Successful places with homes and jobs

A NATIONAL AGENCY WORKING LOCALLY

Local perspective dialogue continued; Quality counts-designing for dementia

ESE Design Seminar

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Quality counts – designing for dementia

- Terry’s presentation ‘dementia is projected to increase 44% among the over 65’s by 2025’
- Cost to NHS, bed blocking - enormous
- Fiscal environment - more efficiencies & reduce public expenditure
- Smith Institute, on aging population ‘massive challenge to Housing Association sector’
- Some specialist provision schemes with dementia focus being developed e.g. Brighton Mead Extra Care, Elizabeth Gardens

But

- Two thirds of people with dementia live in the community
Quality counts - designing for Dementia
Paradigm shift required

What are we going to do to address the pressing need?

1st need to better understand the experience of dementia

memory disorders, personality changes, and impaired reasoning
Quality counts - designing for dementia

Age related impairments influencing design

- **Sight**: a hazier world, diminished ability to discriminate between colours, sensitivity to glare
- **Muscles** diminished - reduced grip, poorer reach, drooping neck, slower gait
- **Hearing**: loss of high frequencies, louder low frequencies
- **Homeostasis** (the body’s ability to maintain a state of stability or equilibrium)
- **Lung capacity** reduced - need for more oxygen in the air to function well
Quality counts - designing for Dementia

Dementia related impairments influencing design

- memory, especially recent memory
- learning
- reasoning
- high levels of stress
- perceptual problems for many
- difficulty adjusting to the sensory/mobility impairment of normal ageing.
Quality counts-designing for Dementia
How can design help / hinder?

Where am I? - What day is it? – What’s happening?

Design aims –due to cognitive impairments-

- Familiarity!
- Domestic scale
- Clear visibility and multiple clues
- Avoid confusion, minimise distractions
- Easy to use and understand
- Importance of activity and exercise, indoors and outdoors.
Quality counts-designing for Dementia

Impact of inadequate design on mobility-
Slips, trips and falls - compared with older people without dementia, those with dementia are: twice as likely to fall, five times more likely to be institutionalised subsequently

Impact of inadequate design on behaviour-
- Walking a lot (lost, hot, in pain)
- Frustration at dead ends
- Anger at feeling imprisoned
- Humiliated because cannot understand and use normal things like taps and toilet flush
- Withdrawal from too much noise
Quality counts - designing for Dementia

Seven basic categories of design principles
(from Dementia Services Development Centre, Stirling University);

- 1. Room/space adjacencies
- 2. Visibility/permeability
- 3. Waymarking/navigation
- 4. Scale
- 5. Privacy/sociability
- 6. Sensory enhancement (comfort)
- 7. Easily accessible outdoor space
Design for dementia
Principles of Building Design

1. Room/space adjacencies:

- Toilet accessibility
- Linkages e.g. lounge/dining/kitchen
- Bedroom en-suite shower/wc
- Indoor-outdoor links.
Designing for Dementia
Principles of Building Design

2. Visibility/permeability:

- Open planning
- Use of glazed screens
- Avoid directly facing bedroom doors
- Better lighting
- Signs at appropriate eye level.
Designing for Dementia
Principles of Building Design

3. Waymarking/navigation:

- Landmark objects
- Building features
- Signage
- Personalisation
- Localisation
- Light orientation.
Designing for Dementia
Principles of Building Design

4. Scale:

- Short or no corridors.
- Single-storey preferential
- More spaces rather than larger
- Best suited to activities of daily living
Designing for Dementia
Principles of Building Design

5. Privacy/sociability:
- Define the ‘front’ door
- Personal possessions
- Sequence public/private
- Separate living space from services
- Age appropriateness
- End of life and extreme frailty.
Designing for Dementia
Principles of Building Design

6. Sensory enhancement:

Vision: the ageing eye

- Loss of visual acuity
- Lower contrast sensitivity
- Poorer colour vision
- Less spatial awareness
- Poorer perception of depth
Designing for Dementia
Principles of Building Design

6. Sensory enhancement

**Hearing**: the ageing ear
- Loss of higher pitch range
- Less able to differentiate sounds
- Less sensitivity at low volumes
- Presbycusis – noise intolerance
- Tinnitus
- Less sensitive balance.
Designing for Dementia
Principles of Building Design

6. Sensory enhancement:
Promote experiences of;
- Touch
- Smell
- Taste.
Designing for Dementia
Principles of Building Design

7. Easily accessible outdoor space

- Visible and easy to access
- Safe and secure
- Attractive and meaningful
- With choice of activities.
Quality counts—designing for Dementia
Principles of Building Design

In conclusion; what does it all mean?

“A dementia-friendly design will help a person with dementia feel calm and relaxed; be as safe as possible from falls; be as safe as possible from infection; be able to find their way with ease; be able to see as well as possible; have things to do; be able to go outside when they want to; be supported to eat well; and be able to sleep well.”

Building design advice;
- Dementia Centre Stirling Univ.
- www.Dementia.stir.ac.uk
- ESE HCA Design Managers

The End

- Thank you -