Presentation on 'A Model for Dementia-Friendly Living Spaces'

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Summary

Starkey, a community-based service provider in Wichita, Kansas, developed a **dementia-capable group home model** to meet the growing needs of adults with intellectual disability (ID) who were developing dementia, particularly Alzheimer's disease. The initiative originated during the agency's 2007 strategic planning process, which revealed that nearly one-third of individuals supported in its community living program were exhibiting cognitive and functional decline suggestive of early-stage dementia. Recognizing that traditional ID residential settings were ill-equipped to support these changes, the agency undertook a capital campaign to create a purpose-built environment integrating dementia-informed design with person-centered care.

Three **adjoining single-story group homes** were constructed on in-city shared property, replacing the agency's original farmhouse residence. Each home accommodates **five residents**, allowing for small, stable households conducive to familiarity and individualized support. Staff and family members comprised the design team. The design process was informed by consultations with dementia care experts and site visits to long-term care facilities and "Green House Project" homes, with an emphasis on combining a homelike atmosphere with clinical adaptability. The homes were formally opened in 2010, providing dementia-capable housing for 15 adults with ID and dementia.

The homes feature **wide hallways, non-slip flooring, natural and non-glare lighting, open common areas, and accessible outdoor spaces** including patios, walking paths, and a gazebo that encourages movement and social engagement while ensuring safety. Bedrooms include private half-baths, and adaptive equipment such as hydraulic changing tables, mechanical lifts, and walk-in bathtubs were installed to reduce staff injury and enhance resident dignity. The shared layout enables **flexible staffing**, with two awake staff during the day and one overnight, often cross-trained and rotating among the three houses to ensure consistency.

Findings from the project's first several years indicate that the model effectively supports **aging in place**, minimizes dislocation, and maintains social connectedness among residents with dementia. Staff reported that small group settings allowed them to detect subtle cognitive and behavioral changes earlier and adapt routines more flexibly. Family members expressed satisfaction with the environment's familiarity and the staff's specialized training in dementia communication and behavior management.

However, the presenters also identified several **challenges and recommendations** for refinement. One recurring issue was **acoustic overstimulation**—vaulted ceilings and tiled

bathrooms created reverberation that sometimes triggered anxiety or confusion among residents with dementia. Subsequent design adjustments incorporated acoustic dampening materials and visual contrasts to reduce glare and shadowing. The presenters also noted that **private half-baths**, though intended to enhance autonomy, occasionally posed safety concerns for residents at risk of falls or wandering. In retrospect, shared bathrooms with adaptive design may better support supervision and accessibility.

The speakers emphasized the importance of **environmental cues and sensory modulation**, recommending the use of color contrast, clear wayfinding, and consistent lighting to support orientation and minimize distress. They further advised that future projects prioritize **larger storage areas** for adaptive equipment and consider **more flexible alarm systems** that meet both safety needs and licensing requirements.

From a systems perspective, the project underscored regulatory and funding barriers that limit innovation within developmental disability housing. For example, restrictive interpretations of licensing rules prohibited fully secured perimeters, even when clinically appropriate for individuals with dementia. The presenters urged policymakers to **revisit regulations that impede dementia-informed adaptations** and to promote cross-system collaboration between aging and developmental disability agencies.

Overall, the Wichita model demonstrates that **dementia-capable housing within the ID service system is both feasible and effective** when grounded in person-centered design, interdisciplinary training, and rights-based principles. The presenters concluded that community providers should view dementia not as an endpoint to community living but as a **new phase of support**, requiring adaptation, empathy, and environmental creativity.

The key recommendations emerging from this project included:

- Integrating **dementia-friendly design features** (e.g., low-stimulation spaces, non-slip flooring, contrasting colors).
- Providing **specialized staff training** in dementia communication, behavior supports, and palliative approaches.
- Ensuring **regulatory flexibility** to allow safe environmental modifications.
- Building **interagency partnerships** across aging, health, and disability sectors to sustain comprehensive care.
- Embedding **evaluation and quality-improvement mechanisms** to document outcomes and guide replication.

In sum, this initiative represents a **model of innovation and inclusion**, translating dementia research and design principles into a tangible, rights-oriented living environment for aging adults with intellectual disability. Its lessons extend beyond Kansas, offering a replicable framework for service providers seeking to create small-scale, dementia-capable homes that uphold dignity, safety, and belonging through the final stages of life.

Discussion

Following the formal presentations, the session shifted to an open discussion that offered valuable practical insights into home design, regulatory challenges, and person-centered strategies for supporting individuals with intellectual disability and dementia in residential settings.

Environmental Design and Safety Considerations

Speakers emphasized the need for thoughtful, dementia-informed design modifications, both for newly constructed and existing homes. Key recommendations included:

- **Enhanced safety features:** Installing secured entrances and exits, fencing, and door alarms to prevent elopement while maintaining freedom of movement.
- **Storage and accessibility:** Expanding storage for medical and mobility equipment to ensure homes remain uncluttered and navigable, particularly for people who use wheelchairs.
- **Adaptive kitchen design:** Incorporating half-doors and adjustable counters from the outset rather than retrofitting later.
- **Environmental cues:** Use of life-size mirrors, decorative decals, or bookshelf murals to disguise exit doors, helping deter elopement.
- **Lighting and flooring:** Avoiding glare, loose rugs, and other hazards that compromise safety or orientation. Increase lighting coverage, replacing the more focused/limited cam lighting fixtures

When asked about adaptations for family homes, the speakers stressed low-cost solutions—such as decluttering, clear labeling, and simplifying choices (e.g., limiting clothing options)—to promote autonomy and reduce confusion. They also underscored the importance of safety for both the individual and caregiver, recommending transfer sheets, pivot disks, and other simple lifting aids.

Regulatory Barriers and Person-Centered Flexibility

Discussion turned to challenges with state licensing requirements. Ms. Macy noted that obtaining approval for door locks must undergo approval process, as regulators prioritize individual "choice" over collective safety, requiring case-by-case justification. A member of the hub site commended the team's ongoing innovation within such constraints, observing that regulations often fail to account for cognitive and functional decline associated with dementia. She cited other states' restrictive rules—such as mandates requiring individuals to sleep in their own beds—which clash with the person-centered principle of accommodating varied nighttime routines. Ms. Macy confirmed that, in Kansas, such inflexibility has not yet been enforced and reaffirmed the team's commitment to individualized care.

Case Studies: Practical Solutions in Action

Two case studies—"Susie" and "Luke"—were presented and illustrated the complexity of supporting adults with dementia whose behaviors and sensory experiences change dramatically over time.

Case Example: "Susie"

Susie's case focused on **avoidance of hygiene activities and repeated elopement attempts**, behaviors reflecting sensory aversion, fear, and disorientation common in individuals with intellectual disability and advancing dementia. Through adaptive routines and emotionally attuned care, staff achieved greater safety, engagement, and well-being.

Hygiene Avoidance

- Staff implemented **gradual exposure** and **creative adaptation** of bathing routines rather than insisting on compliance.
- **Rinse-free shampoos** and **gentle cleansing wipes** reduced distress linked to water and tactile sensitivity.
- **Duplicate sets of favorite clothing** provided comfort and predictability.
- Hygiene tasks were reframed as **pampering activities**, supported by preferred music and familiar scents to enhance relaxation.

Elopement Behaviors

- A blend of **environmental and relational interventions** promoted safety without coercion.
- **Discreet door alarms** and **visual camouflage** minimized triggering exits.
- **Gentle redirection** involved mock phone calls from trusted staff, engaging diversions, or meaningful tasks.
- Additional strategies included **mirrors or decals** as deterrents and **personalized signage** to reinforce familiarity and orientation.

Emotional Attunement

- **Warm greetings**, **consistent staffing**, and **offering daily choices** strengthened trust and reduced anxiety.
- Emotional presence was viewed as a therapeutic tool equal in importance to technical care.
- Predictability in tone, timing, and relationships provided stability amid cognitive change.

Practice Implications

- Susie's case illustrated that **hygiene refusal and elopement behaviors often reflect unmet emotional or sensory needs**, not willful defiance.
- Combining **environmental adaptation**, **relational continuity**, and **empathic communication** promotes dignity, safety, and participation.
- Person-centered flexibility anchored in **respect for individual identity and lived experience** ensures that care remains affirming and humane.

Case Example: "Luke"

Luke's case highlighted challenges related to **resistance to personal care and episodic agitation**; behaviors often interpreted as oppositional but better understood as communicative expressions of distress. His care team reframed these behaviors through a lens of empathy and environmental awareness, identifying practical strategies that respected his autonomy while meeting care needs.

Behavioral Presentation

- Increasing **resistance to bathing, dressing, and other personal care tasks**, sometimes escalating to verbal or physical agitation.
- Heightened sensitivity to noise, changes in staff routines, and unfamiliar environments.

Interventions and Adaptations

- Staff adopted a **predictable care schedule** with visual supports to prepare Luke for upcoming activities.
- **Simplified communication**—using calm tones, gestures, and single-step instructions—helped reduce confusion and defensiveness.
- **Sensory adaptations** such as low lighting, soft towels, and reduced background noise minimized overstimulation.
- When agitation occurred, **brief withdrawal periods** and **gentle reassurance** allowed Luke to regain composure without confrontation.
- Staff maintained **continuity of caregivers**, emphasizing trusted relationships and consistent routines to enhance feelings of safety.

Practice Insights

- Behavioral resistance was reframed as a **form of communication** signaling anxiety, fatigue, or sensory discomfort rather than "noncompliance."
- Effective care required **empathic interpretation** of behavioral cues, **collaboration across disciplines**, and **flexibility in daily structure**.
- Luke's case reinforced that minimizing environmental triggers and honoring personal preferences can markedly reduce distress and enhance cooperation.

Synthesis

Together, these cases demonstrated that dementia-related behavioral changes in adults with intellectual disability are best understood as **expressions of need rather than symptoms to be managed**. Through relational stability, sensory awareness, and creative adaptation, caregivers can uphold autonomy and dignity even in the face of cognitive decline. These vignettes exemplify how rights-based, person-centered approaches operationalize ethical care principles in daily practice.

Behavioral resistance in dementia often reflects fear, sensory overload, or loss of control rather than refusal. Individualized environmental modifications, consistent communication, and maintenance of familiar sensory cues can greatly improve cooperation, comfort, and dignity in personal care routines.

Summary Insight

Across the discussion, several unifying themes emerged:

- **Design and staffing flexibility** are essential to balance safety, autonomy, and regulatory compliance.
- **Environmental adaptation**—both structural and behavioral, meaningfully reduce stress, agitation, and elopement risk.
- **Staff creativity and persistence** are key to sustaining quality of life, particularly when formal systems (licensing or funding) lag behind evolving care realities.

The spoke driven discussion highlighted a strong consensus that high-quality dementia care for adults with IDD requires a combination of **thoughtful design, regulatory advocacy, and day-to-day ingenuity** driven by front-line staff and supported by responsive leadership.

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