

Bowes, A & Dawson, A (2019) 'Designing Environments for People with Dementia: A Systematic Literature Review'. Available at: <https://www.emeraldinsight.com/doi/full/10.1108/978-1-78769-971-720191004>

Dementia Services Development Centre
www.dementia.stir.ac.uk

Iridis - Homeowner Assessment Tool
Available on the App Store and Google Play

John Smith Bookshop
<https://www.johnsmith.co.uk/stir/offers/5000>

- Designing Gardens for People with Dementia
- Designing Interiors for People with Dementia
- Light and Lighting Design for People with Dementia
- Hearing, Sound and the Acoustic Environment for People with Dementia
- Designing Balconies, Roof Terraces and Roof Gardens for People with Dementia
- Designing Outdoor Spaces for People with Dementia
- Designing for People with Dementia: Audit Tool (2nd Ed.)

Thomas Pocklington Trust - Dementia and Sight Loss Guidance
https://dementia.stir.ac.uk/system/files/filedepot/12/good_practice_in_the_design_of_homes_and_living_spaces_for_people_living_with_dementia_and_sight_loss_final.pdf

Changing Places Toilets
<https://www.gov.uk/government/news/changing-places-toilets-for-severely-disabled-people-to-be-compulsory-in-new-public-buildings>

Building Regulation: Approved Document M
<https://www.gov.uk/government/publications/access-to-and-use-of-buildings-approved-document-m>

Dementia-friendly Sport and Physical Activity Guide – Alzheimer's Society and Sport England (February 2019)
https://www.alzheimers.org.uk/sites/default/files/2019-02/19003-Sports_Leisure_guide_online.pdf



Sport England's Overall Accessible Facilities Guidance
<https://www.sportengland.org/how-we-can-help/facilities-and-planning/design-and-cost-guidance/accessible-facilities>

Kirklees Dementia Friendly Highstreet Toolkit

The Kirklees Living Life to the Full Guide
<https://www.kirklees.gov.uk/beta/health-and-well-being/pdf/living-with-dementia-in-kirklees-guide.pdf>

Living with Dementia in Kirklees Guide - The Kirklees Dementia
Locality Factsheets - Useful Contacts
<https://www.kirklees.gov.uk/beta/health-and-well-being/pdf/dementia-in-kirklees-useful-contacts.pdf>

Kirklees Council - Dementia Support in Kirklees
[Kirklees.gov.uk/dementia](https://www.kirklees.gov.uk/dementia)

Kirklees Council
Civic Centre 1
Huddersfield, HD1 2NF

e: dementia.design@kirklees.gov.uk
t: 01484 414933 (Gateway to Care)
w: www.kirklees.gov.uk/dementia

Dementia Services Development Centre
Iris Murdoch Building
University of Stirling
Stirling, FK9 4LA

e: dementia@stir.ac.uk
w: www.dementia@stir.ac.uk

