

Making It Dementia Friendly

2018



Guidebook

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Why This Guide?

What is the point of this guide? Why have I written it? Simply put, I and many others, see a great need for a “tool” that is built from the perspective of the Person Living with Dementia. What this guide hopes to offer is the results of thorough quantitative research interpreted in the light of the lived experience. As a person Living Well with Dementia, I feel obligated to produce this resource that I hope will find a practical use.

Why Assess Your Venue?

Dementia as a range of conditions and symptoms is increasingly becoming more common and visible in the community. It can affect anyone of any age, though it is more common the older you are. People with Dementia are increasing choosing to remain in their homes and wish to remain active members of their community.

In this guide we are using the term “venue” to mean a wide range of “places”. You could apply what is discussed here to your Home, or Work space. It could also translate and apply to a Shop, a whole Shopping Arcade, to a Doctors surgery or Hospital, to a Hotel or Conference Centre.

People Living with Dementia are often thwarted from achieving their potential by Social Stigma and difficulties in interacting in the built environment. Often some simple changes to signage for example can reduce the difficulties People Living with Dementia may have.

By assessing your venue, you are taking one big step toward making the world a more Dementia Friendly place. It will help you see the world through the eyes of someone with Dementia and enable you to make small positive changes.

It is also worth noting that while many of the points made below may not be applicable in all situations, it is still worth considering them and evaluating them in the local context.

To properly evaluate how an environment may impact on a Person Living with Dementia it is important to understand how Dementia may affect a person. The following section offers a basic coverage of some of the challenges a Person Living with Dementia may face over the course of their disease.

It is also important to keep in mind that we know very little about the causes of Dementia and no one has chosen their disease or is responsible for their disease, but we all have the potential to influence the path their dementia will take. By this I simply mean we have the power to make a person’s journey with Dementia easier. Making our built environment more accessible to People Living with Dementia is a big step to making our world more “Dementia Friendly”.

If you can achieve a “Dementia Friendly” environment, not only will it be more welcoming for People Living with Dementia and their carers, but it will also be friendlier and welcoming for any-one with a disability.

Making a move to Dementia Friendly not only makes financial sense, but fundamental moral sense as well. The benefits will flow to every one of every age and every ability.

About the Challenges People Living with Dementia May Face

Dementia is a group of conditions that are characterised by the degeneration of the brain. The conditions could be due to deterioration of almost any part of the brain and are different across all the forms of dementia. As such, how symptoms manifest themselves in an individual is almost unique to the individual. Symptoms will vary as the diseases progress and are often of different severity individuals of the same diagnosis. It’s also worth being aware that the severity of any one symptom may fluctuate over the duration of a day.

Sensory Challenges

A Person Living with Dementia’s sensory reception may be unaffected, but their ability to process and interpret that sensory information may be compromised. They could easily become overwhelmed by an overload of sensory

input that would not have affected them in the past. It may also take them longer to process or make sense of sensory input.

Reducing the sources of sensory overload and giving them more time to process the information can help and reduce anxiety.

When assessing an environment consider how it appears to all our senses, not just sight and sound. We have over 20 recognised senses, but as a starting point we need to deal with the most commonly known senses.

- Sight,
- Hearing,
- Touch,
- Smell,
- Time, and
- How these senses interact for us to make sense of and navigate our environment.

Sight

We need to consider lighting, reflective or shiny surfaces and off course – signage.

Lighting should be uniform with no areas of dark or deep shadow. Are there clear changes in colour and texture between floors and walls, can doorways, entrances, exits, and corridors be easily identified? Identify reflective surfaces such as mirrors. A mirror in an expected location – such as a washroom may pose no problems, but mirrors on walls and corridors can easily confuse.

Also consider how light is reflected not only from interior surfaces, but also from outside. For example, at certain times of the day, does light reflect from the windows of adjacent buildings or parked cars? As such be aware that an area that presents well in the morning may prove very challenging for Person Living with Dementia in the afternoon or vice versa.

How clear is the signage? Is it unambiguous and easily identified?

Hearing and Sound

What is the ambient noise like? Does sound echo or reverberate from interior surfaces, such as floors or walls? It can be difficult to understand the spoken word, if there is a faint echo or if it is difficult to distinguish the voice from the background “noise”. Often repositioning some furniture or soft furnishings can make a big difference.

Language and Speaking

The language used in signage and conversation should be consistent. It also needs to be free of colloquialisms and acronyms, as what is clear to you could have a totally different meaning to someone else, and a Person Living with Dementia may take a lot longer or even fail to decode your language.

Smell and Taste

Our olfactory sense is one of the “oldest” senses. Indeed, smells can often invoke long “forgotten” memories, and can be used in a lot of positive therapies. However, many People with Dementia report that their sense of smell has changed. Simple put “Rose by any name” just doesn’t smell like a rose should. This can often translate into changed eating behaviours because food no longer tastes as it did and has lost much of its appeal. This also means that sometimes normal odours – such as perfume, can be overpowering and distressing to a Person Living with Dementia.

Time

We do have a sense of time, and it does change as we age. Dementia can also change the way time seems to flow. A Person Living with Dementia may become impatient because time for them is flowing at a different rate. It may seem to speed up or slow down. The expression “meet you in 10 minutes” may appear to mean something else to a Person Living with Dementia, as their 10 minutes will probably be a lot different to yours. If you can provide other time cues that are easily identified, then misunderstanding and frustration can be minimised by all.

Another important consideration relating to time is that a Person Living with Dementia may only be able to function at their best for a shorter period than before. Some will function well in the mornings, others in the afternoons, hence their “poor” performance at some tasks may just be related to the time of day.

Sensory Impact and Confusion

It is little wonder that this altered sensory perception (“dis-ception™”) can help confuse a Person Living with Dementia, particularly if the degree of distortion changes. This also means that it will take longer to make “sense” of the stimuli which could give an impression of confusion.

It is important to realise that no two people will interpret the same experience the same as the other. There will always be minor differences. This does not imply that one is wrong, merely that they are different. These small differences can be multiplied when dementia is involved, particularly as the disease progresses.

Remember, we are all unique. The effect of these sensory “challenges” will be different on each person and will vary over time. Not only as the disease progresses but during a single day. We all have our good and bad days.

Emotional Challenges

Emotional changes are common amongst People Living with Dementia. They result from degeneration of the brain structure and changes in brain chemistry. The ability to keep emotions in check can be impaired. This can lead to what could be seen, as some inappropriate emotional responses, but it is important to remember that the emotional state is the disease talking, not the person.

This can have a negative impact on a person’s interaction with a venue. If the triggers can be identified, then they can be remedied.

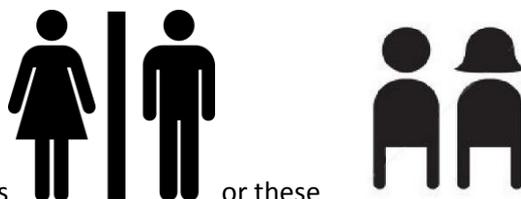
Cognitive Impairment

Cognitive impairment is a broad term, but it relates to a decline in aspects of memory, language, thinking skills and judgement. This could manifest itself by a tendency to become lost or disoriented in unfamiliar environments. It may also impact on basic language skills. This leads to our next topic Language.

Language

Here I wish to address several points about how we use language.

Firstly, language is dynamic and evolving at a fast rate. Because of their decline of cognitive resources, a Person Living with Dementia may not be able to keep up with language trends, or not be familiar with the form of expression used. Also, most industries develop their own terminology and acronyms, which will have almost alien meaning to others outside those industries. Normally we can decode the meaning by looking at the context of the usage, a task that poses many additional challenges to a Person Living with Dementia. This makes clear signage a very important issue. Signs need to be clearly visible, large enough to see and read, use clear English and common symbols. For example, which of the following is easier to understand?



These “Traditional symbols or these

Next, it is not uncommon for People Living with Dementia to have difficulty in finding the “right” word and to have “pauses” in their speech. Avoid the temptation to fill the gaps unless you have been invited by the Person Living with Dementia to do so. In some forms of Dementia, a person’s ability to speak may be lost, but they may still be able to communicate in other ways, for example by the written word.

If the Person Living with Dementia has a companion who is speaking on their behalf, it is important to still address your questions and responses to the Person Living with Dementia. Otherwise you are cutting them from the conversation and further alienating them.

Lastly consider the language you use. How appropriate is it to refer to someone as a sufferer or some other derogatory term? There are published language guidelines that offer guidance. Using appropriate and respectful language should be a priority of us all.

Behavioural Changes

Changes in behaviour are symptomatic of some forms of Dementia but are not manifest in all its variants. Again, it is important to note that these behavioural changes are a result of the degeneration of the brain, not a conscious choice of the person. Often these undesired behaviours are a reaction brought about by a combination of the changes described above triggered by the inappropriate behaviour of others or difficulties dealing with the immediate environment.

Interpersonal Interactions

Many combinations of the above symptoms can make it difficult for someone Living with Dementia to engage with other people. This can be exasperated if the other parties are abrupt or appear non-genuine. When engaging with a Person with Dementia, it is important to look at the person, use clear spoken language without any conflicting body language and to take your time.

A Smorgasbord of Symptoms

Currently there are somewhere between 150 and 200 different conditions that fall under the umbrella term of Dementia. As we can see there are potentially many more symptoms associated with dementia. Not all these symptoms will occur with every form of Dementia, indeed many of the types of Dementia are characterised by one or more of the symptoms being dominant. For example, "Memory Loss" is often the prime symptom associated with "Alzheimer's Disease".

Also, a single symptom will change in severity over the course of the disease. For example, "memory loss" may not be significant or measurable in the early stages of a Dementia but may become increasingly more noticeable as the disease progresses until it seemingly dominates the description of the disease.

To put the picture simply, a Person Living with Dementia may have one (or more) of over 150 different conditions. The main symptoms they have may identify the condition, but all the symptoms they have may well be different from someone else with the same condition. Combine this with how the severity of any given symptom may change as the condition progresses and it becomes apparent that no two people with a form of Dementia will present in the same way. This is not to say that they don't have anything in common.

When you have met one Person Living with Dementia – you have met **one** Person Living with Dementia!

Technological Challenges

A characteristic of our species is how we create and use technologies. The rate of change of technologies is near exponential today. A Person with Dementia may not be able to adapt to technologic changes as they did before they developed their disease. While a new or improved technology (such as a "smart phone") may have a recognisable benefit to most people, it is important to remember that a considerable amount of training and adaptation may be required for that benefit to be realised by the Person with Dementia.

Assessing a Venue

A venue doesn't exist in isolation. No matter what scale we look at any venue is only one part of a much larger community. Therefore, when assessing the suitability of one venue we also need to consider the environment around it.

The time frame the venue is likely to be used is also important. For what duration will People with Dementia be accessing it? Will the venue be accessed for short “ad-hoc” periods like a shop? Or will the duration be over a day or more, such as a Hotel or Conference Centre?

The frequency of visits is another factor. Will the venue be used once only, or on an ongoing basis? This may not impact much on the assessment but could have implications on how you act on the assessment.

How many people will be involved? Are you planning for one person, a small number of individuals or potentially many people?

All these questions help clarify the purpose of the venue and will heighten the potential benefits for making changes to achieve a more Dementia enabling environment.

Basic Principles

It is important to keep in mind that if we conduct an assessment of a venue, then make changes considering that assessment, we have only just begun the process. The next steps are to evaluate these changes considering how People Living with Dementia have found and interacted with the venue. We now need to repeat the assessment process as an audit to keep improving.

The key to getting the best results the first time is to actively have People Living with Dementia be involved in conducting the assessment. They will be able to provide insights that people without Dementia will not see. Also, impartially observing their interactions with the environment will give further refinement to your assessment.

The principles discussed here are based on the work of Prof. Richard Fleming. His work gives rise to a multi-dimensional way of conducting an assessment or audit. ([See Appendix I](#)) and the accompanying workbook.

The assessment process can be viewed in the light of considering the journey against functional domains. The journey is divided into the following;

- The Approach to the premises,
- The Entry to the premises,
- The Route through the premises to the Destination,
- The Destination itself, and
- The Route from the Destination.

The functional domains are;

- Safety,
- Seeing and Being Seen,
- Familiarity,
- Size,
- Variety of Spaces,
- Movement and Engagement,
- Stimulus Reduction,
- Stimulus Enhancement, and
- Human Interaction. This domain is not part of Prof Fleming’s “Assessment Tool” but has been added because a “helpful” staff member can compensate for many deficits in other domain, or equally undermine any improvements in the other domains.

It is also worth considering the timeframe that these interactions will occur in. For example, while the approach to the premises may be well lit during the day, reflected sunlight at particular times of the day may be blinding and on dusk street lights may cast deep shadows. Thus, only considering a short time mid-morning may conflict with real experience.

Assessment Tools

There are numerous tools available to guide and assess the suitability of environments for People Living with Dementia. Arguably the best is based on the work of Prof. Richard Fleming. They are generally designed with a view to assess a “care facility” rather than a private home, or a small business. Almost all fail two very important criteria needed for any beneficial tool.

- They are often designed without the significant and direct input from People Living with Dementia, and
- They are not designed to capture the direct input of People Living with Dementia.

Without this second criteria being incorporated in the tool, it is very difficult if not impossible to capture the full impact of an environment on People Living with Dementia. The “[Simplified Assessment Tool](#)” described in [Appendix I](#) is based on Prof. Richard Fleming’s Audit tool but has been simplified in its use and designed to record a “walk through” involving People Living With Dementia.

If you are using an assessment tool that is digitally based such as an “App” it may be limited by its rigidity and inability to capture free form information and observations. It may also not be suitable for use by a person with a cognitive or sensory disability.

Preliminary Assessment

The first step is to identify the spatial scope of your assessment, and to gather any necessary or relevant resources including copies of relevant assessment tools. This information is unique to each environment. For example, if you mean to assess your private home you would already have an intimate knowledge of the property and how it will be interacted with. However, if we were to assess a Coffee Shop, then we need primarily to work with the “public” spaces, but need also to be aware how other spaces, such as a kitchen may impact on the public spaces. You would also need to look at the approach to the premises, which under some circumstances may cover the potential routes people may take to the premises. You may not be able to change this external environment, but it may likely impact of people arriving at your premises.

If the venue is large and more complex like a hotel or conference centre, then it would be very advisable to assemble maps and plans of the venue to illustrate and map how people may move through the space(s). These could become valuable aspects of your documentation.

The next step would be to traverse the environment that you plan to assess with a view to identifying any major barriers or obstacles that could affect anyone with a disability, while doing this it could also be an excellent opportunity to observe how others are normally interacting with this space.

Gathering a Team

The team need not be large, but you will need to find an optimal balance of numbers and skills to achieve valid results. You will need someone to gather and document the observations, it is also a good idea for this person to be one of – if not the lead assessor of the group.

Next and most importantly you need one or more People Living with Dementia. It may be difficult to find several suitable people to engage with your project at this stage, but when having completed the project you may be able re-run the assessment with more people to “fine-tune” your changes.

It may also be possible to include the carers and others in the team.

The process of conducting the assessment may well be a good opportunity to involve other representative staff if the business scale warrants it. For example, if you are assessing a Hotel, or Conference venue then have a representative of Security and Customer Service may well benefit the process.

It may also be advisable to use several small teams to repeat the process under differing conditions or different times of day, so as to properly assess the physical environment.

Very early in the process and perhaps as a requisite of involvement in any assessment should be a process of raising the level of Dementia Awareness and Understanding. Encouraging all staff and people involved to complete some form of Dementia Awareness Training could provide many other benefits to any organisation, big or small. (See <https://www.dementiafriendly.org.au/>, for further information)

Running an Assessment

If you are using the assessment tool in [Appendix I](#) then prepare enough copies for each member of the team. It would be advisable to meet briefly prior to carrying out the assessment walk-through to establish your objectives and explain the procedure.

Remember the ultimate beneficiaries of your assessment will likely have no or very little knowledge of your venue when they first encounter it. Hence, it is important to conduct your assessment with “fresh” eyes and not to rely on your subconscious knowledge and experience of the venue.

Begin your assessment outside and follow the paths of likely interaction. The table in the guide gives the following headings/descriptors of locations as you move through the environment;

- **Approach to the entry;**
- **Entry space;**
- **Route to the destination;**
- **Destination;**
- **Route from the destination; and**
- **Human Interaction.**

In some environments it may be difficult to assess in terms of these five procedural categories. Likewise, you may see the need to segment some aspects even more, for example the Route to the destination may be broken into elements of its path such as elevators, stairs etc.

Also, in some complex environments – such as hotels etc. there would likely be multiple destinations and routes and in such cases it may make more sense to repeat and record the observations separately for each destination.

The key is to remain flexible and adapt your procedure as required. It is worth noting the changes you make as these changes may reflect part of the goals of the assessment.

Pace

Pace the progress of each assessment to match the pace of the Person Living with Dementia. If they are hurried it is likely that that will negatively impact on their assessment as well as themselves. If their pace is “too slow” for how the venue is to be used, then some changes are needed.

It may be effective to break the process into segments reflecting the five column headings allowing to discussion and reflection at each stage.

Time of Day

The direction and brightness of natural light will change over the course of the day. This may impact on areas of shadow and glare – particularly from outside sources. Seasons and weather will also impact in similar manners. Ideally, your assessment should consider this. Remember, a transient flash of reflected light may be so easily dealt with by you that you are in effect unaware of it, but the cognitive resources needed by a Person Living with Dementia to process the same phenomenon may leave them distracted or disoriented.

To fully identify some of these issues, the “local” knowledge of someone familiar with the venue could be invaluable.

It is also worth being aware that some People Living with Dementia, may be highly functional for a few hours each day. They may for example, be “Morning” people and be able to cope well until afternoon. Likewise, they could be “Afternoon” or “Evening” people and perform better during those periods.

This is where it is advantageous to have a diverse group of people involved and perhaps if possible repeating parts of the assessment at different times of day.

Sensory Impact

It is also important to bear in mind that a Person Living with Dementia will likely experience the environment different to you (see [Sensory Challenges](#) above) and that their reactions though different to yours are perfectly valid and justifiable. If you deny this or dismiss their reactions, then your assessment is compromised.

Communication

All language should be respectful. Visit <https://www.dementia.org.au/> for Language Guideline links. In many cases it may be difficult to communicate with the Person Living with Dementia, as would with most people. Patience is required, and you may need the assistance of the person's carer. If you do need the help of a carer be careful to observe the Person Living with Dementia to see how their actions are reflected by their carer.

It is also good practice to examine the language used in any internal signage or business processes against the language guideline criteria.

Acting on the Assessment

In an ideal world we could make all the changes needed and make them now. It is unlikely that all the "obstacles" identified can be remedied in the short term. However, this does not mean giving up on making the desired changes. Some changes can only realistically be made over time and perhaps added too or used to guide regular maintenance programs. If basic Dementia Friendly principles can be incorporated into the way, we as individuals, as businesses or even as governments conduct our normal business, then these changes can come easily and no or little extra cost.

Realistic Domains of Change

Some changes may not be realistic, such as changing the alignment of a building to avoid direct sunlight, but often simpler and far cheaper alternatives exist. In this case planting some trees may reduce the impact of the problem. This will take time for trees to mature, but perhaps adjusting soft furnishings or re-aligning internal furniture could alleviate much of the problems.

When you have identified the areas of change required to break down the barriers for People Living with Dementia, identify the changes that can be done quickly and easily, but don't abandon the tougher or long-term solutions. Once you have begun to implement changes, simpler solutions to the bigger problems may emerge.

Some of the important areas identified that are common to many situations relate to clarity of signage, the ability to navigate within the built space and staff attitudes and genuine willingness to engage with and assist People Living with Dementia.

Timing Change

Realistically, change will take time, and you may not get it completely right the first time. Make some changes, evaluate them against the criteria you have identified in your initial assessment and go forward. Realizing that as Samuel Goldwyn of MGM once said, "I do make mistakes, but I'm never wrong", if we acknowledge our "failures" then we can learn from them and move forward.

It may be a more viable option to begin small and grow by following a path of Assessment, Planning, Implementation and Testing, then repeating and growing the scale of change. (See [Repetition and Continued Improvement](#) below).

Staff Attitudes and "Good Old-Fashioned Customer Service"

Many People Living with Dementia have an altered ability to process emotions. This may make them emotionally more reactive and "socially" unpredictable. This may have an unexpected consequence. I'll draw from my own experience with the following example. If I see a "store greeter" with a broad smile, I don't see the "welcoming smile" but someone portraying a false emotion, pretending interest where there is none. I cannot place any trust

in that individual and that reflects on the business. It appears false, deceptive and I'll try to avoid any interaction with the person and what they appear to represent.

If a person in a similar role was willing to engage with me on a personal scale, rather than on a well-rehearsed script I would be more willing to engage and work with the organisation.

Simply put, often the best and most effective change a business can make is to have staff who are genuine and honest, not only in their direction but in their attitudes. This can best be described as "Good Old-Fashioned Customer Service".

Making Changes

Making real change needs a real commitment and happens over time. The timeframe is important but needs to be considered from two perspectives. Again, I will use several examples from my own experience.

Firstly, my home. The significance of this example applies to any environment where a Person with Dementia spends a significant amount of their time, places they would be very familiar with. I find if I make many small changes over time, I can adjust and grow with the changes. If all the changes I've made were to happen in one quick episode, I would find it difficult if not impossible to adjust to them. Despite the best of intentions, I would likely react against them. The secret here to succeed in making the best changes possible – *"slowly, slowly, catches the monkey"*. Small changes over time giving rise to a cumulative big change.

Secondly, consider a larger location such as a Coffee Shop or Shopping Mall. This is a type of venue I would visit regularly perhaps once a week, but not every day. The larger the venue, the less likely major changes could be made quickly. This may work in your favour, if change can be made so "regulars" don't lose their familiarity with the venue, and are kept informed of the changes, we will more likely find the changes positive and strengthen relationships.

Finally, let's consider a location like a major store. Such venues may be the hardest to change. Here one change can easily be lost in the malaise of confusion that is often characteristic of such venues. For example, my local supermarket made a lot of design and structural changes recently. They are without a doubt a major improvement over what existed before but with two exceptions. The first is with the new layout, products have been relocated and even after near 100 visits over the past eighteen months, it is still a little confusing and occasionally difficult to find familiar products. This is the case for many of the "regular" customers, not just us with Dementia or any cognitive impairment. Secondly, and by far the most important is the old rickety checkouts have been replaced with nice shiny new ones that have rotating carousels to take shopping bags. They are the biggest cause of frustration in the store. Most staff don't use them because they make the checkout process harder. They take up valuable space and often mean far more work for the operator. From my perspective they fail every criterion for enabling anyone, and they pose a threat. The point here is that with venues like this one significant fail is detrimental not only to the business but to our welfare.

Costs

Cost need not be a barrier to making change. Often a simple short term "fix" can remedy a problem until a more permanent solution is put in place.

For example, signage. Printing (and possible laminating for latter reuse) some important signs in house can be a simple and minimal cost short term solution. Toilet signage is often a significant issue and could easily be addressed with "simple" temporary paper signs at almost no cost. Indeed, these short-term quick fixes could be used to evaluate and fine tune more permanent solutions.

Perhaps the best starting point that could be part of any cost effective approach would be to invest time in raising Dementia Awareness for all staff and stakeholders in the project (Visit the web site <https://www.dementiafriendly.org.au/> for more information on becoming more Dementia Friendly). Having staff

across any organisation that are Dementia aware and committed to understanding the impact of Dementia could be the cheapest and most significant change a business could make.

Be Open to Feedback

Welcome and evaluate all feedback – seemingly good or bad, against the objective of becoming more Dementia Friendly and Dementia Enabling. All feedback should feed the cycle of re-assessment and continued improvement.

Being open and transparent could well encourage more People Living with Dementia to be both involved in shaping change and engaging with your business.

Repetition and Continued Improvement

It is important to look at the whole process as evolutionary. Perfection is unlikely in the short term, but only by committing to change and keeping the process open to evaluation and improvement can you achieve the best outcomes for us all.

Appendix I: A Simplified Assessment Tool

Instructions: *This tool is a simplified checklist. It is best done with the assistance of one or more People Living with Dementia. Each relevant square can be completed with a Tick if satisfactory, a Cross if more work is required, or a Question Mark for follow up.*

The idea is to cover from the approach to your business premises, the business premises, and then the route out of the business premises, while considering the domains (bold headings) of **Safety, Seeing and Being Seen, Familiarity, Size, Variety of Spaces, Movement and Engagement, Stimulus Reduction, Stimulus Enhancement and Human Interaction**. This last domain of Human Interaction is in addition the Audit Tool of Prof Richard Fleming. This is a very import area that cannot be addressed at the design phase, but only within a working environment and it is too often an area overlooked and can degrade any other areas of improvement.

It is important to view these domains from the viewpoints of people with Dementia as well as other disabilities. While addressing the needs of people with Dementia, you will also address the needs of a diverse range of disabilities.

It is also very import to record the observations from the following three points of view;

- A person with “normal” abilities – such as the business owner etc.
- One or more Person’s Living with Dementia.
- By observing how the Person Living with Dementia interacts with the space. For example, changes is gate, confusion, emotional response etc. They may not be aware or able to articulate how they are affected, but an impartial observer may be able identify areas needed for more investigation.

Because this tool has been designed to follow the movement though a venue the basic domains have been repeated for each aspect of the journey:

- **Approach to the entry;**
- **Entry space;**
- **Route to the destination;**
- **Destination; and**
- **Route from the destination.**

As such this tool largely is a rotation of the original matrix devised by Prof. Fleming.

Note: *Not every item in the matrix is applicable in all circumstances, nor will be an issue that a business may have control over.*

Workbook

Part 1: The Approach to the Entry

Location:			
A	Safety	1	Approach
<i>Questions:</i>		✓/ ? / ×	<i>Comments (if required)</i>
All areas are free from dark shadows or bright glare?			
All areas are well lit?			
All areas can be accessed without need to negotiate steps or stairs?			
All changes in surface levels are safe. <i>Consider clear marking of level changes, illumination, presence of handrails and non-slip surfaces.</i>			
Gradients of all ramped areas are safe for people using a wheelchair or walking aid.			
The way to the next stage of the journey is clearly visible and safely accessible. Consider ease of access to path, trip hazards at the edge of the path, slipperiness, evenness, width sufficient for 2 people to pass, absence of obstacles on the path.			
All manually operated entry doors /gates are easily operated e.g. have lever handles/push plates.			
B	Seeing and Being Seen	1	Approach
The entry/exit can be easily identified.			
The way to a toilet can be easily seen and identified.			
The next destination can be easily seen and identified e.g. enquiry desk, aisle, corridor, office, the way back to car park.			
The final destination allows the person living with dementia to see all of the areas that they may wish to use.			

C	Familiarity	1	Approach
The space is welcoming.			
The function of the space is obvious, e.g. a car park, a foyer, a thoroughfare leading to a destination.			
Architectural design features, including landscaping and furniture, are familiar and easily understood by a person living with a dementia.			
Colours and decor are familiar.			
D	Size	1	Approach
The size and scale of the space allows a person living with a dementia to feel comfortable and at ease e.g. not too large or too confined.			
The number of people present in the space allows the person living with dementia to feel comfortable and at ease			
E	Variety of Spaces	1	Approach
Seating is provided to allow the person living with dementia to sit quietly by themselves or with a small number of others			
The space promotes easy and comfortable interaction with people of different ages and interests			
F	Movement and Engagement	1	Approach
There are both shady and sunny areas along the journey.			
The journey is pleasant.			
Seating or nooks enable a person living with a dementia to sit and rest.			
Spaces provide opportunities to participate in or observe activities of interest			

G	Stimulus Reduction	1	Approach
	The space is free from distracting visual clutter i.e. notices, advertisements, objects, street furniture that are irrelevant.		
	Signage provides simple, essential information at decision points.		
	Entry to areas where a person living with a dementia may be exposed to danger are not easily seen or accessed, e.g. they are the same colour as the wall.		
	Background noise is of a low level.		
	Public address systems are used minimally and only when necessary.		
	There are no alarming or disturbing noises, e.g. flapping doors, noisy automatic doors.		
	There are no confusing odours, e.g. a bakery competing with a florist.		
	Floor finishes do not have patterns with a high level of contrast		
H	Stimulus Enhancement	1	Approach
	Cues, such as recognisable images or symbols are positioned at decision points such as junctions and turnings along the journey to the next destination.		
	Signs assist the person living with dementia to complete the journey and task.		
	The variety of materials and finishes present create an interesting journey to and from the destination and help the Person Living with Dementia identify the stages of the journey		
	Olfactory cues are present that provide a variety of experiences and help identify the stages of the journey (e.g. smell of perfumed plants, bakery, cafe).		
	Auditory cues are present that provide a variety of experiences and help identify the stages of the journey.		

I	Human Interaction	1	Approach
	Is assistance available if needed?		
	Can staff be easily identified?		
	Can the staff make meaningful engagement with a Person with Dementia?		
	Are staff able to and willing to take extra time to assist a Person with Dementia?		

Your Additional Notes

Part 2: The Entry Space

Location:			
A	Safety	2	Entry
<i>Questions:</i>		✓ / ? / ✗	<i>Comments (if required)</i>
All areas are free from dark shadows or bright glare?			
All areas are well lit?			
All areas can be accessed without need to negotiate steps or stairs?			
All changes in surface levels are safe. <i>Consider clear marking of level changes, illumination, presence of handrails and non-slip surfaces.</i>			
Gradients of all ramped areas are safe for people using a wheelchair or walking aid.			
The way to the next stage of the journey is clearly visible and safely accessible. Consider ease of access to path, trip hazards at the edge of the path, slipperiness, evenness, width sufficient for 2 people to pass, absence of obstacles on the path.			
All manually operated entry doors /gates are easily operated e.g. have lever handles/push plates.			
B	Seeing and Being Seen	2	Entry
The entry/exit can be easily identified.			
The way to a toilet can be easily seen and identified.			
The next destination can be easily seen and identified e.g. enquiry desk, aisle, corridor, office, the way back to car park.			
The final destination allows the person living with dementia to see all of the areas that they may wish to use.			

C	Familiarity	2	Entry
The space is welcoming.			
The function of the space is obvious, e.g. a car park, a foyer, a thoroughfare leading to a destination.			
Architectural design features, including landscaping and furniture, are familiar and easily understood by a person living with a dementia.			
Colours and decor are familiar.			
D	Size	2	Entry
The size and scale of the space allows a person living with a dementia to feel comfortable and at ease e.g. not too large or too confined.			
The number of people present in the space allows the person living with dementia to feel comfortable and at ease			
E	Variety of Spaces	2	Entry
Seating is provided to allow the person living with dementia to sit quietly by themselves or with a small number of others			
The space promotes easy and comfortable interaction with people of different ages and interests			
F	Movement and Engagement	2	Entry
There are both shady and sunny areas along the journey.			
The journey is pleasant.			
Seating or nooks enable a person living with a dementia to sit and rest.			
Spaces provide opportunities to participate in or observe activities of interest			

G	Stimulus Reduction	2	Entry
	The space is free from distracting visual clutter i.e. notices, advertisements, objects, street furniture that are irrelevant.		
	Signage provides simple, essential information at decision points.		
	Entry to areas where a person living with a dementia may be exposed to danger are not easily seen or accessed, e.g. they are the same colour as the wall.		
	Background noise is of a low level.		
	Public address systems are used minimally and only when necessary.		
	There are no alarming or disturbing noises, e.g. flapping doors, noisy automatic doors.		
	There are no confusing odours, e.g. a bakery competing with a florist.		
	Floor finishes do not have patterns with a high level of contrast		
H	Stimulus Enhancement	2	Entry
	Cues, such as recognisable images or symbols are positioned at decision points such as junctions and turnings along the journey to the next destination.		
	Signs assist the person living with dementia to complete the journey and task.		
	The variety of materials and finishes present create an interesting journey to and from the destination and help the Person Living With Dementia identify the stages of the journey (e.g. brick, timber, concrete, stone, grass)		
	Olfactory cues are present that provide a variety of experiences and help identify the stages of the journey (e.g. smell of perfumed plants, bakery, cafe).		
	Auditory cues are present that provide a variety of experiences and help identify the stages of the journey.		

I	Human Interaction	2	Entry
	Is assistance available if needed?		
	Can staff be easily identified?		
	Can the staff make meaningful engagement with a Person with Dementia?		
	Are staff able to and willing to take extra time to assist a Person With Dementia?		

Your Additional Notes

Part 3: Route to the Destination

Location:		
A	Safety	3 Route to the Destination
<i>Questions:</i>		✓ / ? / ✗ <i>Comments (if required)</i>
All areas are free from dark shadows or bright glare?		
All areas are well lit?		
All areas can be accessed without need to negotiate steps or stairs?		
All changes in surface levels are safe. <i>Consider clear marking of level changes, illumination, presence of handrails and non-slip surfaces.</i>		
Gradients of all ramped areas are safe for people using a wheelchair or walking aid.		
The way to the next stage of the journey is clearly visible and safely accessible. Consider ease of access to path, trip hazards at the edge of the path, slipperiness, evenness, width sufficient for 2 people to pass, absence of obstacles on the path.		
All manually operated entry doors /gates are easily operated e.g. have lever handles/push plates.		
B	Seeing and Being Seen	3 Route to the Destination
The entry/exit can be easily identified.		
The way to a toilet can be easily seen and identified.		
The next destination can be easily seen and identified e.g. enquiry desk, aisle, corridor, office, the way back to car park.		
The final destination allows the person living with dementia to see all of the areas that they may wish to use.		

C	Familiarity	3 Route to the Destination
The space is welcoming.		
The function of the space is obvious, e.g. a car park, a foyer, a thoroughfare leading to a destination.		
Architectural design features, including landscaping and furniture, are familiar and easily understood by a person living with a dementia.		
Colours and decor are familiar.		
D	Size	3 Route to the Destination
The size and scale of the space allows a person living with a dementia to feel comfortable and at ease e.g. not too large or too confined.		
The number of people present in the space allows the person living with dementia to feel comfortable and at ease		
E	Variety of Spaces	3 Route to the Destination
Seating is provided to allow the person living with dementia to sit quietly by themselves or with a small number of others		
The space promotes easy and comfortable interaction with people of different ages and interests		
F	Movement and Engagement	3 Route to the Destination
There are both shady and sunny areas along the journey.		
The journey is pleasant.		
Seating or nooks enable a person living with a dementia to sit and rest.		
Spaces provide opportunities to participate in or observe activities of interest		

G	Stimulus Reduction	3 Route to the Destination	
	The space is free from distracting visual clutter i.e. notices, advertisements, objects, street furniture that are irrelevant.		
	Signage provides simple, essential information at decision points.		
	Entry to areas where a person living with a dementia may be exposed to danger are not easily seen or accessed, e.g. they are the same colour as the wall.		
	Background noise is of a low level.		
	Public address systems are used minimally and only when necessary.		
	There are no alarming or disturbing noises, e.g. flapping doors, noisy automatic doors.		
	There are no confusing odours, e.g. a bakery competing with a florist.		
	Floor finishes do not have patterns with a high level of contrast		
H	Stimulus Enhancement	3 Route to the Destination	
	Cues, such as recognisable images or symbols are positioned at decision points such as junctions and turnings along the journey to the next destination.		
	Signs assist the person living with dementia to complete the journey and task.		
	The variety of materials and finishes present create an interesting journey to and from the destination and help the Person Living with Dementia identify the stages of the journey (e.g. brick, timber, concrete, stone, grass)		
	Olfactory cues are present that provide a variety of experiences and help identify the stages of the journey (e.g. smell of perfumed plants, bakery, cafe).		
	Auditory cues are present that provide a variety of experiences and help identify the stages of the journey.		

I	Human Interaction	3 Route to the Destination	
	Is assistance available if needed?		
	Can staff be easily identified?		
	Can the staff make meaningful engagement with a Person with Dementia?		
	Are staff able to and willing to take extra time to assist a Person with Dementia?		

Your Additional Notes

Part 4: The Destination

Location:		
A	Safety	4 Destination
<i>Questions:</i>		✓ / ? / x
All areas are free from dark shadows or bright glare?		<i>Comments (if required)</i>
All areas are well lit?		
All areas can be accessed without need to negotiate steps or stairs?		
All changes in surface levels are safe. <i>Consider clear marking of level changes, illumination, presence of handrails and non-slip surfaces.</i>		
Gradients of all ramped areas are safe for people using a wheelchair or walking aid.		
The way to the next stage of the journey is clearly visible and safely accessible. Consider ease of access to path, trip hazards at the edge of the path, slipperiness, evenness, width sufficient for 2 people to pass, absence of obstacles on the path.		
All manually operated entry doors /gates are easily operated e.g. have lever handles/push plates.		
B	Seeing and Being Seen	4 Destination
The entry/exit can be easily identified.		
The way to a toilet can be easily seen and identified.		
The next destination can be easily seen and identified e.g. enquiry desk, aisle, corridor, office, the way back to car park.		
The final destination allows the person living with dementia to see all of the areas that they may wish to use.		

C	Familiarity	4	Destination
The space is welcoming.			
The function of the space is obvious, e.g. a car park, a foyer, a thoroughfare leading to a destination.			
Architectural design features, including landscaping and furniture, are familiar and easily understood by a person living with a dementia.			
Colours and decor are familiar.			
D	Size	4	Destination
The size and scale of the space allows a person living with a dementia to feel comfortable and at ease e.g. not too large or too confined.			
The number of people present in the space allows the person living with dementia to feel comfortable and at ease			
E	Variety of Spaces	4	Destination
Seating is provided to allow the person living with dementia to sit quietly by themselves or with a small number of others			
The space promotes easy and comfortable interaction with people of different ages and interests			
F	Movement and Engagement	4	Destination
There are both shady and sunny areas along the journey.			
The journey is pleasant.			
Seating or nooks enable a person living with a dementia to sit and rest.			
Spaces provide opportunities to participate in or observe activities of interest			

G	Stimulus Reduction	4	Destination
	The space is free from distracting visual clutter i.e. notices, advertisements, objects, street furniture that are irrelevant.		
	Signage provides simple, essential information at decision points.		
	Entry to areas where a person living with a dementia may be exposed to danger are not easily seen or accessed, e.g. they are the same colour as the wall.		
	Background noise is of a low level.		
	Public address systems are used minimally and only when necessary.		
	There are no alarming or disturbing noises, e.g. flapping doors, noisy automatic doors.		
	There are no confusing odours, e.g. a bakery competing with a florist.		
	Floor finishes do not have patterns with a high level of contrast		
H	Stimulus Enhancement	4	Destination
	Cues, such as recognisable images or symbols are positioned at decision points such as junctions and turnings along the journey to the next destination.		
	Signs assist the person living with dementia to complete the journey and task.		
	The variety of materials and finishes present create an interesting journey to and from the destination and help the Person Living with Dementia identify the stages of the journey (e.g. brick, timber, concrete, stone, grass)		
	Olfactory cues are present that provide a variety of experiences and help identify the stages of the journey (e.g. smell of perfumed plants, bakery, cafe).		
	Auditory cues are present that provide a variety of experiences and help identify the stages of the journey.		

I	Human Interaction	4	Destination
	Is assistance available if needed?		
	Can staff be easily identified?		
	Can the staff make meaningful engagement with a Person with Dementia?		
	Are staff able to and willing to take extra time to assist a Person with Dementia?		

Your Additional Notes

Part 5: Route from the Destination

Location:		
A	Safety	5 Route from the Destination
<i>Questions:</i>	✓ / ? / x	<i>Comments (if required)</i>
All areas are free from dark shadows or bright glare?		
All areas are well lit?		
All areas can be accessed without need to negotiate steps or stairs?		
All changes in surface levels are safe. <i>Consider clear marking of level changes, illumination, presence of handrails and non-slip surfaces.</i>		
Gradients of all ramped areas are safe for people using a wheelchair or walking aid.		
The way to the next stage of the journey is clearly visible and safely accessible. Consider ease of access to path, trip hazards at the edge of the path, slipperiness, evenness, width sufficient for 2 people to pass, absence of obstacles on the path.		
All manually operated entry doors /gates are easily operated e.g. have lever handles/push plates.		
B	Seeing and Being Seen	5 Route from the Destination
The entry/exit can be easily identified.		
The way to a toilet can be easily seen and identified.		
The next destination can be easily seen and identified e.g. enquiry desk, aisle, corridor, office, the way back to car park.		
The final destination allows the person living with dementia to see all of the areas that they may wish to use.		

C	Familiarity	5 Route from the Destination
	The space is welcoming.	
	The function of the space is obvious, e.g. a car park, a foyer, a thoroughfare leading to a destination.	
	Architectural design features, including landscaping and furniture, are familiar and easily understood by a person living with a dementia.	
	Colours and decor are familiar.	
D	Size	5 Route from the Destination
	The size and scale of the space allows a person living with a dementia to feel comfortable and at ease e.g. not too large or too confined.	
	The number of people present in the space allows the person living with dementia to feel comfortable and at ease	
E	Variety of Spaces	5 Route from the Destination
	Seating is provided to allow the person living with dementia to sit quietly by themselves or with a small number of others	
	The space promotes easy and comfortable interaction with people of different ages and interests	
F	Movement and Engagement	5 Route from the Destination
	There are both shady and sunny areas along the journey.	
	The journey is pleasant.	
	Seating or nooks enable a person living with a dementia to sit and rest.	
	Spaces provide opportunities to participate in or observe activities of interest	

G	Stimulus Reduction	5 Route from the Destination	
	The space is free from distracting visual clutter i.e. notices, advertisements, objects, street furniture that are irrelevant.		
	Signage provides simple, essential information at decision points.		
	Entry to areas where a person living with a dementia may be exposed to danger are not easily seen or accessed, e.g. they are the same colour as the wall.		
	Background noise is of a low level.		
	Public address systems are used minimally and only when necessary.		
	There are no alarming or disturbing noises, e.g. flapping doors, noisy automatic doors.		
	There are no confusing odours, e.g. a bakery competing with a florist.		
	Floor finishes do not have patterns with a high level of contrast		
H	Stimulus Enhancement	5 Route from the Destination	
	Cues, such as recognisable images or symbols are positioned at decision points such as junctions and turnings along the journey to the next destination.		
	Signs assist the person living with dementia to complete the journey and task.		
	The variety of materials and finishes present create an interesting journey to and from the destination and help the Person Living with Dementia identify the stages of the journey (e.g. brick, timber, concrete, stone, grass)		
	Olfactory cues are present that provide a variety of experiences and help identify the stages of the journey (e.g. smell of perfumed plants, bakery, cafe).		
	Auditory cues are present that provide a variety of experiences and help identify the stages of the journey.		

I	Human Interaction	5 Route from the Destination	
	Is assistance available if needed?		
	Can staff be easily identified?		
	Can the staff make meaningful engagement with a Person with Dementia?		
	Are staff able to and willing to take extra time to assist a Person With Dementia?		

Your Additional Notes
