At a Glance: a Checklist for Developing Dementia Friendly Communities

This ‘At a Glance’ offers useful checklists on designing dementia friendly communities. It summarises some of the key design points set out in the recent Housing LIN Viewpoint *Breaking New Ground: The Quest for Dementia Friendly Communities*, by Dr Lynne Mitchell at the University of Warwick (Viewpoint No.25, Housing LIN, 2012)

Edited for the Housing Learning & Improvement Network by Jeremy Porteus

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Introduction

The term ‘dementia friendly communities’ has emerged in recent years as policy makers and practitioners seek new ways to address the steady rise in numbers of people with dementia as the population ages. It reflects a growing movement to remind society that people with dementia have the same rights as everyone else to be treated with dignity and respect, to lead independent, autonomous lives and to continue to be active citizens in society whose opinions are heard and acted upon.

The quest for dementia friendly communities recently received a boost from the Prime Minister’s Challenge on dementia\(^1\), launched alongside Alzheimer’s Society’s Dementia 2012: a national challenge\(^2\). The Prime Minister’s three key areas of driving improvements in health and care; creating dementia friendly communities that understand how to help; and better research will, if adequately met, help to improve the lives of people with dementia and their carers. Alzheimer’s Society, working with the Dementia Action Alliance in supporting the development of dementia friendly communities, stresses the need to tackle the stigmatism, exclusion, loneliness, and lack of control and empowerment people with dementia currently experience but at this early stage is not prescriptive about the specifics of what constitutes a dementia friendly community.

Seeking dementia friendly communities

With people aged 65 and over making up the largest number of households in the future, the importance of ensuring that all types of housing provide a flexible, adaptable living environment to meet people’s changing needs throughout the life-course is apparent. Future proofing all housing would give people more housing choice and less likelihood of having to face disruptive adaptations or unwanted moves when circumstances change. And for housing to be both inclusive and dementia friendly they also need to address sensory and cognitive challenges.

Designing dementia friendly environments

The most useful design principles and recommendations currently available include:

1. Familiar environments which people with dementia recognise and understand:
   - Non-institutional buildings, rooms and spaces that meet older people’s expectations of what such rooms look like in terms of scale, layout, fittings, décor, furniture and furnishings
   - Designs that are recognisable and familiar to people with dementia; features should be designed so their use is obvious and unambiguous – this is not a case of traditional versus modern or using a particular style or historical era but clarity of good design

2. Legible environments which give clues to help people with dementia understand where they are, what is expected of them in that space and which way they need to go:
   - A clear hierarchy of spaces including private, semi-private, semi-public and public spaces helps residents identify different spaces and helps protect their privacy and sense of home
   - Plenty of views of the outside provide interesting views, natural light and ventilation. Being able to see outside helps orientation and wayfinding and a sense of connection to the wider world

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\(^1\) Prime Minister’s challenge on dementia. Delivering major improvements in dementia care and research by 2015. Department of Health (2012)

• A minimum of wide, short corridors, single banked to allow natural light and views of the outside, no dead ends or blind bends and with views along them to functional destinations and interesting wayfinding cues, while avoiding clutter and trip hazards.

• Where it is impossible to avoid having a number of corridors, a hierarchy of corridors helps to delineate private and public spaces.

• There is conflicting evidence about the effectiveness of signs and colour coding. But large, realistic graphics in clear, colour contrast to the background on essential destinations, such as toilet doors; and contrasting colours, for example between different doors or corridors, can be useful.

• ‘Memory boxes’ of possessions are useful for wayfinding and orientation and also help people maintain their sense of identity, self and belonging.

3. Distinctive environments, spaces and features help capture people’s attention and concentration and enhance their living environment while helping them to find their way around:

• Separate distinctive rooms e.g. living room, dining room and activity room rather than one large generic shared space.

• Attractive and interesting wayfinding cues, such as art work, potted plants, ornaments, placed at strategic spots.

• Features to give clues to the use of a room, e.g. a fireplace and comfortable chairs in the living room, a dining table and chairs in the dining room …

• Visual access, e.g. a clear view of the en-suite toilet from the bed.

• Plain, clear colour contrasts between walls and floors, handrails and walls, doors and walls, sanitation ware and walls and floors, toilet seats / flush handles and toilets, taps and basins, furniture and walls / floors …

4. Accessible environments that enable people to reach, enter, use and move around the places and spaces they need or wish to visit, regardless of any physical, sensory or cognitive impairment.

• Location close to services, facilities, community activities and open space.

• Access to the outdoors, especially natural environments, is essential regardless of the severity of the dementia to enhance health and wellbeing and reduce stress. Sunlight is important for the production of serotonin, a mood-enhancing hormone and the absorption of vitamin D which reduces the risk of osteomalacia, osteoporosis and respiratory infections. Natural light and being able to see the cycle of day and night and the seasons can reduce ‘sundowning’ and sleep disorders.

• High-intensity levels of natural light indoors can positively affect sleep, mood and behaviour: large windows, glazed doors, roof lights, atria, light tunnels.

• Curtains, blinds and anti-glare, non-reflective glass to avoid glare, shadows and frightening reflections.

• Indirect artificial light adequate enough to provide the three to five times more light that older people need compared to younger adults.

• Flooring and pathways that are plain, non-reflective, wide, flat, smooth and non-slip, in clear colour and textural contrast to walls, doors etc.

• No changes in level, but if unavoidable a choice of steps and ramp with max. gradient 1:20, clearly marked and well lit with handrails and non-slip, non-glare surfaces.
5. Safe environments so people can independently use, enjoy and move around places and spaces freely without fear of coming to harm

- Important not to let safety concerns overrule issues of independence any more than necessary
- No trip hazards
- Flush thresholds
- Flat, plain, non-slip flooring & paving
- Handrails in clear colour contrast to walls
- Camouflaged doors can prevent residents from entering unsafe areas
- Outside enclosed spaces that are easy to navigate, overlooked and with flat, non-slip, plain paving, raised beds, seating and shelter, flat topography and no trip hazards

6. Comfortable environments so people feel at ease and are able to visit, use and enjoy places and spaces of their choice without physical or mental discomposure. Meeting the other five principles contributes to comfort but also:

- Quiet, calm surroundings
- Soft furnishings to deaden noise
- Discreet alarms
- Planting to buffer traffic noise
- Large windows with low sills and nearby seating as attractive or interesting views, especially of nature, can have a therapeutic effect and can reduce blood pressure and stress levels

**Extra Care Housing and dementia**

Housing with care, such as extra care and continuing care housing, is becoming a preferred alternative amongst commissioners of adult social care to care homes for people with dementia. Research suggests that many people with dementia can lead good quality lives in extra care housing, at least in the mild to moderate stages, but they often experience loneliness and social isolation and a lack of acceptance by other residents. For example, Midland Heart’s research found that the needs of some people with severe dementia are better met in residential care.

Although specialist housing is designed to meet the needs of older people who need some support and care, it is not generally specifically designed to be dementia friendly, although this is beginning to change. The Housing LIN *Design principles for extra care factsheet* stresses that design for dementia principles must be incorporated into the design of extra care housing and points out that these will benefit all users of the housing.

Although not specifically related to design for dementia, the *Housing our Ageing Population: Panel for Innovation* report (HCA, 2009) has been influential in encouraging housing providers and developers to rethink how they design their properties. The report recommends 10 design components for housing for older people derived mainly from their study tour of 24 schemes in 6 countries:

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5 Nicholson et al. *Design principles for extra care. Factsheet no.6. 2nd Edition.* Housing LIN and Care Services Improvement Partnership
1. generous internal space standards and flexible layouts
2. maximising natural light through the placement, size and detail of windows
3. building layouts that avoid internal corridors and single-aspect flats and provide large balconies, patios or terraces
4. adaptable homes in which new technologies can be easily installed
5. building layouts that promote circulation areas as shared to encourage interaction
6. multi-purpose space accommodating a range of activities
7. designing homes to be part of the street and public realm and nurturing the natural environment
8. energy-efficient and well insulated
9. adequate storage
10. shared external surfaces that give priority to pedestrians

We are now beginning to see private development companies in the sector incorporating these components into new build and looking into how to adapt existing properties but they have found that innovative solutions are sometimes required to ensure that the resulting design fits into the local character of the street.

**Designing dementia friendly neighbourhoods**

In terms of making neighbourhoods more dementia friendly, much can be done at the design level. Indeed, the design of the environment can make a big difference to their level of independence and ability to use and find their way around the neighbourhood. Importantly, in *Streets for Life* (Burton & Mitchell, 2006), the authors identified 6 principles of dementia friendly environments, namely: familiarity, legibility, distinctiveness, accessibility, safety and comfort and made over 70 recommendations. From those recommendations the following 17 key design features of new dementia friendly neighbourhoods stand out:

1. Small blocks laid out on an irregular (deformed) grid with minimal crossroads
2. A hierarchy of familiar types of streets, including high streets and residential side streets
3. Gently winding streets
4. Varied urban form and architecture that reflects local character
5. A mix of uses, including plenty of services, facilities and open space
6. Permeable buffer zones, such as trees and / or grass verges, between busy roads and footways
7. Buildings and facilities designed to reflect uses
8. Obvious entrances to buildings
9. Landmarks and environmental cues
10. Special / distinctive features at junctions, e.g. street furniture, trees
11. Wide, flat, smooth, plain, non-slip footways separate from cycle lanes
12. Frequent pedestrian crossings with audible and visual cues suitable for older people
13. Level changes only when unavoidable, clearly marked with handrails
14. Clear signs throughout
15. Frequent sturdy public seating in warm materials, with arm and back rests
16. Enclosed bus shelters, with seating and transparent walls or large, clear windows
17. Ground level public toilets

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Where no new development is planned, the following improvements are likely to be helpful for people with dementia:

1. Add landmarks, distinctive structures, open spaces or places of activity
2. Add special features (e.g. post boxes, telephone boxes, trees, statues) at junctions, particularly complex ones
3. Add porches, canopies and clear signs to make entrances to public buildings obvious
4. Increase the widths of footways (e.g. by reducing the widths of roads)
5. On busy roads, create a green buffer zone between pedestrians and cars
6. Move cycle lanes from footways to roads
7. Increase the frequency of pedestrian crossings
8. Where there are steps, provide a slope or ramp (no more than 1 in 20) as well
9. Add handrails to steps or ramps, if they don’t have them
10. Fix clear signs and symbols (where existing ones are poor) to publicly accessible buildings, preferably perpendicular to walls
11. Remove all unclear and unnecessary signs
12. Replace all unclear road and directional signs with clear ones
13. Increase variety in the existing built form (e.g. by painting doors and windows different colours and adding details such as window boxes)
14. Add trees and street furniture where possible
15. Make sure there are public seats, toilets and bus shelters that are suitable for older people
16. Make sure gates and doors only require up to 2kg of pressure to open
17. Improve audible cues at pedestrian crossings where necessary and increase crossing times
18. Replace cobbled, rough or patterned footways with smooth, plain ones
19. Reduce street clutter (e.g. boards, adverts, signs)
20. Increase the amount of street lighting where necessary

Work conducted with people with dementia by Alzheimer’s Australia NSW\(^6\) has also identified the following as the most important outdoor design features:

- wide, flat, bicycle-free footways
- drive in / drop off points outside important venues
- clusters of shops
- non-slip, non-reflective paving
- clearly marked glass doors
- plenty of seating with arm and back rests
- good lighting
- dementia friendly signs and symbols
- sheltered bus stops with handrails and seating
- frequent pedestrian crossings
- handrails at crossings, bus stops, safety islands and corners

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All these design for dementia recommendations complement those for making
neighbourhoods more age friendly including Help the Aged’s (now Age UK) manifesto for
dementia’s (now Age UK) manifesto for lifetime neighbourhoods, the World Health Organisation’s global age-friendly cities guide, the Lifetime Neighbourhoods report and the Inclusive Design for Getting Outdoors (I’DGO) consortium.

Conclusions

In conclusion, a dementia friendly community should provide a good choice of different types
of housing with care and general housing with home-based health and social care services
and ensure that the design of housing and neighbourhoods supports and enables people
with dementia.

A key recommendation in Dementia 2012 is for Alzheimer’s Society to develop an
understanding of what makes a dementia friendly community. They are gathering
information and evidence on all the elements important to dementia friendly communities
and believe that design and housing are likely to play a key role. Their report on housing and
dementia, due out soon, begins to examine this role but they are very keen for people
working in housing and design to share what evidence they have to help shape the
development of the concept of dementia friendly communities and the role housing and
design can play.

To read the full viewpoint by Dr Lynne Mitchell, Breaking New Ground: The Quest for
Dementia Friendly Communities, go to:

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9 www.idgo.ac.uk