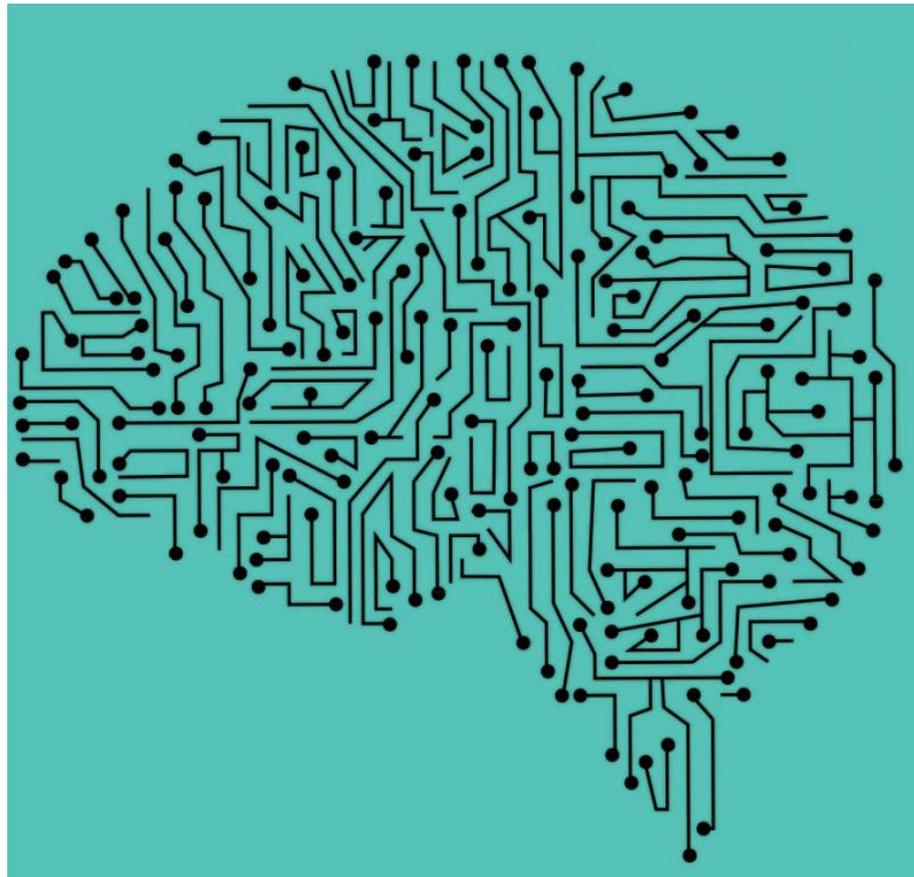




WAYFINDING STRATEGY DOCUMENT SAMPLE



WAYFINDING STRATEGIES

The Core Of Everything



At Catalyst we've been on a mission for the last twenty years to improve the standards of care in the U.K. We saw first-hand how important good interior design is in creating a comforting environment and the effect that can have on a person's wellbeing. It really is at the core of everything we do.

It's that core concern that has led us to once again lead the way in design, this time we're looking more at function over form though. This is one of our new design strategies that has been produced in line with the most current research and practice methods to directly improve the lives of the residents. We've no doubt that this will soon be industry standard and as always, we're proud to have been the pioneers.

Mike Davies – Managing Director

Function Over Form



It has been with great excitement that the design team has produced this document, carrying out extensive research into the specifics chosen, such as colours and items. We have no doubt that when used effectively this document will directly change the lives of the residents, giving them back a level of independence.

We're all looking forward to seeing it in put into action.

Ashley Colquitt – Interior Designer

The Impact

Spatial disorientation is amongst the first symptoms of Dementia and is often the reason institutionalisation is necessary. Orientation and the ability to reach destinations (wayfinding) are the prerequisites of personal autonomy and quality of life. Studies have found that residents suffering from medium levels of the disease display problems in locating their own apartments, bathrooms, activity rooms and dining rooms¹.

Thus, people living in adapted care had difficulty meeting their most basic needs of sleep, food, socialisation and toileting. Without intervention reduced wayfinding can lead to severe decrease in independence and function along with a loss of dignity and health².

The effects can be of a medical order, such as increased immobilisation and consumption of medication; of a psychological order, such as anxiety,

depression, loss of personal esteem, and suicide; and of a social order, such as loss of privacy, isolation, and loss of self control³.

An increased ability for an individual to wayfind therefore increases levels of independence and general well-being.

What is wayfinding?

To improve wayfinding abilities, we must first define what wayfinding actually is. Concisely, wayfinding can be described as navigating from one destination to another. A simple task for anyone with full cognitive functionality, but of course, this document has been produced to aid those suffering with Dementia – which by definition, includes several cognitive deficits including memory impairment which can lead to spatial disorientation⁴.

This of course means that we must break wayfinding down to its most elementary form, in order to assist those with the most affected cognitive function. So, what steps must one take to accomplish the goal of wayfinding:

1)Knowing your current location

2)Knowing your destination

3)Knowing (and following) the best route to the destination

4)Recognising the destination upon arrival

5)Finding the way back⁵

Without understanding each of these steps it would be easy to take them for granted, whilst consolidating the research and again whilst writing this foreword, I personally overlooked the importance of step one in wayfinding – assuming I

would know where I was at any given time. Unfortunately, these kinds of assumptions are easily made and not uncommon. Such assumptions are the reason that until now wayfinding remains such a prevalent problem in care homes around the world.

The main aim of this strategy and document is to overcome this problem.

Building Empathy

As adults, we are lucky that we do not experience the stress and anxiety of complete disorientation and unfamiliarity often, if ever at all. However, as a child you may recall a time away from home where you became separated from a parent. The feeling of panic that prompts fearful searching and confusion is what occurs in those suffering with Alzeheimers disease. When we consider that this is accompanied with the inability to formulate a complex plan; having to make a single decision at a time, we can begin to build real empathy for those suffering from an inability to wayfind effectively.

Implementation

Once we understand the symptoms of the disease and have a real empathy for those suffering, we can begin to formulate a design strategy to overcome the problem of wayfinding.

Not being able to plan and having to make decisions in an incremental and sequential fashion from point to point, is a common theme of Alzheimers disease. When combined with memory impairment it becomes apparent that unique cues at any possible decision point are critical around a home. These cues should be bright in colour and memorable, with the colours and brightness taken into consideration⁶.

Signage and removal of information clutter, like daily menus and staff announcements, also play a role as sufferers of Alzheimer's disease are not capable of extracting relevant information⁷. The signage should also be at a

suitable height, much lower to the ground than traditional signage as many Alzheimers sufferers will look at the ground when navigating⁸.

When implemented correctly, no matter where a resident is within a home, they should be able to identify their currently location *and* be able to recognise the unique cue to get them toward their destination. They also need to be able to recognise the destination upon arrival.

Although cognitive function may be reduced, with the above strategies in place, wayfinding abilities are still functional⁹. Upon arriving at a home, a resident should be shown the way to and from their room from different areas of the home using the unique cues and signage. This will allow the resident to build up a pattern of behaviour and eventually wayfind independently.

Proper interior design strategies that take all the above points of implementation into account, like this one, can ensure that all of the stages of wayfinding are made easier for residents and will drastically improve their well-being.

Consistency

For wayfinding to be effective, there needs to be a high level of consistency. Research has shown that even small inconsistencies, such as ashtrays on tables in corridors can cause confusion in residents¹⁰. Therefore, it is vital that cues remain in their original locations and rooms are not confused. Dining chairs being used as extra seats in a crowded lounge could easily lead a resident to believe they were in fact in the dining room.

To produce this document, we have consolidated all of the research on dementia wayfinding and combined common denominators with twenty years of experience in dementia design. The outcome is an easily implementable but highly effective strategy for use within a care home.

^{1&2} Caspi (2014). ³Montambeault and Bergman (1997), ⁴The reason for spatial disorientation in dementia might be found in memory deficits (Monacelli, Cushman, Kavcic, & Duffy, 2003). ⁵(Brush & Calkins, 2008). ⁶ (Cernin, Keller, & Stoner, 2003). ^{7&9&10}(Passini et al., 1998). ⁸(Namazi & Johnson, 1991)

Wayfinding User Guide

As can be seen from the attached drawing (fig. 1), navigational aids have been placed at any decision point throughout the floorplan. These aids have been carefully selected to help residents distinguish between any 'forks in the road'. We have selected brightly coloured and vivid objects, based on research as the most effective wayfinding cues.

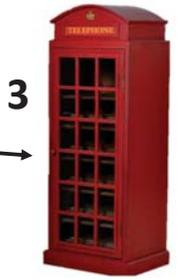
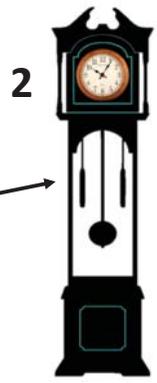
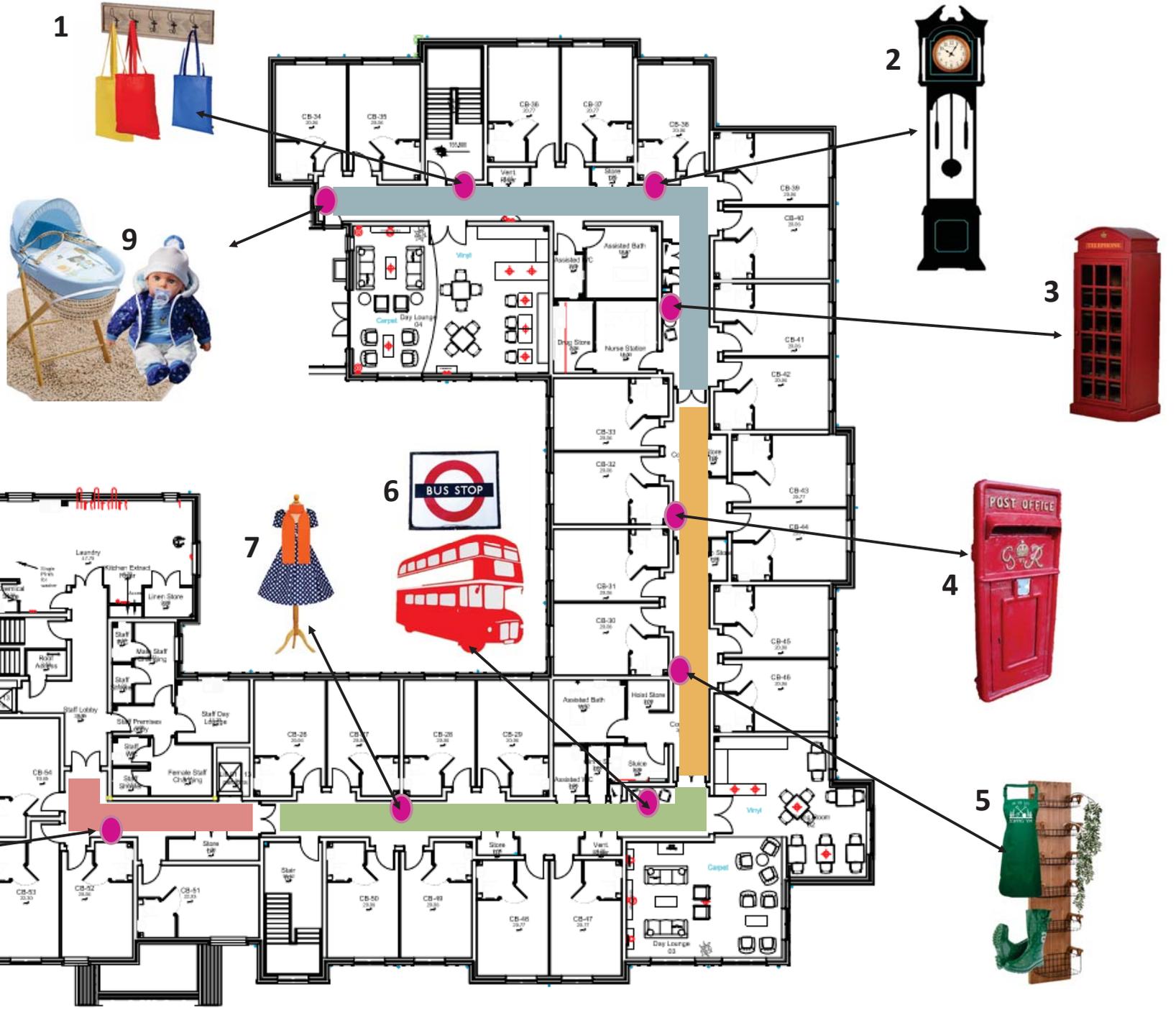
Upon induction to the home residents should be shown from their room to each of the day areas using the navigational aids and landmarks as necessary.

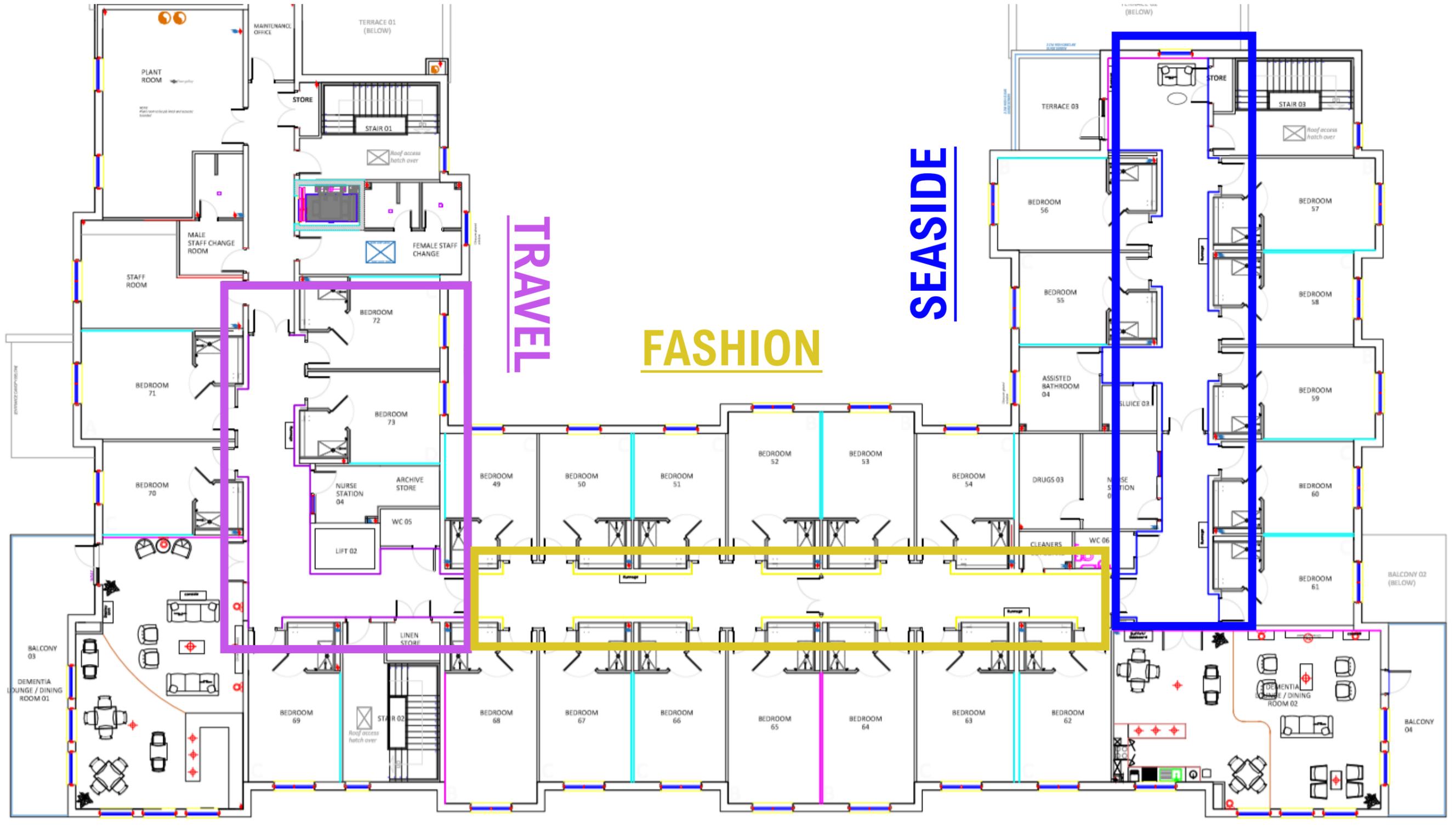
The most difficult route for residents to learn is the path back to their rooms from these day areas however. For this reason, due diligence should be shown in assisting residents to learn the necessary routes utilising the cues to help with the navigation back to their room from day areas.

As this falls under the bracket of person centred care, the implementation method will naturally differ from resident to resident and will no doubt become a part of the homes standard operating procedure. As a suggestion, we recommend staff escorting residents back to their rooms and asking them for the cues to help with the initial learning process.

It is important to remember that even with reduced cognitive function, a repeated route with effective cues in the way of aids can be learnt by those suffering with the advanced stages of the disease.

1. Assorted Handbags on Hooks
2. Grandfather Clock
3. Phone Box
4. Post Box
5. Gardening Equipment on Shelving
6. Bus Stop
7. Mannequin with Clothing
8. Coloured Umbrellas in Stand
9. Moses Basket with Baby





WAYFINDING STRATEGY

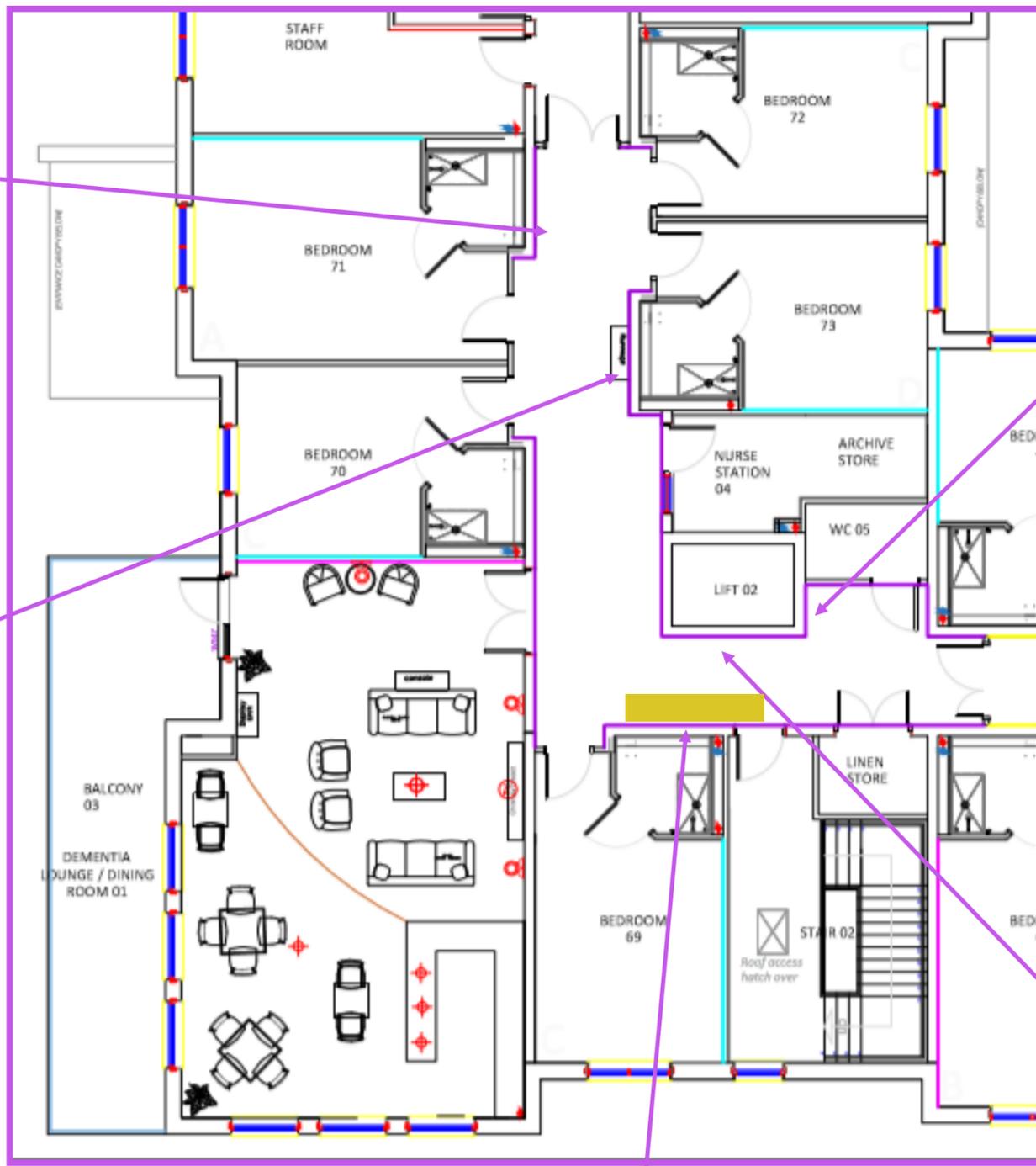
TRAVEL CORRIDOR



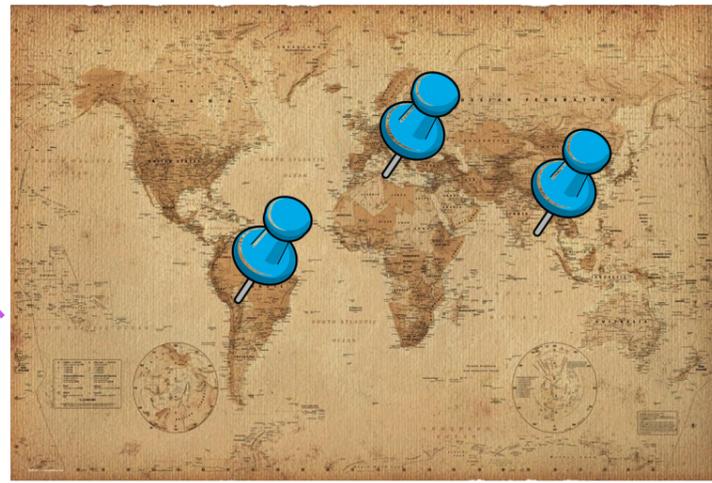
LARGE STANDING GLOBE



RUMMAGE CHEST WITH TRAVEL WALL DISPLAY



TRAVEL THEMED FRAMED ARTWORK



LARGE WALL MAP WITH MARKERS TO ALLOW RESIDENTS TO SHARE THEIR TRAVEL PHOTOS AROUND THE WORLD

WAYFINDING STRATEGY

FASHION CORRIDOR



MENS TIES DISPLAYED ON HOOK/RACK



MENS TAILOR MANNEQUIN DRESSED IN SUIT



RUMMAGE CHEST WITH SEWING MACHINE & HAT STAND WITH FLATCAP



LADIES HATS AND HANDBAGS DISPLAYED ON SHLVES/HOOKS



LADIES COLOURED DRESS ON MANNEQUIN



RANGE OF SCARVES DISPLAYED ON HOOKS

60s MENS FASHION FRAMED POSTERS

60s VOGUE COVERS

WAYFINDING STRATEGY

SEASIDE CORRIDOR



WAVE SOUND MACHINE

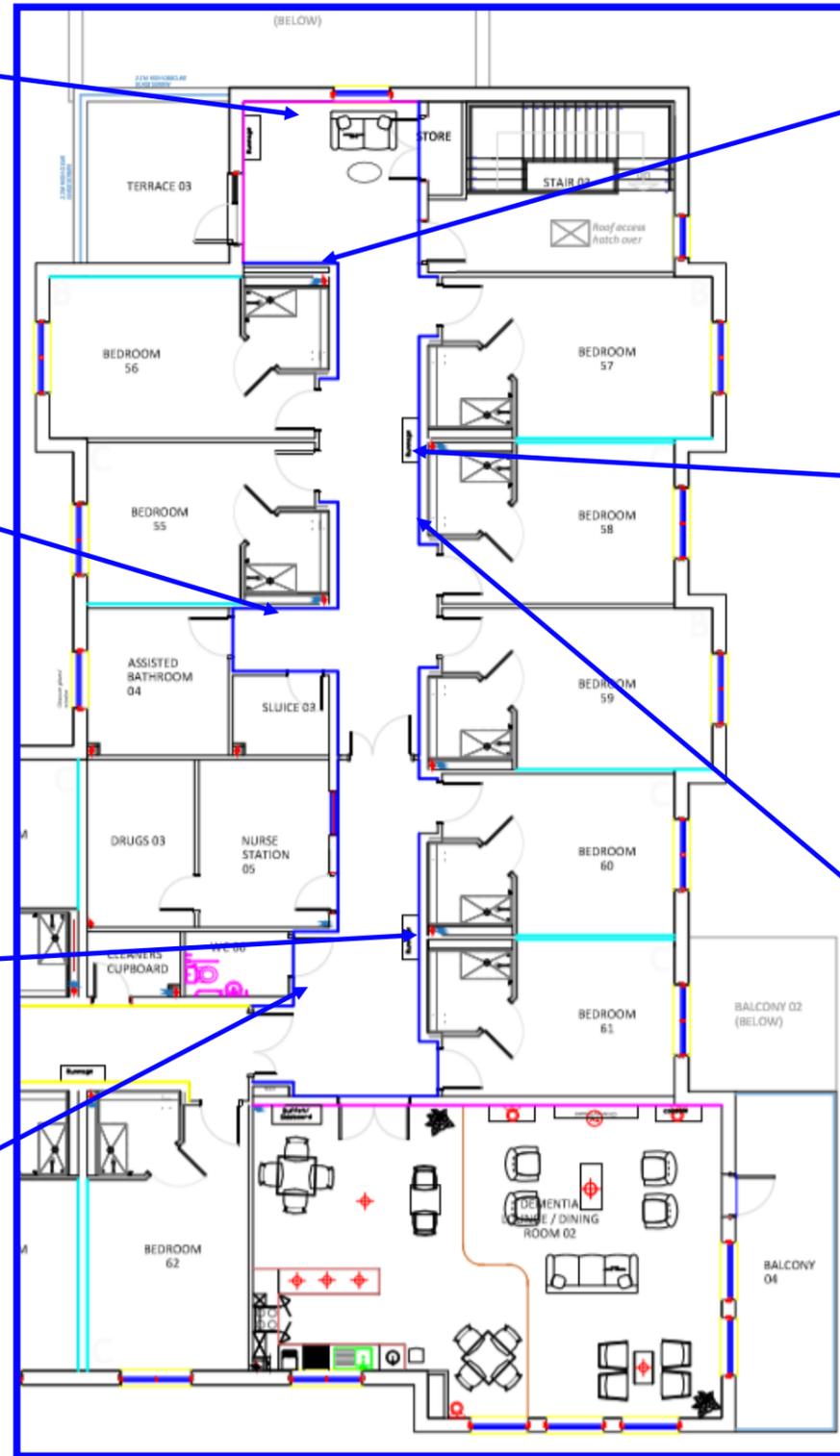
SEASIDE ORNAMENTS ON SHELF



LOCAL SEASIDE ARTWORK INSIDE SHUTTERS



LIGHTHOUSE ON SHELF



SHIPS BELL



RUMMAGE CHEST & FISHING DISPLAY



SHIPS WHEEL & ANCHORS

WAYFINDING STRATEGY