

## When “Wandering” Is Really About Autonomy — Not Risk



We call it *wandering*. As if movement is a symptom. As if walking has become a behavioural problem that needs correcting.

But the uncomfortable truth is this:

**Movement often becomes “wandering” when it stops being convenient for everyone else.**

Because in dementia care, we frequently respond to a person walking with one automatic solution: **redirection**. And redirection is often presented as compassionate, best-practice care. But is it always? Or has redirection quietly become a socially acceptable way to restrict someone... without saying the word “restrict”?

### **Before Dementia, You Didn’t Need Permission to Move**

Think about how you live your own life.

You open the door. You walk into another room. You go outside. You go to the shop. You stand at the gate. You walk around the house. You don’t have to explain yourself. You don’t have to ask permission. You don’t have to justify your intention to anyone. And even if you *couldn’t* explain your intention clearly... you still have the right to move. So why, when dementia enters the picture, does movement suddenly become something we feel entitled to stop?

Because underneath all the “safety language”, something else is often happening:

**We are managing *our own* anxiety.**

## **Risk Exists Everywhere — Not Only When It’s “Inconvenient”**

Here’s the part we need to be honest about:

A person can fall walking to the GP. They can trip crossing the road for a scheduled appointment. They can slip on a wet floor in their own kitchen. They can lose balance stepping off a curb outside the pharmacy. **The destination does not dictate the risk.** Risk exists in everyday life — even when the destination is “appropriate”.

Yes, dementia can increase risk *when someone leaves unnoticed or unaccompanied*. But that doesn’t justify turning the person into someone who must be controlled. **Reduced awareness of risk does not automatically remove the capability to walk.** It simply means the care response must be **supportive**, not **restrictive**.

## **People Feel Your Anxiety — And It Changes Their Stability**

This is one of the most overlooked parts of dementia care: **The person feels your tension before they understand your words.** So when a caregiver panics; rushes to stop them, blocks their path, repeatedly questions them, or tries to “get them back”, the person living with dementia may not interpret that as care. They interpret it as threat.

And the brain responds exactly as any human brain would:

fight / flight / freeze.

That’s when walking turns into escalation. That’s when resistance begins. That’s when the person becomes distressed. Not because they were walking...but because they were made to feel unsafe while walking.

## **Redirection Isn’t Always Care — Sometimes It’s an Excuse**

Redirection has its place. Sometimes it genuinely protects someone from harm.

But let’s name the reality: **Redirection can also be used because the movement requires effort.** It might require companionship, supervision, patience, time, adapting the environment, staff coordination. So instead, we redirect.

And if the person tries again? We redirect again. And again. Until their autonomy is gone — politely. And then we label the response as: “agitation”, “challenging behaviour”, “restlessness” “non-compliance”. But what if the person wasn’t “wandering”? What if they were simply doing what they’ve always done - **moving through their own life with autonomy.**

## **This Is What We Forget: Autonomy Doesn’t Die When Memory Changes**

Even when a person can’t clearly explain *why* they want to go somewhere, the deeply rooted sense of **“I choose where my body goes”** doesn’t disappear. People living with dementia do not lose personhood. They do not lose human rights. And they do not lose the need for freedom, dignity, privacy, and self-direction.

So the question isn't "**How do we stop wandering?**", the real question is "**How do we support movement safely without stealing autonomy?**"

**A Better Standard: Support, Don't Control**

Dementia care doesn't require us to choose between freedom and safety. It asks us to hold both. Because a person living with dementia may need support to remain safe but that is not the same as needing to be restricted.

We need to stop treating movement as misbehaviour. Sometimes the person isn't wandering at all. They're living.

And it's our job to stop turning their autonomy into a problem.

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