

Title Provisions for people living with dementia in housing with care settings in England

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Provisions for people living with dementia in Housing with Care settings in England

Abstract

Purpose

This paper describes a literature review and online survey to explore the provisions and support for people living with dementia in Housing with Care (HwC) settings within England.

Design/methodology/approach

An initial scoping literature review was conducted to synthesise the evidence relating to residents living with dementia in HwC settings and informed the development of an online survey distributed to HwC housing managers to explore the provisions, policies, procedures and support services relating to people living with dementia in HwC settings.

Findings

The findings provided a picture of HwC settings in England and the residents, particularly those living with dementia, in terms of policies and procedures, reasons for moving into HwC, reasons for denying entry, reasons for leaving, positive outcomes, staff knowledge and training, environmental design, challenges and successes.

Research limitations

The survey responses were from a self-selected sample of HwC providers and scheme/village managers thus it may be the case that the settings involved were doing more to support residents living with dementia. It should also be appreciated that the responses were based on the perceptions of the individual staff members completing the survey, not those of the HwC residents.

Originality/Value

This study presented a picture of the current state of provisions and support for people with dementia within HwC settings in England, providing an essential platform from which to undertake targeted research to help shape future provision and enabling housing providers to assess their current schemes within the wider context.

Introduction

As recognised in the recent All-Party Parliamentary Group (APPG) Inquiry report on housing and dementia (Twyford and Porteus, 2021), there is a growing need for housing that suits older people, including those living with dementia, and supports them to continue living in the community for as long as possible. Two settings of this sort that have become increasingly popular since the early 1990s are extra care housing schemes and retirement villages (sometimes known as retirement communities), that come under the umbrella of Housing with Care (HwC). In order to provide greater housing choice to older people and other people with disabilities or long-term conditions the UK government has been influential in supporting the growth of HwC and specialist housing by developing policies and guidelines, (e.g. Barac and Park, 2009; Best & Porteus, 2016; Twyford and Porteus, 2021). In recent years there has been considerable expansion in the provision of HwC, with around 1,980 schemes currently in the UK and the vast majority (88%) in England (Elderly Accommodation Counsel,

2021a). There are approximately 520,000 units of retirement housing (including HwC) in England, however an estimated shortfall of 400,000 units is predicted by 2035, 61,000 of which is extra care housing (Housing Learning and Improvement Network, 2019; Twyford and Porteus, 2021).

There has been much debate on whether HwC settings provide a suitable environment and service to residents living with dementia. There are a variety of models and approaches to the provision of care for people living with dementia in HwC, but there is little evidence as to what provisions are in place and the benefits and challenges for people with dementia (Twyford, 2016).

The findings of an initial scoping literature review are presented below.

Literature review

What is Housing with Care?

HwC provides independent living, with each resident having their own front door and the full legal rights associated with being a tenant, homeowner or shared owner, and access to communal facilities and 24-hour on-site care delivered flexibly according to changing needs (Evans, 2009; Riseborough *et al.*, 2015). There are a multitude of models under this one umbrella with apparently no single mode of delivery, making it difficult to carry out larger-scale studies (Atkinson *et al.*, 2014; Darton, 2022). Huge variations exist in terms of built form, services and facilities provided, management arrangements and pricing structures (Elderly Accommodation Counsel, 2021b).

Currently, there is no universally accepted terminology for HwC within the sector. Other terms used in the UK include 'extra care housing', 'assisted living', 'very sheltered housing', 'independent living', 'service-enriched housing' 'integrated care', 'supported housing', 'supported living', 'continuing care', 'flexi-care', 'retirement villages', 'retirement communities' and, most recently, 'integrated retirement communities' (Howe *et al.*, 2012; ARCO, 2021; Elderly Accommodation Counsel, 2021b and 2022). All these terms are used to describe types of retirement living that provide more services and facilities than traditional sheltered and retirement settings (Elderly Accommodation Counsel, 2022).

A growing body of evidence suggests that, for older people, HwC offers an effective alternative to residential care, prolonged residence in the same home, a good quality of life and social life and can delay or even prevent moves to nursing care (Netten *et al.*, 2011; Baumker *et al.* 2012; Atkinson *et al.* 2014; Darton, 2022). However, an increasing number of residents with complex health and care needs, including chronic illness and advanced stages of dementia, can create a challenge for HwC in supporting residents to live independently (Atkinson *et al.* 2014; Cameron *et al.*, 2020; Darton, 2022).

Dementia among HwC residents

Data on the prevalence of dementia among UK HwC residents is available for recent years (2017-2019) from individual housing provider members of the Housing and Dementia Research Consortium (HDRC) and from multiple housing providers taking part in the surveys of two recent HDRC studies (Evans *et al.* 2019; Barrett *et al.*, 2020; Barrett, 2020). The

proportion of HwC residents living with diagnosed dementia from these sources ranged from 14% to 19% and those with suspected but undiagnosed / undeclared dementia ranged from 5% to 9% (20-28% in total).

The prevalence of different ethnic minority groups in UK HwC is not reported/accessible in the public domain and how HwC schemes accommodate them is unknown.

One way that HwC can support independence is by allowing couples to live together and provide appropriate care and support for both parties as required (Twyford, 2018). The number of such couples, where one has a diagnosis of dementia, living in UK HwC settings is unknown.

Models of dementia care within HwC

There are four main approaches to locating residents living with dementia within HwC (Barrett, 2012):

- **Integrated / inclusive:** People with dementia live in apartments alongside and mixed in with other residents' apartments.
- **Separated:** People with dementia are clustered together within a separate self-contained area of the scheme (e.g. a 'wing' or floor).
- **Specialist / dedicated:** A scheme where only (or mainly) people with dementia live.
- **Hybrid / other:** A combination of different provisions e.g. independent living and residential care homes.

Integrated model schemes are by far the most common (Twyford, 2016). There is an urgent need for high quality research to understand the comparative benefits of different approaches to supporting people at different stages of dementia in HwC settings (Atkinson *et al.*, 2014; Barrett *et al.*, 2016; Twyford, 2016; Evans *et al.*, 2020).

Suitability of HwC for people living with dementia

With substantial numbers of people with dementia already living in HwC, housing providers are increasingly called upon to accommodate their social, psychological and physical needs when planning new services and reconfiguring what exists already (Barac, M., & Park, J. 2009; National Housing Federation, 2011). The Dementia-friendly Housing Charter, which provides guidance on delivering a dementia-friendly approach to housing, proposes that housing and related services can play an important part in ensuring that people living with dementia, their families and carers, live happier, healthier and more independent lives (Alzheimer's Society, 2017).

There is some evidence to suggest that, despite a common aspiration to provide a 'home for life', HwC often struggles to support people with dementia and lacks the resources and facilities to help maintain independence and autonomy for these residents resulting in many moving to residential care (Twyford, 2016, Smith *et al.*, 2022). The main reasons for people with dementia moving out of HwC are: difficulty providing the necessary level and flexibility of care and support, inappropriate or disruptive behaviours, loss of dignity, refusing care, self-neglect and health and safety concerns (Barrett, 2012; Twyford, 2016).

Several factors are important for HwC to be effective in supporting people living with dementia including the provision of person-centred care, developing staffs' knowledge and expertise in dementia, flexible staffing and commissioning, appropriate facilities and activities, appropriate environmental design, social interaction, partnership and joint working and suitable location of the scheme within the wider community (Brooker *et al.*, 2011; Evans *et al.*, 2020; Smith *et al.*, 2022). To ensure a good quality of life for people with dementia living in HwC settings, it is important to have strong partnership and joint working, and integrated strategies between social care, health and housing (Twyford, 2016; Evans, 2020). As well as aiming to help the housing sector to support people living with dementia, the Dementia-friendly housing charter is also intended to be used to influence policy and decision-making by other relevant bodies.

There can be a conflict in HwC between supporting independence and ensuring the safety and security of residents living with dementia (Twyford, 2016; Evans *et al.*, 2020). For example, the challenges of ensuring the safety of an individual who engages in "walking with purpose" or "walking about" (previously known as "wandering"), particularly when they try to leave the premises, can lead to restricting that individual's freedom to come and go from the scheme which has implications for both safeguarding legislation and Deprivation of Liberty Safeguards (Barrett *et al.*, 2020).

Policies, procedures and provisions for residents living with dementia

Policies and procedures relating to people living with dementia in ECH settings include eligibility and entry criteria, exit criteria, support when moving in and out, balance of dependency targets, assessment and reassessment of needs, individual care plans, risk assessment, policies relating to signing tenancies, any policies, procedures or guidelines for addressing behavioural issues. Twyford's (2016) survey of UK HwC schemes reveals eligibility criteria in place in all schemes, with none directly excluding individuals with dementia but being extremely variable in terms of whether the criteria mention people living with dementia and what the criteria are for such people.

HwC offers the potential for social inclusion and reduction in loneliness though opportunities for social interaction such as organised or informal activities and clubs (e.g. gardening clubs, quizzes, arts and crafts groups) and communal facilities (e.g. hairdresser, café, garden, gym) (Twyford, 2016; Evans *et al.*, 2020). Successful integration of HwC with the local community offers an opportunity for people living with dementia to improve their independence, quality of life and wellbeing and to foster the creation of dementia-friendly local communities (Barrett *et al.*, 2016; Smith *et al.*, 2022). However, evidence suggests that some residents with dementia do not take part in the social aspect of HwC (Cameron *et al.*, 2020).

Stigma and prejudice can be barriers to the maintenance of independence and autonomy and to social interaction for residents living with dementia (Smith *et al.*, 2022). Developing dementia-friendly communities can erode stigma and promote social inclusion (Department of Health, 2012; Alzheimer's Society, 2013, 2014). Some providers of housing for older people now have strategies for becoming dementia-friendly organisations and have put in place initiatives to challenge stigma and increase awareness (e.g. Bligh and Dench 2015; Housing 21, 2020).

Staff skills and training

A trained housing workforce with the right knowledge, skills and understanding of dementia is important for provision of effective care and support for people living with dementia and staff expertise varies greatly across housing providers and the country (Barrett, 2012). People living with dementia, their family members and carers can be frustrated with the lack of understanding from housing staff about their needs and the issues they face (Barrett *et al.*, 2016; Healthcare Improvement Scotland, 2019).

All staff in all areas of housing have an important role to play in supporting residents living with dementia, with the depth and extent of knowledge and skills needed depending on how closely they work with these residents (Garwood, 2014; Alzheimer's Society, 2017). Housing providers can choose from a variety of in-person and online training options ranging from basic dementia awareness sessions to in-depth University courses.

The necessary skills and knowledge are described in the Dementia Training Standards Framework, which aims to ensure personalised care and support for people living with dementia and quality and consistency across the health and social care sector in England (Skills for Health, Health Education England and Skills for Care, 2018). Three tiers of skills and knowledge for three social care workforce groups are detailed: 1) awareness, for everyone in health and care settings; 2) basic skills, for those that have regular contact with people living with dementia; 3) leadership, for key staff. The APPG on Housing and Care for Older People recommends that the housing workforce should be familiar with the Framework and staff providing support and care for people living with dementia should be trained appropriately (Twyford and Porteus, 2021).

The physical environment

Design of the physical environment also has an important role to play in supporting residents living with dementia in terms of quality of life, wellbeing, independence and performance of daily activities (Ludden *et al.*, 2019; Bowes and Dawson, 2019; Evans *et al.*, 2021; Smith *et al.*, 2022). However, there is evidence that some design features that enable people with dementia to live as independently as possible are not universally welcomed or accepted by residents (Twyford, 2016). A systematic review of the literature on designing environments for people with dementia (Bowes and Dawson, 2019) shows that a more 'homelike' environment (e.g. small scale, familiar objects and personal space) can encourage greater engagement in activities, enhanced social interaction and reduced agitation. The University of Stirling Dementia Services Development Centre has produced a number of guidelines relating to designing housing to support people living with dementia¹ and have developed an Environments for Ageing and Dementia Design Assessment Tool (EADDAT)². There is also a set of tools for assessing the dementia friendliness of different environments, available from Association for Dementia Studies (University of Worcester) website³ (Evans *et al.*, 2021)

Many people living in accommodation and care settings have limited opportunities to connect

¹ <https://shop.dementia.stir.ac.uk/collections/design>

² <https://www.dementia.stir.ac.uk/eaddat-getting-started>

³ <https://www.worcester.ac.uk/about/academic-schools/school-of-allied-health-and-community/allied-health-research/association-for-dementia-studies/ads-consultancy/the-kings-fund-environmental-assessment-tools/>

with the natural environment, often due to organisational concerns about safety and security and outdoor spaces that are not fully accessible (Barrett *et al.*, 2019). However, there is growing interest in the physical, mental, social and spiritual impacts of green (**nature based**) care for people with dementia and emerging evidence suggests that engagement with the outdoors and nature is important for people living with dementia and can be of benefit to their health and wellbeing (Natural England, 2016; Barrett *et al.*, 2019; Evans *et al.*, 2019).

Assistive technology

There is now a wealth of technological solutions available that aim to support, manage and improve the lives of people affected by dementia⁴, though ethical issues can arise (Foresight, 2016). Appropriate use of assistive technology that addresses the difficulties experienced by a person with dementia can: increase independence, quality of life and health; reduce the risk of accidents and injuries and increase safety and security. However, awareness of the wider range of assistive technology products beyond telecare for people living with dementia is poor even among health practitioners and social care providers (Gibson *et al.*, 2016). The Dementia Friendly Technology Charter (Alzheimer's Society, 2015) aims to tackle the problem of lack of public awareness and to assist professionals working in dementia to better inform people with dementia and their carers (Alzheimer's Society 2015).

Summary

The key issues for people living with dementia in HwC identified in the literature review fall under the following topic areas: the HwC settings and the residents; facilities and activities; the suitability of HwC for people living with dementia (challenges and successes); policies, procedures, provisions and support services relating to people living with dementia (including assessments, entry and exit criteria and other residents' attitudes); living as couples; staff skills and training; physical design of the environment; assistive technology and other aids.

Aims and methods

The aim of the study described in this paper was to explore the provisions and support for people living with dementia in Housing with Care (HwC) settings including retirement villages. The intention was to present an overall picture of support available to people living with dementia in HwC and provide an essential, informed platform from which to undertake targeted research to help shape future provision.

An initial scoping literature review was conducted to synthesise evidence relating to residents living with dementia in HwC settings. **An online survey was considered the best approach for gathering data from as many HwC settings in the UK as possible and gaining an overall picture of the level and type of support for residents living with dementia. The survey questionnaire** was developed based on the literature review and earlier case study work by the HDRC (Barrett, 2012), and refined following feedback from the HDRC steering group (representatives from housing providers, the Alzheimer's Society and the **Housing Learning and Improvement Network (Housing LIN)**) and pilot testing with the managers of

⁴ <https://www.alzheimers.org.uk/get-support/staying-independent/using-technology-everyday-life>

three HwC schemes. The survey contained 72 questions and explored the key issues for people living with dementia in HwC identified in literature review (see above). This study was approved by the Health & Sciences Research Ethics Committee (HSREC) at the University of Worcester.

The link to the survey was emailed to members of various networks including the HDRC membership, Association for Dementia Studies (ADS) contacts and the Housing LIN newsletter who were asked to cascade the survey link to HwC managers.

The first section of questions, about the care setting, was completed by 109 respondents but this dropped to 82 for the next section on people within the scheme. The number of respondents fully completing the questionnaire was 71, giving a completion rate of 65%.

Due to the length of the survey questionnaire only a flavour of the findings can be reported in this paper in the Key findings section below.

Key findings

The schemes and villages

The HwC settings surveyed covered most of England (there were no respondents from the East of England), with most respondents coming from the south east, south west, north east and northwest (20%, 17%, 15% and 15% respectively),. Due to the very limited representation of Wales and Northern Ireland (only 1 respondent each) and no respondents from Scotland, the survey findings apply to England only.

The settings were mainly located in urban and suburban areas (46% and 38% respectively), fully purpose built and varied in size from 2 to 260 apartments (capacity 5 to 411 residents) operating at, on average, 73% of their possible total capacity. In terms of capacity, 30% had 50 or less beds, 49% had 51-100 beds and 21% had over 100 beds. The vast majority of the settings (89%) used an integrated model of dementia care. Other models used were dementia specialist and hybrid. There were no separated models. Rented apartments were the most common (75%). The schemes and villages had a wide range of facilities that, in the main, were shared with the local community.

The residents

In terms of prevalence of dementia among residents, 16% were living with diagnosed dementia and 5% with suspected but undiagnosed/undeclared dementia (21% in total). With regards to gender, 69% of residents living with dementia in the surveyed schemes were female and 31% were male.

Residents in the surveyed HwC settings were predominantly white (92% of the total residents across all the settings) and heterosexual /straight (61% of respondents stated that all of their residents were heterosexual/straight). Around a quarter of the settings had residents whose first language was not English. The most common comorbidities among residents living with dementia were physical or mobility impairment, depression or anxiety, hearing loss and diabetes.

At a majority (69%) of the settings lived at least one couple where one already had a

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3 diagnosis of dementia on moving into the scheme/village. The average number of such
4 couples was 2 (range 1-12, mode 1), constituting an overall average of 2% of the total
5 number of residents. The majority (74%) of such couples lived in a two bedroomed
6 apartment and a small portion of these (10%) had requested a two bedroomed apartment
7 but, due to lack of availability, had to take a single bedroomed one.
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10 *Policies, procedures and provisions*

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12 Almost all of the settings surveyed had individual care plans and conducted risk
13 assessments for residents living with dementia, however 20% of the settings did not carry
14 out individual assessment and reassessment. Reassessments for people living with
15 dementia most often occurred at any time, if the individual's needs had changed.
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18 Most of the respondents felt that their organisation was committed to supporting people living
19 with dementia (94%) and the most common service provided specifically for people with
20 dementia was information, advice and counselling although this was only offered by just
21 under half of the settings surveyed. Only 24% offered activities tailored for people living with
22 dementia and 11% tailored facilities.
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25 Forty two percent of the surveyed settings did not have any specific entry eligibility criteria
26 that stipulate those for whom the scheme is suitable and/or not suitable with reference to
27 people living with dementia and even more (90%) did not have formal exit criteria.
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30 *Suitability of HwC for people living with dementia*

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32 The most common reasons for denying a person living with dementia entry into the HwC
33 settings and the most common reasons for residents living with dementia leaving the
34 schemes and villages (excluding death) were similar and related to a high level of need and
35 risk or safety concerns (including walking with purpose) and the inability of the scheme to
36 meet these needs and address the risks.
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39 Negative attitudes from other residents towards residents living with dementia were
40 occasionally seen and the most common response was to provide dementia
41 education/awareness training, which respondents considered to be successful in reducing
42 the negative attitudes.
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45 The most common reason given for people living with dementia moving into HwC was safety
46 and / or security, followed by social interaction / company / reduced isolation / reduced
47 loneliness in HwC settings, care available onsite 24/7 and support with needs. The positive
48 outcomes from moving into HwC for people living with dementia reflected the reasons given
49 above for moving into HwC but by far the most common reason was social interaction /
50 inclusion / friends / reduced loneliness or isolation.
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53 With reference to deprivation of liberty issues, just over a quarter of the HwC schemes and
54 villages had residents who require continuous supervision and control (having an average of
55 18% of such residents).
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58 *Environmental design*

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60 Just over half of respondents felt that the physical design of their HwC scheme supported

people living with dementia, just under half felt that the design of the outdoor spaces supported people living with dementia and just over half felt that the design of the building helps people living with dementia find their way around. Negative building design aspects related to orientation, wayfinding and the ease with which people living with dementia can leave the premises. Negative outdoor design aspects related to not being dementia-friendly, there being nothing of interest to look at or do and, again, the ease with which people living with dementia can leave the scheme grounds. Just over half of respondents (59%) stated that residents living with dementia did occasionally get lost in the building. However, the most common difficulties respondents felt were helped by the building design were wayfinding, knowing what communal rooms are for and finding their own apartment. The majority of respondents (81%) felt that the building was well lit with plenty of natural daylight and the use of colour and patterns was not confusing for people living with dementia. Not all respondents were happy with all aspects of the design of their scheme / village and they made suggestions for design changes in order to better support residents living with dementia. Respondents from larger schemes (capacity greater than 100) did not report greater dissatisfaction with design aspects than respondents from smaller schemes. Design of apartments was not explored in the survey as it was felt that this was best examined from the residents' perspectives.

Staff skills and training

At virtually all of the HwC schemes staff had received education / training in dementia awareness and care, with management being the most common staff members to have such training (96% of respondents), followed by 86% of care staff, 72% senior staff and 49% support staff (e.g. catering, cleaning, maintenance and hairdressers). All respondents felt equipped for recognising the early signs of dementia and 96% felt that their staff were equipped. The vast majority (90%) felt that they had sufficient knowledge to signpost residents living with dementia to support services and specialist information and advice. For the majority of respondents (57%) the training was dementia awareness education of either an unspecified source or the Alzheimer's Society 'Dementia Friends' sessions⁵. It is notable that more in-depth dementia care courses, such as NVQs, University courses, LA courses, Skills for Care courses, Alzheimer's Society Dementia champions; 2- and 3-day courses were very rare (1-4%).

The majority of respondents (65%) felt that the staff have sufficient understanding of the different needs of people living with dementia to support them effectively and have sufficient understanding and skills to work effectively with residents living with dementia and respond appropriately to the challenges these residents face.

Challenges, successes and desired changes

The most common challenges for respondents were related to accessing and interacting with external supporting services, issues with family (family intervention, family understanding/denial of dementia, family expectations of HwC living and lack of family involvement), lack of time and keeping people living with dementia safe. The most common successes related to maintaining/improving independence, increasing social

⁵ <https://www.dementiafriends.org.uk/>

inclusion/interaction/engagement and ensuring/improving wellbeing/quality of life. The most common desired changes were: more time to spend with residents living with dementia and more suitable/tailored activities.

Discussion

The findings of the survey suggest that an integrated model of dementia care is the most common model used in HwC and that the majority of HwC settings share their facilities with the local community.

The findings on prevalence of dementia among HwC residents corresponds well with other prevalence data from both individual housing providers and studies involving multiple housing providers spread throughout the UK. Knowing the prevalence of dementia in HwC is useful for future research on HwC residents living with dementia and will inform policy and decision making relating to HwC. Couples, where one already has a diagnosis of dementia, can live well in HwC schemes with the majority living in a two bedroomed apartment.

A large proportion of HwC settings do not have specific policies to help make decisions about entry or exit for people living with dementia. This suggests a need for assessment tools to help make such decisions. In HwC settings the care should be tailored to individual needs, thus as would be expected, almost all of the settings surveyed had individual care plans and conducted risk assessments for residents living with dementia. However, the fact that 20% did not carry out individual assessment and reassessment is concerning with such a progressive condition.

The most common reasons given for denying a person living with dementia entry into the HwC settings were similar to those of Twyford's (2016) survey and may be indicative of a risk-averse care culture that can lead to exaggerated perceptions of the risks for people living with dementia. According to the HwC managers surveyed, the primary reason people living with dementia move into HwC is for the safety and security it provides, although whether the safety and security concerns are those of the individuals with dementia or their families is unknown, and social interaction and reductions in loneliness were the foremost positive outcomes of living in HwC.

The literature review found that stigma and prejudice can be a barrier to the maintenance of independence and autonomy and to social interaction for HwC residents living with dementia. Unfortunately, the survey indicated that residents living with dementia still occasionally experienced negative attitudes from other residents. However, managers felt that this can be addressed successfully with dementia awareness training sessions.

Just over half of respondents felt that the physical design of their HwC scheme supported people living with dementia and the design of the building helps people living with dementia find their way around. Just under half felt that the design of the outdoor spaces supported people living with dementia. Given the fact that the vast majority (83%) of the schemes surveyed were fully purpose built, these figures are surprisingly low.

The findings relating to building design imply that ease of orientation and wayfinding play an important part in the dementia-friendliness of a scheme. If designed well with dementia-friendly features, the scheme can help alleviate difficulties with orientation and wayfinding

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experienced by people living with dementia but if designed poorly, residents living with dementia can become lost within the scheme. Extra care housing providers face particular challenges in understanding and responding to residents living with dementia who engage in walking with purpose. However, the fact that leaving the premises can be seen as a problem in HwC is once again indicative of a risk averse care culture that is inconsistent with the ethos of HwC living, which purports to encourage independence and choice.

It was clear from the literature review that all staff have an important role to play in supporting residents living with dementia in the community within which they live and should be trained appropriately to their level of involvement with residents living with dementia. However, although at virtually all of the HwC schemes staff had received education / training in dementia awareness and care, this training was primarily received by management and care staff and only half of support staff. This is reflected in the finding that all of the managers felt equipped for recognising the early signs of dementia and felt they had sufficient knowledge to signpost residents living with dementia to support services and specialist information and advice. However, although the majority of respondents felt that the staff have sufficient understanding and skills to support residents living with dementia and respond to the challenges effectively, it is concerning that not all respondents felt that this was the case.

The literature review found that the availability of activities and opportunities for occupation for residents living with dementia are major determinants of quality of life. However, the survey indicated that time constraints clearly create a challenge for HwC settings in supporting residents living with dementia and managers would like more time to spend with these residents and more suitable/tailored activities.

Other common challenges associated with residents living with dementia were safety and security concerns and working with external supporting agencies. The literature review found that it is important to have strong partnership and joint working, and integrated strategies between social care, health and housing to ensure a good quality of life for people with dementia living in HwC settings. Clearly, the relationship between the housing sector and external agencies needs to improve and there needs to be more effective partnership and joint working to ensure better support for people living with dementia in HwC.

Overall, the results of this study suggested that support for people living with dementia in housing with care settings is still relatively underdeveloped and confirms the findings of the APPG on Housing and Care for Older People (Twyford and Porteus, 2021) that HwC does not yet fully anticipate the support and care needs of people living with dementia and the creation of “dementia-ready” and dementia-friendly HwC is progressing slowly.

The findings of this study should be considered in the light of some limitations. Firstly, the survey respondents were a self-selected sample of HwC providers and scheme/village managers thus it may be the case that the settings involved were doing more to support residents living with dementia. It should also be appreciated that the responses were based on the perceptions of the individual staff members completing the survey, not of the residents. Further research is needed to explore the suitability of HwC for people living with dementia from the perspective of these residents themselves, for example their views on the design of their own apartments and the impact of dementia-related stigma and measures taken to address this. Research is also needed to establish the relative advantages and disadvantages of different models, designs and size of HwC settings for residents living with dementia.

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