



TOILET TALK

*Accessible design for people
with dementia*

Second Edition

Mary Marshall

DEMENTIA DESIGN ESSENTIALS

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publishing@hammond.com.au
hammondcare.com.au
dementiacentre.com.au

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HammondCare's Dementia Centre is committed to providing excellence in dementia care. Older and younger people living with dementia deserve services that are designed and delivered based on evidence and practice-based knowledge of what works. This is achieved through providing research, training and education, publications and information, consultancy and conferences. Thank you to everyone who supported the publication of *Toilet talk: Accessible design for people with dementia*.

The author and publishers welcome feedback on this book and the topic of accessible toilets for older people and people with dementia. Please contact us at publishing@hammond.com.au

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‘Although this book is relevant for private houses and places specifically designed for people with dementia, its focus is on public buildings. It is crucially important that we make it possible for people with dementia to get out and about with everyone else.’

INTRODUCTION



Toilets are rarely given the priority they deserve in the dementia design process. This may be because people are inhibited about discussing them or commenting on them, or it may be because they are not an immediately visible part of the building. Yet for all of us being able to find and use a toilet safely is a crucial aspect of any building.

It is even more important for people who may need to use a toilet quickly. People with dementia are very vulnerable if design is not enabling. It could be argued that it is discriminatory to fail to provide an easily accessible toilet for people with dementia since without this availability they may be unable to go out and participate in society.

One problem of modern toilets is that designers have often indulged in making them quirky and amusing. There also seems to be an obsession with making them ‘modern’ and ‘stylish’ often at the expense of usability. Another is a focus on controlling infection which results in hands-free controls which make little sense to someone who is not familiar with them.

Support for getting out and about

This second edition *Toilet talk: accessible design for people with dementia* incorporates suggestions and advice following the publication of the first edition. The books are a result of many years in the field of design for people with dementia, and an increasing awareness often from people with dementia themselves, of the challenges they face in finding and using toilets in public places. Although this book is relevant for private houses and places specifically designed for people with dementia, its focus is on public buildings. It is crucially important that we make it possible for people with dementia to get out and about with everyone else.

Given that this book may have an international readership, regulation and official guidance has been omitted. Most countries have requirements on designing for disability, though few of these include sensory and cognitive problems. Most countries have an official commitment to equality based on the Declaration of Human Rights, which includes designing so all citizens can participate equally.

On the whole, toilet provision that helps people with dementia should not cost any more. It is not about additional fixtures and fittings. It does cost some time and effort as many designers are using ‘standard’ provision which is not suitable for people with dementia, e.g. the small aluminium indicators on toilet doors are seen as a standard fitting these days even though they are not helpful for people with impaired vision and people with dementia.

Alternatives to the standard design packages of signage and toilet fittings may cost more until designers and manufacturers can be persuaded to understand what is helpful to the ever-increasing numbers of older people using public buildings. Having said this, some of the more zany signage that is seen today is certainly not standard and also probably costs more. In addition there may be more costs in making people aware of the implications of using such signage.

All the photographs in this book, unless otherwise indicated, are from public buildings. They are not identified since permission has not been sought.

‘Toilets are rarely given the priority they deserve in the dementia design process.’

A note about names

Toilets may be referred to by a variety of names in public spaces including bathrooms, restrooms, cloakrooms, washrooms, WC, amenities and no doubt many others. The advice in this book is applicable to all toilets, regardless of what you call them!

01 WHY FOCUS ON TOILETS?



There is a curious reluctance to talk about toilets. My determination to do this always raises an anxious laugh. This may be a hangover from Victorian attitudes which discouraged discussion of anything to do with bodily functions. But we do need to talk about them if anything is going to change. Older people often need to find and use a toilet quickly and easily. Unless this is possible, they may get very anxious or may go out less and less.

Another reason for this book is the lack of care given to the design of toilets in many modern buildings. It may be a very stylish building such as an art gallery or hotel, but the toilet is relegated to hidden areas and thoughtless design. A third reason is the extraordinary emphasis on novelty. The design of toilets and bathrooms changes all the time—fashions and trends in taps, fittings, and interior design change particularly fast. This is quite different from public rooms, bedrooms and sitting rooms which remain more or less familiar over time.

The final reason is an increasing concern about the closure of public toilets as a cost saving measure. This is highly problematic to an ageing population.

‘There is a curious reluctance to talk about toilets. My determination to do this always raises an anxious laugh.’

‘We are usually designing for a very complex mix of impairments: those of old age and those of dementia.’

02 WHAT IMPAIRMENTS ARE WE DESIGNING FOR?



People with dementia are generally older—indeed the risk of getting dementia increases exponentially after 65. That means we are usually designing for a very complex mix of impairments: those of old age and those of dementia. (About 3% of people with dementia are under 65 and they will have the same impairments of older people without the additional impairments that come with ageing).

Impacts of ageing

Let's look at some of the key ageing-related impairments that need to be addressed by accessible toilet design.

Musculo-skeletal problems

Strength of muscles is often neglected in designing toilets. Muscles deteriorate at about 1% a year from the age of 25 so can be very diminished in older people. For the purposes of this book, the key muscles to be aware of are in the shoulders, hands and arms. Examples of the impact of musculo-skeletal weakness on using toilets include:

- wall mounted, push flush systems which require considerable strength in the hand and wrist, making them very difficult
- the zone of older person's vision is often lower and signs mounted high up are invisible due to weaker shoulder muscles

Weaker pelvic floor muscles for women often means they need to get to the toilet quickly. The same applies to older men but for different reasons—90% of men over 80 have an enlarged prostate.

Impairments such as difficulty climbing stairs are usually addressed in non-domestic buildings—at least in so far as providing level access to disabled toilets is concerned.

Disabled toilets usually have a higher toilet seat since getting off a toilet is often difficult for people with poor lower limb joints and muscles. This rarely applies to general toilets yet with an ageing population, most toilets should be higher.

Mrs O’Keefe had much diminished muscles in her legs and was unable to rise from most toilets. She was unable to work out that she needed a disabled toilet, and regularly panicked when having to use a lower seat. She frequently squatted and was self-conscious about the mess she often left.



The owner of this cafe responded to requests from some of the older customers for a higher toilet seat, by replacing one and leaving the other so customers have a choice.

Sensory challenges

Sensory challenges are often poorly considered in designing toilets. As we age, the eye becomes less efficient, including having a smaller pupil and less effective optical nerves. Many people have the beginning of cataracts which means an impaired ability to see colour and contrast.



The toilet features here would be invisible to anyone with poor vision.

For these reasons it is crucial that key elements of the toilet are visible through the use of higher levels of contrast. Many toilets have contrast between the seat and the floor, and the grab rails and the wall, but may fail to address the visibility of the cistern or towel dispenser against a white wall.

Hearing is also frequently impaired as people age. They may be hypersensitive to noise, such as modern hand dryers, and there is often no alternative (small children often find them intolerable too). Ageing may mean losing the ability to hear high frequencies.

Smell is often impaired but we also need to remember that reaction to smell is very speedy and memories are quickly alerted. For example, a smelly toilet can make people feel quickly disgusted.



This sign is too high for most people let alone older people.

Hidden sense

A hidden sense, which is rarely addressed, is diminishing proprioception. Proprioceptors are sensors in all our muscles and joints that feed back to our brain so we know, without thinking about it, where our limbs are. This is impaired by ageing joints and replaced joints, so older people are often less sure where to step and can easily bang into things in small or cluttered spaces.

People with impaired proprioception are likely to walk about looking at the ground because they need to see where they are putting their feet. This may mean they are less likely to be looking upwards for signs. Balance can also be affected.

Very small toilets that require twisting about to get in and shut the door can be even more problematic for an older person. Doors should always open outwards to enable people to enter easily.

A 'light reflectance value' (LRV) difference of 30 between the floor and the wall tone helps people with impaired vision to see where the wall ends and the floor begins. However, this is a challenge for toilet designers because of the need for a floor that can be wet without leaking into the fabric of the building. This usually means a 'wet floor' where the floor-finish continues up the walls to around 100–150 mm. The result often for the visually impaired is that the room may seem even smaller than it is. It can also make it more difficult to manoeuvre a walking aid.

Lungs also deteriorate

Lungs do not expand and contract as well as they used to. But sufficient oxygen is crucial to optimal brain function so good air quality is vital. All too often, inadequate ventilation is exacerbated by the use of toxic air fresheners and cleaning materials in toilets.

Medication can cause problems

Examples of potentially problematic medication can include those which encourage people to urinate frequently, increasing the need to get to a toilet speedily. As well, some medications can affect a person's vision and balance.

Additional impacts of dementia

Older people cope with these impairments by being very well aware of them and taking compensatory action where possible, but for those with dementia this gets more and more difficult.



These familiar cross head taps are in a care home for people with dementia.

Most people with dementia are likely to have an impaired memory. Memories of the past remain vivid and people often cope better with things that are familiar. The difficulty is that people slip back to different extents. Some people are making sense of the world as if it was 10 years ago whereas others may be coping with vivid memories of their twenties or thirties. This means that design needs to be familiar in terms of the past and/or very intuitive.

People with dementia often have difficulty learning new things—so even if they have been told where the toilet is before, they may not be able to find it again. They can rely heavily on being able to see it or having clear directional signage.



This clear directional sign is in a care home for people with dementia.

Many people with dementia have impaired reasoning, which means that working things out gets more and more difficult. The use of many modern toilets often relies on complex ability to work things out, as we will see.



This tap is a puzzle for any user.

Finally, many people with dementia of any age have perceptual problems which means that the information going into the eye is not being interpreted correctly by the brain. (See *Talking Sense*, Agnes Houston, 2018) For example, they may see a step if the floor changes tone.



The contrast between these two tones is so great it could easily be perceived as a step.

Or they may see elaborate patterns moving—the world can become a very disabling and frightening place.



This floor would prevent many people with dementia feeling safe approaching the toilet.

In summarising this chapter on ‘What impairments are we designing for?’ a key word is complexity. Design requirements and guidance rarely tackle the complex mix of impairments, a situation that needs to change.

03 FINDING THE TOILET



It is often very difficult to find the toilet and in many places the only way is to ask—which is not dignified and not what people really want to do. In places like galleries and hotels it almost seems as if they do not want you to think about toilets and they are hidden away. Signage is often very modest, if indeed it exists, yet signage is usually essential for finding a toilet if it can't be accessed directly from the room in which you find yourself.

There is an inexplicable reluctance to provide a toilet off a public room as if the whole idea is unmentionable—the exception being a disabled toilet, which can sometimes be accessed from a dining area in a café. Readers may quibble at the use of the word 'inexplicable' since people are fearful of smells entering a public space, yet with modern systems of ventilation this is no longer an issue in contemporary buildings.

Edwin, who has dementia, can never find the toilet in airports. His wife always has to go with him and then she waits outside. This adds considerably to the stress of using an airport.

Effective signage

Frequently, problems with finding the toilet are due to signs that are too high, difficult to see, hard to understand or simply don't exist!

Clearly, one of the main solutions for making the toilet easier to find is effective signage—the guidelines below will assist:

The right height

The sign should be at the right height for someone with poor shoulder muscles, a slight stoop and who is concentrating on watching where they step. Many older people stoop and their cone of vision is not much more than a metre high so putting signs at the customary height of six feet (1.82 m) means they are invisible.

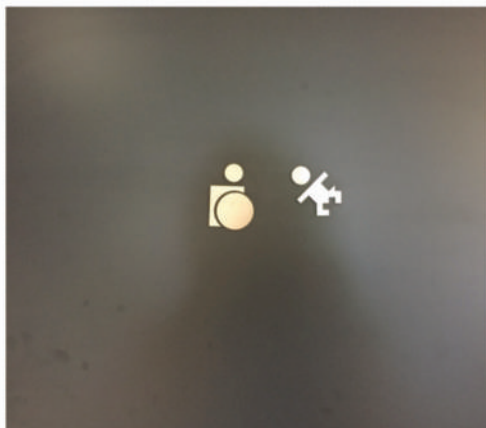
Signs should be at about 1.2 m from the floor except when seen from a distance.

Words and pictures

The sign should be clear—words and pictures are needed. This means, for the words, having an initial capital letter, followed by lower case for the remainder of the word. The font should also be big enough. Some sort of picture or graphic is helpful to people who have never been able to read, or who do not speak English, as well as for people with dementia who may no longer be able to read. Trendy symbols, much loved by modern toilet designers, are really unhelpful because they make no sense to many people.



This sign confuses a lot of people.



This sign is too small and very confusing

People with dementia may be unable to work them out. Even stick figures, now used internationally, are not familiar to people for whom ‘Gents’ and ‘Ladies’ were the norm when they were younger. Stick figures are not good for people with visual impairments either, unless they are exaggerated to make it quite clear which is male and which is female. The same applies to the wheelchair symbol which does not say ‘toilet’. Even if you recognise the wheelchair sign, how do you know there is a toilet?

The arrow or pointing finger should be large and clear.

Graham, who has dementia, told us that he and his wife no longer go on holiday because he finds the toilets in hotels impossible to find and use.

‘Clearly, one of the main solutions for making the toilet easier to find is effective signage.’



Avoid signage clutter

Lists of places with arrows can cause difficulties—sifting through to find the toilet sign when you are anxious and in a hurry can be a challenge.

People with cognitive problems often find clutter problematic since they cannot separate out the important facts from the rest. Make the toilet sign different e.g. bigger or in a box.

Allow contrast

Contrast is important between the words and graphic and the background, and between the sign itself and the wall. A contrast of 30 LRV is needed.

Not too shiny

A shiny sign can be problematic because of glare and reflection. Avoid reflective signs.

Seeing the funny side



Even after navigating these often difficult directional signs, or having been directed to the toilet, the problems can continue. Very often the sign on the door is too high, difficult to understand, not easily visible. There are several websites of hilarious door signs. Search for 'funny toilet signs'. This illustration shows just one of the more confusing ones we have seen.



Here is a clear, dignified, sign which should offend nobody although there are still some people in charge of buildings who cannot tolerate a picture of the toilet itself.

This sign is used in care homes and could be used more widely since it is a dignified sign.

Gender neutral toilets



Some places identify the disabled toilet as the gender neutral toilet and the danger here is very complex signage which may not be understood.

The introduction of gender neutral toilets is not without difficulties for people with dementia. The person may not understand the signs. Indeed it would seem simpler to just have the word 'Toilet' on the sign with a graphic such as the one on page 16, which would also suit people with dementia and other cognitive problems. A further difficulty however is that they may be alarmed to find the opposite sex in the toilet.

Mrs Rafik, an elderly Muslim woman with dementia, refused to go into a toilet when the staff explained it was for men and women together.

‘If we do not make toilets easy to access and use, we may prevent older people and people with dementia being able to participate in society as fellow citizens.’

04 ENTERING THE TOILET CUBICLE



Accessing a toilet cubicle is not as easy as you may think. Frequent problems include:

- going into a toilet 'lobby' only to find more than one door including other entry doors or utility cupboards which all look similar
- finding a row of toilet doors with no clear indication of whether they are occupied or not because there is not enough light
- not being sure if a cubicle is occupied because the indicators on the doors are too tiny and not clear, or, at other times, because the designer opted for minimalistic design
- being unable to differentiate toilet doors from door frames because they are the same colour
- encountering a sliding door which, while not common, is a problem when it occurs because people do not expect it and can pull and push it without being able to work out how to open and close it



These cubicle doors are very difficult to negotiate due to low contrast with door frames and poor 'occupied' indicators.

Cubicle solutions

How can these issues be resolved?

Signage

A further toilet sign within the lobby is an easy solution to the first problem.

Lighting

Lighting is a key issue. First the light switch or cord should be highly visible.

Mrs Sanchez, who has dementia, could not find the switch which was inside a dark disabled toilet. She was unable to use it.

Automatic, movement operated lighting can be problematic since you need the confidence and problem solving ability to simply walk into the toilet. Many public toilets have dim blue lighting to prevent drug addicts from injecting their drugs (it makes it very difficult to see the vein). This blue light makes it very problematic for older people and people with sight impairment. They need twice the light levels of younger people – about 300 lux and two sources of light to avoid shadows.

Occupancy indicators

Choosing the method of locking and indicating vacant or engaged is not simple. The current convention is a small, aluminium disc with white (or green) for free and red for occupied.



These are problematic for people with sight impairment and often a person may resort to going along and pushing on each door or asking someone. This should not be necessary if thought is given to this issue at the outset.

Another issue related to locks is the need to be able to open the door from the outside if someone inside falls or becomes distressed for some reason. Many used to open with a coin turn, but these are sadly increasingly rare.

Understandable, clear engaged/vacant indication is needed.

Mrs Pugh, who had dementia and poor vision, always waited until someone came out of a toilet and then she went in. This was the only way she was confident it was vacant.

Contrast

Doors should contrast in tone with the door frame and wall to ensure people know where they are.

A further problem, which may occur at various points of seeking to access the toilet, may be strong contrasts between different flooring materials. If there is any degree of contrast, people with perceptual problems may see a step or become anxious. It is important that all flooring has the same tone (LRV) so there is no perceived barrier or hazard.

05 USING THE TOILET



Having negotiated your way through various obstacles in locating the toilet and entering the cubicle, the challenges may continue, including:

- being unable to see the toilet against a white wall and floor
- being unable able to reach the toilet paper
- not understanding how to get the toilet paper out of the container
- not understanding the flush system or not being able to work it

Being unable to see the toilet seat properly can result in the person falling to one side when they sit down which is very serious. Being unable to see or manage the toilet paper arrangements has obvious implications. Not managing to flush can mean that people feel they have left the toilet in an unsatisfactory state, which is embarrassing.

Else Feldman became very agitated when she was unable to flush the toilet. She looked everywhere for a lever or button. She finally called out to a person who came into the toilets. She told Else that the toilet would flush when she opened the door. Else remained anxious about whether this flush had been adequate but she felt unable to go back in and out again. It is easy to underestimate how anxious people with dementia are when navigating public spaces.

Toilet solutions

How can these problems be resolved? The key approach should be to ensure good contrast of important things like the toilet against the floor and wall and the paper dispenser against the wall. And keep things simple or familiar to older people.



Toilet seats

Let's start with the toilet seat. A contrast in tone of at least 30 LRV is required to ensure that the ageing eye can see the seat against the floor and wall.

Rails and cistern

The same applies to grab rails and the cistern. Contrast can be ensured by putting a contrasting panel behind them or ensuring the items are a strong enough colour to contrast.

A contrasting seat means that people can see it clearly in order to sit down safely.

Good lighting

Contrast is also clearer with good lighting. As mentioned, the lux level should be 300 and there should be more than one source of light to provide an even spread and avoid shadows. Problems can also arise with 'movement operated' lighting which sometimes fails to come on quickly on entering the toilet or goes out too soon when you are in the toilet.

Accessible toilet paper

Reaching the toilet paper is a frequent problem—it is often placed behind shoulder level, out of reach or even on the wall behind.

Sometimes people really cannot work out where the toilet paper is, which causes unnecessary anxiety. It is simple to remedy this. Put the toilet roll beside the toilet!



Sue, who has dementia, always takes sheets of toilet paper before she sits down. This means she does not have to worry about where they are and how to get at them. She is a younger person with dementia, so the issue of urgency may be less pressing for her.

The grab rails stand out well here but the toilet seat doesn't and the paper is too far away to reach. The hand dryer is beside the toilet and it goes off when you sit down which is alarming. This illustrates thoughtless installation which is not uncommon.

Toilet paper containers are difficult for more than old people. Vertical boxes are invariably packed so tightly that it is very difficult to get paper out.



Very large rolls, which are accessed from below, can be highly problematic since it is often difficult to locate the end and pull sheets out.

Some people find it hard to figure out where the paper is in the dispenser and how to get it out. The answer is normal rolls of paper—these can be provided in two holders if there is concern that the paper will run out too quickly. They can also have a light lid over them if there is a hygiene concern.



This big roll of toilet paper makes it hard to locate the end, assuming you can work out where it is since the whole thing is invisible against the wall. Note also the flush handle is on the wall without a visible cistern.



A straightforward and easy to understand toilet roll holder.

De-flustering flushing

Flush systems are becoming ever more complicated. The first problem is understanding how they work. Some systems require you to wave your hand near the hand sensor. These are often incomprehensible to many people (and the signage rarely helps.)

Others require considerable hand strength to push in and some flush automatically when the person rises from the toilet, which can be very confusing to the user. Water conservation flushes that provide two buttons on top of the cistern can be confusing. The answer is simple: a visible lever.

Some toilets have the cistern behind a fascia which means that this cue to the flush arrangements is not available. Painting the outline of a cistern on the fascia can help.



This instruction is hard to understand—it looks as if your hand is to be sprayed.



Cistern behind a fascia, with low contrast, buttons set high and ones that are hard to push—a range of design issues to avoid.

Useful urinals



This traditional bowl urinal is preferable to some modern options that look more like hand basins.

In men's toilets, urinals are often provided to increase capacity for users. Traditional-style urinals, either of the slab or bowl type, should present no particular problems. However, more modern types with non-traditional shapes can appear quite similar to some models of hand basin and should generally be avoided.

It should be remembered that urinals are not suitable for wheelchair users and are difficult for people with walking aids or who are unsteady on their feet. And bowl urinals must be clearly visible against the background wall finish and also must contrast with the floor finish.

Locked disabled toilets

Finally, disabled toilets, which allow a carer to enter too, are sometimes locked, requiring a special key—this can only promote more distress for those without a key.

Jenny always uses the disabled toilet because her daughter can go in with her. She has purchased a key.

06 WASH BASINS AND HAND-DRYERS



Washing and drying hands after going to the toilet is important for comfort and hygiene but is not always that easy to do. Some common issues include:

- nowhere to put your coat, gloves, shopping bag, handbag, walking stick etc.
- incomprehensible taps (made difficult to interpret because of modern designs)
- no visible indication (or invisible indication) of hot and cold
- soap dispensers which are challenging to understand and use
- hand-dryers that can be painfully noisy, hard to understand and unrecognisable

Not finding somewhere to put your belongings is really inconvenient and sometimes means that people try to hold onto them, getting in an unnecessary tangle with taps and soap dispensers. This may be more of a problem for women rather than men. Shelves or hooks are an easy answer.



Incomprehensible taps as seen in the accompanying photo are a constant problem and not just for people with dementia. Often the problems are so acute that a sign is provided. Needing a sign is a clear indicator that too little thought was given to the initial procurement.

Not being able to wash your hands is really unsatisfactory and unhygienic. The fact that no-touch taps are provided sometimes for infection control reasons is all the more ironic since not being able to use them can cause infection by contamination being spread to door handles.

The taps and soap dispensers are hard to understand and there is nowhere for belongings.



No-touch taps can lead to non-washed hands!

Familiar is better

The solution is really obvious—taps need to be either familiar, like cross-head taps, or very straightforward, such as simple levers.



Normal cross head taps are easy to understand for everyone. This sink has the additional advantage of contrasting tiles behind the sink.



This tap tells you to watch out for very hot water but does not tell which way to turn the tap for hot or cold.

Two taps rather than single pillar mixer taps are better as it is virtually impossible to put clear indicators of hot and cold on a mixer—and this is important for a proper hand wash. Lack of visible hot and cold indication is unnecessarily confusing. It can be hidden underneath the lever, on the pillar or be too small.

There is a simple solution to this problem: ensure hot and cold indication is very clear.

Keeping soap simple

Soap can be essential for clean hands and yet soap dispensers seem to get more complicated every day. They are often mounted with insufficient contrast with the wall and without any instructions on how to use them.

Sometimes the soap is in a pipe coming out of the sink, counter or wall which give no indication at all about how to use them.

Increasingly they are hands-free which is very confusing and people push and pull every bit of them without getting soap. Even more confusing is when wash and dry is co-located.

Sometimes they are located so that they dribble on the floor, creating a slippery surface, or over the sink surround meaning that handbags and personal items get soapy.

Soap dispensers should be very straightforward in design and may need clear indication about how to use e.g. 'press'.

Plugs, hand dryers and paper towels

If a plug is provided, it needs to make sense. Some plugs with the control behind the tap are not usable by a large proportion of the population.

Mechanical hand dryers have become very noisy indeed and for both small children and people with ear problems this can result in intolerable discomfort. For those who can tolerate the noise, it is not always clear how to use them.



This machine comes with no instructions at all.

‘Mechanical hand dryers have become very noisy... this can result in intolerable discomfort’



These paper towel dispensers cannot be seen against the wall by anyone with a sight impairment.

The instructions on mechanical hand dryers are commonly small and hard to understand. The hand dryers are often mounted with too little contrast with the wall. This lack of contrast is equally problematic with paper towel holders. These can also be hard to understand.

So give thought to choice of paper towel dispensers so that they are familiar and simple to use.



This paper towel dispenser requires you to wave at the spot but the instructions are barely visible.

07 THE PROBLEM WITH MIRRORS



This mirror is potentially alarming and can cause distress.

Some people with dementia no longer understand mirrors and think there is a stranger looking at them. While this is not a common problem, it is distressing when it does occur.

In places like hospitals and care homes, where there are going to be a lot of people with dementia, a simple solution is installing a small roller blind above the mirror that can be quickly pulled down should problems arise. In public places it can be helpful not to install the mirrors above the sink if there is an alternative place for them.

Mirrors should not be installed on the inside of toilet doors where they can be very alarming to someone with dementia.

‘In public places it can be helpful not to install the mirrors above the sink if there is an alternative place for them.’

‘...older people often need to find and use a toilet quickly and easily. Unless this is possible, they may get very anxious or may go out less and less.’

08 EXITING THE TOILET AREA



When a person is finished in the toilet, there are some frequent problems encountered in exiting the bathroom. These include:

- not knowing which is the exit door
- going through the exit door and being confronted by a set of doors to choose from
- being sufficiently anxious about which way to go that people turn round and come back into the toilet area

Exits and toilet lobbies are easy to make more comprehensible and signage is the answer. The word 'exit' (rather than a symbol) is widely understood and should be on the door to exit the toilet area and to exit the lobby.

'Exits and toilet lobbies are easy to make more comprehensible and signage is the answer.'

‘Shower controls should be highly visible with enough contrast, be easy to understand and have clear, large indications of hot and cold.’

09 WHAT ABOUT BATHROOMS AND SHOWERS?



All the information in the previous sections applies more generally to bathrooms and showers. There are a few additional issues relating to the sanitary ware and its controls.

Baths that make sense

In hospitals, assisted baths can be very alarming and unfamiliar to anyone who is used to a domestic bath. The worst examples of assisted baths bear no resemblance to baths at all. Even the more 'normal' baths can be alarming because they rarely have taps. The current convention is to have a small touch screen with the water coming out at the front or side. There is no obvious indication of hot and cold. To a frail, anxious, naked, elderly person with dementia, this makes no sense. They may not be able to control bath taps any longer, but they may like to see and understand what is going to happen. The same considerations need to be applied to seats which assist entry to the bath. They can be straightforward and comprehensible, but some are also very alarming. Every effort should be made to obtain the most understandable seat.

Shower controls



The controls of this shower are impossible to see.

The main issue with showers is the controls. They are frequently very hard to see (e.g. chrome on chrome) and very hard to understand. It can be impossible to work out both volume of water and temperature.

Shower controls should be highly visible with enough contrast, be easy to understand and have clear, large indications of hot and cold.

‘Many people with dementia living in the community may simply not go out because of difficulty finding and using the bathroom...’

10 FINAL WORD: A MATTER OF DIGNITY



If we do not make toilets easy to access and use, we may prevent older people and people with dementia being able to participate in society as fellow citizens. Instead, we cause them unnecessary disability, shame, lower self-esteem, and greater dependence on others. We may cause accidents too. Many people with dementia living in the community may simply not go out because of difficulty finding and using the bathroom, or previous negative experiences and distress in public bathrooms. This can have serious consequences for mental and physical health. It is also not in the spirit of equal access.

If we get toilets right for people with dementia, we improve the situation for everyone.

‘If we get toilets right for people with dementia, we improve the situation for everyone.’

ADDITIONAL RESOURCES



Explaining colour and contrast

Colour can usefully be thought of as having three characteristics: tone, hue and saturation. Tonal contrast is crucially important in ensuring things stand out against a background. Light reflectance value (LRV) relates to tone and is discerned by the amount of light a surface reflects. All paint samples indicate LRV as do some other products. A common standard to ensure visibility for the ageing eye is a LRV contrast of more than 30. A quick judgement of whether the contrast is sufficient can be obtained by looking at the contrast using greyscale on a camera.

To ensure that flooring appears level to the person with dementia or older person, we do not recommend tonal contrasts between or within floor coverings of 5 LRV or more.

Tone is not the same as hue. Things can be a different 'colour' but be the same tone and vice versa.

Further reading

Some of these references have been cited in this publication and provide useful further reading, as do the others listed.

Talking Sense, Agnes Houston with Julie Christie (2018).

Designing interiors for people with dementia, Liz Fuggle (2013), Stirling, Dementia Services Development Centre

Is this INSIDE public space dementia-inclusive? (2017) Innovations in Dementia CIC, ECREC (University of Edinburgh) and Dementia Centre HammondCare. Tested by member groups of the UK DEEP network.

DesignSmart: The rating tool for environments that work for people with dementia, Colm Cunningham and Danielle McIntosh (2015), Sydney, Dementia Centre and HammondCare Media. (Suitable for clinicians, architects, project managers.)

*Taking the P****: The decline of the Great British Public Toilet*, Royal Society for Public Health (2019).

Public Inconvenience: Better toilets for inclusive travel. Toilets and Journeys (2019). toiletsandjourneys.wordpress.com

Thank you

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‘If we do not make toilets easy to access and use, we may prevent older people and people with dementia being able to participate in society as fellow citizens.’

Mary Marshall

Why are public toilets so hard to find and often challenging to use? It's a topic few people want to talk about but one that is especially vital to the dignity of many older people and people living with dementia.

Professor Mary Marshall is one of the world's leading experts on design for people with dementia and she is alarmed by how little regard is shown for accessible design in the provision of public toilets.

In this second edition of *Toilet talk*, Mary pushes past the 'anxious laughter' which often greets this topic, and speaks frankly about what good, accessible toilet and bathroom design looks like, and why it is desperately needed.

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