DEMENTIA FRIENDLY COMMUNITY - ENVIRONMENTAL ASSESSMENT **TOOL (DFC-EAT) HANDBOOK RICHARD FLEMING KIRSTY A BENNETT RESOURCE 5 Environmental Design Resources** February 2017 DESIGNING FOR PEOPLE WITH DEMENTIA Dementia Training Australia

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DEMENTIA FRIENDLY COMMUNITY -ENVIRONMENTAL ASSESSMENT TOOL HANDBOOK

RICHARD FLEMING KIRSTY A BENNETT

RESOURCE 5

Environmental Design Resources

February 2017

DEMENTIA TRAINING AUSTRALIA

ENVIRONMENTAL DESIGN RESOURCES

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INTRODUCTION

This handbook is Resource 5 in a set of six Environmental Design Resources. The purpose of this handbook is to assist users of the Dementia Friendly Community - Environmental Assessment Tool (DFC-EAT) to systematically review and create better environments for people living with dementia.

There are three parts in the handbook.

- **Part 1** 'Key Design Principles' contains a description of key design principles.
- Part 2 The Dementia Friendly Community Environmental Assessment Tool (DFC-EAT)' introduces the DFC-EAT and provides directions for its use.
- **Part 3** 'Using the Spreadsheet' contains a guide to scoring the DFC-EAT and showing the results graphically.



PART 1

KEY DESIGN PRINCIPLES

1. UNOBTRUSIVELY REDUCE RISKS



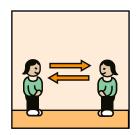
People with dementia require an internal and external environment that is safe and easy to move around if they are to continue to pursue their way of life and make the most of their abilities. Potential risks, such as steps or small changes of level, must be minimised and clearly marked. All safety measures must be unobtrusive as obvious safety features or barriers can lead to frustration, agitation and anger or apathy and depression.

2. PROVIDE A HUMAN SCALE



The scale of a building can affect the behaviour and feelings of a person with dementia. The experience of scale is influenced by three key factors; the number of people that the person encounters, the overall size of the building and the size of the individual components (such as doors, rooms, corridors and foyers). A person should not be intimidated by the size of the surroundings or confronted with a multitude of interactions and choices. Rather, the scale should encourage a sense of wellbeing and enhance the competence of a person.

3. ALLOW PEOPLE TO SEE AND BE SEEN



The provision of an easily understood environment will help to minimise confusion. It is particularly important for people with dementia to be able to recognise where they are, where they have come from and where they can go. When a person can see key places (such as the approach to the entry, the entry and the destination) they are more able to make choices and see where they might go. Buildings that provide these opportunities are said to have good visual access. Good visual access opens up opportunities for engagement and gives the person with dementia the confidence to explore their environment.

4. MANAGE LEVELS OF STIMULATION - REDUCE UNHELPFUL STIMULATION



Because dementia reduces the ability to filter stimulation and attend to only those things that are important, a person living with dementia becomes stressed by prolonged exposure to large amounts of stimulation. The environment should be designed to minimise exposure to stimuli that are not specifically helpful to the person with dementia, such as unnecessary or competing noises and the sight of signs, posters, advertising, merchandise and clutter. The full range of senses must be considered. Too much visual stimulation is as stressful as too much auditory stimulation.

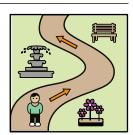
5. MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION

Enabling the person with dementia to see, hear and smell things that give them cues about where they are and what they can do, can help to minimise their confusion and uncertainty. Consideration needs to be given to providing redundant cueing i.e. providing a number of cues to the same thing, recognising that what is meaningful to one person will not necessarily be meaningful to another. Using text and image in signs is a simple way to do this. Encouraging a person to recognise a business or shopfront by highlighting the entry, using distinctive finishes and indicating the services/items that are available is a more complex one. Cues need to be carefully designed so that they do not add to clutter and become over stimulating.



6. SUPPORT MOVEMENT AND ENGAGEMENT

Purposeful movement can increase engagement and maintain a person's health and wellbeing. It is encouraged by providing a well defined pathway, free of obstacles and complex decision points, that guides people past points of interest (such as a building entry or place to sit) and offers opportunities to engage in activities or social interaction.



7. CREATE A FAMILIAR PLACE

A person with dementia is more able to use and enjoy spaces and objects that are familiar to them from their early life. The environment should afford them the opportunity to maintain their competence through the use of familiar building design (internal and external), furniture, fittings and colours. Toilets, hand basins and taps for example, need to be clearly recognizable, so that people living with dementia are able to use them easily.



8. PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS

People with dementia need to be able to choose to be on their own or spend time with others. This requires the provision of a variety of places in a public building, so that there is an opportunity to withdraw from larger places and be one's own or in a smaller place with a few others. These places should be provided in the internal and external environment.



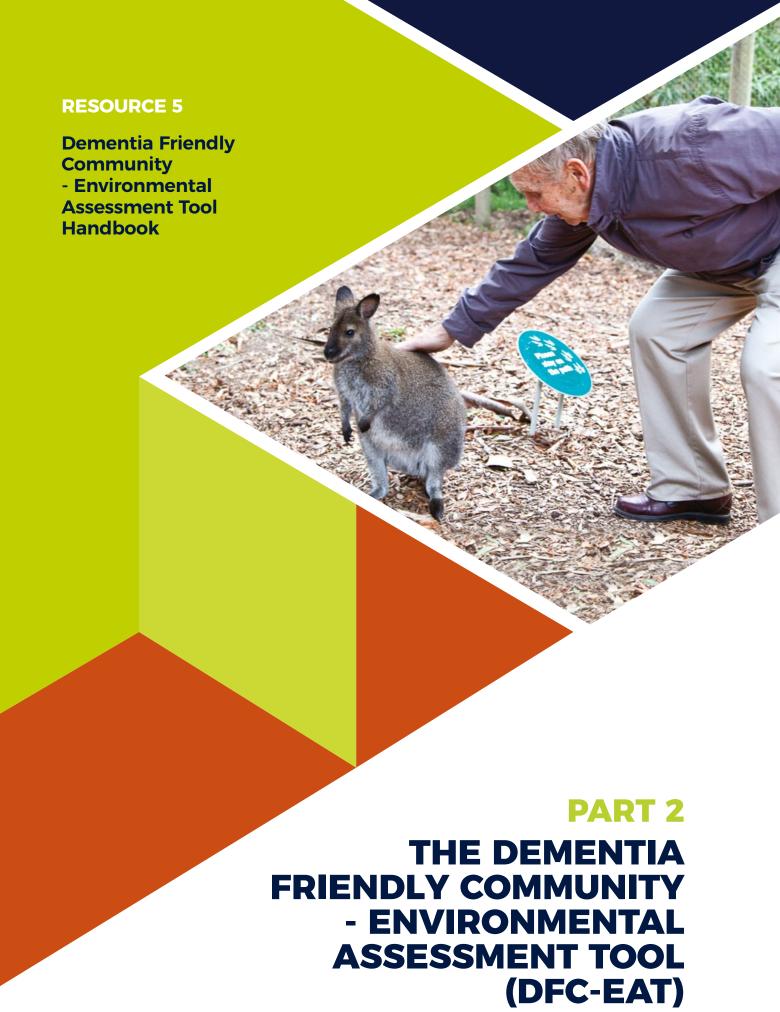
These principles are an extension of work first published in 1987 [1] and continued in 2003[2].

References

^{1.} Fleming, R. and J. Bowles, Units for the confused and disturbed elderly: Development, Design, Programming and Evaluation. Australian Journal on Ageing, 1987. 6(4): p. 25-28.

^{2.} Fleming, R., I. Forbes, and K. Bennett, Adapting the ward for people with dementia, 2003. Sydney: NSW Department of Health.

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PART 2

THE DEMENTIA FRIENDLY COMMUNITY - ENVIRONMENTAL ASSESSMENT TOOL (DFC-EAT)

INTRODUCTION TO THE DFC-EAT

The Dementia Friendly Community - Environmental Assessment Tool (DFC-EAT) was developed to provide a systematic framework for reviewing public and commercial buildings and identifying areas for improvement. It is organised around key design principles and the typical parts of the journey a person takes when visiting a building. These principles are evidence based (refer to Resource 1 of these Environmental Design Resources for more information).

A copy of the DFC-EAT is provided at the back of this handbook (Appendix 1).

ACKNOWLEDGEMENTS

This assessment tool was developed under the auspices of Alzheimers Australia by a team of people from the University of Wollongong, Kiama Council, individuals living with dementia and their carers. The testing and refinement of the tool was supported by a grant from the Dementia Collaborative Research Centre – Assessment and Better Care (DCRC-ABC) based in the University of New South Wales.

BACKGROUND

Across the world there is a growing recognition of the need to make our communities more supportive of people with dementia. If we are to succeed in doing this we need to be able to identify how public and commercial buildings help (or hinder) people with dementia to carry out the normal tasks of life; shopping, paying bills, visiting the doctor, etc. The DFC-EAT has been developed to help with identifying the problems that people with dementia may face in using buildings such as shops, banks, libraries and medical practices. By using the DFC-EAT, settings may be improved and we can learn how to design and maintain more supportive public and commercial buildings in the future.

THE FOUNDATIONS OF THIS TOOL

There has been considerable research into the design of residential aged care facilities for people with dementia but limited research into the design of public and commercial buildings used by people with dementia. This research has been reviewed and the results used by a team that included people living with dementia, their carers, a town planner, mapper, architect, graphics designer, occupational therapist, physiotherapist, psychologist and community development officers to develop this tool. The questions have been organised around eight of the principles of design used in the Environmental Assessment Tool (EAT) (Fleming, Forbes and Bennett 2003). A detailed description of the development of the tool is available (Fleming, Bennett and Preece in press).

USING THE DFC-EAT

The assessment covers the journey to and from the destination where the person with dementia will complete their task (such as make a purchase, choose a book, pay a bill, etc.). It begins with the **approach to the entry**, then the **entry space**, continues along the **route to the destination**, examines the **destination** itself, and then covers the **route from the destination** to the exit.

The assessment may be carried out by one person but as the purpose is usually to stimulate discussion about the strengths and weaknesses of the building it is better carried out by two or more assessors who are involved in developing a plan to improve the useability of the building. Different perspectives will add value to the assessment. Whenever possible key stakeholders, e.g. users of the building who have dementia, managers who have the authority to bring about change or 'champions' who wish to stimulate a discussion about improvement, should be involved. Ideally all assessors should complete the tool at the same time to reduce the impact of changes in weather/other conditions.

The assessment is carried out by the assessors simulating a visit to the building to carry out a particular task. It involves walking up to the building, through it to the place where the task will be completed and then walking to the exit. It can be very useful to take photographs to illustrate the good and the bad points of the building. These will help to explain your findings to others.

GETTING STARTED

To complete this tool successfully you will need to:

- 1. Begin by defining the purpose of the visit to the building, for example, going to choose a large print book in a library. This will identify the destination of the journey.
- 2. Agree the specific route to be taken to and from the destination, and whether column 2 '*Entry space*' is to be completed at all. You may wish to record the route as a sketch or with photos for future reference.

 If the building provides a variety of destinations, as in a library, it may be necessary to repeat parts of the assessment for a number of different destinations to gain a full picture of the strengths and weaknesses of the building. If you decide to choose a large print book, for example, then the destination is likely to be different from going to seek some information. On the other hand, you may wish to only assess one part of the journey through the building: perhaps you only want to be sure that the person with dementia is enabled to get from the entry to a particular destination. In that case you would only use the '*Route to the*
- 3. Start the journey outside the building, at about 20 metres from the entrance.

Destination' column and the **Destination** column once.

4. Complete each of the five columns in the DFC-EAT in order of the journey from *approach to the entry*, through the *entry space*, *route to the destination*, complete the task at the *destination* and then return via *route from the destination* to the exit.

SCORING THE DFC-EAT

As an assessor you are asked to record the extent to which you agree with a set of statements under each Principle. These statements describe different aspects of the building that you are assessing. The table below summarises the available scoring in the DFC-EAT.

Disagree	0	0% to 33%
Partially Agree	1	34% to 65%
Agree	2	66% to 100%

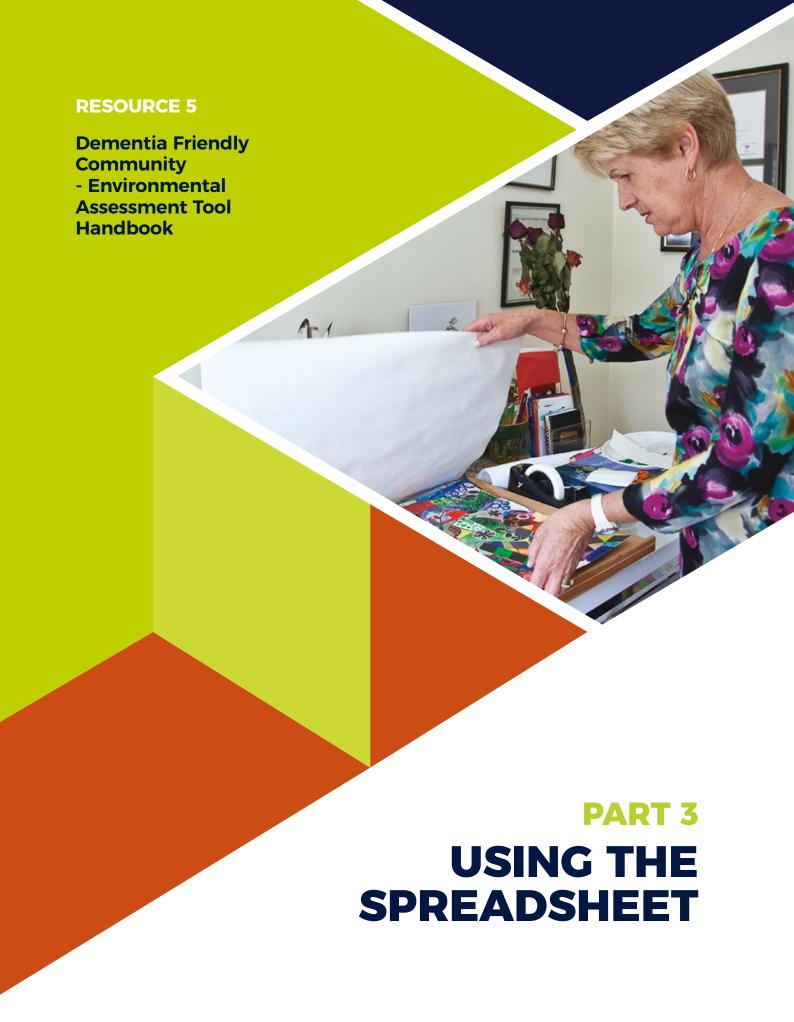
Indicate your agreement with statements in the assessment tool by writing 0, 1 or 2 in each box, where 0 = Disagree; 1 = Partially Agree; and 2 = Agree. It may be helpful to think of these scores as representing a range of agreement (rather than a simple yes or no) with 'Agree' indicating above 66%, 'Partially Agree' representing a band of agreement from 34% to 65% and 'Disagree' not necessarily indicating total disagreement but representing a band of agreement below 34%.

The DFC-EAT may also be completed by a number of people and the scores determined by the consensus view. This encourages discussion, familiarises more people with the principles of good design and facilitates ownership of the results of the assessment.

RESULTS OF THE DFC-EAT

Scores can be summarised on the tool under the key aspects of the journey: approach to the entry, the entry space, the route to the destination, the destination and the route from the destination.

Alternatively, the results of the DFC-EAT can be entered into an Excel spreadsheet. (For more information about scoring refer to Part 3 of this handbook).



PART 3 USING THE SPREADSHEET

ENTERING THE DATA

The results of the DFC-EAT can be entered on an Excel spreadsheet which is available at http://www.dementiatrainingaustralia.com.au. This allows the data to be shown graphically.

As the score is entered, the cell in the spreadsheet will change colour. Items that have scored 0 (Disagree) are flagged in red, and those that scored 1 (Partially Agree) in amber. Those that scored 2 (Agree) are shown in green.

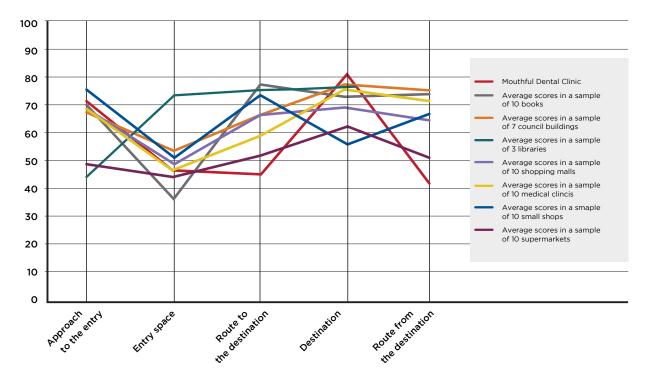
DISCUSSION OF RESULTS

The spreadsheet will assist in identifying the strengths and weaknesses of the building being assessed. A graphical comparison of the results will show how the building that has been assessed compares with a sample of other buildings of the same type and highlight the main areas of concern.

The sample comprises 10 sets of six types of buildings, 60 buildings in total. The locations of the sets of buildings were selected to cover the range of metropolitan areas to small regional towns. Each set comprised a bank, shopping mall, medical facility, council building, small shop and a supermarket.

In the following example, it is clear that the Mouthful Dental Clinic presents some problems for people with dementia once they enter the building and make their way to their destination (the reception desk). These problems seem to repeat themselves as the person leaves the building (route from the destination). The Clinic can also be compared to the average scores of 10 medical clinics, to indicate possible areas for room for improvement.

	APPROACH TO THE ENTRY	ENTRY SPACE	ROUTE TO THE DESTINATION	DESTINATION	ROUTE FROM THE DESTINATION
Average scores in a sample of 10 banks	70%	37%	78%	73%	74%
Average scores in a sample of 7 council buildings	68%	54%	67%	77%	76%
Average scores in a sample of 3 libraries	45%	72%	76%	76%	77%
Average scores in a sample of 10 shopping malls	68%	49%	67%	70%	65%
Average scores in a sample of 10 medical clinics	68%	47%	60%	76%	72%
Average scores in a sample of 10 small shops	73%	51%	74%	56%	67%
Average scores in a sample of 10 supermarkets	49%	45%	53%	63%	51%



PLANNING CHANGES

After you have completed the assessment, you can use the information to inform a discussion with key stakeholders about how the built environment can be improved to better meet the needs of people with dementia.

It is recommended that the discussion begins with a consideration of the graph which provides an overall picture of the strengths and weaknesses of the building. This will help the stakeholders to see the building through the lens of the design principles and to discuss how the building performs in relation to other, similar buildings.

NB Currently the graph provides a limited amount of comparative data. This will expand as the use of the DFC-EAT increases within the community. Updates will be available from the same source as the spreadsheet.

A more detailed discussion of future improvements can be stimulated by reviewing each red flag item (Disagree=0) on the spreadsheet and discussing it in response to four key questions:

- Current: 'How can we re-use what is there? Can we improve this
 situation by using our existing resources differently?' There might be
 some chairs available, for example, that can be used to furnish a small,
 quiet area where a person having difficulty in dealing with levels of
 stimulation can sit for a while.
- Short term: 'What can we do in the short term?', which may mean 'What can we do with a small amount of money?' or 'What can we do as part of our planned maintenance works?'
- **Medium term: 'What can we do in the medium term?'** i.e. 'What can we do at the end of the financial year when there are some funds left over? Can we plan allocate some money in next year's budget to achieve this change? Can we apply for a grant or contact the local service organisation?'
- Long term: 'What can we do in the 'long term?' or 'Does this need to be put into the capital works budget? Does this need to be the subject of ongoing strategic planning and fundraising?'

Once all the items highlighted in red (Disagree=0) have been discussed, the amber items (Partially Agree=1) should be considered.

The results of a structured discussion like this can be recorded in a Planning Template as illustrated below.

DFC-EAT Planning template (full scale version in Appendix 2)

	DFC-EAT Planning template (full scale version in Appendix 2) KEY DESIGN PRINCIPLES								
		Unobtrusively reduce risks	Provide a human scale	Allow people to see and be seen	Manage levels of stimulation - reduce unhelpful stimulation	Manage levels of stimulation - optimise helpful stimulation	Support movement and engagement	Create a familiar place	Provide a variety of places to be alone or with others
ACTIONS	ISSUES								
	How can we re-use what is there?								
	What can we do in the short term?								
	What can we do in the medium term?								
	What can we do in the long term?								



DEMENTIA FRIENDLY COMMUNITY - ENVIRONMENTAL ASSESSMENT TOOL

Location:	
Date:	Time:
Destination and purp	oose of visit:
Weather:	
Unusual circumstance	es, e.g. building works going on:
Assessors:	
	d from the destination: define specific travel route s for record purposes)
DESCRIPTION	NOF COLUMNS
DESCRIPTION	TOF COLUMNS
1 Approach to the entry:	The approach commences a maximum of 20m away from the entry. It includes the car park (if it is situated in front of/ to the
the entry:	side of the building), the streetscape, the footpath and the
	outside of the entrance door as viewed from the approach.
2 Entry space:	This space starts from inside the building at the entry door
	threshold. It may include an airlock space and/or a foyer.
	In some instances there may not be a specific entry space, and the route to the destination (No.3) may commence
	from the entry door threshold. This column would not be
	completed when this occurs.
3 Route to the	The route commences at the end of the entry space (or at the
destination:	entry door threshold if there is no entry space) and extends to
	the destination. The route may (or may not) be a specifically defined aisle/corridor/path.
4 Destination:	This is the place that is the purpose of the visit. It may be a specific room e.g. waiting room, or a specific area e.g. a
	counter. In this case the space immediately in front of and to
	the side of the counter should be considered as part of the destination.
	acstriation.

This is the route taken from the destination (No.4) to reach

the exit. It includes the inside view of the exit door and the

entry space (where there is one). The route used in No 3 should be retraced in the opposite direction back to the exit, unless there is a more convenient or obligatory exit route.

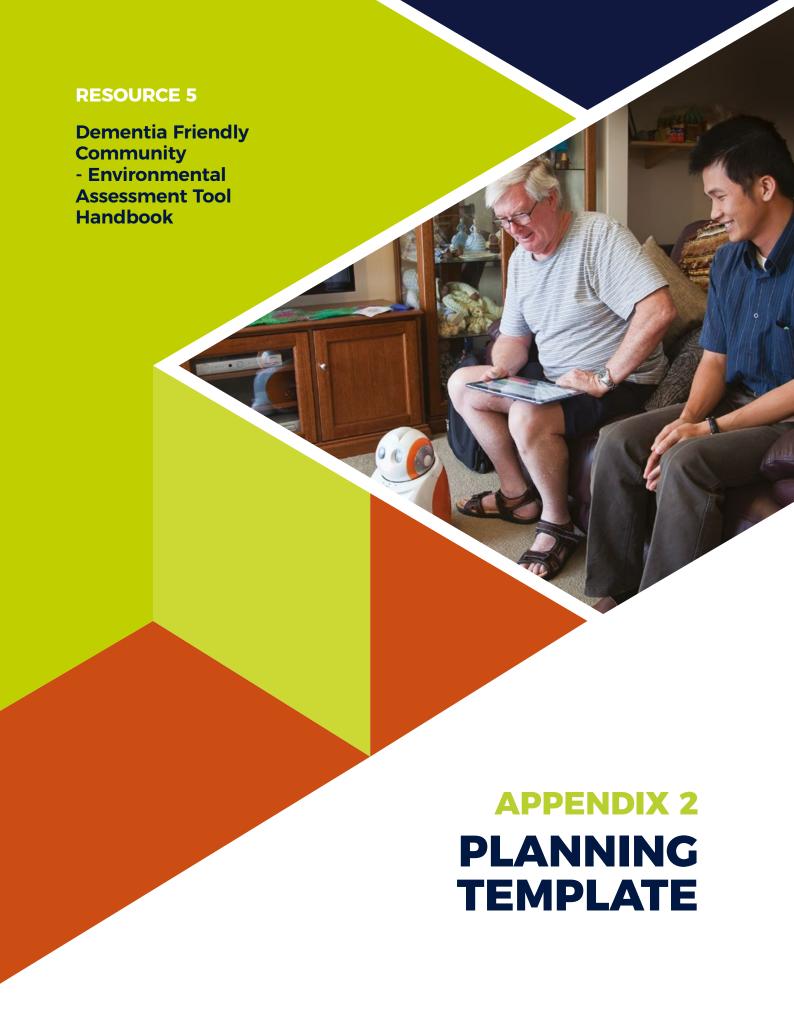
5 Route

from the

destination:

0 = 1 = 2 =	DISAGREE PARTIALLY AGREE AGREE	APPROACH TO THE ENTRY	ENTRY SPACE	ROUTE TO THE DESTINATION	DESTINATION	ROUTE FROM THE DESTINATION
	All areas are free from dark shadows or bright glare.					
v	All areas are well lit.					
E RISK	All areas can be accessed without need to negotiate steps/stairs.					
UNOBTRUSIVELY REDUCE RISKS	All changes in surface levels are safe. Consider clear marking of level changes, illumination, presence of handrails and non-slip surfaces. (Score 2 if no level changes)					
JSIVEL	Gradients of all ramped areas are safe for people using a wheelchair or walking aid. (Score 2 if no ramps)					
UNOBTRI	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. (Score 2 where gates/ doors are automatic or not present)					
PROVIDE A HUMAN SCALE	The size and scale of the space allows a person with dementia to feel comfortable and at ease e.g. not too large or too confined.					
PRO A HL	The number of people present in the space allows the person living with dementia to feel comfortable and at ease.					
S SEE	The entry/exit can be easily identified.					
PLE TO	The way to a toilet can be easily seen.					
ALLOW PEOPLE TO AND BE SEEN	The next destination can be easily seen and identified e.g. enquiry desk, aisle, corridor, office, way back to exit.					
ALLO	The final destination allows the person with dementia to see all of the areas that they may wish to use.					
щ	The space is free from distracting visual clutter i.e. notices, advertisements, objects, street furniture that are irrelevant.					
REDUC	Signage provides simple, essential information at decision points.					
MANAGE LEVELS OF STIMULATION - REDUCE UNHELPUL STIMULATION	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.					
STIMUI	Background noise is of a low level.					
LS OF S	Public address systems are used minimally and only when necessary (Score 2 if not present).					
E LEVE UNH	There are no alarming or disturbing noises, e.g. flapping doors, noisy automatic doors.					
IANAG	There are no confusing odours, e.g. a bakery competing with a florist.					
2	Floor finishes do not have patterns with a high level of contrast .					

0 = 1 = 2 =	DISAGREE PARTIALLY AGREE AGREE	APPROACH TO THE ENTRY	ENTRY SPACE	ROUTE TO THE DESTINATION	DESTINATION	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.					
ATION	Signs assist the person with dementia to complete the journey and task.					
STIMUL	Objects and/or furniture clearly show people that they are on the correct part of the journey.					
MANAGE LEVELS OF STIMULATION - OPTIMISE HELPFUL STIMULATION	The variety of materials and finishes present create an interesting journey to and from the destination and help the person with dementia identify the stages of the journey (e.g. brick, timber, concrete, stone, grass)					
MANAC - OPTIN	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.					
ENT TA	There are both shady and sunny areas along the journey.					
10VEM AGEME	The journey is pleasant.					
SUPPORT MOVEMENT AND ENGAGEMENT	Seating or nooks enable a person living with a dementia to sit and rest.					
SUPI	Spaces provide opportunities to participate in or observe activities of interest.					
œ	The space is welcoming.					
AMILIA	The function of the space is obvious, e.g. a foyer, a thoroughfare leading to a destination.					
CREATE A FAMILIAR PLACE	Architectural design features, including landscaping and furniture, are familiar and easily understood by a person with dementia.					
Ū	Colours and decor are familiar.					
TY OF PLACES TO WITH OTHERS	Seating is provided to allow the person with dementia to sit quietly by themselves or with a small number of others.					
PROVIDE A VARIETY OF PLACES TO BE ALONE OR WITH OTHERS	The space promotes easy and comfortable interaction with people of different ages and interests.					



APPENDIX 2

DFC-EAT PLANNING TEMPLATE

KE	KEY DESIGN PRINCIPLES									
		Unobtrusively reduce risks	Provide a human scale	Allow people to see and be seen	Manage levels of stimulation - reduce unhelpful stimulation					
	ISSUES									
	How can we re-use what is there?									
ACTIONS	What can we do in the short term?									
	What can we do in the medium term?									
	What can we do in the long term?									

KEY DESIGN PRINCIPLES					
		Manage levels of stimulation - optimise helpful stimulation	Support movement & engagement	Create a familiar place	Provide opportunities to be alone or with others
	ISSUES				
	How can we re-use what is there?				
ACTIONS	What can we do in the short term?				
	What can we do in the medium term?				
	What can we do in the long term?				

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