

Design guidance for people with dementia and for people with sight loss

This report summarises results from a comparative review of design guidance for people with dementia and design guidance for people with sight loss. The review was carried out by Habinteg.

Aims of the review

The review focused on design guidance literature related to homes and living environments for people with dementia and for people with sight loss. The aim was to:

- assess the degree of convergence between the two sets of guidance
- identify areas where they may conflict
- highlight gaps in the scope or content of the guidance.

Main findings

- Design guidance relating to dementia tends to discuss buildings providing care homes or 'extra care' housing (i.e. staffed facilities) or day centres. The documents pay limited attention to design within ordinary domestic-scale dwellings or design detail that aims to promote independent living.
- Design guidance for people with sight loss focuses on design that maximises independence. The emphasis is on people living in their own homes and the guidance contains a higher level of detail and more precise specifications than that relating to people with dementia.
- Despite these different approaches, there are common principles between the two sets of guidance. There are also further principles that apply to accommodation for people with dementia but are not typically covered by guidance relating to sight loss.
- There is potential for design guidance for people with dementia to conflict with that for people with sight loss, and vice versa.

Background and method

Around 750,000 people in the UK have a diagnosis of dementia. Most are aged over 65. Serious sight loss affects about two million people and the main causes of sight loss are related to ageing, so most people with sight loss are also aged over 65. Among those over 75, it is estimated that around 100,000 people will have a diagnosis of both dementia and sight loss.

Most people with dementia or sight loss live in their own homes, either alone or with family carers and/or other support. Appropriate design can enable people to cope better in their home and retain their independence, thereby avoiding or delaying a move to a care home. Guidance on design issues has tended to centre on either dementia or sight loss. There is a major gap in advice and information about good practice in designing for people with both conditions.

This short review was desk-based and covered selected relevant design guidance publications. It did not involve a systematic literature review and focused mainly on guidance produced in the UK.

Common design principles

The following aspects of design or areas of the home/building are addressed in the guidance materials:

- Location and scale
- Inclusiveness and adaptability
- Simplicity
- Way-finding
- Contrast (surfaces, features and controls)
- Space standards
- Lighting
- Textures, finishes and surfaces (excluding contrast)
- Non-institutional and familiar appearance
- Orientation
- Security
- Potential for social interaction and activities.

Details common to both sets of guidance include:

- The ability to adapt or adjust facilities to suit each person's needs, or a range of needs, such as control over lighting levels and potential for having either a shower or a bath
- Low window sills to maximise views outside when seated
- Clear design that eliminates unnecessary complexity
- Simple, logical design of all external and internal layouts to assist orientation
- Use of colour and the provision of way-finding 'features' or 'location identifiers'
- Good contrast between adjacent surfaces, features and their backgrounds, and between controls and their background
- Good space standards so that furniture and other items can be arranged to allow direct circulation routes through, and within, all rooms and other areas (for sight loss); and that allow space for memorabilia or objects that can act as memory stimulants (for dementia)
- Maximisation of natural light but with the potential to control it (e.g. with blinds)
- Avoidance of sharp variations in lighting levels, excessive brightness and shadowed areas
- Avoidance of glossy finishes to floors and other surfaces that might cause glare or confusing reflections.

Additional design principles

The additional principles identified in the guidance materials as being of particular concern in design for people with dementia include the following:

- Provision for activities that help maintain and stimulate preserved skills, e.g. a garden, kitchen or laundry
- A layout that enables people with dementia to observe activities without actually participating, thereby promoting social and sensory stimuli
- Provision of appropriate Assistive Technology, which can offer benefits of increased security, independence and quality of life, as well as reduced risk
- Placement of 'interesting features' along communal paths and corridors and within individual communal rooms, to stimulate interest and promote memory

- The potential for 'personalisation' e.g. photographs on residents' doors – and the provision of 'features' (as a wayfinding aid) is of greater importance than varying colour
- Avoidance of surface finishes with a pictorial image, or complicated and/or fussy patterns.

Potential design conflicts

The potential conflicts between the two sets of design guidance include the following:

- Garden paths intended to facilitate movement by people with dementia that are complete and meander to form an overall 'circular' route (eventually arriving back at the origin). Garden paths designed for people with sight loss would typically avoid curves and prefer 90-degree turns where necessary.
- Similarly, some design for dementia guidance discusses 'circular' internal corridor routes as being preferred (i.e. continuous routes with no ends). This may not always promote a simple layout to assist with orientation by people with sight loss – unless well managed in the design stages it can lead to a layout with greater symmetry and repetition which can be confusing for people with sight loss.
- One document on design for dementia stated that curved walls in corridors were 'of interest' to residents and were considered to be 'less oppressive' as they gave the sense of more space. Curved walls are not recommended for routes or areas to be used by people with sight loss.
- 'Features' and memory objects placed along circulation routes to assist in way-finding could become hazards and obstacles for people with sight loss. There is a need for this approach to be developed in a way that maximises potential benefits while reducing risks. Guidance could be developed to ensure that potential for scent and sound is used, in addition to visual clues.

Conclusions

There are many points of agreement between the two sets of guidance. There are also areas where they diverge or conflict. This is of particular concern in shared living environments such as care homes and housing with care, and for people who are affected by both dementia and sight loss.

There is a gap in design guidance for people with dementia living in ordinary housing. While the design principles and much of the detail will be the same as for communal settings, it is important to consider whether any different design recommendations can be made for the small domestic context.

Examples of areas where future guidance should give more attention to different and concurrent needs include: garden paths (circular routes and turns); walls (curves and corners); way-finding features (clues and hazards); sensory stimuli (sight, scent and sound); contrasts between adjacent surfaces, (colour and texture); boundaries between adjacent areas (floor finishes) doors and entrances (use of glazing); taps and other controls (traditional/familiar or accessible/inclusive); and access gates to and from the property (ease of locating the way out).

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How to obtain further information

The full project report on which this paper is based; A comparative review of design guidance for people with dementia and for people with sight loss by Habinteg is available from:

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Telephone: 020 8995 0880 Email: info@pocklington-trust.org.uk Web: www.pocklington-trust.org.uk

Copies of this paper in large print, audio tape or CD, Braille and electronic format are available from Thomas Pocklington Trust.

Background on Pocklington

Thomas Pocklington Trust is a leading provider of housing, care and support services for people with sight loss in the UK. Each year we also fund a programme of social and public health research and development projects.

Pocklington's operations offer a range of sheltered and supported housing, residential care, respite care, day services, resource centres and volunteer-based community support services.

We strive to improve continuously the quality standards in our operational centres to meet the changing needs and expectations of our current and future service users. We are proud to be an Investor in People and a Positive about Disability organisation.

Our research and development programme aims to identify practical ways to improve the lives of people with sight loss by improving social inclusion, independence and quality of life, and improving and developing service outcomes as well as focusing on public health issues.

In this publication, the terms 'visually impaired people', 'blind and partially sighted people' and 'people with sight loss' all refer to people who are blind or who have partial sight.



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