

# **The Dignity Environmental Assessment Tool:**

(Dignity-EAT<sup>©</sup>)

**Richard Fleming  
Kirsty A Bennett**

## **Revision 1.1**

This version is the result of extensive consultation with signatories of the Dignity Manifesto of Design for People Living with Dementia. It is ready for evaluation of its validity and reliability

# Parameters for the Use of the Dignity EAT

The Dignity EAT has been developed as a structured method for assessing the strengths and weaknesses of environments designed for the residential care of people living with dementia. It is based on contemporary research and best practices in dementia-friendly design and has undergone extensive expert review and iterative refinement in response to their feedback. The tool has been enthusiastically endorsed by experts in dementia care, environmental design, and aged care policy, reflecting its alignment with established principles in the field. However, at this stage, the tool has not undergone a systematic evaluation of its reliability and validity so, it should be used within the following parameters:

1. **Guidance for Reflection and Improvement**
  - The tool is intended as a structured framework to facilitate reflection, discussion, and planning for improving residential environments for people living with dementia.
  - It can be used by care providers, architects, policymakers, and researchers to identify areas of strength and opportunities for enhancement.
2. **Not a Definitive Measure**
  - The tool should not be used as a definitive or standardized measure for regulatory compliance or benchmarking until a formal validation study has been conducted.
  - While it provides structured insights, its outcomes should be interpreted as indicative rather than conclusive.
3. **Professional Judgment Required**
  - Users should apply professional expertise and contextual understanding when interpreting results.
  - Findings should be considered alongside other forms of assessment, such as direct observations and stakeholder feedback.
4. **Appropriate Use in Research and Practice**
  - The tool may be used in research settings to explore environmental factors affecting the well-being of people living with dementia, with appropriate acknowledgment of its developmental status.
  - In practice, it should be used as a qualitative and formative assessment tool rather than a quantitative instrument for comparative analysis.
5. **Future Validation and Development**
  - Efforts are encouraged to undertake systematic reliability and validity testing to establish the tool's psychometric properties.
  - Users are invited to provide feedback on its applicability and effectiveness to inform future refinements.

By adhering to these parameters, users can responsibly apply the tool to enhance dementia-friendly environments while acknowledging its current stage of development.

The Dignity EAT is provided under creative commons license CC BY-SA which gives the user permission to copy and redistribute the material in any medium or format for any purpose, and to remix, transform, and build upon the material for any purpose, under the following terms:

1. **Attribution** — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.
2. **ShareAlike** — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original.
3. **No additional restrictions** — You may not apply legal terms or technological measures that legally restrict others from doing anything the license permits.

See <https://creativecommons.org/licenses/by-sa/4.0/> for full details.

# Introduction to the Dignity EAT<sup>©1</sup>

The Dignity-EAT has evolved from the experience of developing and using the original Environmental Audit Tool<sup>2</sup> and the EAT-HC<sup>3</sup>.

The purpose of developing the Dignity-EAT is to provide managers and staff of residential aged care facilities, and designers of such facilities, with an assessment tool that is in keeping with the current international consensus on good design for people living with dementia expressed in the Design Dignity Dementia Manifesto

<https://designdignitydementia.com/> .

The Dignity-EAT is based on the principles contained in the Dignity Manifesto. It includes design approaches which respond to these principles. Further information about approaches is found in 'Key ideas briefly explained'.

## The Principles:

### 1. Begin each project by developing a vision for a dignified way of life for people living with dementia.



All facilities have a philosophy of care that governs the actions of the staff and the residents (whether or not there is a clear recognition and statement of a philosophy of care). It will be evident in residents' lifestyles and will vary from one facility to another. For example, some may focus on fostering engagement with daily living activities, others on full service and recreation as in a hotel, and others on promoting a healthy or spiritual life. The chosen lifestyle needs to be clearly stated, and the building should be designed to both support this lifestyle and make the philosophy of care evident to residents and staff. The

building must be a physical embodiment of the care philosophy, constantly reminding staff of the values and practices required, while providing them with the necessary tools for their jobs.

---

<sup>1</sup> The Dignity-EAT is the copyright of Richard Fleming and Kirsty Bennett 2025. All rights are reserved.

<sup>2</sup> Fleming, R., I. Forbes and K. Bennett (2003). Adapting the ward for people with dementia. Sydney, NSW Department of Health.

Fleming, R. (2011). "An environmental audit tool suitable for use in homelike facilities for people with dementia." Australasian Journal on Ageing **30** (3): 108-112.

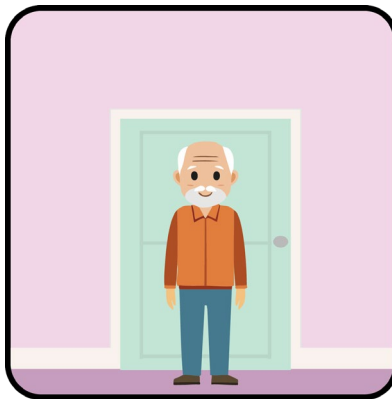
<sup>3</sup> Fleming, R. and K. Bennett (2015). "Assessing the quality of environmental design of nursing homes for people with dementia: Development of a new tool." Australasian Journal on Ageing **34**(3): 191-194.

**2. Where safety measures are agreed to be appropriate, design them to be as unobtrusive as possible:**



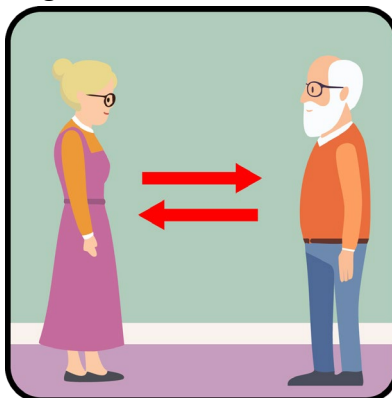
People living with dementia, benefit from living in an environment that maintains their lifestyle and abilities. Such an environment must offer both safety and ease of movement, indoors and outdoors. Potential hazards like steps should be eliminated to minimise risk, and safety measures should be unobtrusive as visible barriers, like locked door, can trigger negative emotional responses like frustration, agitation, anger, or apathy and depression.

**3. Design the environment to reflect a human scale.**



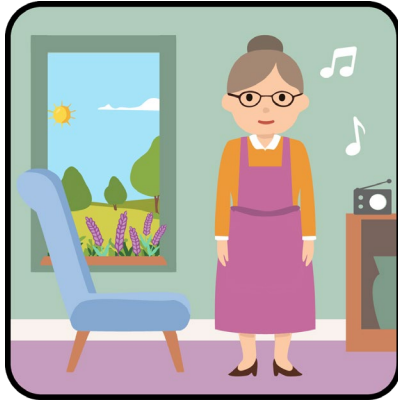
The scale of the environment greatly influences the behaviour and emotions of people, especially those living with dementia. Factors like the number of people encountered, overall building size, and the dimensions of doors, rooms, and corridors all influence residents' comfort. The environment should avoid overwhelming residents or presenting too many choices. Instead, both indoor and outdoor spaces should promote residents' well-being and sense of competence.

**4. Plan the environment to make it easy for people to see and move where they want to go.**



Designing an environment that is easy to understand is essential to minimize confusion, particularly for people living with dementia. Residents should be able to identify their location, where they have come from, and where they wish to go. When key areas—like the lounge, dining room, bedroom, kitchen, and outdoor spaces—are visible, residents can make informed choices and navigate more confidently. Visibility encourages engagement and empowers residents to explore their surroundings. Additionally, it helps staff to discreetly observe residents, reducing anxiety about their well-being and providing reassurance to both staff and residents.

## 5. Optimise stimulation.



People living with dementia may have difficulty filtering stimuli, making prolonged exposure to large amounts of sensory input stressful. The environment should be designed to reduce exposure to non-essential stimuli, considering all senses. Using sight, sound, and smell can support residents' understanding of their location and activities, helping to reduce confusion. The environment should maximise helpful stimuli and avoid unhelpful stimuli to assist residents to focus on what matters to them and enjoy a comfortable level of stimulation.

## 6. Promote movement, engagement, and meaningfulness.



Purposeful movement is part of healthy engagement with the physical world and is essential for maintaining health and well-being. In people living with dementia, this is promoted by creating clearly defined and obstacle-free paths that do not have complex decision points. Such pathways should guide individuals past points of interest, offering opportunities for meaningful activities or social interactions that are significant to them.

## 7. Afford people opportunities to enjoy contact with nature.



Contact with nature is vital for the health and wellbeing of people living with dementia. It helps regulate their circadian rhythm and maintains a connection to the world around them. The environment should provide easy access to nature, with reminders of the season, weather, and time of day. Outdoor places should be close to indoor spaces, with transition areas like porches or verandas offering shelter for comfortable outdoor time even in less ideal weather. The environment should also allow for contact with nature when inside.

**8. Design all components of the environment to be as familiar as possible.**



in the choices.

People living with dementia better utilize and enjoy environments that are familiar and recognizable to them. Including places, decorations, and objects reminiscent of a person's earlier life can promote wellbeing. The surroundings should enable individuals to maintain their skills through familiar architectural designs (indoors and outdoors), furniture, fixtures, and colours. Incorporating personal and cultural backgrounds of residents into the environment is essential and best achieved by involving the resident

**9. Afford people opportunities to choose to be alone or with various size groups of people.**



Residents should have the option to be alone or with others. . A diversity of spaces, including areas for quiet conversations, larger group interactions, and places for solitude can cater to a variety of needs. Indoor and outdoor locations with a variety of design and decor should be provided, fostering a variety of activities like observing surroundings, reading, conversing, and group activities. These spaces offer residents the chance to interact with others at their preferred level of comfort.

**10. Provide easy access and connection to and from local communities, families, and friends.**



Regular interactions with friends and family are crucial for the wellbeing of residents and vitally important for maintaining the identity of people living with dementia. Visitors should find it easy to visit and enjoy spaces that promote interaction. To reduce the stigma associated with dementia, the design of the facility should integrate seamlessly with the surrounding community and avoid appearing as a 'special' unit. Fostering a connection between the facility and the community can be achieved by establishing shared spaces accessible to both, like a shared coffee shop, which provides an opportunity for people living with dementia to maintain contact with the community.



## Carrying out the assessment

Give yourself plenty of time to carry out the assessment. Always remember that you are a guest in people's home and so minimize any inconvenience or interruption to them. Allow time to interact with residents and staff if invited to do so. It is not about simply gathering data, but also being a positive presence in their home.

Before beginning the assessment, take time to sit in (or on the edge of) a social space and soak up the ambience. Now you are ready to begin!

If you are working by yourself, and you are familiar with the tool, it will take 45 minutes or more to complete. If it is your first time, please allow at least 30 minutes to read through the tool and the Key Ideas. If you are working with others and looking for a consensus score it may take much longer than 45 minutes. However, the discussion is likely to lead to a greater depth of understanding about the strengths and weaknesses of the unit.

The following steps to carrying out an assessment are recommended:

1. Learn about the principles behind the Dignity-EAT.
2. Get to know the questions in the Dignity-EAT. Carefully read the section on Key Ideas at the end of this document.
3. If you're not familiar with the unit you're assessing, find someone who is. Ask them to walk with you around the unit to show you what the residents have access to during the course of a typical day, so you know exactly where to focus your assessment.
4. Keep the Design Approaches in mind as you walk around the unit.
5. Sit in a central spot and start answering the questions one by one. If you come across a question you can't answer from there, move around until you can. This way, you'll see the area from different perspectives.
6. Every Design Approach is followed by three statements. The task of the assessor is to choose which of these statements best describes the situation. It may well be that none of the statements describes the situation exactly but one of them will be better than the other two. This is the one to choose. In some situations, the Design Approach may not be applicable, e.g. if there are no accessible outside areas. In these cases choose the Not Applicable (N/A) statement.
7. The Dignity-EAT can be completed by several people together, and you can agree on the scores as a group. This is a good way to get agreement on the scores, get more people to understand the importance of good design, and help everyone feel involved in the results of the assessment. There is an Excel sheet available to help score the Dignity-EAT. It supports scoring by up to three people.

# The Dignity Environmental Assessment Tool

(Dignity-EAT<sup>©</sup>)

Facility		
Unit		
Date		
Time		
Rater's name		
How many people live in the unit?		
What is the maximum number of people in one bedroom?		
<p>If the boundary of the unit is not obvious, please sketch the perimeter that you have used in this assessment. This will help to ensure that future assessments are carried out on the same area.</p>		
<div></div>		



## 1. Begin each project by developing a vision for a dignified way of life for people living with dementia.

All facilities have a philosophy of care that governs the actions of the staff and the residents (whether or not there is a clear recognition and statement of a philosophy of care). It will be evident in residents' lifestyles and will vary from one facility to another. For example, some may focus on fostering engagement with daily living activities, others on full service and recreation as in a hotel, and others on promoting a healthy or spiritual life. The chosen lifestyle needs to be clearly stated, and the building should be designed to both support this lifestyle and make the philosophy of care evident to residents and staff. The building must be a physical embodiment of the care philosophy, constantly reminding staff of the values and practices required, while providing them with the necessary tools for their jobs.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Adopt a clear care philosophy	The care philosophy is well-defined, clearly communicated, and understood by all involved.	The care philosophy is mentioned but lacks clarity or effective communication.	There is no clear or communicated care philosophy or the care philosophy is contrary to a dignified way of life	N/A	
2. Involve the residents and families in developing the lifestyle or care philosophy.	Residents and families are actively engaged, with their preferences meaningfully shaping the lifestyle or care philosophy.	Efforts to involve residents and families exist, but more effective engagement is needed.	Residents and families are not involved in or aware of the lifestyle or care philosophy.	N/A	
3. Ensure the building supports the chosen lifestyle.	The building design thoroughly supports the stated lifestyle in daily practices.	The design reflects some aspects of the stated lifestyle but needs more integration.	The building design does not align with or support the stated lifestyle or there is no stated lifestyle.	N/A	
4. Embody the care philosophy in the built environment	The environment clearly and prominently reflects the chosen care philosophy.	The care philosophy is somewhat integrated into the design but is not prominent.	The facility's environment does not promote the care philosophy or there is no stated care philosophy	N/A	
5. Provide the resources required.	Staff have access to comprehensive tools, training, and resources to implement the lifestyle or care philosophy.	Staff have some access to tools and resources, but they are not fully comprehensive or easily accessible.	Staff lack the necessary tools and resources to implement the lifestyle or care philosophy.	N/A	
Sub-scale Score					

## 2. Where safety measures are agreed to be appropriate, design them to be as unobtrusive as possible.

People living with dementia, benefit from living in an environment that maintains their lifestyle and abilities. Such an environment must offer. Potential hazards like steps should be eliminated to minimise risk, and safety measures should be unobtrusive as visible barriers, like locked door, can trigger negative emotional responses like frustration, agitation, anger, or apathy and depression.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1.Ensure step-free access to all outside areas	All outside areas are accessible without steps.	Some outside areas have step-free access, others do not.	Steps or barriers hinder access to outside areas.	N/A	
2.Ensure outside floor surfaces are safe when wet	All outside floor surfaces are non-slip, even when wet.	Some outside areas are safe, others are not.	Outside floor surfaces become slippery and hazardous when wet.	N/A	
3.Provide clear pathways in the outside area	All paths are clear of obstacles and can be clearly seen.	Some paths are clear, others have obstacles or cannot be clearly seen.	Paths are obstructed or not clearly seen, creating hazards.	N/A	
4.Ensure outside paths are wide enough for people to pass one another.	All paths are wide enough for two wheelchairs to pass (or have regular passing bays).	Some paths are wide enough, others are not.	Paths are too narrow for comfortable passage of two wheelchairs.	N/A	
5.Provide unobtrusive options for controlling access to the kitchen	Safety measures, if needed, are unobtrusive and prevent unsupervised kitchen access.	Safety measures are somewhat noticeable.	Safety measures are obvious or ineffective, causing frustration.	N/A	
6.Provide safe, unobtrusive storage for kitchen appliances.	All appliances can be put away safely and unobtrusively.	Some appliances can be stored unobtrusively.	Appliances cannot be stored safely or are obviously locked away from residents.	N/A	
7.Ensure inside floor surfaces are safe when wet	All inside floor surfaces are non-slip, even when wet.	Some inside areas are safe, others are not.	Inside floor surfaces become slippery and hazardous when wet.	N/A	
8.Ensure safe and easy transfer of non-ambulant residents	Transfers of non-ambulant residents to the ensuite/WC are easy and safe with easy access to suitable equipment.	Transfer is possible but challenging with existing equipment.	Difficult to transfer non-ambulant residents safely.	N/A	

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
9. Provide unobtrusive control of exits from Garden/Outside Area.	Safety measures are in place to prevent unapproved exit while remaining discreet and unobtrusive.	Safety measures are present but are somewhat noticeable.	Safety measures are obvious and may upset residents.	N/A	
10. Provide unobtrusive control of exit from front door.	Safety measures are in place to prevent unapproved exit while remaining discreet and unobtrusive.	Safety measures are present but somewhat noticeable.	Safety measures are obvious and may upset residents.	N/A	
Sub-scale Score					

### 3. Design the environment to reflect a human scale.

The scale of the environment greatly influences the behaviour and emotions of people, especially those living with dementia. Factors like the number of people encountered, overall building size, and the dimensions of doors, rooms, and corridors all influence residents' comfort. The environment should avoid overwhelming residents or presenting too many choices. Instead, both indoor and outdoor spaces should promote residents' well-being and sense of competence.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Accommodate a comfortable number of residents	The unit's design accommodates residents comfortably, promoting well-being without overcrowding.	The unit's design does not accommodate the number of residents well.	The unit is overcrowded.	N/A	
2. Ensure that the scale of common areas is comfortable and inviting for residents.	Common areas are designed with a scale that enables residents to feel comfortable. Common areas are designed with a scale that supports residents' comfort.	Some common areas have a comfortable scale, but others may be too large or too small.	The scale (height and width) of common areas is uncomfortable for residents because it is too large or too small.	N/A	
3. Ensure that the number of people in the common areas is comfortable for residents.	Common areas are designed to accommodate the intended number of residents without crowding.	Some common areas have an acceptable scale, but others may be too crowded.	Common areas are all overcrowded.	N/A	
4. Optimize the size of doors to create an environment that feels right for people living with dementia.	All doors are the size that promotes a sense of well-being and competence.	Some doors are appropriately sized, but others may not be comfortable for residents.	Doors are too large or too small, potentially causing discomfort.	N/A	
5. Optimize the size of fittings, e.g. door handles, to create an environment that feels right for people living with dementia.	All fittings are the right size, promoting a sense of well-being and competence.	Some fittings are appropriately sized, but others may not be comfortable for residents.	Fittings are too large or too small, potentially causing discomfort.	N/A	

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
6. Optimize the size of rooms to create an environment that feels right for people living with dementia.	All rooms are the right size, promoting a sense of well-being and competence.	Some rooms are appropriately sized, but others may not be comfortable for residents.	Rooms are too large or too small, potentially causing discomfort.	N/A	
7. Optimize the size of corridors to create an environment that feels right for people living with dementia.	All corridors are the right size, promoting a sense of well-being and competence.	Some corridors are appropriately sized, but others are too long or narrow for the comfort of the residents.	Corridors are too long or too narrow, potentially causing discomfort.	N/A	
8. Optimise the number of common spaces to give an appropriate level of choice.	There is a sufficient number of common spaces to give residents enough choices to be comfortable.	The number of common spaces limits choices.	There is little or no choice of which common area to use.	N/A	
9. Ensure that the scale of the building, as seen from the outside, is welcoming and not intimidating	The building's scale as seen from the outside is not likely to intimidate the resident or make them anxious about entering.	The building's scale as seen from the outside is somewhat appropriate.	The building as seen from the outside is likely to appear intimidating and cause the resident anxiety.	N/A	
10. Create an outdoor area with a human-scale design that promotes a sense of well-being and competence for residents.	The scale of the outside area is well-proportioned and suits the needs and preferences of residents.	The scale of the outside area is somewhat appropriate, but adjustments may be needed for a better fit with residents' needs.	The scale of the outside area is not well-suited to residents' needs and preferences.	N/A	
Sub-scale Score					

#### 4. Plan the environment to make it easy for people to see and move where they want to go.

Designing an environment that is easy to understand is essential to minimize confusion, particularly for people living with dementia. Residents should be able to identify their location, where they have come from, and where they wish to go. When key areas—like the lounge, dining room, bedroom, kitchen, and outdoor spaces—are visible, residents can make informed choices and navigate more confidently. Visibility encourages engagement and empowers residents to explore their surroundings. Additionally, it helps staff to discreetly observe residents, reducing anxiety about their well-being and providing reassurance to both staff and residents.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1.Promote visibility of the lounge room from bedrooms.	The lounge room is visible to most residents immediately upon leaving their bedrooms	Some residents can see the lounge room from their bedrooms.	Very few residents can see the lounge room from their bedrooms.	N/A	
2.Promote visibility of bedroom door from lounge room.	Most residents can see their bedroom door as soon as they leave the lounge room. Bedroom doors are visible to most residents when leaving the lounge room.	Some residents can see their bedroom door from the lounge room.	Very few residents can see their bedroom door from the lounge room.	N/A	
3.Provide visibility of the dining room from bedrooms.	The dining room is visible to most residents immediately when leaving their bedrooms."	Some residents can see the dining room from their bedrooms.	Very few residents can see the dining room from their bedrooms.	N/A	
4.Provide visual access to garden/outside area from lounge or dining room.	The garden or outside area can be seen from the lounge or dining room used by most residents.	Some visibility of the garden or outside area from the lounge or dining room.	The garden or outside area cannot be seen from the lounge or dining room.	N/A	
5.Promote visibility of the dining room from the lounge room.	The dining room can be seen from the lounge room used by most residents.	Limited visibility of the dining room from the lounge room.	The dining room cannot be seen from the lounge room.	N/A	
6.Provide visibility of a toilet from the lounge room.	A toilet door can be seen from the lounge room used by most residents.	Limited visibility of a toilet door from the lounge room.	A toilet door cannot be seen from the lounge room.	N/A	

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
7. Provide visibility of a toilet from the dining room.	A toilet door can be seen from the dining room used by most residents.	Limited visibility of a toilet door from the dining room.	A toilet door cannot be seen from the dining room.	N/A	
8. Promote visibility of the lounge room from staff areas.	The lounge room used by most residents can be supervised from staff areas.	Limited visibility of the lounge room from staff areas.	The lounge room cannot be supervised from staff areas.	N/A	
9. Provide visibility of the dining room from staff areas.	The dining room used by most residents can be supervised from staff areas.	Limited visibility of the dining room from staff areas.	The dining room cannot be supervised from staff areas.	N/A	
10. Provide visual access to garden/outside area from staff areas.	The garden or outside area for residents can be supervised from staff areas.	Limited visibility of the garden or outside area from staff areas.	The garden or outside area for residents cannot be supervised from staff areas.	N/A	
Sub-scale score					



## 5. Optimise stimulation.

People living with dementia may have difficulty filtering stimuli, making prolonged exposure to large amounts of sensory input stressful. The environment should be designed to reduce exposure to non-essential stimuli, considering all senses. Using sight, sound, and smell can support residents' understanding of their location and activities, helping to reduce confusion. The environment should maximise helpful stimuli and avoid unhelpful stimuli to assist residents to focus on what matters to them and enjoy a comfortable level of stimulation.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Conceal potentially dangerous areas	Dangerous areas, such as cleaners' cupboards, are effectively hidden from residents.	Some dangerous areas are partially concealed; need more hiding.	Dangerous areas are visible, posing risks to residents.	N/A	
2. Ensure that deliveries and storage take place separately from the living areas.	Deliveries and storage areas are located out of sight of residents.	Deliveries and storage somewhat separate from living areas but can be seen.	Deliveries and storage happen within living areas.	N/A	
3. Avoid excessive noise and alarms	Noise and alarm systems do not disturb residents.	Some noise and alarms present which may impact resident comfort.	Excessive noise which may cause distress among residents.	N/A	
4. Reduce visual clutter	Spaces are free from unnecessary items that could confuse residents.	Some visual clutter present but efforts to reduce it are made.	Significant visual clutter present, which may cause confusion.	N/A	
5. Manage glare	Glare from both internal and external sources is effectively managed.	Attempts to manage glare made but needs improvement.	Glare is unmanaged.	N/A	
6. Facilitate recognition of dining room from outside the room	Dining room is clearly identifiable from outside the room.	Recognition of dining room from outside could be improved.	Dining room is not recognizable from outside.	N/A	
7. Facilitate recognition of lounge room from outside the room	Lounge room is clearly identifiable from outside the room.	Recognition of lounge room from outside could be improved.	Lounge room is not recognizable from outside.	N/A	
8. Differentiate corridors for resident orientation	Corridors are distinctly recognizable, aiding resident orientation.	Some efforts to differentiate corridors, but more needed.	Different corridors are not recognizable.	N/A	

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
9. Personalize signs, symbols, or displays for bedrooms	Personalized signs or symbols effectively identify bedrooms.	Some signs or displays exist but need more visibility.	Personalized signs/symbols for bedrooms are not prominent.	N/A	
10. Clearly mark shared ensuite/bathrooms/toilets	Shared facilities such as bathrooms are clearly marked.	Some cues and signage present, but clarity needs improvement.	Shared facilities lack clear markings.	N/A	
11. Ensure the visibility of the toilet from the bed is possible.	Beds can be positioned to allow residents to see the toilet from bed.	Some beds can be positioned for toilet visibility, but not all.	No beds can be positioned so residents can see the toilet from bed.	N/A	
12. Contrast fittings and fixtures with background	Fittings and fixtures, such as toilets, contrast with the background for easy recognition.	Some fittings and fixtures offer contrast, more improvements needed.	Fittings and fixtures do not contrast well with the background.	N/A	
13. Use contrasting materials indoors for visibility	Contrasting materials indoors helps residents differentiate surfaces and objects.	Some contrasting materials used indoors, but contrast can be improved.	No effective use of contrasting materials indoors.	N/A	
14. Use contrasting materials outdoors for visibility	Contrasting materials outdoors helps residents differentiate surfaces and objects.	Some contrasting materials used outdoors, but more needed for visibility.	No effective use of contrasting materials outdoors.	N/A	
15. Use olfactory cues for orientation	Strategic use of scents indoors aids in resident orientation and engagement with mealtimes.	Limited use of scents indoors for orientation.	No use of olfactory cues indoors for orientation.	N/A	
16. Use tactile cues for orientation	Tactile cues such as different floor finishes or distinctive door handles, effectively aid residents' orientation.	Some tactile cues used, but could be improved or expanded.	No effective use of tactile cues indoors for orientation.	N/A	
17. Use auditory cues for orientation	Sounds, such as music or water features, enhance residents' orientation.	Limited use of auditory cues indoors for orientation.	No use of auditory cues indoors to aid in orientation.	N/A	

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
18.Provide fresh air	Fresh air is continually available in all areas.	Fresh air is available in most areas.	There are no opportunities to provide fresh air.	N/A	
19.Maintain a comfortable temperature	Indoor daytime temperatures are comfortable for residents with cooler temperatures at night.	Both daytime and nighttime temperatures are usually within the comfortable ranges for residents but there is little variation.	Temperatures are often uncomfortable for residents.	N/A	
20.Ensure appropriate levels of illumination	Ample natural light is available in the common areas complemented by artificial lighting that maintains visibility throughout the space.	Some natural light is present in the common areas with artificial lighting providing adequate but uneven support in certain areas.	Natural light is limited in the common areas and artificial lighting does not sufficiently support visibility across spaces.	N/A	
Sub-scale score					

## 6. Promote movement, engagement, and meaningfulness.

Purposeful movement is part of healthy engagement with the physical world and is essential for maintaining health and well-being. In people living with dementia, this is promoted by creating clearly defined and obstacle-free paths that do not have complex decision points. Such pathways should guide individuals past points of interest, offering opportunities for meaningful activities or social interactions that are significant to them.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Provide easily identifiable pathways	Clearly defined, pathways guide residents from indoors to outdoors and back without obstacles or confusing decision points.	Some defined pathways exist, but need clearer and better routes.	There is no clearly defined path.	N/A	
2. Provide destinations along the pathways	Pathways effectively lead residents to interesting areas that invite participation or social interaction.	Some parts of pathways lead to destinations, but more are needed.	There are no destination points along the pathways.	N/A	
3. Provide sheltered seating	Chairs or benches are strategically placed undercover at exit to outdoors, and along the path, offering rest spots sheltered from sun, wind, and rain.	Some sheltered outdoor seating is available, but additional seating is needed.	No chairs or benches at exit and along the outdoor path.	N/A	
4. Provide passive engagement opportunities	The pathway offers residents opportunities for passive engagement in activities, such as watching others or enjoying views	Some passive engagement opportunities exist but more can be added.	The path does not offer opportunities for passive participation in activities.	N/A	
5. Provide places for conversation	Pathways are designed with seating arrangements that encourage conversation.	Some conversational seating opportunities are present, but more needed.	Pathways do not lead residents past conversational seating areas.	N/A	
Sub-scale score					

## 7. Afford people opportunities to enjoy contact with nature.

Contact with nature is vital for the health and wellbeing of people living with dementia. It helps regulate their circadian rhythm and maintains a connection to the world around them. The environment should provide easy access to nature, with reminders of the season, weather, and time of day. Outdoor places should be close to indoor spaces, with transition areas like porches or verandas offering shelter for comfortable outdoor time even in less ideal weather. The environment should also allow for contact with nature when inside.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Provide access to nature when inside	Natural elements, such as plants and natural lighting, are integrated into the design, enhancing connection with nature.	Some natural elements are present but not extensively integrated.	The environment lacks natural elements.	N/A	
2. Provide views to nature from internal spaces	Internal spaces offer abundant views to nature, fostering a connection with the outdoors.	Some internal spaces offer limited views to nature.	Internal spaces lack views to nature, limiting outdoor connection.	N/A	
3. Provide access to outdoor spaces	There is easy and unrestricted access to the outdoors, with usable doors leading outside."	Some outdoor access exists, but it may be restricted, not easily usable, or lacking shelter.	Limited or no access to outdoor areas.	N/A	
4. Provide <b>variety in the</b> outdoor spaces.	A variety of experiences is supported, such as sunlight, plants, trees, fresh air, water features, seasonal changes, animals and birdlife. spaces	Some varieties of experience are supported, but it may be insufficient.	No variety of experience is supported, there is simply an empty outside space..	N/A	
5. Provide access to nature when outside	Outdoor spaces focus on nature and are designed to be accessible and inclusive for all residents	Some efforts have been made, but improvements are needed.	Outdoor spaces do not focus on nature and are not accessible to all residents, including those with mobility challenges.	N/A	
Sub-scale Score					

## 8. Design all components of the environment to be as familiar as possible.

People living with dementia better utilize and enjoy environments that are familiar and recognizable to them. Including places, decorations, and objects reminiscent of a person's earlier life can promote wellbeing. The surroundings should enable individuals to maintain their skills through familiar architectural designs (indoor and outdoor), furniture, fixtures, and colours. Incorporating personal and cultural backgrounds of residents into the environment is essential and best achieved by involving the resident in the choices.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Provide furniture of a familiar design in common areas.	Common areas are furnished with familiar designs to promote comfort and recognition for residents.	Some common areas contain unfamiliar furniture, affecting overall familiarity.	Common areas have unfamiliar furniture, which may not resonate with most residents.	N/A	
2. Provide furniture of a familiar design in bedrooms	Bedrooms are furnished with familiar furniture designs to promote residents' comfort and recognition.	Some bedrooms feature unfamiliar furniture, impacting familiarity.	Bedrooms contain furniture designs that are not familiar to most residents.	N/A	
3. Provide opportunities for residents to personalize bedrooms	Residents have personalized their bedrooms with own design preferences, creating a sense of belonging and familiarity.	Some residents have personalized their bedrooms, but it's not common practice.	Most residents have not personalized their bedrooms.	N/A	
4. Facilitate use of personal furniture in bedrooms	Residents have their own furniture in their bedrooms, promoting familiarity and comfort.	Some residents have their own furniture, but it's not a common practice.	Residents do not have their own furniture in their bedrooms.	N/A	
5. Provide familiar decorative elements	Common areas are decorated with elements that reflect residents' backgrounds, creating a sense of familiarity.	Some common areas feature familiar decorative elements, but it's not consistently applied.	Common areas lack decorative elements that reflect residents' backgrounds.	N/A	
Sub-scale score					

## 9. Afford people opportunities to choose to be alone or with various size groups of people.

Residents should have the option to be alone or with others. . A diversity of spaces, including areas for quiet conversations, larger group interactions, and places for solitude can cater to a variety of needs. Indoor and outdoor locations with a variety of design and decor should be provided, fostering a variety of activities like observing surroundings, reading, conversing, and group activities. These spaces offer residents the chance to interact with others at their preferred level of comfort.

Design Approach	Score = 2	Score = 1	Score =0	Not Applicable Score = N/A	SCORE
1. Provide small group gathering areas	There are multiple areas for small groups to gather comfortably.	Some areas for small group gatherings exist, but more are needed.	No designated areas within the unit for small groups to gather.	N/A	
2. Provide private or quiet spaces	Several spaces are available for individuals to be alone and/or have private conversations comfortably.	Some spaces for solitude and/or privacy exist, but more are needed.	No designated spaces for individuals to be alone or have private conversations.	N/A	
3. Ensure variety in design and decor	There is a range of spaces with varied decor, supporting different emotional responses and activities	Some variety in decor exists, but more diversity is needed.	There is a lack of variety in décor, resulting in limited experiences.	N/A	
4. Provide the option of dining alone	The dining room offers residents the option to dine alone, supporting independence and autonomy.	Options for dining alone are available, but more choices are needed.	The dining room does not allow residents the choice to eat alone.	N/A	
5. Provide private spaces in outdoor areas	The garden or outdoor area provides spaces for individuals to be alone and/or have private conversations comfortably.	Some spaces for solitude and/or privacy exist in the garden or outdoor area, but more are needed.	The garden or outdoor area lacks spaces for individuals to be alone or have private conversations.	N/A	
Sub-scale score					

## 10. Provide easy access and connection to and from local communities, families, and friends.



Regular interactions with friends and family are crucial for the wellbeing of residents and vitally important for maintaining the identity of people living with dementia. Visitors should find it easy to visit and enjoy spaces that promote interaction. To reduce the stigma associated with dementia, the design of the facility should integrate seamlessly with the surrounding community and avoid appearing as a 'special' unit. Fostering a connection between the facility and the community can be achieved by establishing shared spaces accessible to both, like a shared coffee shop, which provides an opportunity for people living with dementia to maintain contact with the community.

Design Approach	Score = 2	Score = 1	Score = 0	Not Applicable Score = N/A	SCORE
1. Provide easy access to community-engaging spaces	Spaces are provided to promote interaction and engagement with the broader community, such as with children's groups or local clubs	Some spaces for community interaction exist in the unit, but more are needed.	Limited access to spaces that facilitate interaction with the wider community.	N/A	
2. Support intergenerational engagement	Intergenerational activities are supported through access to spaces and connections with local organizations	Limited efforts have been made to support intergenerational engagement; more access to spaces and initiatives are needed.	The unit does not provide opportunities for intergenerational activities or lacks access to accommodating spaces.	N/A	
3. Provide settings for family meals and celebrations.	A designated room is available for families to share meals and celebrate special moments comfortably.	Some shared meal and celebration spaces available but need enhancements.	No dedicated room for families to share meals or celebrate special occasions.	N/A	
4. Provide relaxation space for families and friends	A convenient and comfortable space is provided for families and friends to relax during visits.	Some relaxation areas for families and friends are available, but more are required.	No easily accessible space for families and friends to relax when visiting.	N/A	
5. Support community integration and accessibility	The unit blends seamlessly with the surrounding community, offering easy access to local events and services, and promoting interaction with the community.	Efforts to connect with the surrounding community are made, but more integration and options are needed.	The unit is isolated from the surrounding community, limiting engagement with local events or services.	N/A	
Sub-scale score					

# Scoring

There are two ways to score the Dignity EAT.

1. Use the Excel spreadsheet that is provided along with the D-EAT. This will automate the scoring and provide a score that takes into account the effect of items that are scored N/A.
2. Use the table on the next page to provide a visual representation of the sub scale scores. It will not take account of the N/A responses but, providing there are only a few N/As, it provides an easy way to see the relative strengths and weaknesses in the expression of the principles in the unit. Simply shade in the rows in the table in accordance with the sub-scale scores of the D-EAT.

PRINCIPLE	SCORE																																							
1.Begin each project by developing a vision for a dignified way of life for people living with dementia.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
2.Where safety measures are agreed to be appropriate, design them to be as unobtrusive as possible.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.																				
3.Design the environment to reflect a human scale.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
4.Plan the environment to make it easy for people to see and move where they want to go.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.																				
5.Optimise stimulation.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.	38.	39.	40.
6.Promote movement, engagement, and meaningfulness.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
7.Afford people opportunities to enjoy contact with nature	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
8.Design all components of the environment to be as familiar as possible.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
9.Afford people opportunities to choose to be alone or with various size groups of people.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
10.Provide easy access and connection to and from local communities, families, and friends.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
Percentage Score	10%		20%		30%		40%		50%		60%		70%		80%		90%		100%																					

In this example you can see that the sub-scale score for Principle 1 was 6, for Principle 2 it was 17, etc.

PRINCIPLE	SCORE																																							
1.Begin each project by developing a vision for a dignified way of life for people living with dementia.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
2.Where safety measures are agreed to be appropriate, design them to be as unobtrusive as possible.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.																				
3.Design the environment to reflect a human scale.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
4.Plan the environment to make it easy for people to see and move where they want to go.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.																				
5.Optimise stimulation.	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23.	24.	25.	26.	27.	28.	29.	30.	31.	32.	33.	34.	35.	36.	37.	38.	39.	40.
6.Promote movement, engagement, and meaningfulness.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
7.Afford people opportunities to enjoy contact with nature	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
8.Design all components of the environment to be as familiar as possible.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
9.Afford people opportunities to choose to be alone or with various size groups of people.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
10.Provide easy access and connection to and from local communities, families, and friends.	1.		2.		3.		4.		5.		6.		7.		8.		9.		10.																					
Percentage Score	10%		20%		30%		40%		50%		60%		70%		80%		90%		100%																					

## Key ideas briefly explained.

The Dignity-EAT is based on the principles contained in the Dignity Manifesto<sup>4</sup>. These principles are part of a schema having four parts: goals, principles, approaches and responses<sup>5</sup>. This schema offers a way of going from the universal (at the goals and principles level) to the more specific (as approaches describe concepts that need to be considered when applying design principles, and responses offer design solutions that are context specific). The schema enables evidence based design principles to be interpreted and successfully applied in very different contexts.

This section includes references to Australian guidelines as a way to reduce the subjectivity of terms such as 'comfortable', 'overcrowded'. Guidelines that are more relevant to the context in which the assessment is being carried out may be substituted and will be treated as the definition of, for example, comfort, in the local context. It is important to note that the authors are not presenting the guidelines referred to here as universal guidelines.

## Begin each project by developing a vision for a dignified way of life for people living with dementia.

**Some assessors have reported that they find it easier to complete this section at the end of the assessment when those involved have begun to understand the value and relevance of the questions being asked.**

The questions in this section usually require the assessor(s) to ask some questions of the manager of the unit. The following introduction and questions are offered as examples of what might be said to the manager and the questions asked of them.

**Introduction** "A philosophy of care is a set of guiding principles and values that influence how a facility approaches the care and management of residents. It defines the priorities in supporting residents, whether focused on creating independence, providing security, managing behaviours, or enhancing daily engagement. Lifestyle refers to the everyday routines and choices available to residents, such as meal times, activities, and the level of personal freedom. Together, the philosophy of care and lifestyle reflect the facility's approach to meeting residents' needs and shaping their daily experience."

### Questions:

---

<sup>4</sup> Fleming, R., Zeisel, J., Bennett, K. A., Swaffer, K., & Henderson, L. (2021). *The Dignity Manifesto of Design for people living with dementia*. Design Dignity Dementia Organisation. Retrieved 29/11/2024 from <https://designdignitydementia.com/>

<sup>5</sup> Bennett, K. A., Fleming, R., & Zeisel, J. (2020). Design Principles and their use in this report. In R. Fleming, Zeisel, J. and Bennett, K. (Ed.), *World Alzheimers Report 2020: Design Dignity Dementia, dementia-related design and the built environment. Volume 1* (Vol. 1, pp. 25-46). Alzheimer's Disease International.

### **Philosophy of Care**

- What are the main values and goals of the care provided here?
- How do you make sure everyone—staff, residents, and families—understands these values?

### **Lifestyle Choices**

- What choices can residents make each day, like when to eat or what activities to join?
- How does the design of the facility support these choices?

### **Resident and Family Involvement**

- How do you include residents and their families in deciding how care is provided?
- How do you make sure their wishes are respected in daily routines?

### **Design and Care Philosophy**

- How does the facility's design show the values of dignity, independence, and quality of life?
- Are there specific parts of the building that help support these values?

### **Support for Staff**

- What training, tools, or resources help staff follow the care philosophy?
- Are there other resources that would make it easier for staff to provide this kind of care?

### **Building's Role in Care**

- How does the layout of the building help staff care for residents?
- Is there anything in the design you would like to improve to better support the care here?

**Philosophy of Care:** This refers to the guiding principles and values that inform how a residential care facility operates. It encompasses the approach to treating residents with dignity, ensuring their well-being, and providing them with opportunities to lead a meaningful life.

**Environment:** This term encompasses the man-made surroundings that provide the settings for the life of the residents, including buildings, outside areas, and the infrastructure that supports them, such as kitchens and housekeeping facilities.

**Lifestyle:** A subset of the philosophy of care, focusing specifically on the daily experiences and choices available to residents.

**Design Integration:** The process by which the care philosophy is reflected in the physical design and organization of the facility. This ensures that the environment aligns with and supports the care objectives, creating a cohesive and supportive space for residents.

**Tools and Resources for Implementation:** These are the physical and educational supports provided to staff to enable the effective realization of the care philosophy. This includes training programs, equipment, and access to resources that facilitate high-quality care.

**Resident and Family Engagement:** The involvement of residents and their families in shaping the care philosophy and practices of the facility. This ensures care delivery is responsive to the needs and preferences of those it serves.

**Support (in the context of the built environment):** This involves the built environment's role in facilitating the practical application of the care philosophy. It refers to architectural and design features that enable staff to provide care and residents to live according to the facility's principles.

**Embody (in the context of the built environment):** When the built environment embodies the care philosophy, it means that the physical structures and design elements themselves are direct manifestations of the facility's values and principles, with the design itself expressing and reinforcing these values to everyone in the facility.

Where safety measures are agreed to be appropriate, design them to be as unobtrusive as possible.

**Unobtrusive Control of Exits:** This refers to safety measures that prevent residents from leaving the facility without permission in a way that is not noticeable or intrusive. The goal is to maintain the safety of the residents by providing security without causing distress or making the environment feel restrictive.

**Step-Free Access:** Access that eliminates the need for steps or stairs, making it easier for everyone, especially those with mobility issues, to move around. It's crucial for creating an inclusive environment where all residents can navigate freely and safely.

**Non-Slip Surfaces:** Surfaces designed to prevent slipping, especially when wet. These are essential in maintaining safety in areas prone to moisture, such as bathrooms, kitchens, and outdoor paths, reducing the risk of falls.

**Clear Pathways:** This has two aspects to it. Pathways free of obstacles that could cause trips or hinder movement. Ensuring paths are clear supports safer and more comfortable navigation around the facility for residents and staff alike. Pathways that are well defined by a boundary and/or contrast so that they can be easily seen.

**Wheelchair Accessibility:** The design of spaces and pathways to be wide enough for wheelchairs to pass each other comfortably. This is a critical aspect of designing inclusive environments that cater to residents with varying mobility needs. Australian guidelines recommend a width of 1.8m.

**Kitchen Access Control:** Measures put in place to prevent unsupervised access to the kitchen, ensuring resident safety without making the controls overly conspicuous or restrictive. They include doors, both full and half doors, and flaps on benches.

**Safe Storage for Kitchen Appliances:** Arrangements or features such as cupboards that allow kitchen appliances to be stored safely and in a manner that doesn't draw attention. This is important for both safety and aesthetic reasons, ensuring that appliances are not hazards or sources of frustration for residents.

**Transfer of Non-Ambulant Residents:** The methods and equipment used to assist residents who cannot walk (non-ambulant) in moving, especially to and from an ensuite/WC. The focus is on making these transfers safe, comfortable, and dignified for both residents and caregivers

## Design the environment to reflect a human scale.

**Human Scale:** Designing the built environment (like buildings and outdoor spaces) in a way that feels comfortable and manageable to people. This means making spaces that don't feel too big or too small, but just right for the people using them, especially important for those with dementia who might feel overwhelmed by large, impersonal spaces.

**Comfortable Number of Residents:** This refers to ensuring that the number of people living in a space is just right, so it doesn't feel too crowded or too empty, which can help everyone feel more at ease and secure. Australian guidelines recommend a maximum of 15 people living in a space.

**Scale of Common Areas:** The size and layout of shared spaces like living rooms or dining areas should be inviting and not too large or small, making it easier for residents to interact and engage in activities comfortably.

**Number of People in Common Areas:** This concept deals with how many people are in shared spaces at one time, aiming for a balance that avoids overcrowding while fostering social interactions.

**Optimized Size of Doors, Fittings, and Rooms:** Adjusting the size of doors, handles, rooms, and other fittings to be appropriate for residents, particularly those with dementia, to navigate and use without discomfort, helping them feel more competent and independent.

**Size of Corridors:** Ensuring corridors are wide enough for equipment to be maneuvered, residents to pass each other and to be supported by a staff member walking alongside them. Corridors should not be too long, making it easier for residents to move from one area to another without feeling lost or overwhelmed. It is important to not only consider the physical length of corridor, but the way it is designed and decorated as these features impact greatly on the perception of length. Australian guidelines recommend corridors of less than 20m length.

**Optimized Number of Common Spaces:** This involves having the right number of shared spaces to offer choice without causing confusion, allowing residents to engage in various activities



without feeling restricted or overwhelmed by too many options. Australian guidelines recommend the inclusion of an open plan lounge, dining areas, and a kitchen. Also provide at least two domestic amenities which reflect residents' cultures and preferences (eg home office, laundry, shed, art studio, or games room). Ideally one room should be separated acoustically, for music, TV or quiet. Each room's function should be easy to recognise through interior design, fixtures, and fittings.

**Scale of the Building from the Outside:** The overall size and appearance of the building from the outside should feel welcoming and not intimidating, encouraging a sense of belonging and reducing anxiety about entering.

**Outdoor Area with Human-Scale Design:** Designing outdoor areas to be well-proportioned and suitable for the residents, encouraging them to spend time outside by making the space feel safe, accessible, and appealing.

## Plan the environment to make it easy for people to see and move where they want to go.

**Visibility of the Lounge Room from Bedrooms:** The ability for residents to see the lounge room as soon as they step out of their bedrooms, enhancing their orientation and comfort in moving towards communal spaces.

**Visibility of Bedroom Door from Lounge Room:** This refers to residents being able to see their own bedroom doors from the lounge room, helping them to easily find their way back to their personal space.

**Visibility of the Dining Room from Bedrooms:** The design feature that allows residents to see the dining room immediately upon leaving their bedrooms, facilitating easy access to meals and social dining experiences.

**Visual Access to Garden/Outside Area from Lounge or Dining Room:** Ensuring that residents can see outdoor spaces from common indoor areas like the lounge or dining room, encouraging engagement with outdoor activities and enjoyment of natural surroundings.

**Visibility of the Dining Room from the Lounge Room:** The arrangement where the dining area can be seen from the lounge room, promoting easy navigation between these two common areas.

**Visibility of a Toilet from the Lounge Room:** The design consideration that allows a toilet door to be seen from the lounge room, supporting residents' ability to locate and access toilet facilities independently.

**Visibility of a Toilet from the Dining Room:** Similar to the lounge room, this is the ability for residents to see the toilet door from the dining room, aiding in ease of access and independence. This is not always culturally appropriate. If this is the case be sure to score N/A.

**Visibility of the Lounge Room from Staff Areas:** The strategic placement that enables staff to keep an eye on the lounge room from their designated areas, ensuring resident safety and quick response to their needs.

**Visibility of the Dining Room from Staff Areas:** The ability for staff to observe the dining room from their areas, allowing for supervision of meals and social interactions to ensure residents' well-being.

**Visual Access to Garden/Outside Area from Staff Areas:** Designing staff areas in such a way that they have a clear view of the garden or outside areas, enabling them to monitor residents' outdoor activities discreetly.

## Optimise stimulation.

**Optimise Stimulation:** Adjusting the environment to provide just the right amount of sensory input, like sights, sounds, and smells, to help people with dementia feel comfortable without becoming overwhelmed.

**Conceal Potentially Dangerous Areas:** Making areas that could pose a risk, such as cleaning supply closets, not visible to residents to prevent accidents.

**Deliveries and Storage Separation:** Keeping the processes and places for receiving goods and storing them away from where residents live to reduce confusion and maintain a calm environment.

**Avoid Excessive Noise and Alarms:** Minimizing loud sounds and sudden alarms that could disturb or distress residents, helping maintain a peaceful atmosphere. Australian guidelines recommend a maximum of 35dB(A) in bedrooms, 40dB(A) in common areas and 45dB(A) elsewhere. There are smart phone apps available to measure sound levels.

**Reduce Visual Clutter:** Keeping spaces free from unnecessary items that could confuse or distract residents, making it easier for them to understand their environment.

**Manage Glare:** Adjusting lighting and surfaces to prevent harsh light reflections that can be uncomfortable or disorienting for residents.

**Facilitate Recognition of Key Areas:** Designing entrances to important rooms like dining and lounge areas so they're easily identifiable from the outside, aiding residents in navigation.

**Provide Clearly Defined Routes:** Ensuring there are easy-to-understand paths that residents can follow to get to common areas, like the dining room, without getting lost.

**Differentiate Corridors for Orientation:** Using colours and/or textures to make different corridors distinct, helping residents know where they are and how to get to their destination.

**Personalize Signs, Symbols, or Displays for Bedrooms:** Using markers that are uniquely relevant to the person to help residents identify their own rooms easily.

**Clearly Mark Shared Facilities:** Using clear signs or cues to identify shared bathrooms and toilets, making them easy for residents to find. A clear sign will use sentence case, as it is more legible than capitalised text, use sans serif typefaces without italics or multiple typefaces on the same sign. The base of signs should strongly contrast with the wall and text and symbols should strongly contrast with the baseplate. It will also incorporate an image to provide an additional cue to its meaning.

**Ensure Visibility of the Toilet from the Bed:** Arranging rooms so residents can see the bathroom

from their bed, which can help with orientation and independence.

**Contrast Fittings and Fixtures with Background:** Using contrasting colours and materials to make important features, like door handles and toilets, stand out from their surroundings for easy recognition.

**Use Contrasting Materials for Visibility:** Applying materials that stand out against each other indoors and outdoors to help residents distinguish different surfaces and objects.

**Use Olfactory Cues for Orientation:** Introducing specific scents to help guide residents and connect them with activities like mealtimes, enhancing their sense of orientation.

**Use Tactile Cues for Orientation:** Incorporating varied textures and shapes, such as different floor finishes or door handles, to aid residents in recognizing where they are by touch.

**Use Auditory Cues for Orientation:** Employing sounds, such as music or the sound of water features, to help orient residents and enrich their environment.

**Provide Fresh Air:** Ensuring that all areas have access to fresh air, contributing to a comfortable and healthy living environment.

**Maintain a Comfortable Temperature:** Keeping indoor temperatures at levels that are pleasant for residents throughout the day and night. Australian guidelines recommend a temperature range of 20-26°C.

## Promote movement, engagement, and meaningfulness.

**Purposeful Movement:** Activity that is intentional and beneficial, aiming to improve or maintain one's physical health and well-being. In the context of dementia care, it involves creating environments that encourage residents to move in meaningful ways.

**Clearly Defined and Obstacle-Free Paths:** Pathways that are easy to follow and free from obstructions, which help individuals with dementia navigate spaces without confusion or the risk of injury. These paths should be straightforward to use and lead to various destinations within the care environment. Australian guidelines recommend a minimum width of 1.8m.

**Points of Interest:** Features or areas along pathways designed to capture attention and interest. These can include art, gardens, or interactive elements that invite residents to stop, explore, and engage with their environment.

**Meaningful Activities:** Activities that have personal significance to the residents, offering them a sense of purpose and joy. These should be accessible along the pathways and encourage participation or social interaction.

**Sheltered Seating:** Seating options such as chairs or benches that are covered and protected from the elements, like sun, wind, and rain. Placed at strategic points, they offer residents restful spots to enjoy the outdoors comfortably.

**Passive Engagement Opportunities:** Features along the path that allow residents to be part of activities

without active participation. This could include areas for watching nature, observing activities, or enjoying scenic views, offering engagement with their surroundings in a more relaxed manner.

**Places for Conversation:** Specific seating arrangements or areas designed to facilitate social interaction among residents. These spaces are intended to encourage residents to stop and engage in conversation with each other, fostering a sense of community.

## Afford people opportunities to enjoy contact with nature.

**Access to Nature When Inside:** Integrating elements like plants and natural light into indoor spaces to help residents feel connected to the outside world, even when they're indoors. This involves designing interiors that bring the outdoors in, enhancing residents' wellbeing.

**Views to Nature from Internal Spaces:** Ensuring that rooms and communal areas inside have windows or openings that allow residents to see the outdoors easily. This helps maintain a connection with the natural environment and provides visual access to gardens, landscapes, and the sky.

**Access to Outdoor Spaces:** Creating entryways and paths that lead directly to outdoor areas like gardens or courtyards. These should be easy to use and encourage residents to spend time outside, benefiting from fresh air and nature.

**Outdoor Spaces in a Range of Locations:** Offering a variety of outdoor areas located around the facility, such as different types of gardens, seating areas, and natural landscapes. This variety provides residents with choices for how and where they interact with nature.

**Access to Nature When Outside:** Designing outdoor spaces that are rich in natural elements and accessible to everyone, including those with mobility issues. This means having inclusive garden designs and pathways that allow all residents to enjoy the outdoors.

**Circadian Rhythm:** The natural, internal process that regulates the sleep-wake cycle and repeats roughly every 24 hours. Contact with natural light and the outdoor environment helps maintain this rhythm, which is crucial for overall health and wellbeing.

**Transition Spaces:** Areas like porches or verandas that serve as intermediary spaces between indoors and outdoors. These spaces provide shelter and make it comfortable for residents to enjoy the outdoors even in less-than-ideal weather conditions.

## Design all components of the environment to be as familiar as possible.

**Familiar Design:** Design choices that reflect the styles, objects, and environments that residents have known earlier in their lives. This includes furniture, decorations, and layouts that are reminiscent of their past experiences, helping to create a sense of comfort and recognition.

**Personalization of Bedrooms:** Allowing residents to customize their bedrooms with their own belongings, design preferences, or furniture. This personal touch helps to strengthen their connection to the space, making it feel more like home.

**Use of Personal Furniture:** Encouraging residents to bring and use their own furniture in their bedrooms to maintain a sense of continuity and familiarity from their previous living environments.

**Familiar Decorative Elements:** Incorporating decorative items that reflect the personal and cultural backgrounds of residents. This can include photographs, artworks, and other items that resonate with their life stories and preferences.

## Afford people opportunities to choose to be alone or with various size groups of people.

**Small Group Gathering Areas:** Spaces specifically designed for small groups to engage in activities or conversations together. These areas are meant to foster social interactions in a more intimate setting compared to larger, communal spaces.

**Private or Quiet Spaces:** Designated areas within the facility where individuals can spend time alone or have private conversations without disturbances. These spaces support solitude and personal reflection, catering to the need for privacy.

**Variety in Design and Decor:** The inclusion of a wide range of styles and themes in the design and decoration of spaces. This diversity stimulates different emotional responses and supports a variety of activities, making the environment more engaging and accommodating to individual preferences.

**Option of Dining Alone:** The provision of spaces or arrangements within the dining area that allow residents to eat meals alone if they choose. This supports independence and respects personal preferences for solitude or quiet during mealtimes.

**Private Spaces in Outdoor Areas:** Designated areas in gardens or other outdoor settings that offer privacy for individuals to be alone or engage in quiet conversations. These spaces extend the availability of private, tranquil areas to the outdoors, ensuring residents can enjoy solitude in nature.

## Provide easy access and connection to and from local communities, families, and friends.

**Community-Engaging Spaces:** Areas within or associated with the facility designed to encourage interaction between residents and the broader community. These spaces can host activities that involve local groups, clubs, or general community participation, facilitating social engagement.

**Intergenerational Engagement:** Activities or programs that promote interaction between different age groups, such as children and the elderly. This approach encourages sharing of experiences, knowledge, and companionship, enhancing the social well-being of participants.

**Settings for Family Meals and Celebrations:** Spaces within the facility where residents can host private gatherings, meals, and special events with their families and friends. These areas allow for

personal celebrations in a comfortable and familiar environment.

**Relaxation Space for Families and Friends:** Comfortable areas designed for visitors to relax and spend quality time with residents during their visits. These spaces aim to make visits more enjoyable and less formal, fostering a welcoming atmosphere for social interaction.

**Community Integration and Accessibility:** The design and operational approach of the facility that ensures it is an integral part of the surrounding community. This includes easy access for residents to local events, services, and shared spaces such as a coffee shop or activity centre, promoting regular interaction and reducing the sense of isolation.