

TOILET TALK

*Accessible design for people
with dementia*

Second Edition

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DEMENTIA DESIGN ESSENTIALS

Sample extract (© HammondCare)

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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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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.