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DESIGNING FOR DEMENTIA 2026

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DESIGNING FOR DEMENTIA 2026

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FROM THE EDITOR

Bringing design, construction & care together

The inaugural Building Insights LIVE: Designing for Dementia conference was an important milestone for sharing knowledge between the construction sector, healthcare, and academia, to develop better environments for people living with dementia. With 900,000 people currently living with the condition in the UK, a number only set to rise, the need to disseminate expertise on how to create supportive spaces which help balance safety, comfort and aesthetic design factors, has never been greater.

There are established design principles around spaces for people living with dementia, however our speakers revealed how certain 'received wisdom' should be interrogated, with design judgement. The need to consider each individual user as much as possible presents a unique challenge for architects, care professionals, and others in the supply chain, but presenters showed just how fundamental to quality of life thoughtful design can be.

Sharing experience

Held at London's Building Centre in June, the conference brought together architects, interior designers, consultants, researchers, care professionals and representatives from the construction supply chain. This mix enabled a valuable exploration of many nuances around how design can support the physical, psychological and emotional needs of people with dementia, or otherwise.

Speakers built on the conversations and insights developed at two previous round table events, took the discussion to a larger stage and broadened its scope. With Amtico Flooring and Johnstone's Trade returning as headline partners, we were able to explore these themes in depth and bring additional perspectives into the conversation through programme partners WMS Underfloor Heating, Saint-Gobain Ecophon and Circadacare.

Together, they highlighted the important roles that flooring, colour, heating, acoustics and lighting can play in creating better spaces for people with dementia. Crucially, the discussion also moved beyond these individual elements to consider how they work together holistically, and the practical challenges that can often stand in the way of achieving this in real-world settings.

Dialogue across disciplines

Attendees came from across the architecture, care provision, consulting and supply chain sides of the debate, to hear a strong set of presentations, from keynote Martin Quirke, senior architect at the DSDC at Stirling University to Jane Mullins, dementia nurse consultant and trainer, giving a refreshing hands-on perspective. She vividly illustrated the positive or negative impacts of designs using film of an interview she had previously conducted with Dr Andy Woodhead is the UK's Dementia Ambassador for Wales, who has vascular dementia.

Professor Eef Hogervorst from Loughborough University hosted a highly informed multidisciplinary panel session of architects and inclusive design advocates, and a case study session from Laura Delgado of Medical Architecture showed versatile design responses to different project requirements. There was a consistent focus on meeting the needs of end users; people finding it increasingly challenging to navigate their environments and live 'well,' but on how design is fundamental to supporting this aim.

By facilitating dialogue across disciplines, the conference helped to develop practical, and new strands of thinking around design for dementia. Interspersed with the conference sessions, networking and dialogue saw some unique interactions which sowed the seeds for future collaboration for improving the design of facilities across the UK.

This supplement contains insights from all the sessions, providing a useful snapshot of current design thinking in this increasingly core area of design, as our demographics shift and the population ages.

James Parker, Editor

OPENING KEYNOTE

Designing with Dementia in Mind: Evidence, Empathy & Innovation

Martin Quirke is an architect, and lecturer in Dementia, Ageing & Design at the University of Stirling

Throughout the Designing for Dementia 2026 conference, speakers emphasised how truly human-focused design for dementia extends far beyond compliance with regulations or the transference of standard design principles. Presentations and discussions explored the ways in which thoughtful, evidence-informed design can not only reduce anxiety and minimise confusion, but also create spaces that promote dignity and independence for people living with dementia.

Whether considering provision in NHS healthcare facilities, specialist care homes or 'ageing in place' in private homes, a guiding central theme remained consistent through the conference sessions: that people living with dementia must be placed at the heart of every design decision.

This was front and centre in the Keynote address, from Martin Quirke of the Dementia Services Development Centre (DSDC) at the University of Stirling. Titled "Designing with Dementia in Mind:

Evidence, Empathy & Innovation," it shone a light on examples of research and design innovation. He demonstrated that evidence-based, collaborative approaches not only improve the experiences of people living with dementia, but can also benefit carers, healthcare professionals, visitors and the wider community.

Following immediately after Anthony Parker of Building Insights LIVE, welcomed delegates and thanked headline sponsors Amtico Flooring and Johnson's Paints, programme partners WMS Underfloor Heating, Saint-Gobain Ecophon and Cicadacare, Martin's address was packed with insight gained from research.

'Ask better questions'

The DSDC is acknowledged as the UK's centre of excellence on design innovation and research for people living with dementia. Martin Quirke is senior architect, and lecturer in design for ageing and dementia at the centre, and has for a worked for over a decade in research, teaching, and international collaboration to improve thinking and practice on dementia design. So we couldn't have asked for anyone better to open the conference, and provide the audience with a slice of current thinking on best practice design.

Martin set the scene with an engaging and forthright defence of the importance of design for dementia environments, saying the condition was likely to affect one in three of people in the audience, and that most people with dementia have at least one further impairment or chronic health condition. This near-ubiquity of dementia in society is why supportive, human-centred architecture "is probably relevant to all the environments we design." Quirke also shared revealing examples of design collaboration and evidence building using robust research approaches, and how design innovation for a wide group of stakeholders from people living with dementia to the care management meant "asking better questions."

He began by highlighting the recent viral video of a 92-year-old scaling a fence of a care home in China, which vividly showed the need for better understanding of users, and highlighted "whether we are asking the right questions." Asserting that the questions designers ask "shape the environments we create", Quirke told the audience that "if we can get better at asking questions, we might arrive at better solutions," rather than focusing solely on immediate solutions like "taller fences." The implication is that only by inquiry and by interrogating briefs and designs to achieve bespoke results can we create environments that truly respond to diverse needs.

Quirke referred to Duggan *et al*'s research-informed concept of the "shrinking world," experienced by people with dementia (*Dementia*, May 2008), as their cognitive impairments increasingly cause them to focus more on their immediate surroundings. This exponentially increases the relative importance of design details, from colour, light and sound to tactility and temperature. He summed this up, saying: "as a person's world shrinks, the quality of their remaining world becomes more important."

He highlighted a recurring conference theme, of the health and wellbeing value of supporting "purposeful" activity in people living with dementia – and how design elements such as garden views can help prompt this. Martin also engaged the audience directly, to discover perceptions on what constitutes disability, to help illustrate the issues around defining disability, and discussed a shift from a solely medical model of disability to a more social model, where the environment supports or disables individuals.

"As a person living with dementia's world shrinks, the quality of their remaining world becomes more important"

Martin Quirke, Dementia Services Development Centre, University of Stirling

Quirke also drew attention to the issue of "Who Gets to Define Good Design," given diverse stakeholders in projects, saying that in his view, good design for dementia is "design that creates opportunities."

Removing barriers to codesign

Our Keynote highlighted the importance of academic research, and showed how theory had been translated into practice, but Quirke also stressed how directly integrating the lived experience of people living with dementia using 'codesign' had shown substantial success. Examples Martin cited included VR headsets, used sensitively to help break down barriers between users and the design process and enable users and designers to understand impacts. He also illustrated a social housing audit that was "led by people with dementia."

Some of Martin's key takeaways included that the changes needed "are often smaller than people expect," but also that principles established to support people with dementia tend to simply "become part of 'good design," leading to a common outcome that clients "start applying them everywhere." But last but not least, and leading into to later discussion around innovative design, "Some of the greatest opportunities for innovation lie in participation."

Human-centred approaches

All of the conference sessions highlighted the importance of empathy, collaboration and evidence-based practice in shaping buildings that respond to the complex and varied needs of people living with dementia. As awareness of dementia-friendly design continues to grow and the UK's ageing population increases, events such as this will play a vital role in encouraging knowledge sharing, challenging established thinking and inspiring more human-centred approaches to the built environment.

By bringing together expertise from across construction, healthcare and academia, the conference reinforced the principle that truly successful design begins with collaboration – across the supply chain, but even with the people who will ultimately use the spaces.

PANEL DISCUSSION

Balancing Safety, Independence & Aesthetics in Supportive Dementia Environments

One of the key themes explored during the conference was the importance of interdisciplinary collaboration, which in itself was a great example of this in practice, bringing together designers, manufacturers, care sector professionals, and academics. Many of them act as advocates for people with dementia, however there are a variety of forces and stakeholders at play in projects.

Designing holistically considered environments for people living with dementia cannot be achieved by any of these groups working in isolated silos, as has traditionally been common. Input from all sides needs to be heard and captured early in projects, to create interior settings that truly support each individual dealing with cognitive impairment, as well as other stakeholder groups such as clients.

This aligns with the self-evident fact that tailored environments for people with dementia are a distinct combination of architecture, lighting, acoustics, colour, materials, furniture, circulation and human activity. Hitting this delicate balance over time makes it essential that design solutions remain flexible and responsive rather than prescriptive.

Supportive design is rarely the result of a single intervention; it's a complex combination of many interconnected factors working

The session was chaired by Eef Hogervorst, Professor of Psychology at Loughborough University (pictured top of page)

SHARING DEMENTIA DESIGN EXPERTISE
(L-R), Chair Eef Hogervorst; Donna Taylor of Johnstone's Trade Paints; Melissa Magee of Carless + Adams; Karen Quarterman-Crisford (Amtico); Clare Cameron, Harris Irwin Architects; Andrea Harman, Dementia Action Alliance

together to create environments that enable people living with dementia to feel secure, comfortable and independent. Neglecting any one of these elements may contribute to distress, confusion or even physical danger, showing the need to consider the complete user experience rather than isolated components of a building.

Our expert panel session embodied this holistic focus, with architects alongside academics and headline partners from the manufacturing sector, making it a broad-based inquiry on several key topics. The theme 'Balancing Safety, Independence & Aesthetics in Supportive Dementia Environments,' highlighted the challenging, sometimes conflicting factors that designers of care environments for people with dementia faced.

The session, much like our later Technical Presentations from the event's Headline and Programme Partners), questioned some accepted practices, and whether design guidance should not be seen as fixed 'rules.' The audience were given informed viewpoints on why understanding and investigating the evidence data for practice was key, as well as applying them thoughtfully to each project's unique circumstances.

PANEL

- **Chair: Eef Hogervorst,** Professor of Psychology, Loughborough University
- **Clare Cameron,** Director, Harris Irwin Architects
- **Melissa Magee,** Managing Director & Architect, Carless + Adams
- **Andrea Harman,** Lead on Accessibility, The Dementia Action Alliance
- **Karen Quarterman-Crisford,** Design Manager, Amtico Flooring
- **Donna Taylor,** Colour & Design Manager, Johnstone's Trade

Expert panel

The panel session formed the core of the event's morning content, encouraging all participants to challenge long-held assumptions surrounding dementia design to move towards stimulating as well as safe environments, with natural light and access to nature encouraging activity. While many established design guidelines remain valuable, speakers argued that they should not be applied rigidly or without considering the unique characteristics of each project.

Melissa Magee, architect and MD at Carless & Adams, said that from 18 years' experience working in the care sector, the practice had witnessed a "massive evolution in design." However, she challenged the audience to ask themselves: "Have we got it right yet?" She added that all present at the conference "have the aspiration to make the next leap forward in spaces that enable people to truly live fruitfully." But she admitted that "Building Regulations and safety don't make life easy for us."

In a theme reiterated throughout the conference, Magee said that designing supportive, but also stimulating spaces for people living with dementia would simultaneously cover a variety of bases. "If we can work in a way where we can stimulate the senses from the moment that person walks in that home, we're not just dealing with the resident experience, we're dealing with the visitor experience, we're dealing with the staff experience, we're dealing with service

provision." But she added that all of those user groups needed to be considered, for the result to "seamlessly go together, but almost in a passive way," so that spaces are designed as "somebody's home" above all.

Changing spaces

As well as prioritising safety for people living with dementia, Magee said that designers should aim to "create spaces that are flexible, that can change as people's wants and desires change." She said that "everybody's dementia journey is different," and that architects' tasks in creating these spaces that are safe, secure, compliant, enabling, and give a level of choice is really challenging." This was against a backdrop of an increasing number of regulations, from energy efficiency to building safety, facing designers, and building cost inflation, meaning "we are having to work harder in where we spend our money." But ultimately, she said, the aim was to "remove barriers, and restricting people," one benefit being less risk of the extreme situations such as the attempted care home escape in China referenced by Martin Quirke in the Keynote address.

Andrea Harman from The Dementia Action Alliance echoed Melissa's words, highlighting the need to put users at the start of the design process, involving people living with dementia to create flexible, supportive and sensory environments. Melissa Magee urged an empathetic and inclusive approach to more elderly users – "just because we age, just because our body kind of ages around us, it doesn't mean we lose our playfulness and our desire to be involved."

She circled back to the need to not second-guess the characteristics or abilities of people with dementia, potentially leading towards a one-size fits all model. "People have made assumptions about what a person living with dementia can do, or more frequently cannot do." It is also a changing picture, so designs have to be flexible enough to actually be able to fit in with what they will need at all those different all those different times.

Harman also stressed that her dementia Alliance, based in the Forest of Dean, had a policy of enabling people to continue with the hobbies and activities that they were doing previously in their lives, but also to try and learn new things. She said the question was "how does the space enable them to continue to do that?" The key aim was to avoid people with dementia in care settings becoming "passive," which is linked to further cognitive deterioration.

On the subject of research, she said that the sector was "building a really good evidence bank about dementia and acoustics and dementia and hearing loss, but not enough of that yet involves people who are actually living with dementia."

Finishes, Flooring & Colour

The role of interior finishes and building materials featured prominently throughout the programme. Amtico highlighted how flooring choices can influence both physical safety and psychological comfort. Appropriate flooring can reduce trip hazards, support mobility and avoid visual patterns that may be misinterpreted by individuals experiencing cognitive decline.

The company's Karen Quarterman-Crisford gave some fascinating testimony from her own mother's experience, who had early onset Alzheimer's at 64 years old. She said that some of the care provision she had witnessed was sub-standard, but it had helped to inform Amtico's evolution towards greater knowledge around what people with dementia needed from flooring, and the many sensitive nuances that designers needed to be aware of.

She said it had confirmed the often-stated maxim that "once you've met one person with dementia, you have met one person with dementia," and one-size fits all is deeply inappropriate. "If you factor dementia in with other health conditions, or layer it with neurodiversity, there's a whole breadth of things that you need to be able to cater for."

Quarterman-Crisford explained how Amtico had "partnered with the DSDC at the University of Stirling, who have helped us to better understand how our flooring can perform in these settings, and it's been a real learning process." The centre not only helps the company learn, it has also accredited products for "dementia inclusivity," against a key set of principles, including its three core LVT flooring collections.

As well as informing review of existing products, this process has assisted in Amtico's testing of new products, she said. "As we've developed new products, we've been able to focus on what designs are more suitable for dementia spaces." She said these were "typically ones which reflect natural materials like woods and stones, so things that are recognisable, comfortable, really familiar." Flooring with "visual ambiguity" was a no-no, in creating interiors whose designs feel "homely and familiar, and ultimately person centred."

She mentioned that her mum's care home was a positive example, "attempting to balance or blend safety with that homely feel." Despite a fluctuating set of symptoms from her Alzheimer's, the design helps support her needs to the extent that she does "purposeful wandering," said Karen.

She added that as a result of the firm's investment in learning around dementia inclusivity, "we can help guide designers and reduce uncertainty in specification for this field, and hopefully support better decisions earlier on in the design process." The company is continuing to learn, and is "passionate about supporting more thoughtful dementia design."

Similarly, Johnstone's Trade have put considerable effort into the significance of colour selection, and how to navigate certain current regulations, to achieve aesthetically pleasant, dementia-friendly environments. Colour can assist with orientation, improve wayfinding and help distinguish between different functional spaces, but inappropriate colour schemes may increase confusion or anxiety. The discussions around colour reinforced the idea that seemingly small design decisions can have a profound impact on the daily experiences of people living with dementia.

Donna Taylor from Johnstone's Trade delved into the issue of why better design judgement was needed around compliance with Light Reflectance Values (LRVs) of surface colours in the Equality Act, which are regulated at 30% between key adjacent surfaces to ensure safe contrast for users. Although this LRV 'tick box' route is a useful starting point, she said there was over-adherence to this rule, and it should be considered within the wider context of lighting conditions, surrounding materials, colour combinations and the specific needs of building occupants.

Taylor said: "We deal with a lot of enquiries regarding just how many surfaces have to have that LRV requirement, but it needs more consideration in its application." She added: "Many people involved in the design think they have to have it on everything, and it becomes a tangle of LRVs, and you lose the human-centric approach and the design cohesion."

She added that when Johnstone's Trade began looking into designing for dementia ("about 15 years ago"), they were "educated in the need for fresher, more vibrant colours," due to other visual ailments being experienced by people living with dementia. However, if LRV levels were misapplied, she said, "if you've got too many vibrant colours going on in one space, it becomes overwhelming, and gets outdated."

A highly experienced designer of spaces for people with dementia, Clare Cameron (director of Harris Irwin Architects), advocated the inclusion of interior designers – "because I think as architects we can work with residents to get the layout right, but there is that final layer – the colours."

Purposeful responses for purposeful activity

Countering possible misconceptions around whether good design for dementia automatically adds a cost premium for building owners, the panellists said that practical usefulness, in a context of homeliness and supporting activity, should instead be the focus. Melissa Magee said "not everything has to cost more. We don't have to have 30 grand blinds and lots of innovative stuff in every home."

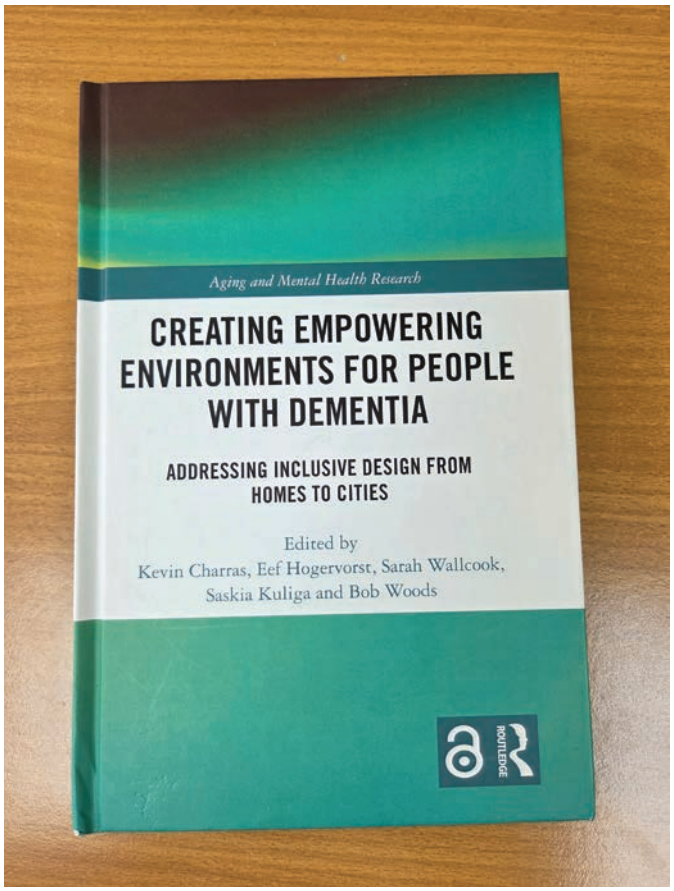
Coming back to the overall theme of the discussion, Clare Cameron admitted there "could be a conflict" in projects between the drivers of 'safety, independence and aesthetics.' Cameron agreed with others that the overall aim was a feeling of "homeliness, domesticity, and familiarity," for the benefit of not only residents, but their visiting families. However, some of the regulation, standards and guidance "would lead to quite a clinical look if you're not careful," she added.

She cited fire safety as one conflict area – "I'm alway looking for logical layouts, so people can find their way in a kind of barrier-free way with long sightlines and really good visual accessibility. Part B of the Building Regulations is looking for compartmentation and to reduce the spread of fire." However she said that fire doors can be magnetically hold open devices, achieving both aims, and subtly integrated into designs so they're almost invisible. Alternatively, regularly tested fire shutter systems or glazed screens were further options to combine a feeling of openness with safety, she said.

Cameron mentioned colour, including the preconception that because people may "lose the blue/violet colour spectrum" in their vision, the result can be colour schemes with "garish reds, yellows, oranges." She said this could be avoided by using more biophilic approaches with "maximum glazing and views of nature – I don't think you can beat that not just for well-being, but for orientation and wayfinding." To help that feeling of connectedness, she said that access to the outdoors should always be considered in projects, but that "if you need to include two metre high guarding, then the space that you design – such as a recessed balcony – has got to be deeper than two metres to avoid feeling really oppressive and constrained."

Q&A Session

Opening the floor to questions, the chair Eef Hogervorst summed up the discussion's focus around the importance of tailoring designs for different individuals, especially when people



USING THE RESEARCH
Panel session chair Eef Hogervorst highlighted a book she co-edited which is available 'open access' and collates a variety of research work into the effects of dementia design

living with dementia can have particularly acute sensitivities to certain environmental factors. "Not everybody likes nature – some people don't want anything to do with it." She said that working closely with people with dementia was the way to solve this in each case, while bearing in mind the dangers of "understimulation," and gave mention to the book 'Creating Empowering Environments for People With Dementia' she co-edited, collating evidence, which is "all about individual design," available free digitally, and covers environments from care homes to hospitals and libraries.

An audience member asked about strategies and "tricks" for moving clients forward despite funding pressures, referring to a "tension" between designers' imperatives, who "genuinely care about the end user, and getting this right," and "what the operator is prepared to do." She said that very often this comes down to "funders, whose interests may not be as aligned as ours with the end user."

Panellists suggested that subtle responses and even introducing key elements by "stealth" were appropriate. Clare Cameron said that because an operator is "ultimately, looking at the amount of square metrage per bed, unless you have a particularly enlightened client, you can be working together to keep that square metrage down." She said that "a bit of design ingenuity" was needed to carve out holistic solutions in this context, for example maximising glass at the end of double-loaded corridors to enable the relief of views out for users.

Finally, the discussion came back to the topic of emphasising the importance of design elements that would prompt 'purposeful' activity in people living with dementia. Martin Quirk fleshed out how design can help people to maintain their skills and independence for longer, with the added benefit of reducing the need for staff intervention. He advocated that interiors "provide something that they recognise and interact with – something to do with the job they used to do, or something they used to do just as a habit, or in the garden." Quirke said it was "often forgotten that at a certain stage of dementia, especially in a care home, people have lost that initiation skill."

The session concluded with a call for continued collaboration and innovation in dementia design, encouraging delegates to share their experiences and ideas, including at the Designing for Dementia conference itself.

There was agreement that thoughtful, informed and tailored design could mitigate many of the issues and challenges faced by people living with dementia, but also benefit care service management significantly. As theory and practice evolves, informed by research, the balance between cost, safety, and aesthetics will persist as a very difficult one to strike, but one that is eminently worth pursuing for everyone's benefit.

HEADLINE PARTNER: AMTICO

The role of flooring in dementia-inclusive design

As a Headline Partner of the Designing for Dementia conference, Amtico believes flooring manufacturers can contribute to supportive, human-focused spaces. Emma Hopkins, UK commercial marketing manager, explains more.

Flooring can have a real impact on how a space is experienced by people living with dementia. Its tone, contrast, pattern and finish can influence how someone perceives and moves through an environment, while its acoustic and performance qualities can contribute to comfort and safety.

These considerations formed the basis of Amtico's contribution as a Headline Partner of the conference. The event continued the conversation established following two earlier industry roundtables supported by Amtico. They brought together dementia care experts, academics, architects, designers and manufacturers.

Amtico's role is not to present itself as an expert in dementia, but to contribute its flooring expertise while listening to and learning from those with specialist knowledge. Flooring is one part of an environment in which layout, lighting, sound, colour, furniture and finishes must work together. Considering these elements from the beginning of a project can help create beautiful, supportive spaces that promote the independence and dignity of people living with dementia.

One challenge identified through the roundtables was how late flooring can enter the design conversation. Amtico shared its

experience of sometimes being brought into new-build care projects at RIBA Stage 3 or 4, when conversations may be limited to Light Reflectance Values and slip resistance.

Both are important, but they form only part of the flooring specification. Pattern, tonal variation, finish, laying format and acoustic performance can also influence how a floor is experienced. Earlier consideration allows flooring to be assessed alongside walls, lighting, furniture and adjoining finishes, rather than as an isolated product decision.

Understanding the flooring specification

The Dementia Services Development Centre (DSDC) describes flooring as an essential part of a dementia-inclusive environment and one of the most important elements to get right.

Dementia can be associated with changes to cognition, vision, colour and depth perception, mobility and sensory processing. These can affect how a person understands the built environment, making details that may go unnoticed by other users seem a source of confusion or hesitation.

Large tonal differences between adjoining floors can make a level surface appear to contain a step or obstruction. Tonal continuity should therefore be maintained across level flooring, including adjoining finishes, threshold strips and entrance matting.

Conversely, contrast is needed where surfaces or objects must be clearly identified. Flooring should contrast sufficiently with critical elements such as walls, furniture, counters and sanitaryware, helping people recognise where one ends and another begins. Changes in floor level should also be made visible through contrast.

Light Reflectance Values (LRVs) measure the relative lightness or darkness of a surface. They can help architects and designers establish tonal continuity between adjoining floors and sufficient contrast between flooring and other critical elements of an interior.

Pattern and finish also require careful consideration. Strong directional layouts, contrasting strips, prominent knots and highly figured designs may create visual perception issues. Knots can be interpreted as holes or faces, while pronounced variation can make a floor appear uneven.

Familiar, natural looking timber and stone designs can be suitable, but plainer products with minimal pattern and tonal variation are generally preferable. Matt flooring can help reduce glare and reflections, and pools of light that may cause confusion, hesitation or avoidance.

Amtico's design team has applied these considerations to two new visualisations featuring Agora Limestone and Lyndhurst Oak from the Spacia collection, both approved dementia-friendly designs. Each space was developed with dementia design principles in mind, drawing on insights and learning gained from designing for people living with dementia.

Supporting comfort, safety & aesthetics

Some people living with dementia can find it difficult to filter background noise, making communication more challenging or leading to overstimulation. Flooring with acoustic backing can help reduce impact sound and provide comfort underfoot.

Care and healthcare environments demand durability, ease of maintenance, slip resistance and performance where spillages may present a risk. These requirements do not have to result in clinical or institutional interiors.

Care home design has moved towards welcoming and hospitality-inspired spaces. Dementia-inclusive principles can support that approach, helping designers create attractive interiors while considering residents' comfort, safety, dignity and independence.

Amtico has partnered with the DSDC to assess designs from its Signature, Form and Spacia luxury vinyl tile collections for their suitability in areas used by people living with dementia. Accredited designs receive a DSDC Class 1b or Class 2 rating.

Class 1b designs are semi-plain, with minimal texture, fleck or contrast and, for wood effects, no knots. They can generally be used throughout. Class 2 designs feature more pattern and should be used with greater caution.

Amtico's Commercial Project Specialists can provide project-specific flooring guidance, while its CPD programme and DSDC-accredited resources offer further information for dementia-inclusive specifications.

Architects and designers can explore Amtico's Designing for Dementia resources, including accredited flooring designs, product lookbooks and CPD information by scanning the QR Code.

Article supplied by Amtico

Designing for Dementia

Flooring for dementia-inclusive spaces.

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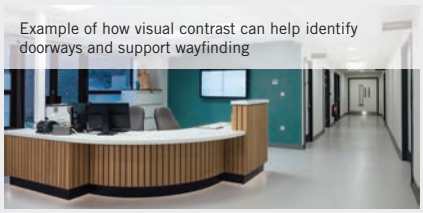
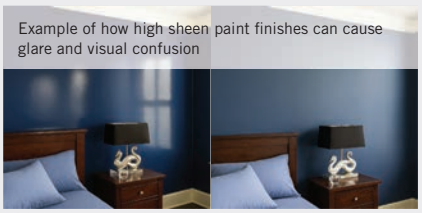
The Power of Colour in Dementia Design

By Donna Taylor, Johnstone's Trade Colour & Design Manager


Example of how visual contrast can help identify doorways and support wayfinding


Example of how high sheen paint finishes can cause glare and visual confusion

When designing for dementia, one of the most common questions I get asked is *what are the best colours to use?* The answer may be surprising but there is no such thing as a dementia-friendly colour.

What makes an environment supportive is not a particular shade of blue, green or beige, but it's the way colours work together. The contrast between walls, doors, handrails and floors can have a profound impact on how easily a person can understand and navigate a space.

Dementia affects far more than memory. It can reduce contrast sensitivity, alter depth perception and make it difficult to distinguish between certain colours. A dark rug may appear as a hole in the ground, while a poorly contrasted door can effectively disappear into the surrounding wall. In these moments, colour becomes more than decoration, it becomes information.

One of the most useful tools available to designers is Light Reflectance Values (LRVs), which measures how much light a surface reflects. By creating strong visual contrast between key elements, designers can help people identify doorways, recognise safe routes through a building and locate support features such as handrails. Colour can also act as a wayfinding tool. Distinct colour identities for different areas can help create visual landmarks, providing cues that support orientation when memory and spatial awareness are compromised.

Colour and contrast are only part of the picture. Lighting, surface finish and durability all influence how colour is perceived and performs over time. Matt finishes help minimise glare and visual confusion, while well-planned lighting ensures carefully chosen colours continue to work as intended.

For most of us, colour is a matter of preference. For someone living with dementia, it can be the difference between feeling lost and feeling at home. At Johnstone's Trade, we believe thoughtful colour specification helps create environments that are not only visually appealing, but supportive of the people who use them every day.

Johnstone's Trade's Design Principles for Dementia Environments CPD is now available.

specifiers.acuk@ppg.com
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Designing spaces for people living with dementia. Experts in flooring, learning in dementia

As part of our presentation at the Designing for Dementia Conference, we shared our approach to designing spaces for people living with dementia and highlighted the role flooring can play. While we have more than 60 years of expertise in flooring design and manufacture, we recognise that designing for dementia extends far beyond any single product or discipline.

A key message from our presentation was that designing spaces for people living with dementia is a collaborative process. Our approach has focused on learning from those with specialist knowledge and lived experience. Through collaboration with organisations such as the Dementia Services Development Centre (DSDC) at the University of Stirling, alongside architects, designers and healthcare professionals, we have been building our understanding of how flooring can support dementia-inclusive environments. This has led to the development of learning resources, product guidance and practical tools to support informed specification decisions.

As part of the presentation, we also highlighted our accredited Designing for Dementia CPD, developed with industry experts. The CPD explores topics including understanding dementia, recognising design features that may contribute to confusion, and considering how flooring choices can support people living with dementia. Available as both in-person and virtual formats, it is designed to help architects, designers and specifiers make more informed decisions when creating spaces.

One of the key lessons we have learnt through our work in this area is that the whole sensory environment matters. We have also come to recognise that every person experiences dementia differently, reinforcing the importance of thoughtful and individualised design approaches.

As we continue to learn, collaborate and share knowledge, we are committed to playing our part in helping to create spaces that support the needs, independence and wellbeing of people living with dementia.

www.amtico.com/commercial/designing-for-dementia

HEADLINE PARTNER: JOHNSTONE'S TRADE

Colour's crucial role

Headline Partner Johnstone's Trade's colour & design manager Donna Taylor answer's some key questions from Architects' Datafile around the thoughtful specification of colour and contrast for more inclusive dementia-friendly environments.

COLOUR HAS A SIGNIFICANT INFLUENCE ON HOW PEOPLE EXPERIENCE & NAVIGATE SPACES. WHY DO YOU BELIEVE COLOUR SHOULD BE A KEY CONSIDERATION WHEN DESIGNING ENVIRONMENTS FOR PEOPLE LIVING WITH DEMENTIA?

For people living with dementia, colour can play an important role in helping them interpret their surroundings. Changes in visual perception can make it more difficult to distinguish between different surfaces or identify key features within a room. Thoughtful use of contrast can help important elements such as doors, handrails and sanitaryware stand out more clearly, making spaces easier to use and navigate.

It's often the small details that make the biggest difference. Clearly defining boundaries between floors, walls and fixtures can help reduce uncertainty and support confidence when moving through a building. When colour is used thoughtfully, it can support independence, reduce anxiety and make an environment feel much easier to understand and navigate.

WHAT ARE SOME OF THE COMMON MISCONCEPTIONS ABOUT USING COLOUR IN CARE SETTINGS FOR PEOPLE LIVING WITH DEMENTIA?

The biggest one is probably the idea that there's a specific "dementia-friendly" colour palette. People often ask which colours they should use, but that's actually the wrong question. There isn't a magic shade of blue or green that suddenly makes a space dementia-friendly. What really matters is contrast and the way colours work together. Imagine turning a room black and white, would you be able to easily identify the different substrates? If it is unclear, then the room is not dementia friendly. Another misconception is that brighter is always better. Good dementia design isn't about making everything colourful. It's about using colour with purpose.

WHAT ADVICE WOULD YOU GIVE ARCHITECTS & DESIGNERS WHEN SELECTING COLOUR SCHEMES FOR DEMENTIA-FRIENDLY ENVIRONMENTS?

My biggest piece of advice would be to start with the person, not the palette. Think about how someone might experience the space. What information do they need? What features need to stand out? Which surfaces are helping them navigate, and which could potentially cause confusion? Light Reflectance Values, or LRVs, are a really useful tool because they help quantify contrast, but they should be used intelligently rather than simply ticking a compliance box. The 30-point contrast guidance is not a design formula. I'd also always encourage designers to look at colours in

the actual environment and under real lighting conditions. Paint doesn't exist in isolation. The same colour can feel completely different depending on the light, the orientation of the room and the surrounding finishes.

SUPPORTING BETTER DESIGN

BEYOND THE PAINT ITSELF, HOW DOES JOHNSTONE'S TRADE SUPPORT SPECIFIERS, ARCHITECTS & DESIGNERS THROUGHOUT THE DESIGN PROCESS?

We support specifiers and designers well beyond product selection. Our aim is to help them make informed decisions from the earliest stages of a project through to completion. That includes technical specification writing, support with product selection and compliance requirements, access to our colour design managers, and a range of CPD seminars that explore topics such as colour, wellbeing, sustainability and inclusive design. For projects where colour plays an important functional role, such as dementia-friendly environments, we can also help designers understand factors like Light Reflectance Values, contrast requirements and finish selection. Ultimately, it's about providing the practical tools, expertise and guidance that help create spaces which are not only aesthetically successful, but also work better for the people using them every day.

CAN YOU SHARE ANY EXAMPLES OF HOW FEEDBACK FROM PROJECTS OR COLLABORATION WITH THE INDUSTRY HAS HELPED SHAPE YOUR APPROACH?

Absolutely. Some of our most valuable learning has come from working alongside organisations and individuals who engage with dementia-friendly design every day.

We've had opportunities to work with dementia specialists, including conversations with the Dementia Services Development Centre (DSDC), as well as supporting projects such as dementia wards at Kingston Hospital and a number of care home schemes. What those experiences consistently reinforce is that successful dementia design isn't about applying a standard palette or checklist. It's about understanding how people actually experience a space.

Every project teaches you something different. In a hospital setting, the focus may be on reducing confusion and supporting wayfinding in what can be a complex environment. In a care home, it might be about creating familiarity, comfort and a sense of independence. Speaking to care providers, designers and those managing the spaces often highlights practical considerations that might otherwise be overlooked.

Those conversations have really shaped my approach to specification. They've shown me that the best outcomes come when design decisions are tested against how a space will actually be used, rather than simply whether they meet a technical requirement. It's that combination of evidence, experience and feedback from end users that ultimately leads to better environments.

DURABILITY, MAINTENANCE & WELLBEING ARE ALL IMPORTANT CONSIDERATIONS IN HEALTHCARE ENVIRONMENTS. HOW DO YOU BALANCE THESE REQUIREMENTS WITH GOOD DESIGN?

For me, good design and good performance shouldn't be competing priorities. In a dementia care environment, durability matters because constant maintenance and redecoration can be disruptive and disorientating for residents. At the same time, we need finishes

I think the biggest opportunity is to stop seeing dementia-friendly design as a specialist topic and start seeing it as good design

that support wellbeing by reducing glare, maintaining good indoor air quality and helping people navigate spaces effectively. The good news is that advances in paint technology mean specifiers don't have to choose one over the other. You can achieve highly durable, washable surfaces in matt finishes that minimise reflection and preserve visual contrast. Likewise, ultra-low VOC products can support healthier indoor environments while still delivering the performance expected in busy healthcare settings. The best outcome is always one where durability, wellbeing and design intent are considered together from the start.

HOW & WHERE IN DESIGN PROJECTS DO YOU BELIEVE THAT ADVICE ON COLOUR WOULD BE BEST USED TO INFORM DESIGNERS & CLIENTS TO ENSURE SPACES ARE THOUGHT THROUGH IN A HUMAN-CENTRED WAY?

Ideally, colour should be part of the conversation from the earliest stages of a project. Too often, colour is viewed as a finishing touch, when in reality it has the potential to influence how people understand and move through a space. If colour is considered during concept design alongside lighting, layout and wayfinding, it can become a powerful tool for supporting independence and user experience. I also think it's important to involve clients in those conversations early. When they understand that colour isn't simply about appearance, but can contribute to safety, confidence and wellbeing, it changes the discussion completely. That's when we start designing around people rather than just spaces.

DESIGNING FOR DEMENTIA CONFERENCE

WHAT INSPIRED JOHNSTONE'S TRADE TO BECOME A HEADLINE PARTNER OF THE DESIGNING FOR DEMENTIA CONFERENCE?

Becoming a Headline Partner felt like a continuation of a conversation we've been having for a long time. Dementia-friendly design isn't something we've only started talking about recently.

At Johnstone's Trade, we've been passionate about the topic for well over a decade, delivering our own roadshows, publishing guidance and working with the industry to raise awareness of how colour and design can support people living with dementia.

We've also worked closely with Architects Datafile over the last two years on dementia-focused roundtables, bringing together architects, healthcare professionals, care providers and specialists to share knowledge and experiences. Those discussions have been incredibly valuable because they remind you that every project, every building and every user is different.

WERE THERE ANY PARTICULAR DISCUSSIONS OR PRESENTATIONS FROM THE CONFERENCE THAT STOOD OUT TO YOU OR REINFORCED THE IMPORTANCE OF DESIGNING FOR DEMENTIA?

One of the things that really stood out was hearing repeatedly that there is no one-size-fits-all approach to designing for people with dementia. There was a strong focus on understanding the lived experience of individuals and creating environments that support dignity, independence and quality of life. That really resonated with me because it reinforced how important it is to look beyond compliance and think about the lived experience of the people using a space every day, especially the video Dr Jane Mullins shared.

LOOKING AHEAD, WHAT OPPORTUNITIES DO YOU SEE FOR IMPROVING AWARENESS & UNDERSTANDING OF DEMENTIA-FRIENDLY DESIGN ACROSS THE BUILT ENVIRONMENT?

I think the biggest opportunity is to stop seeing dementia-friendly design as a specialist topic and start seeing it as good design. Around 70,000 people in the UK under the age of 65 are living with dementia, and that number is growing, which means this isn't just a conversation for care homes and healthcare settings. The principles we're talking about, such as clear wayfinding, appropriate contrast, thoughtful lighting and human-centred decision making, can improve the experience of a space for everyone.

I'd like to see more designers asking not just, "What does this space look like?" but "How will this space be experienced?" Whether it's a workplace, a residential development, a school or a public building, understanding how people perceive and navigate their environment leads to better outcomes. The more we can educate designers, specifiers and clients about these principles and bring those conversations to the beginning of a project rather than treating them as finishing touches, the more inclusive, intuitive and successful our built environments will become.

FINALLY, WHAT WOULD YOU LIKE READERS OF ARCHITECTS DATAFILE TO TAKE AWAY ABOUT JOHNSTONE'S TRADE & YOUR INVOLVEMENT IN THE DESIGNING FOR DEMENTIA CONFERENCE?

I'd like readers to take away that colour has the potential to do much more than enhance the appearance of a space. When used thoughtfully, it can support independence, improve wayfinding and help people feel more confident and comfortable in their surroundings.

Our involvement in the Designing for Dementia Conference reflects a wider commitment to helping specifiers and designers understand the role that colour, contrast and finish selection can play in creating more inclusive environments. For us, it wasn't about promoting a product; it was about sharing knowledge and encouraging conversations that lead to better design outcomes.

Ultimately, the message I'd like people to remember is that good design starts with people. If we take the time to understand how individuals experience a space and make decisions with that in mind, we can create environments that not only look better, but work better too.

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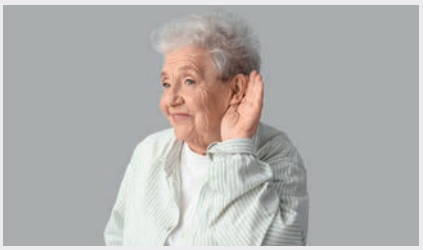
Dementia and ageing – What we hear and how it affects us



By Andrea Harman MSc, Concept Developer Healthcare, Ecophon

Exploring the relationship between ageing, hearing loss, dementia, and the built environment, emphasizes how room acoustics can significantly affect communication, wellbeing, and quality of life for older adults and people living with a dementia.

It is acknowledged that hearing loss is a common part of ageing, with nearly 80% of people over 70* experiencing some degree of hearing impairment. This particularly affects the ability to distinguish consonants, which carry much of the information in speech. In noisy environments, older adults may hear people's voices but struggle to understand what is being said, leading to communication difficulties and frustration. People with a dementia may be particularly vulnerable to sensory overload from noisy or cluttered environments.

Research has been undertaken linking hearing loss with cognitive decline and dementia, whilst hearing loss is considered a risk factor, it does not necessarily lead to dementia. Further research is required on potential links and mechanisms including the effect of increased cognitive load, changes in neural pathways, brain structure alterations, and the effects of social isolation.

What is more commonly recognised is that hearing loss and dementia often produce similar consequences. These include additional cognitive load, reduced interaction, social withdrawal, exclusion from community activities, and avoidance of noisy environments, leading to reduced confidence and increased isolation.

Poorly designed acoustic environments can therefore become a barrier to inclusion and participation.

There are practical acoustic design solutions to create more dementia and age-inclusive environments including:

- Sound insulation to prevent noise transfer between spaces.
- Sound absorption to reduce reverberation and improve speech clarity.
- Sound diffusion to manage sound reflections in large or sparsely furnished rooms.

Good acoustic design is not simply about comfort; it is an important element of inclusive design that can improve communication, reduce cognitive strain, support social engagement, and enhance quality of life for many including older adults and people living with a dementia.

**Source: RNID*

info@ecophon.co.uk www.ecophon.co.uk

CASE STUDY SPOTLIGHT: MEDICAL ARCHITECTURE (MAAP)

Reducing Stress & Confusion in Healthcare Settings

Laura Delgado, an experienced senior architect at specialist practice Medical Architecture, presented a trio of schemes which showed three different, but equally considered approaches to supportive dementia design to different medical and building contexts. Firstly, a new build mental health facility in Sunderland, where a ward for older patients designed by Medical Architecture was the first NHS building to achieve 'Gold Standard' by DSDC Stirling, then a refurbishment at Freeman Hospital Newcastle to make wards and circulation more 'dementia-friendly' with careful use of colour and interior design details. Lastly, Wye Valley Community Diagnostic and Treatment Centre near Hereford, a brand new scheme by Medical Architecture (and Architype) designed to alleviate the stress of diagnostic visits for all patients.

New build: Roker and Mowbray, Sunderland

An inpatient unit at Monkwearmouth Hospital was opened in November 2013, with 24 beds in two single sex wards (Roker and Mowbray) for older people with mental health problems. These included individuals living with "severe dementia and having complex needs," said Delgado.

The architects had a series of key aims, including reducing boredom, with a range of spaces, but also a principle of "more spaces rather than large spaces." They created subdividable larger areas for different activities, along with the established good practice of clear lines of observation.

Orientation is logical, with a central courtyard and cafe-style space next to the entrance, she explained: "visitors and residents meet here. It is surrounded by gardens, and each ward is grouped around these central living spaces and around the courtyards." Safe access is provided from wards to green outdoor space and the rest of the bright (including naturally lit) spaces are "free flowing and step free."

Between both wards is a 'swing zone' four-bed room that provides flexibility. Increased levels of acoustic treatment are combined with artwork used as visual cues, and links to safe outdoor space where possible.

The design for corridors put the emphasis on a lack of visual clutter, with clear signage, visual cues, and "interesting artwork," said the architect. Also, personalisation of spaces has been enabled, with glass boxes holding personal items mounted outside each bedroom; "this helps ensure a familiar feel," and helps with orientation.

A corridor which links the wards to a shared activity space is designated as 'Memory Lane,' with simple murals. Delgado says this

Roker and Mowbray, Sunderland

helps add a sense of purpose for residents heading to a hairdresser appointment, workshop, or social event.

Flooring was identified as "the key surface" by the architects, said Delgado, as "elderly users tend to look down," and with the normal safety requirements, including cushioning, there needed to be a "positive feel underfoot" to give users a sense of security, she says. She emphasised that in level areas, it's important to "ensure the LRV of adjacent surfaces match, to encourage flow," i.e. support users to continue moving through the space, as well as the required contrast between vertical and horizontal surfaces.

The result has been well received, including by the DSDC who awarded its first 'Gold Standard' for design. Delgado explained: "By dividing those spaces, still with free access, free step access, we provided a more calming and cosy atmosphere." The acoustic mineral fibre tiles on all ceilings is a fundamental factor in this.

There have been some positive measured outcomes – "the design is helping to transform the service, says Delgado. In the first six months since completion (in the female ward), there was a 58% reduction in all incidents, and a 34% reduction in falls.

The most powerful measure is possibly the positive user feedback gained from relatives as well as users. One residents' daughter said: "My father has been so much calmer and content whilst on the ward, and this has shown through all the laughter and conversations he has had."

Refurbishment: Freeman Hospital, Newcastle

This was a 28 bed ward providing treatment for a wide range of patients, for example, those with vascular conditions, but also supporting three main areas of surgery. While not dementia specific, Medical Architecture "really paid attention to design for patients with dementia and frailty," Delgado told delegates. This included bringing functional benefits to the space – previously the area had "really cluttered corridors with possible trip hazards, very poor lighting and unclear signage."

Freeman Hospital, Newcastle

These were all addressed, including improving visibility for the staff. The architects created an interior design strategy that would be "a simple to use framework that was easy to replicate" in the hospital's subsequent ward refurbishments. Local landmarks were painted on the walls in circulation areas, such as lift lobbies, and new large numbers for floors were introduced for clarity; the first thing you see when you come out of the lift," which is repeated on all levels.

Conversely, colour has been carefully employed to deter unwanted access, such as service doors being white, "the same as the adjacent white wall because that is not what you want to highlight." Overall the watchwords were "quality and consistency," said Delgado.

Some visitor feedback again endorses the approach taken: "My mum loved it - the light, bright spaces are so much more inviting now the dark wood panelling has gone, and the large floor level numbers help visitors to orient themselves - excellent!"

Wye Valley Community Diagnostic and Treatment Centre

Wye Valley Community Diagnostic and Treatment Centre

Laura's final project was a new centre in Hereford, planned to bring diagnostic facilities closer to patients, and it has been designed with a keen focus on the patient experience. Diagnostic visits are often stressful, and even more so for people with dementia, so the design attempts to help support them as well as other visitors as much as possible.

The double height entrance is welcoming and spacious, "acting like a local landmark, a town square, and bringing intuitive navigation." The architects' bespoke interior design and wayfinding strategy paid "particular attention to design for patients with dementia and frailty, with distinctive colours, graphics and icons to identify different types of spaces legibly."

Unnecessary visual clutter was again avoided, helping to build a "more familiar space, less institutional, with safe routes, minimised trip hazards, and clear vision for the staff." The overall aim was a "calming and reassuring environment," with clear orientation back to the entrance thanks to the double-height structure."

A patient said the environment "felt clean and calm, which really helps when you're feeling a bit anxious."

Delgado concluded by highlighting several key considerations that Medical Architecture use when designing dementia-friendly, patient-focused environments:

- Clear wayfinding, landmarks and visual clues to help with orientation
- Personalisation of spaces wherever we can
- Non-slip flooring, good lighting, and good acoustics
- Safe and uncluttered routes
- Natural daylight for diurnal orientation
- Propose different colours, as well as enough contrast.

WMS Underfloor Heating - trusted warmth for future-ready housing

As a hydronic underfloor heating specialist, WMS helps housing associations, developers and care providers create homes that feel safer, warmer and more comfortable for residents with changing care needs.

In supported living, extra care and later-life housing, heating is about much more than keeping a building warm. The way warmth is delivered can make a real difference to how residents move around, relax, find their way and feel at home, especially for people living with dementia, reduced mobility or greater sensitivity to changes in their surroundings.

This is where WMS can make a real difference. As a specialist in hydronic underfloor heating, WMS brings together design, supply and installation expertise to help housing providers create low-temperature systems that are comfortable, safe and inclusive.

For dementia-inclusive homes, underfloor heating provides gentle radiant warmth across the floor, helping to reduce cold spots, draughts

and sudden temperature changes that can make a space feel less settled or harder to navigate. Removing wall-mounted radiators can also reduce the risk of burns and bumps, free up wall space for handrails, memory cues, familiar furniture and artwork and make it easier to plan rooms around the people who live in them.

This resident-centred approach is explored in WMS's Health & Wellness White Paper, written by architect and inclusive design specialist Gillian Burgis-Smith. The paper shows how heating, comfort and inclusive design can work together to create calmer, safer and more supportive homes as residents' needs change.

WMS understands that good specification has both a technical and a human side. Its team designs hydronic underfloor heating systems that provide consistent, unobtrusive warmth while delivering straightforward installation and dependable performance.

To support housing providers in balancing Building Regulations conformance, care outcomes, programme certainty and long-term asset value, WMS offers more than just an underfloor heating system. It offers an evidence-led partner with design knowledge, installation experience, and two decades of sector understanding to help make warmth part of a healthier, more inclusive home.

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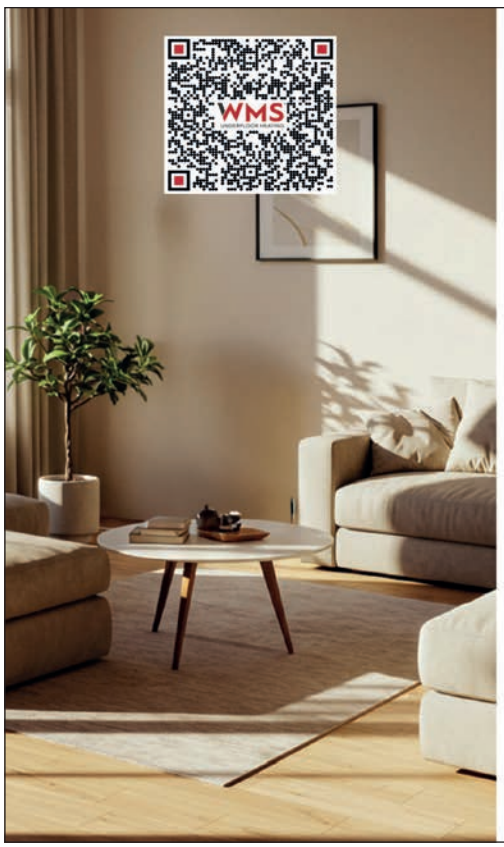

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For supported living, extra care and later-life housing, the right heating system can make a meaningful difference to residents' comfort, safety and independence.

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CLOSING KEYNOTE

Using lived experience to shed a light on design impacts

Dr. Jane M. Mullins is a dementia nurse consultant who has devoted over 30 years to the study and practice of dementia care. Her extensive experience in care practice is reinforced by her work on her PhD 'A suitcase full of memories: a sensory ethnography of dementia,' and following research at the Awen Institute, Swansea University. Here she explored "sensory, creative and intuitive ways of communicating with those living with dementia."

Through listening to and supporting people and their families during and following their diagnosis in memory clinics, caring for people who have dementia in hospital and in care homes, she has helped people throughout all of stages of their condition.

This has included supporting their transition from home to residential care using 'life stories' as a guide to planning their life and care throughout their remaining years, and supporting their partners, families and friends. She also explores ways to communicate with people who have dementia through music, art and nature as a way to helping them feel well and valued.

She wrote a book in 2017, 'Finding the Light in Dementia, a Guide for Families, Friends and Caregivers,' which has found legions of readers across the world. By collecting common features of living with dementia, her aim was to "help caregivers and the people they care for find better ways of coping.

Jane brought all of this experience together in her closing talk, where she directly engaged with the audience to discuss some of the profound impacts of dementia on people living with the condition. This includes on daily activities which may have had previously been taken for granted. She also heavily featured lived experience of one person with dementia, using some fascinating and illuminating video content, and recommended the audience to investigate the Dementia Engagement and Empowerment Project (DEEP), an "activist" group promoting the interests of people with dementia.

Andy Woodhead

Dr Andy Woodhead is the UK's Dementia Ambassador for Wales and works as an advocate for 'co-production,' i.e. working closely with people with dementia in order to improve facilities and support they receive. He also has vascular dementia, and combines his lived experience with academic research roles to bring a powerful set of knowledge in the talks he gives, as a Fellow of the Royal Society of Health, and advising care providers on design.

In a filmed interview with Jane, he said that the big changes he has noticed have been "mobility, rather than cognitive impairment," but issues such as as "depression, and agitation" caused by communication difficulties with his partner and others, have also been very challenging to deal with.

Woodhead addressed designs in hospitals, saying that while architects can make a major difference to hospital environments to make them "dementia-friendly," he admitted it was "very difficult when you're modifying an environment rather than designing a new one." The same applied to hotels, he said, where people with dementia want to enjoy the facilities, and not have to worry about issues caused by designs such as orientation.

Tying back to one of the core focuses of our conference, he gave the lived experience that "one of the most important thing is floors, believe it or not," adding that black entrance mats were "a no-no, because a lot of people with dementia will see that as a hole in the ground, and there is no way, even if you stand and jump up and down on it for them to see you doing it. You would not convince them that it was any different."

He added: "They will become extremely agitated, and many of them just won't come in." Woodhead also reiterated the common view that "you have to be very careful with carpet, not too much pattern, but also not grey necessarily, some colour." He advocated "squares and triangles," for floors, not flowers and leaves that can be misjudged as other things." Andy addressed the key safety issues around floors and contrasts, and that in some cases "it would have been much better to design a slope or to alter it so that it would become a slope."

Choice of wall colour could even be critical for helping make supportive environments, he said: "grey and white sort of blend into the background [in a hospital], and gave the example of Velindre Hospital in Cardiff, which had added "feature wall" colours at minimal cost. Even more so, signage needs attention, he said: "black and white is not necessarily good, but it depends what type of dementia you've got." However, generally, "warm, homely colours mean the most, and pictures on the wall – a clinical environment is intimidating," citing standard cubicle curtains in wards as being undesirable.

Beneficially for architects, the overall goal of "patient-centered

care" means that designing for dementia is designing for everyone, he said, which can lessen the burden of having design for each condition separately: "Everybody's equally deserving of you know the same sort of consideration, but they're not mutually exclusive. If you're designing a dementia-friendly area, it's also autism-friendly. They've just got to think about making somewhere feel welcoming and safe."

In summary, Andy said that his advice to designers, balanced with the need to support clinicians, was "where possible, soften a space." Public areas could include sofa seating more and relaxed gathering areas, and corridors "needed to be widened," he said. Floor-to-ceiling glazed windows and doors caused a hazard, background noise should be "reduced as much as possible," and "subdued" lighting should be considered. He concluded: "Just be a little bit more adaptive and creative; I know many already are."

Conclusion

Editor of *ADF* James Parker closed the event by thanking the presenters, event partners and attendees for their participation and engagement.

He reiterated some of the key messages heard through the day, including the importance of tailoring dementia-friendly design to individual needs, in the face of institutional and organisational challenges, but also how important interdisciplinary collaboration was in this context.

On the subject of collaboration, James encouraged attendees to continue the conversations both in networking and post-event, to explore the new ideas and partnerships they had forged at Designing for Dementia 2026.

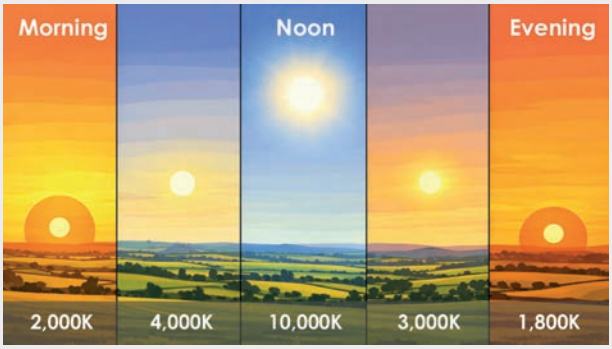
He ended the session ends with a reminder of the ultimate aim, which was to focus on people, not policies, as vividly shown in Jane Mullins' real world insights. As we try and create better and more supportive environments as dementia becomes a greater societal factor, this is going to be the big challenge.

TAKEAWAYS FROM DESIGNING FOR DEMENTIA 2026

By Panel Chair, Eef Hogervorst, Professor of Psychology, University of Loughborough

- Include consideration of people living with dementia at all stages of design; do not assume this is being done.
- Be mindful of over/understimulation (visual, thermal and auditory) – reduce acoustic reverberation in shared areas – floors/tiles)
- Light Reflectance Values – due to reduced colour and contrast vision, take black and white pictures to ensure adequate 30% LRVs between doors/skirting boards and walls/floors, and check it under different lighting conditions
- Artificial light should be 300 lux (not 100)
- Use design to support people's chosen activities and agency – support meaningful wandering and exploration to stimulate activity
- Use exposure to nature (windows) to assist people's orientation
- Support personalisation to create familiar, homely, cosy environments – which is also good for visitors. Often operators will not fund this, so implement by stealth!

Lighting for better living: How Circadian Care technology is transforming Dementia care



Sunlight has governed human biology since long before architecture existed. It drives our circadian rhythm, regulating serotonin, cortisol and melatonin – the chemistry behind sleep, mood and alertness. Yet most indoor lighting, including that often used in the care settings where our most vulnerable citizens live, ignores this entirely. The result is measurable: disturbed sleep, night wandering, sundowning, and a heightened risk of falls.

Circadian lighting automatically adjusts in colour and intensity throughout the day, mimicking natural daylight patterns, proactively supporting wellbeing.

The evidence for a different approach is now substantial. Published research shows circadian lighting can reduce daytime napping by 56% and night wandering by 55% for adults living with dementia, while a two-year study of 600 care home residents at Brigham and Women's Hospital recorded a 43% reduction in falls. At Circadacare, our own deployments have echoed this: evidencing reductions in falls and sundowning symptoms easing within 7-14 days of installation.

But we're more than just light. We've discreetly integrated sensors into our light bulbs, with a powerful AI backend platform. We monitor signs of wellbeing and alert caregivers to change, allowing for intervention before crisis. For example, we can show changes to normal bathroom visit routines or increases in distress levels to trigger further investigation.

The more compelling story is human, not statistical. By easing the heightened end-of-day distress and reducing falls risk, we've been able to improve the healthspan of people living with dementia, benefiting the individual, their immediate family and carers.

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