Living well at home:
Housing and Dementia in Scotland

**Co-chairs'
Foreword**

Having a home that meets your needs is a basic requirement for everyone. But as people age or if needs change over time, having the right home and the right support becomes even more essential to health and wellbeing, maintaining social connections and staying independent.

In Scotland, it is estimated that over 90,000 people are living with dementia and this number is expected to increase as our population ages. People with dementia experience a broad range of symptoms and personal circumstances which will need personalised support. But for each and every person who receives a dementia diagnosis, housing should be a key consideration.

During the COVID-19 pandemic, the Scottish Government reiterated its commitment to supporting people with dementia to live at home or in a homely setting for as long as possible, publishing the Dementia and COVID-19 Action Plan. More recently, the consultation on establishing a new National Care Service has set out an ambition to, "change the system from one that supports people to survive to one that empowers them to thrive, with human rights at the heart of it."

While dealing with the shock of COVID-19 has led to some lessons being learned, the pandemic has also highlighted the need to proactively prepare and ensure that people who need support to live well are visible and have the mechanisms in place to access support when they need it. This could be making sure people know where they can access advice and information in a format that suits them, how to get an assessment or funding for an adaptation regardless of their tenure, or support to start thinking about different options if they might have to move home at some point in the future.

Now is the time to ensure that housing is firmly on the agenda when considering policies to support people living with dementia, ageing and independent living in Scotland. This report has been developed with input from stakeholders from across housing and the built environment, health and social care, the third sector and people living with dementia. The recommendations provide a basis for the Scottish Government to support improved outcomes for people living with dementia, their families and their carers.

We hope that the voices embedded throughout this report will be heard and reflected in national and local policies and strategies, ensuring that people across Scotland are supported to live well with dementia.

National Housing and Dementia Forum Co-chairs,

Lesley Palmer
Chief Architect of the Dementia Services Development Centre,
University of Stirling

Ashley Campbell
Policy and Practice Manager, CIH Scotland

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1. Introduction

Through three concurrent national dementia strategies and a COVID-19 Action Plan great progress has been made in delivering improvements to the rights, care and quality of life for the approximately 90,000 people who live with dementia in Scotland[1].

Commitment 6 of Scotland's Dementia and COVID-19 Action Plan[2] recognises the evidence suggesting that staying at home helps people living with dementia achieve the best health and wellbeing outcomes, of which maintaining connections to wider community life is a critical part. Around 65% of people living with dementia do so in their own homes; the remainder in residential or hospital care. All housing tenures are represented.

The pandemic has shone a spotlight on our homes with most of us spending more time than ever in them. For people living with dementia, a suitable home in an area that is familiar and comfortable and where support and services can be accessed when they're needed, has become even more important. Yet specialist housing for older people still represents a relatively small portion of our housing stock and people with dementia and their families still describe their options for future housing as being an increasingly unsuitable family home or residential care.

As the commitment to the establishment of a National Care Service that realises the vision and ambition of The Feeley Report[3] moves at pace, this is a timely opportunity to align the Scottish Government's ambitions for good quality, affordable housing designed to adapt to people's needs as they age and for person-centred care that represents an investment in people and communities.

Early work by The Scottish Government's Dementia Policy Unit to realise the ambition of Commitment 6 of the Dementia and COVID-19 Action Plan brought together stakeholders with expertise in older people's housing and in dementia for a virtual round table discussion to establish:

·   The current situation and how the pandemic has impacted housing choices and support for people living with dementia.
·   What needs to change.
·   Stakeholders' appetite and availability to participate in further work to assess and analyse the current housing situation for people living with dementia.

To ensure the subsequent work was shaped and informed by subject knowledge and expertise, a National Housing and Dementia Forum (the Forum) was established and two independent chairs were identified to lead the work.

[1]https://www.alzscot.org/our-work/campaigning-for-change/scotlands-national-dementia-strategy/statistics
[2]Dementia and COVID-19 Action Plan https://www.gov.scot/publications/dementia-covid-19-national-action-plan-continue-support-recovery-people-dementia-carers/
[3]https://www.gov.scot/groups/independent-review-of-adult-social-care/

Wider policy that has informed this work includes:

· <u>Age, Home and Community</u> is Scotland's housing strategy for older people which, together with national dementia strategies and the COVID-19 Action Plan, shaped the work of the Dementia and Housing Forum during 2021.

· <u>Housing to 2040</u> sets out a vision for housing in Scotland to 2040 and a route map to get there. It aims to deliver the Scottish Government's ambition for everyone to have a safe, good quality and affordable home that meets their needs in the place they want to be.

· The <u>Independent Review of Adult Care in Scotland</u> (IRACS) led by Derek Feeley and which has led to the Scottish Government's commitment to establish a National Care Service, acknowledged the need to better integrate housing with health and social care to realise the vision of a truly person-centred approach to care.

· <u>Being Home</u>, the report of research funded by the Life Changes Trust, led by University of the West of Scotland informed this work. Its recommendations provided a valuable baseline against which to bring stakeholders together to establish progress and change since the report was published in 2017.

· <u>Review of Housing for Varying Needs</u> in recognition of the Planning (Scotland) Act 2019 which introduced changes to National Planning Framework and new outcomes which include meeting the housing needs of people living in Scotland, in particular, the housing needs of older people and disabled people.

To ensure that lived experience is central to this report we have included three personas that represent the range of experiences people living with dementia have shared with us. Their experiences are followed through the report. They are:

Margaret, who is 74 and was diagnosed with vascular dementia five years ago. She has lived in the same town all her adult life, in the home she bought with her husband to bring up their family in. Margaret was the first person in her family to own her own home.

Frank, who at 58 has been living with a diagnosis of PCA (posterior cortical atrophy) for three years. Frank worked behind the bar of pubs his whole working life but the visual disturbances caused by PCA resulted in him giving up work at 57. He lives alone in a housing association flat where housing with care is available to some.

John is 75 and has recently been diagnosed with Alzheimer's. He lives in a council house with his partner of many years, Jim. Both are retired from the building trade and are keen gardeners.

2. Context to the report

The work of the Dementia and Housing Forum convened between March 2021 and April 2022 during in the interim period between the third and fourth National Dementia Strategies. This collation of evidence and online group discussions were had during periods of national lockdown due to the COVID-19 pandemic and the Forum are grateful for the input from all our experts and steering group members, who remained committed to this paper during a period of uncertainty, increased family and work pressures, and against a sombre reality of increased isolation and excess deaths of people living with dementia[4].

This report is written against the backdrop of a UK Government All-Party Parliamentary Group inquiry "Housing for people living with dementia – are we ready?"[5] and the acknowledgement of the need to support people living with dementia to remain independent and active within their own communities, residing within their choice of 'home' for as long as is possible. The Forum also recognises the ongoing work of other Scottish Government dementia policy sub-groups running concurrent with this Forum. These are: Post-Diagnostic Support (PDS); Transforming Specialist Dementia Hospital Care; Dementia in Care Homes and; Communities.

There are approximately 2.5 million households in Scotland of which 62% are owner occupied, 14% privately rented and 22% socially rented through local authorities and registered social landlords (RSLs)[6] and we know that approximately 65% of people living with dementia live within the community (as opposed to within a care setting).

To enable someone with dementia to 'age in place' it is crucial that our local communities and neighbourhoods provide services and facilities which supporting people living with dementia, their care partner, and family. We acknowledge that 'community' is central to the relationship of home and recognise the interconnectivity between dementia and housing, and dementia and community. To this end, the Forum welcomes the draft National Planning Framework 4 and the Scottish Government's commitment to a place-based approached to planning policy, including the adoption of the 20-minute neighbourhood principle. As a planning concept the 20-minute neighbourhood provides many of the tenets of dementia supportive community. Additionally, the Forum acknowledges the ongoing review of the Housing for Varying Needs guidance and supports any future intention to integrate such into the Building Technical Standards.

To enable people with dementia to live at home, it is vital that we balance housing options and care provision, and we acknowledge the IRASC and welcome the Scottish Government's commitment to a National Care Service.

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[4]Dementia was the most common pre-existing condition, present in 1 in 4 COVID-19 related deaths ('Excess deaths from all causes and dementia by setting Scotland 2020-2021', Scottish Government, 2021)
[5]https://www.housinglin.org.uk/Topics/type/Housing-for-people-with-dementia-are-we-ready/
[6]Scottish Household Survey 2020 Housing Tables https://www.gov.scot/publications/scottish-household-survey-2020-telephone-survey-key-findings/documents/

3.   Methodology

**3.1
Overview of
methodology**

This report is the product of a collaborative approach between the Chartered Institute of Housing (CIH) Scotland, the Dementia Services Development Centre (DSDC) at the University of Stirling who provided Co-Chair support to the National Housing and Dementia Forum, the member organisations who supported the Forum and the individuals, organisations and government departments who so generously provided their time, knowledge, experience and key insights to the evidence sessions over the course of a year. The Scottish Government provided secretariat support throughout the project.

The objectives of the Forum:
The objectives of the Forum were defined by the Co-Chairs and embedded into the Terms of Reference. These were to:

1. Develop an understanding of what housing is available for people with dementia today in Scotland.
2. Understand the different routes that people are utilising or the barriers to gain access to advice and information on housing options, and the support which is available.
3. Understand the relationship between health, housing and social care.
4. Understand the causal factors/journey of a person with dementia moving from one type of accommodation to another in later life.
5. Develop outcomes which are tenure neutral in their approach and recommendations.
6. Increase awareness of dementia amongst housing providers/ housing workforce.
7. Increase awareness of the role of housing to support people with dementia.

Collecting evidence:
To facilitate the collection of information from multiple stakeholders, including lived experience, the Chairs hosted a series of online mini 'evidence-sessions' which gave invited guests the opportunity to share their views.

These issues were explored in detail by four open evidence sessions and one focussing on Inverclyde, the test site for the Scottish Government's Care Co-ordination project, hosted online throughout 2021. The Inverclyde evidence is embedded in the evidence from the open sessions, detailed within this report.

The expert groups included representatives from across housing, health and social care, academia, the built environment and third sector organisations invited for their experience in each of the topic areas. The evidence sessions were supplemented with one-to-one meetings with key stakeholders identified to fill gaps in participation and to enhance understanding of emerging issues. This included a focus on planning, housing with care and developer perspectives.

**3.2
The objectives
of the forum**

The agenda of each session aligned with the objectives of the Forum and specific questions were posed in advance of the sessions to participants. Questions and sessions were coordinated thematically based on relevant expertise or discipline. The questions posed were as follows:

Session 1: What housing options are available for people with dementia today in Scotland? What adaptations are required to support people with dementia to remain 'at home'? Are the options/adaptations sufficient and suitable?

Session 2: How do people access information on housing options and support? Who is this information intended for? What are the barriers to accessing this information? Is the information and advice suitable?

Session 3: What is the relationship between housing and other sources of support in the community? What is the role of housing in PDS? What can housing do to improve links with other forms of support for people living with dementia?

Session 4: What are the main reasons for moving from one type of accommodation to another in later life? Are people able to make appropriate moves?

**3.3
Collecting evidence**

Invited participants were asked to respond to the questions either by submitting written evidence[7] in advance of the session or contributing evidence orally during the sessions.

Sessions were held online due to the COVID-19 restrictions and comments recorded on an online 'whiteboard'. Sessions lasted for 1hr 30min on average.

Three discussions were held separately with groups of people with lived experience of dementia. Their experiences and insights are reflected throughout this report and specifically in the personas.

To maintain impartiality and to ensure the direction of the Forum remained on scope an independent Panel of housing and dementia experts was established. The Panel met with the Chairs at four sessions throughout the year. This enabled the Chairs to report on findings, seek stewardship and/or validation of the evidence received.

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[7]The term 'evidence' was used to describe any written, illustrated or oral information provided by participants in response to the forum objectives or panel discussions. The Chairs were happy to receive any relevant information (nationally or internationally).

3.4
Wider dissemination and consultation

The Co-Chairs co-authored regular social media blog posts to coincide with the delivery of each thematic evidence session. The blogs summarised the evidence so far. The purpose of the blogs was to disseminate the work of the Forum as widely as possible through CIH and DSDC network channels, newsletters etc. and to encourage wider engagement with independent organisations and individuals.

Progress was reported to the National Dementia Strategy Governance Group which also holds governance for the Dementia and COVID-19 Action Plan.

In total, 58 participants contributed to the steering group or evidence sessions.

3.5
Review of the evidence against the forum objectives

A review of the Terms of Reference was undertaken with the intention of identifying any gaps in the information provided or organisations/participants engaged with. This identified further areas for development and organisations whose views were not represented within the scope of engagement undertaken up to this point. Subsequent one-to-one meetings were arranged with relevant organisations or participants and their evidence recorded.

4. Evidence Sessions

**4.1
Introduction
to the sessions**

Discussion at each session was facilitated by the Forum Co-chairs and Scottish Government staff with semi-structured questions. Given the complex nature of the subject matter, some themes and feedback overlapped between groups and some issues were raised in several of the groups.

Overarching issues included:
·   Inequality of access to support depending on housing tenure or knowledge of how to navigate complex systems and funding streams.
·   Limited staff knowledge about dementia or understanding of how it could affect people in different ways and change over time.
·   The need for earlier intervention to help people plan for their housing needs whilst still living well.
·   Limited awareness as to the impact housing (its design, ability to be adapted and location) can have on the quality of life of the person living with dementia and their family carer.

The findings from the evidence sessions are summarised below.

4.2
Evidence Session 1

Housing options and adaptations
The Scottish Government is committed to supporting people to live in their own home for as long as possible or to live in a homely setting. This commitment forms a key element of several national strategies that support healthy ageing – <u>Age, Home and Community</u>, the <u>National Dementia Strategy 2017–2020</u> and <u>Dementia and COVID-19 National Action Plan.</u>

We know that most people feel a deep connection to their homes and familiarity can be important in helping people to adjust to new ways of living with dementia. Adaptations, often simple adjustments, can help people to live safely and independently. But if this is not possible, or if a person's circumstances and housing needs are changing, the ability to move to a more suitable home is essential.

What constitutes a suitable home will depend on the needs of individuals but common considerations might include **accessibility**, such as not having to navigate stairs, **affordability**, whether renting or buying a new home and **location**, being close to support networks, local amenities and good transport links, a commitment reinforced by 'A fairer greener Scotland: 'Programme for Government 2021' and the 'National Planning Framework 4' (in draft).

We asked our experts:
·   What housing options are available for people living with dementia in Scotland?
·   What adaptations are required to support people to remain at home?
·   Are the available housing options and adaptations sufficient and suitable?

The evidence
We heard about the lack of choice when it comes to housing options for people living with dementia and that the process for getting adaptations is complex. Different funding streams and means testing can result in unequal access to potentially life changing support.

There are some good examples of specialist housing for people living with dementia, but they are few and far between and can be expensive to develop and maintain; we need to focus more on making all mainstream housing more dementia friendly.

> *"The majority housing tenure in Scotland is owner occupation – nearly 70%. Housing discussions nearly always focus on local authority and registered social landlord rented housing. Dementia does not pick and choose housing tenure. There is currently no Private Sector Housing Strategy for Scotland. If there was, then dementia policies could feature significantly." (evidence session participant)*

There has been evidence of good design, however the lack of scalability has been an issue.

> *"If we're building houses which will not be suitable (and we are), the cost of adapting these in the future won't fall on builders but to individuals or local authorities. Foresight into how homes are designed is overdue."* (evidence session participant)
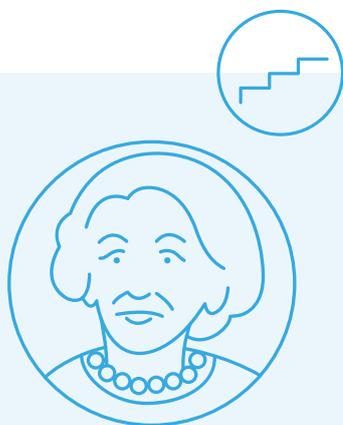
Now living alone and with her adult children living in other countries, Margaret's health deteriorates; she falls down the stairs one morning, is concussed and is found by a neighbour some hours later. She is admitted to hospital on an emergency basis and returns home after a short stay. She becomes anxious at the thought of using the stairs and opts to sleep on the sofa in the downstairs living room. Essential repairs needed to the house are not dealt with but Margaret doesn't want to leave her neighbours and the area that she knows so well and where she feels safe and secure.

Society needs to be better prepared for growing older, and conversations about housing need to be normalised. For people living with dementia, conversations about housing should be part of the PDS offering so, whilst PDS services across the country are limited, this will remain a critical gap. This issue is explored in more detail in the next section, evidence session 2. The gaps in follow on support after initial PDS were also highlighted.

> *"There can be a huge gap between the point at which people leave PDS and ever get access to social care. By the time they hit social care they have inevitably hit a crisis and some of the early intervention adaptations that could have made a difference are too late and then social care are firefighting."* (evidence session participant)

There was a consistent view that people need agency to take control of their lives and make decisions which best suit them. The way Self Directed Support is implemented needs to be addressed, as does the inherent inequalities which the system creates.

> *"Only about 10% of people in Scotland go via option 1. [option 1 – provides better care[8]]. BUT those with most need are most unable to take on the demands of Option 1."* (evidence session participant)

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[8] The Scottish Government adopt a 'Self-directed support' mechanism for accessing care. Option 1 involves the recipient taking a direct payment so that the individual can choose and direct their own support, providing it meets their required outcomes. Option 1 offers the most control to the recipient.

We heard that a standardised approach to adaptations would lead to a more equitable experience and that there is hope that current reviews being carried out by the Scottish Government will recognise this. The role of digital infrastructure and 'kit' to support people to remain at home is included in this.

> *"There are no repair grants available to homeowners because of a change to the system 10 years ago. Each local authority offers owners a Scheme of Assistance that explains how they will support owners to carry out repairs and adaptations. The system makes an artificial distinction between repairs and adaptations and so, for example, an owner may receive a grant for a wet floor shower but no help to repair the roof of the property that is causing rain to come into the bathroom area. As is the case with many policy areas in Scotland, there are 32 different versions of the Scheme of Assistance across the country. There is therefore no standardised practical support for owners with dementia."*
> (evidence session participant)

Those with lived experience had almost exclusively relied on personal finance to make adaptations beyond the very basic (such as handrails), often using redundancy or occupational pensions paid to them at the point of losing their jobs because of their dementia to cover costs of 'future proofing' their homes. This was in some part because adaptations accessed through councils were viewed as 'looking awful' as well as complex and frustrating to access.

Frank feels lucky that even though he has been diagnosed with a rare form of dementia that means he is no longer able to work, he lives in a small, manageable flat owned by a housing association with long standing staff that he knows well. Frank understands that his memory won't initially be affected badly by his diagnosis so will be able to talk to the housing association about making a move to a ground floor flat when he's ready. He is aware that his ability to process visual information will deteriorate sooner and has sought guidance on how to support his difficulties in manoeuvring, judging distances and reading. He knows that the housing association will help him get support and care when he needs it.

Echoing the findings of the Being Home Report, Care and Repair was cited as demonstrating a respected track record in supporting people to make small and larger adaptations to their home. Where Care and Repair was established in a community, its ability to engage, support and minimise bureaucratic processes for people in their own homes was highly valued. Where there has been a loss of Care and Repair services, comments reflected this being identified as a significant loss to people living with dementia.

During the initial discussions some promising connections were made between organisations and practical ideas offered on how improvements could be made. These were as follows:

·   Ensure people get advice about housing and appropriate adaptations when they are first diagnosed including through PDS services.
·   Acknowledge that in general, dementia friendly design principles can impact positively for an ageing population as well as for other specific conditions e.g. macular degeneration.
·   Recognition that adaptations should embed both physical and cognitive accessible design features and acknowledgement of the work the British Standards Institute are undertaking on their PAS 6463: Design for the Mind – Neurodiversity & the built environment.
·   Suggestion to pivot thinking and practice to embed dementia friendly design as the norm and not the exception when new homes are being designed and built. This could include increasing light levels to activity areas and contrast to furniture to improve visibility or reducing glare, noise, visual confusion and distractions. Further free guidance on dementia design for within your home is available within the **resources section of this report.**

4.3
Evidence Session 2

Access to advice and information about housing

Getting the right information and advice about housing at the right time can support people living with dementia and their families to make decisions or plan for changes in the future, but people might not always know where to look or who to ask. With this theme, we wanted to understand more about different sources of advice and information that are already available and how accessible they are for people living with dementia and their families.

We asked our experts:
· How do people access information on housing options and support?
· Is the information suitable and who is it aimed at?
· What are the barriers to accessing and sharing information?

The evidence

We heard that housing is a complex and personal issue and often the person with dementia will be living with another family member. Where there is disparity between the person living with dementia's needs and what the family want, conflict can arise. Examples were heard where family members refused improvements which would have helped support the individuals' needs if they thought that it would have a negative impact on their own quality of life.

Our experts acknowledged that there is a lot of very good information available in relation to supporting people with dementia at home and several well-designed guides. Third sector organisations and social work departments were recognised as common sources of support, but the current guidance and advice is not always getting to the right people and there is nothing specifically focussed for someone living with dementia to access.

How we communicate housing information needs to be tailored to suit the diversity of our population. Time, financial and legal complexities, and a lack of awareness were recognised as barriers to accessing information. Ownership can impact on awareness and funding/financing options with residents of housing association or local authority properties more likely to access support.

Through a package of social care support at home, Margaret is able to remain at home but it appears to Margaret's daughter that none of the home care staff seem to know anything about how to get the essential repairs and adaptations that would make it easier for Margaret to manage at home in the longer term, which is what Margaret wants. Through a Google search she phones a charity helpline and hears about Housing Options Scotland which supports older and disabled people to make informed choices about their housing. Margaret was allocated a housing broker who supported Margaret and her daughter through the process of securing a community alarm, a key safe and a door spyhole, all of which helped Margaret to feel safe and reassured her daughter when she went home.

We explored the optimum point at which to discuss housing options with people living with dementia and their families and it was acknowledged that several professionals and disciplines may need to be connected to do this meaningfully. Housing advice provided as PDS would seem logical but often families are dealing with the daily challenges of providing care and adapting to the diagnosis. Thoughts of moving/adapting the home in the first year may be far from the mind. Housing options vary as the individuals' needs change and therefore housing considerations are an ongoing discussion. Planting the seed and offering access to resources at PDS stages may enable connections to be made later once the person/family are ready.

> *"A dementia diagnosis is like a hand grenade being dropped on someone's life. It hits people in later life badly. Usually it's the person supporting the person with dementia who are often in a state of shock which makes it difficult for them to process information."* (evidence session participant)

Those with lived experience offered a mix of experiences but included those who had considered a house move at the point of diagnosis and reported having been discouraged by clinicians. We cannot comment here on the reasons for this; rather, we reinforce the need for everyone engaging with someone living with dementia to recognise the knowledge and skills of Occupational Therapists, PDS Link Workers, Housing Options Scotland and other local supports that cannot be underestimated in this context.

The condition of our existing housing stock was acknowledged as requiring improvement and it was recognised that national house builders have not yet taken on the mantle of building new homes for older customers or which support ageing across the life-course. A national conversation on housing for dementia and ageing is needed and may encourage and empower us all to consider our future housing needs and plan for them.

John and Jim want to stay in their current house but mainly because they don't want to leave their much loved garden that they have spent years getting just right. Having both worked in the building trade when job security and well paid work was guaranteed, they both built up funds which offer them a sense of security now. Two years ago when John had a PDS link worker who they both got to know and relied on for information and advice, the link worker gave them details of how to apply to the council to make small adaptations to the house; a handrail at the front door, maybe a wet room instead of a bath.

Jim is investigating some of the links the PDS link worker left them about how everyday digital products can help keep John safe in the house too. Jim has said that any adaptations they need to the house to help John manage should come out of their savings as then they can choose equipment that will keep the house looking good and 'not like a hospital'. John, on the other hand, has said he'd be happy with whatever is available at the time he needs it and doesn't want their savings to be spent on something that is entirely functional.

**4.4
Evidence Session 3**

Support for people living with dementia

We know that people who are diagnosed with dementia and their families can benefit greatly from support to understand and adjust to their new situation. PDS can help people to stay connected, access other services and think about their needs in the future. The Scottish Government has committed to providing at least one year of PDS, delivered by a named person, for every person in Scotland who is diagnosed with dementia. Whilst Alzheimer Scotland's 5 Pillars Model has been the policy priority to date, new approaches, emerging through the work of the Life Changes Trust and as a result of the pandemic, are increasingly being recognised.

The latest figures on Post Diagnostic Support [8] published by the Scottish Government relate to PDS in 2019/2020 and show that 8,021 people were referred for PDS, 43.4% of those estimated to be newly diagnosed with dementia. Of those who were diagnosed and referred for PDS, 75.1% received one year's support.

This year the Scottish Government has invested further in PDS both to increase access and strengthen the quality of experience. Healthcare Improvement Scotland's ihub supports stakeholders and practitioners to improve outcomes for people who receive PDS with the Quality Improvement Framework for Dementia Post Diagnostic Support in Scotland and accompanying resources.

People with dementia and their families also access other forms of support through local authorities or third sector organisations working in the local community.

We asked our experts:
·   What is the relationship between housing and other sources of support in the community?
·   What is the role of housing in post-diagnostic support?
·   What can housing do to improve links with other forms of support for people living with dementia?

Over a series of visits home to make long term plans for her mum, Margaret's daughter supports her through the process of getting a diagnosis of vascular dementia. As Margaret lives in an area where diagnosis and PDS services are being tested in Primary Care with involvement of allied health professionals, Margaret's daughter feels that her experience of 'navigating the system' that several of her friends warned her would be lengthy, stressful and exhausting, is relatively smooth. On the other hand, her worries about the state of Margaret's house and being unsure of who to ask or where to go, are a growing cause of stress.

The evidence

Our experts reflected on the variation of support depending on housing tenure, locality and whether or not family members were proactive in seeking out support. If PDS is a critical route to housing and wider support, the current limited access to PDS presents a barrier to access.

"We need a GIRFEC approach [whole system children's services] to older people." (evidence session participant)

It was suggested that private tenants face particular issues having their homes adapted if they cannot get permission from their landlord. As our population continues to age tenants in the private rented sector (PRS) will become more diverse. Therefore, more needs to be done to ensure that private landlords are aware of their responsibilities and legal obligations to make reasonable adjustments to properties and to understand why this is important for the long term viability of the sector.

There is a clear need to ensure that housing tenure is not a barrier to receiving support for people living with dementia and for greater investment in organisations that reach out to people beyond the social housing sector. We need to keep in mind that the majority of people in Scotland own their own home and that around two thirds of people with a dementia diagnosis are living in mainstream housing, not in specialist accommodation.

The Scottish Government's current review of Housing for Varying Needs is building on Housing to 2040's ambition towards being more tenure neutral.

"Wherever you live and whatever your tenure, we should all have the same access to support; we're a long way from that." (evidence session participant)

While it was agreed that having a discussion about housing needs as early as possible could help to avoid a crisis later on, it was also pointed out that the early stages after diagnosis can be a very distressing time for people with dementia and their families. Having discussions on housing options requires strong relational skills and time for the link worker and the person to build a trusting relationship and is not a 'tick box' exercise. Our experts talked about pressures on the PDS service and that greater resources are needed to ensure that everyone has access to a skilled link worker and that the link worker has sufficient understanding and is confident to discuss housing options.

Frank has been able to remain in his home with modest adaptations (new flooring, signage and improved lighting) to support his visual processing difficulties. He is experiencing increasing difficulty manoeuvring and using the stairs but because he and his social landlord have maintained a dialogue on housing options post diagnosis, Frank is in the process of moving to a ground floor flat within the same housing development. He receives care at home, provided by the housing association.

The pandemic has further highlighted the issue of isolation for people living with dementia and this has been particularly difficult for people living in sheltered or amenity housing where communal areas had to be closed to limit the risk of transmission. Technology has been a huge support for some people through the pandemic and will remain a key part of many people's lives; but not everyone can use or wants to use technology to stay connected and there was a strong message not to replace face to face support with digital. This was particularly so from those with lived experience.

We heard about people's views of sheltered housing, agreeing that it would be beneficial to undertake an attitudinal survey to better understand how the pandemic has affected the way that people think about types of housing provision, their own homes and their aspirations for the future. What type of homes do people really want to live in when they get older? In the meantime, we all need to work on normalising conversations about ageing and mainstreaming solutions like accessibility, adaptability and dementia friendly design across all tenures.

John finds navigating the house increasingly challenging. Jim gets in contact with the PDS Link Worker from two years ago and asks her advice about how to make the house more manageable for John. She suggests Jim and John speak to an Occupational Therapist but explains that she is unable to refer them as John is no longer receiving PDS. The Occupational Therapist advises them on the kind of adaptations that the local authority might offer based on John's needs. Jim and John are able to draw upon their knowledge and experience of building works, from their previous jobs and are able to select products which are appealing to their own style. They are grateful that they have this knowledge because having work done in your home can be a stressful experience if managing it alone.

**4.5
Evidence Session 4**

Moving home in later life

While many people living with dementia prefer to stay in their own home and the Scottish Government has a clear commitment to support this where possible, it is inevitable that some people will have to move home in later life if their needs change and their home is no longer suitable. We know that as dementia progresses, familiar surroundings can help someone to feel safe and to maintain their confidence and independence so delaying a move for too long can be extremely disruptive and can cause some people's physical or mental condition to deteriorate significantly.

On the other hand, a well-timed and well planned move can help a person to find a home that better suits their current or future needs and can avoid or delay a move into residential care. Planning a move at the point of diagnosis becomes ever more compelling in this context.

With this theme, we wanted to find out what prompts a move in later life, what challenges or barriers people living with dementia might face and whether people are able to make the right move at the right time.

We asked our experts:
· What are the main reasons for moving from one type of accommodation to another in later life?
· Are people able to make appropriate moves?

The evidence

Our experts discussed the many personal reasons that someone may move in later life (for example, the loss of a spouse or partner, or moving closer to a family member), but in general the reasons for moving were attributed as falling within one of three themes:

· **Suitability of the home** in respect of access (to services, support, family), maintenance and upkeep, the individuals' financial situation and their perceptions of a lack of security/safety.
· **Compatibility of the home** with the individuals' needs (physical, cognitive, social, care etc.) acknowledging the likelihood of increased frailty, long term conditions and co-morbidities with age.
· **A move in crisis.** For example, to a care home because the person has been identified as being at increased risk, or to hospital due to an accident at home such as a fall. The group noted that admittance to hospital presents multiple challenges to people living with dementia and often results in greater deterioration with a subsequent move to residential care. It was acknowledged that a move in crisis is rarely a positive choice, compromises agency in decision making and is often considered a last resort.
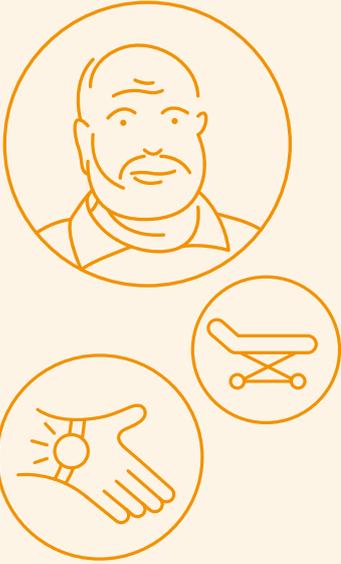
John falls at home one day, whilst Jim is in the garden. Jim is initially unaware of the accident because John is not wearing his wrist call button (he feels it looks institutional) but finds John when he comes in to check on him for lunch. John is taken to accident and emergency where he is treated and admitted to hospital for recovery. John does not respond well to the hospital stay. The frequent activity and noise are unsettling, and his injury prevents him from being as active and mobile as he's used to. His condition deteriorates. He develops a urinary tract infection and with this, delirium. Superimposed on his Alzheimer's John becomes anxious and agitated and occasionally aggressive to the care staff. He is prescribed anti-psychotic medication and his length of stay increases. After four weeks John can be discharged but he is in need of adaptations at home and additional care support, both of which are not yet in place. John is discharged to a residential care home where his condition declines and where he remains.

A desire to move to be part of a community was also reported as important and the social housing providers within the group acknowledged that some people register with social landlords for supported living accommodation several years in advance. Despite the incorrect assumption that the longer the person is on the list the more likely they will receive an appropriate home, the group considered this to be a positive indication of a pre-emptive approach by the individual to find suitable accommodation and plan for their future.

All agreed that further research was needed to ensure anecdotal evidence cited above is accurate and backed by data.

Barriers to moving house were attributed to:
· **Perceptions of ageing**; the person's disinclination to see themselves as ageing, the stigma which still surrounds getting older and specialist older persons' housing (albeit it was noted that negative preconceptions of supported living dissipate once the individual has moved in).
· **Lack of suitable or desirable housing options** available within people's existing communities and the presumption that older people want to live in smaller (1-1 ½ bedroom dwellings).
· **Lack of awareness of housing options** and a reduction in funding for housing support charities to provide information and advice.
· **The logistics of moving home** and the need for project management/removal services which support people to move (e.g. organising utilities, removals etc.)
· **Fear of losing local/neighbourhood connections** that support people's continued independence and wellbeing.

"Planning for future housing should be like bowel cancer screening–something that everyone is encouraged to do when they reach 50."
(evidence session participant)

The Co-Chairs welcomed a broader discussion on housing options, preferences, and availability. The group raised issues of maintenance, poor environmental performance, and poor adaptability of Scotland's existing (and perhaps dated) housing stock.

Through a referral to an Occupational Therapist, Margaret was supported to think how she might make use of technology including an Alexa and video doorbell. The Occupational Therapist also talked through how a stairlift might be something that Margaret might consider as part of ensuring she is able to stay in her own house for as long as possible or that she consider adapting the downstairs with its spare room to include a small bathroom. This information is helping Margaret and her daughter have a frank and honest conversation about Margaret's options for the future and has already reduced her daughter's fears about what the immediate future holds.

Additionally, our experts noted that there is a will to build new housing for older people within the private and social housing sectors but specialist housing for older people requires both a commitment to build and to provide care. This, it was acknowledged, creates a point of discord because the housing provider is required to enter into a long-term capital commitment (of +25 years) but their care partners are only able/willing to commit to contracts of two to three years, thus imposing additional risk to the housing provider. It was suggested that the National Care Service, planned as well as delivered as an integrated offer, has a role to address this multi-system shortfall.

Housing models which provide care and offer two bedroom properties, preferably bungalows with mixed and flexible tenures in rural locations, were noted as the most attractive, offering bedroom space for partners to have uninterrupted sleep or a family member/carer to stay overnight along with much loved outdoor space for enjoying sunny days, fresh air or a place from which to chat with neighbours. Our experts were also complimentary of intergenerational housing models as well as options which offer flexible housing and care options across tenures.

Are people able to make appropriate moves?

The ability to make an appropriate move was recognised as being contingent upon the individual having access to housing advice, them being financially able to move and there being suitable housing within their desired location. This often felt to be challenging.

A 'postcode and/or advice lottery' exists across Scotland with many struggling to access the right support to help them plan or make housing decisions in their later life. Our exerts agreed that social housing tenants are more likely to access information and advice on their future housing options than those who own their own home or are renting from a private landlord.

A person's financial position inevitably influences their housing options and poor financial planning for later life and/or a disconnect between the individuals' aspirations and their bank balance means that for many, they are not able to make appropriate moves.

Additionally, and in relation to the provision of PDS for people living with dementia, it was acknowledged that improvements in PDS housing advice are needed at a national level to ensure people living with dementia are offered meaningful, timely advice to enable them to plan for their future needs.

5. Recommendations

Overarching principles
Reflecting the Scottish Government's vision for Housing to 2040 and commitment to embedding human rights principles, including the right to adequate housing, the Scottish Government must ensure that people living with dementia, their families and carers have access to housing, information, advice and support based on individual needs. People should be able to access the support they need irrespective of and without discrimination as a result of their housing tenure, personal or financial circumstances.

The evidence we heard suggests that social housing tenants are more likely to access advice and help with their housing through their landlord and there is a clear need to make sure that support reaches beyond the social housing sector.

Specific actions that should be taken to improve outcomes for people living with dementia are outlined below.

Key actions:

1.	**Understand what housing is available for people with dementia today in Scotland, what adaptations are required to support people with dementia to remain 'at home' and improve these options.**
1A	Develop effective methods for data collection to support a more detailed understanding of where people with dementia are currently living in Scotland today and in what housing type, and what housing options and number of units are available (for example, consider including a provision for confirming dementia units within the Annual S1B Housing Statistics Annual Return) – *Scottish Government*
1B	Support Link Workers, Occupational Therapists and Social Workers to ensure that there are skills and capacity within local authorities to collect key information and data to be analysed and understood further – *Alzheimer Scotland, NHS and Local Authority*
1C	Streamline and adequately fund the process of accessing housing adaptations to ensure needs are met across all tenures. – *Scottish Government*

These actions will:
· Provide better intelligence to enable the Scottish Government and local authorities to make informed decisions and to improve the housing options for people with dementia
· Ensure that people who are diagnosed with dementia receive timely information about housing options or know where they can access help in the future if their needs change.
· Provide homes that can be more easily adapted to meet a range of different needs.

2.	Support people to access advice and information on housing options and the support which is available to them.
2A	Commission a national conversation on housing in later life to tackle stigma and encourage individuals to plan for their housing requirements as they age. – *Scottish Government*
2B	Increase awareness of dementia amongst housing providers (across all tenures) through training for staff. Existing tools, specifically <u>CIH Scotland's Housing and Dementia Framework</u> can help housing providers to identify how to improve their practice. *Local Authorities, RSLs, PRS*
2C	Integrate an assessment of housing needs via a Housing Health Check as part of PDS provision and develop effective mechanisms for tracking housing/adaptations requirements across the individual's disease progression. *Scottish Government working with PDS providers*
2D	Commission and maintain an online resource which provides a dedicated accessible platform from which to access housing design, adaptations and support options with downloadable resources from and links to other reputable information providers. Information needs to be made available in a range of formats to suit different audiences (particularly for people who have been diagnosed with dementia) and reaching beyond the social housing sector. – *Scottish Government*
2E	Strengthen the role and increase the capacity of third sector organisations that provide impartial advice and support to people across different housing tenures. – *Scottish Government*
2F	Develop resources and policies which are accessible to people with dementia and include people living with dementia, and which reflect the diversity of our population and housing stock. – *All stakeholders*
2G	Maintain face-to-face opportunities in addition to digital offerings – *All stakeholders*

These actions will:
·   Help to normalise conversations about housing and ageing, ensuring that people know how and where to access information and advice when they need it.
·   Help people to plan for the future and avoid having to deal with a housing crisis when health has deteriorated.
·   Increase agency for individuals to make their own decisions.
·   Help address the imbalance currently experienced between people living with dementia in different tenures.

3.	Understand and improve the relationship between housing, health and social care and other forms of support in the community.
3A	Promote equal partnerships between housing providers and health and social care partners when funding specialist housing developments in order to share financial risks and rewards more equally. This should apply to capital costs and commissioning care services. *Scottish Government working with Health and Social Care Partnerships and housing providers*
3B	Develop positive working relationships between housing, health and social care staff to ensure that staff are aware of roles and responsibilities within different departments and work together to ensure that people who have been diagnosed with dementia can access the right support. The development of the NCS makes this a timely priority and opportunity. *Scottish Government working with Health and Social Care Partnerships and housing*
3C	Build knowledge of local services that are available to people to help maintain community connections, reduce social isolation and loneliness e.g. through PDS, meeting centres and other service and community networks. *Local Authorities and RSLs*
3D	Develop a standardised approach to adaptations assessment and funding across local authorities. *– Scottish Government*
3E	Continue to invest in expanding PDS and improving the quality of support provided using the PDS Quality Improvement Framework. *– Scottish Government*
3F	Widen access to Self–Directed Support to help ensure people have choice and control of their housing options. *Local Authorities*

These actions will:
· Improve outcomes for people with dementia and their families by ensuring that services are better connected.

4.	Understand the main causes/journey of a person moving from one type of housing/accommodation to another in later life and how they can be better supported.
4A	Commission research into housing aspirations for older people, identifying gaps in the provision of suitable homes that may be delaying people from moving home if they need to. The Older People's Health and Social Care Strategy offers a vehicle for this. – *Scottish Government*
4B	Increase the supply of homes that are suitable for older people by ensuring that the housing needs of older people are reflected in national policy and statutory guidance and through local strategies. – *Scottish Government and Local Authorities*
4C	Provision of practical support for 'right sizing' including help with packing and removals, and provide access to financial advice if needed. *Local Authorities and Third Sector*
4D	Promote flexibility in social housing allocations and priority to support quicker moves before deterioration and take account of individual needs (e.g. ability to allocate a two bedroom home if this is needed for a partner or overnight care. Or a ground floor flat for accessibility) – *Local Authorities and RSLs*
4E	Allocation policies (which can be complex and can vary between providers) need to be communicated more clearly to tenants and prospective tenants so that people understand how to apply for a home and have realistic expectations about the options available and how long the process might take. – *Local Authorities and RSLs*

These actions will:
· Improve understanding of housing needs and aspirations of older people ensuring that suitable homes are being provide in the right locations.
· Provide practical support for people who want to move home, reducing delays and helping people to move when they need to.

5.	Housing standards & design
5A	Embed ageing and dementia design principles in the design of future housing provision and remodelling of existing stock. – *Local Authorities and RSLs*
5B	Engage national house builders in a discussion to understand the barriers and opportunities to develop housing that is suitable for this clinical population. – *Scottish Government*
5C	Improve awareness & knowledge within PRS of landlord responsibilities and legal obligations to make reasonable adjustments to properties and to understand why this is important for the long-term viability of the sector. – *Scottish Government, Local Authorities and PRS*
5D	Streamline Housing for Varying Needs and Lifetime Homes recommendations into the Building Standards Technical Handbook to ensure the principles are embedded into all housing across tenures – *Scottish Government*
5E	Integration of dementia friendly design features into planned maintenance cycles of existing housing. *Local Authorities, RSLs*

These actions will:
· Improve the quality of housing to support common complaints of ageing and build resilience into our national housing stock to support the changing needs of an ageing population which will in turn:
  · Support people living with dementia to remain independent at home for longer
  · Support people living with dementia to return home following admission to hospital

6.   Appendix

**6.1
Case Studies**

Housing with Care, Varis Court, Hanover Scotland

About Hanover Scotland
Hanover Scotland is a housing association specialising in housing and services for older people. It currently manages around 5,000 homes across Scotland providing a range of tenure types and support services to meet the different and changing needs of its tenants and customers.

About Housing with Care
The 'Housing with Care' model developed by Hanover is based on a secure Scottish tenancy (SST) with step-up-step-down care which allows residents to flexibly adjust the level of care they receive based on their needs at any given time. Technology enabled care is also employed to enhance the support provided. This approach reduces the need for treatments in clinical settings, hospital stays or residential care which can be costly and disrupt the lives of older people. Housing with Care developments such as Varis Court are delivered in partnership with local authorities and Integrated Joint Boards (IJBs) and as residents enjoy security of tenure, offer residents the prospect of a 'home for life' which supports wellbeing.

About Varis Court
Varis Court is a purpose-built Housing with Care development in Forres, Moray comprising 33 flats made up of seven extra care units for people living with dementia, 21 care units and an Augmented Care Unit (ACU) which comprised of five flats leased by the NHS and staffed by a 24 hour NHS nursing team when the development opened. The ACU flats provided a greater level of care for those who needed short stay support within a homely, spacious, and secure environment. The initial philosophy for the people working at Varis Court was developed around a 'whole house approach' with the nursing staff operating under **Buurtzorg** principles.

The lease for the ACU unit was renewed on a six monthly rolling basis however after a number of renewals, the NHS decided to end the arrangement. The five properties are now used to provide Unscheduled Short Stay (USS) services and are staffed by the onsite Hanover care teams. You can find out more about Varis Court by watching **this short video.**

Lessons learned
What was the need?
The need for specialist accommodation for older people in the area was identified by Moray Council through the Local Housing Strategy (LHS). The NHS was also considering the future viability of a Community Hospital used by the local community which required significant upgrading.

How was the solution/option identified?
Hanover was planning to demolish an existing sheltered housing development in the centre of Forres, which was no longer fit for purpose. They negotiated an agreement with Moray Council for provision of a Housing with Care development on the site. Further negotiations with the IJB in Moray led to the creation of the ACU at Varis Court, which allowed for the continuation of care provision in Forres facilitating the decommissioning of the Community Hospital by the NHS.

What drivers/enablers did you draw on?
The opportunity driver was the need to redevelop the aging sheltered housing site. This was at a time when the LHS identified the need for more extra care housing in Moray to deal with changing demographics. These two factors came together within a strong relationship between Hanover and Moray which had been built up over several years.

The objective, shared by all parties, was to design and build affordable accommodation that met the local demand for extra care housing for older people with a range of complex health conditions including dementia. Hanover used its experience of operating similar facilities to inform the vision for Varis Court, which included the deployment of technology enabled care.

What were the barriers and how did you overcome them (if you did)?
The lead in time for this project was almost five years from initial concept to the first residents moving in. This required a long-term commitment from all parties which included Hanover, Scottish Government, Moray Council and the IJB. Capital funding came from Scottish Government Housing Association Grant (HAG) and Hanover's private financing. As regards the contracts for the delivery of care, these were complex to negotiate and introduced a degree of uncertainty into the long-term vision for Varis Court. From a building perspective, Hanover works on 30-plus year timescales, based on the life of a building. Payback on build costs is often not achieved until at least the 30-year point. However, IJBs and Councils typically operate to contractual horizons of three to five years. Funding commitments, priorities and the political landscape can and do change which introduces uncertainty and risk.

A multi stakeholder group was set up to manage the process drawing on dedicated Hanover, Moray Council and IJB personnel. This met monthly and all parties were committed to this with a Project Lead funded by all the stakeholders. This drove forward decision making which, at times, was delayed by the internal governance processes the stakeholders operated.

The IJB committed to funding the transition costs and void costs to ensure the project became viable and to protect the service going forward.

Are you delivering the outcomes planned?
Varis Court residents are living independently for longer in their own homes with the provision of bespoke technology, support, and care to meet their needs. The partners have developed excellent working relationships which greatly assisted with the establishment of Varis Court, and the subsequent Housing with Care developments which have been built in the area.

An independent evaluation of the ACU provision within Varis Court showed some reduction in emergency hospital admissions and length of stay for people over 65 years of age. The full evaluation is **available here.**

What's the learning for you and for your organisation?
One key learning point was the real benefits which can be achieved from effective collaborative working. In such arrangements there is an ongoing need to maintain and strengthen partnership working and a requirement to share a long-term vision and commitment to such projects, between housing organisations, local authorities, health and social care.

As described, the capital funding risk sits with Hanover and the Scottish Government but going forward, considering increasing build costs and the costs of private financing, this will need to change if more Housing with Care developments are to be built. Varis Court will take over 30 years to achieve pay back and the private financing is repaid via rental income over that period. If IJBs, Health and Social Care Partnerships and local authorities wish to see more developments of this nature being built, a contribution to capital costs will be needed. This could be made in recognition of the additional costs related to the communal standards required to provide an effective lived environment for people with additional needs, including those living with dementia.

To underline this point, funding constraints at the build stage of Varis Court meant that Hanover was unable to employ the full range of dementia friendly design principles they would have liked, such as a higher specification for lighting in communal areas.

The learning from the change from the ACU to USS is a good example of short-term arrangements and uncertainties. The partners found the that the 'whole house approach' of Housing with Care with an ACU was very beneficial, and whilst the Health and Social Care Partnership's commitment to USS is welcomed it was unfortunate to lose the synergies which came from care and NHS health teams working collaboratively to support the wellbeing of residents.

Hanover employed learning from Varis Court to improve the design for later Housing with Care Developments such as Linkwood Court and Loxa Court, both in Elgin. However, Hanover continues to face challenges and uncertainties regarding available funding for future similar projects.

Additionally, the requirement to competitively tender, and the cost focus all agencies are compelled to adopt can undermine the benefits that would be obtained from a move toward collaborative commissioning. For example at Loxa Court Hanover are the landlord but were unsuccessful in their bid to deliver the care, which is now provided by another organisation. Whilst Hanover and the care provider work well together this will inevitably lead to a degree of fragmentation in the service experienced by residents.

As regards technology, Hanover used a <u>Possum</u> system to safeguard residents with dementia prone to 'wandering'. This allowed the implementation of soft boundaries, maintaining the look and feel of independent living.

What now? Replication? Adapting approach?
The Housing with Care model achieves high levels of satisfaction amongst residents, provides a very cost-effective alternative to other forms of care provision and achieves good outcomes for the wellbeing of residents.

Hanover intends to work with partners to explore the options for the development of further Housing with Care facilities and are in the process of developing a Care Strategy which will describe this work. However, greater certainty as to the long-term viability of this model of provision is needed if Hanover's ambitions are to be realised. The strategy will also include a consideration of introducing the provision of care into Hanover's existing housing stock, using learning from Varis Court to support residents to live longer in their own homes.

Yokohama Tokaichiba Creer Residence, Japan

TOKYU LAND CORPORATION

What was the need?
To create people friendly communities in Japan in which multiple generations can live healthy and fulfilling lives surrounded by abundant greenery, and to revitalise an existing outer-urban neighbourhood in Yokohama.

How was the solution/option identified?
The City of Yokohama, Kanagawa, Japan launched a public-private joint development project with Tokyu Land Corporation with a focus on 'Smart Wellness'. It comprises of 311 general amenity apartments, 8 villa houses, 90 senior living independent apartments and a 90-bed dementia care home, all co-located upon a 2.3 hectare site. Centred around an open plaza, the development features an day care centre, a children's nursery, a community café and community space offering a venue for local events and facilities to improve the convenience of daily life. Together these amenities set the stage for multigenerational encounters and interactions.

What drivers/enablers did you draw on?
The project adopts an integrated community approach to master planning which incorporates mixed tenure housing, located within an existing established outer-urban area within the City of Yokohama the site is close to amenities, vehicular and public transport connections and a variety of housing types, suitable for all. Partially funded by the Ministry of Transport and Infrastructure the project sits within the Yokohama 'Smart Wellness' scheme.

Are you delivering the outcomes planned?
The community approach to housing provision provides opportunities for housing across the lifecourse for all abilities / future needs. Such characteristics have been evidenced to be supportive of autonomous ageing, walkable neighbourhoods and ageing in place.

What now? Replication? Adapting approach?
This project represents the second project by Tokyu Land Corporation to adopt a community mixed tenure approach to senior living. The first, Grancreer Setagaya-Nakamachi is also featured as a case study.

Designing for dementia, Creveul Court, West Dunbartonshire Council

About Creveul Court

The social housing development completed in 2021 is situated in Alexandria and consists of sixteen flats with full lift access and five terraced bungalows, one of which is fully wheelchair adapted. The location of the development, close to the town centre and health services, is ideal for older people and dementia friendly elements have been incorporated into common areas and individual homes to help residents maintain independence as they age.

Design features include:
- Colour coded doors and tiles on each floor to help residents navigate.
- Glass fronted kitchen cabinets so that contents can be easily identified.
- Colour coded taps.
- Colour contrasting between walls and floors.
- Full height glazing to maximise natural light and additional task lighting.
- Outdoor seating for each bungalow to encourage outdoor living and community connections.
- A secured courtyard with communal orchard for all residents encouraging outdoor socialising, a sense of ownership and integration.

The development was also built to high levels of energy efficiency and incorporates renewable energy generation through a solar PV system reducing energy use and the risk of fuel poverty for residents.

Lessons Learned
What was the need?
We are aware of the unsuitability of many homes for tenants with dementia or a future diagnosis of dementia. Following the publication of the Housing and Dementia Framework, we decided to retrospectively introduce elements of this into our design, just prior to a start date in late 2019. We had always envisaged that this project would be suitable for elderly tenants perhaps downsizing from larger family homes with poor internal and external access.

How was the solution/option identified?
From an early stage the design team envisaged the houses would be occupied by elderly tenants, ie. the community garden, orchard and external benches, as well as the town centre location.

There is an active Tenants and Residents Association in the area and an environmental group.

We engaged with them and they endorsed that this would be a good strategy to create an elderly community within the development.

What drivers/enablers did you draw on?
The project architect at Anderson Bell and Christie had previous experience in designing for dementia. We attended a workshop for designing for dementia organised by Scotland's Housing Network, and this helped shape our ideas for this development. We used the Housing and Dementia Framework and attended a seminar at Stirling University and looked at their dementia demo flat.

What were the barriers and how did you overcome them (if you did)?
Ideally we should have introduced the dementia design elements prior to construction and our list should have been included as part of our employers requirements, which it will be for future developments.

Are you delivering the outcomes planned?
The development was very recently completed but feedback from residents has been excellent. A tenant satisfaction survey showed that 100% of tenants were satisfied with their new home and 95% reported having experienced improved health benefits since moving to their new home.

What's the learning for you and for your organisation?
Our housing application form does not ask about dementia as a condition albeit that it may be picked up in a medical assessment, it is therefore difficult for us to target to the tenants who would really benefit however we are assured that our homes are future proofed.

Ideally we should be interviewing tenants for our new homes however this was not possible during COVID-19 restrictions.

What now? Replication? Adapting approach?
For our next project, Queens Quay B, we are adopting a similar design, for the delivery of 29 flats all with lift access. This project is close to Clydebank Town Centre, will have 4 units of retail incorporated into the overall development which is a joint venture with Lorretto Housing and Clydebank Housing Association and 146 units of housing.

We have improved the design of the shower rooms, included 5 wheelchair properties, have full height glazing leading to Juliet balconies or small balconies or patios.

For our projects on drawing boards the Dementia Framework will form part of our ERs and we will continue to evolve with feedback from tenants.

Grancreer Setagaya Nakamachi, Tokyo, Japan

TOKYU LAND CORPORATION

What was the need?
To develop a multi-generational town development concept where inter-generations of people from young families to older people can live through their life course in peace and where residents and local people interact and create their community together.

How was the solution/option identified/delivered?
The Grancreer Setagaya-Nakamachi development is a masterplan development in Setagaya; a suburban district in Tokyo, Japan. It was designed and constructed by Tokyu Land Corporation and is based on a 'multi-generational town development' concept. The development comprises of 255 general amenity apartments (for families and young professionals), 172 independent senior living apartments, a 75-bed care home for people with dementia, a multi-purpose day care centre, a 24hr respite care centre, kindergarten, café and community centre for lifelong learning.

What drivers/enablers did you draw on?
The project aims to provide a model solution to Japan's ageing population and to create a sustainable town development hub. The Grancreer care residence within the development provides a 75 bed care home for older people with long-term care needs including dementia. Where previously, older people with additional care needs had to move to hospital or to a care home away from their local community, this development supports people to live within their community for longer.

What were the barriers and how did you overcome them (if you did)?
In an age of increasing prevalence of dementia in our older population this project sought to develop a new Japanese model of housing which sits within the community and meets the future challenges of housing our older population with dignity.

Are you delivering the outcomes planned?
The vision for the project was to create an environment which acts as an enabler of the individuals' identity, routine, care needs and autonomy irrespective of the person's care needs or stage of dementia. Tokyu Land Corporation delivered upon this vision.

6.2
List of Participants

Alison Keir	The Royal College of Occupational Therapists
Alison McKean	Alzheimer Scotland - AHP Representative
Amanda Britain	Connecting Scotland
Angela Currie	Hanover (Scotland) Housing Association
Angela O'Brien	Scottish Government - Housing
Anne McKenzie	Aberdeen City HSCP
Arlene Crockett	Life Changes Trust
Ashley Campbell (Co-chair)	Charted Institute of Housing Scotland
Chris Milburn	Hanover (Scotland) Housing Association
David Petrie	Age Scotland
Deb Allan	Scottish Federation of Housing Associations
Debbie Maloney	Inverclyde HSCP
Doug Sloan	Age Scotland
Dr. Lynne Douglas	Bield Housing and Care
Dr. Margaret Brown	University of West of Scotland
Eileen McMullen	Scottish Federation of Housing Associations
Elaine Hunter	Alzheimer Scotland
Geraldine Begg	Scottish Federation of Housing Associations

Jan Beattie (Facilitator)	Scottish Government
Jill Carson	Alzheimer Scotland
Jill Pritchard	Occupational Therapist and Housing Association director
Jim Hayton	Scotland's Housing Network
Joanna Voisey	Hanover (Scotland) Housing Association
John Blackwood	Scottish Association of Landlords (Private Rented Sector)
Johnny Cadell	Architecture + Design Scotland
Joyce Gray	Alzheimer Scotland
Judith Phillips	University of Stirling
Julia MacKenzie	Alzheimer Scotland
Kainde Manji	Age Scotland
Karen Mechan	Scottish Government – Age and Social Isolation team
Karen Stevenson	Royal Incorporation of Architects Scotland
Lesley Palmer (Co-chair)	University of Stirling
Lived experience of dementia	Age Scotland members STAND SDWG
Lynn Flannigan	Healthcare Improvement Scotland
Margaret Irving	Scottish Government
Margaret Moore	Consultant

Michael Smith	University of West of Scotland
Mike Callaghan	COSLA
Mike Douglas	Age Scotland
Moira Bayne	Housing Options Scotland
Paul Bellamy	Scottish Government
Rhona McLeod	Trust Housing Association
Robert Thomson	Care and Repair Scotland
Ruth Robin	Healthcare Improvement Scotland
Stephen McCullough	Hanover (Scotland) Housing Association
Stephen Lithgow	Healthcare Improvement Scotland
Steven Malone	Architecture + Design Scotland
Steven Tolson	Scottish Housing with Care Taskforce
Susan Davies	Places for People
Tony Cain	ALACHO
Vikki McCall	University of Stirling
Zhan McIntyre	Bield Housing and Care

6.3
Available resources

Authors	Alzheimer's Society
Title	Home Truths: Housing Services and Support for People with Dementia
Available at	https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/alzheimers_society_home_truths_report.pdf

This 2012 report provides a broad overview of the key issues relating to housing as experienced by people with dementia. The report summarises existing evidence and presents new evidence from people with dementia and their carers. It makes recommendations to those working in the housing and social care sectors around closer integration, ensuring people with dementia get the information and advice they need and supporting people with dementia to be able to live in the homes of their choice.

Authors	Care and Repair Scotland
Title	Good Practice Guide: Enabling Older and Disabled People to Stay in their Own Homes
Available at	https://ihub.scot/media/1600/care-repair-good-practice-guide-electronic-final-version.pdf

This Good Practice Guide was produced by Care and Repair Scotland, the national coordinating body for Care and Repair services. It focuses on the role of Care and Repair in providing personal, financial and technical support to older and disabled people facing the difficult task of repairing, improving or adapting a home which is no longer suitable for their needs. The aim of this Good Practice Guide is to assemble and present the best policy, planning and practice material available, so that Care and Repair services in Scotland continuously improve and build capacity to achieve the vision of Care and Repair, which is of a Scotland where all older and disabled people can access Care and Repair services to enable them to continue living in their own home for as long as it is safe and practical for them to do so.

Authors	Chartered Insitute of Housing (Scotland)
Title	Dementia Pathways: Housing's role (Key Research Findings)
Available at	https://www.cih.org/media/3nud335z/dementia-research-findings-complete-final.pdf

During 2016 CIH Scotland commissioned Arneil Johnston to deliver the second phase of its housing and dementia programme. This phase of the research focused on improving the links between housing organisations and partners in health, social care and the third sector, with a specific emphasis on the role of the housing professional in meeting the needs of those living with dementia. It is hoped that the outcomes of this study will enable an improved understanding of housing's role in dementia care, by setting out clearly the contribution that housing staff and services can make.

Authors	Chartered Insitute of Housing (Scotland)
Title	Dementia Pathways: Housing's role (Practice Guide)
Available at	https://www.cih.org/media/e5qci4ku/cih-dementiapathways-practitioner-guidance-final.pdf

CIH Scotland commissioned Arneil Johnston, in May 2016, to undertake research for the second phase of its housing and dementia programme. A summary of the key findings from the research was launched in March 2017. This practice guide contains the main findings and learning from the phase 2 research, which focused on the role of housing practitioners and of housing practice within an integrated approach to dementia care. The housing role was mapped across four housing and dementia pathways that represent important stages of the dementia journey. The pathways were identified by professionals working across housing, health, social care and dementia services. They provide the main structure for the guide.

Authors	Commission on Housing and Wellbeing
Title	A blueprint for Scotland's future
Available at	https://www.housinglin.org.uk/Topics/type/A-blueprint-for-Scotlands-future-The-importance-of-housing-for-general-wellbeing-in-Scotland/

The Commission on Housing and Wellbeing was established by Shelter Scotland in the autumn of 2013. Shelter Scotland asked the Commission to make an independent, evidence-based assessment of the importance of housing for general wellbeing in Scotland. We were also asked to make recommendations for future priorities and policies that would help to improve housing conditions and wellbeing.

The report is structured around seven sections:
·   Wellbeing – our Approach
·   Housing as 'Home'
·   Neighbourhood and Community
·   Economic Wellbeing (Employment and Income)
·   Health and Education
·   Environmental Sustainability
·   Delivery, Implementation and Resources.

Authors	Dementia Services Development Centre, University of Stirling
Title	Dementia Services Development Centre
Available at	https://www.dementia.stir.ac.uk

The Dementia Services Development Centre (DSDC) is an international centre for knowledge exchange and research impact dedicated to improving the lives of people with dementia. This site includes links to news and information about the services provided by DSDC.

Authors	Dementia Services Development Centre, JIT, CIH Scotland and University of Stirling
Title	Improving the design of housing to assist people with dementia
Available at	https://www.housinglin.org.uk/_assets/Resources/Housing/OtherOrganisation/DSDC_dementia_design.pdf

The guidance provides a brief introduction to key design features that will enhance the internal and external living environment of people with dementia. It explains why extra care needs to be paid to design for people with dementia. Most of the recommendations do not involve additional cost – just a little forethought during the planning, refurbishment or redevelopment of accommodation.

Authors	Housing Learning and Improvement Network
Title	Homes for Old Age: Independent Living by Design
Available at	https://www.housinglin.org.uk/Topics/type/Homes-for-our-old-age-Independent-living-by-design/

This Housing LIN Report was published jointly with CABE (Commission for Architecture and the Build Environment). It contains ten case studies; nine on extra care and one on adapted general needs housing. It describes main design features, draws out lessons learned about what contributes to people's independence and describes what residents like and dislike about the designs.

Authors	Healthcare Improvement Scotland (ihub)
Title	The Housing Contribution to Health and Social Care Integration: How Well Are We Doing?
Available at	https://ihub.scot/media/2114/publication-ks-1.pdf

This report attempts to review what has been said so far about housing and health, examine the scope for influence by housing professionals, identify the common themes which are emerging, consider the evidence of housing links with health and wellbeing for those who still need convincing, and give positive examples of housing in action.

Authors	Healthcare Improvement Scotland (ihub)
Title	Place, Home and Housing Scoping Report
Available at	https://ihub.scot/media/1468/20182505-ihub-phh-re-design-scoping-report-dec-17-final.pdf

Healthcare Improvement Scotland commissioned this report to understand the key areas of focus for its Place, Home and Housing Portfolio. This follows the inclusion of Housing as part of the Improvement Hub and embedding it within its growing and diverse range of Improvement Portfolios. The report will examine the key strategic drivers, findings following stakeholder consultation, design principles and therefore outline the key areas of focus for the Place, Home and Housing Portfolio to inform its delivery.

Authors	Healthcare Improvement Scotland (ihub)
Title	Changing Minds, Improving Lives in Scotland: Focus on Dementia
Available at	https://ihub.scot/media/1462/20180628-fod-report-1-0.pdf

This report sets out a summary of the Focus on Dementia team's key achievements in the last year to support the implementation of key commitments within Scotland's third dementia strategy.

Authors	Healthcare Improvement Scotland (ihub)
Title	A Quality Improvement Framework for Dementia Post-Diagnostic Support in Scotland
Available at	https://ihub.scot/media/5363/20180816-pds-qif-online-v10.pdf

Focus on Dementia is the national improvement programme for dementia in Scotland, based within Healthcare Improvement Scotland's Improvement Hub (ihub). This report sets out a summary of our key achievements in the last year to support the implementation of key commitments within Scotland's third dementia strategy.

Authors	Joint Improvement Team
Title	Making the connection: guide to assessing the housing related needs of older and disabled households
Available at	https://ihub.scot/media/1932/making-the-connection-user-guide.pdf

This guide has been developed as a companion to and not a replacement for the Scottish Government (2014) Housing Need and Demand Assessment (HNDA): A Practitioner's Guide. It offers non prescriptive advice to help strategic planners engaged in the HNDA and the Joint Strategic Needs Assessment (JSNA) process to work together to develop a shared perspective of the needs and demands of older households and households that contain someone with a physical disability, learning disability, and/or a mental health problem.

Authors	National Housing Federation
Title	Dementia: Finding Housing Solutions
Available at	https://dementiapartnerships.com/resource/dementia-finding-housing-solutions/

This report highlights how good housing and related services can impact positively on the lives of people with dementia, from delaying more intensive forms of care to preventing admission and readmission to hospital. Case studies from housing associations and home improvement agencies show how appropriate housing can:
· Reduce or delay demand for health and social care services for people with dementia
· Improve the rate of diagnosis of dementia
· Deliver improved health and social care outcomes at a lower cost

Authors	Royal Town Planning Institute (RTPI)
Title	Dementia and Town Planning: Creating Better Environments for People Living with Dementia
Available at	https://www.rtpi.org.uk/practice/2020/september/dementia-and-town-planning/

This practice note gives advice on how good planning can create better environments for people living with dementia. It summarises expert advice, outlines key planning and health policy and highlights good practice case studies.

Authors	Scottish Government
Title	Older People's Housing Strategy: Delivery Plan
Available at	https://www.gov.scot/policies/independ-ent-living/national-strategy-for-older-peo-ple/

This plan sets out the actions in Age, Home and Community:
A Strategy for Housing for Scotland's Older People: 2012 – 2021.
It provides a description of what each action entails, as well as details
of the expected output, timescale and milestones.

Authors	Scottish Government
Title	Scotland's National Dementia Strategy 2017-2020
Available at	https://www.gov.scot/publications/scotlands-national-dementia-strate-gy-2017-2020/

This strategy is the product of collaboration between colleagues
from across health, social care and the third sector and includes
direct input at every stage from people with dementia, their families and
carers. To facilitate this input, the Scottish Government and Alzheimer
Scotland hosted a series of National Dementia Dialogue events in 2016
and 2017, which gave people the opportunity to share their views on our
proposals. Following these events, the Scottish Government published
its proposal for our next three-year strategy. A National Expert Advisory
Group also advised us on the nature and development of the strategy
and its associated commitments.

Authors	Scottish Government
Title	Age, Home and Community: The Next Phase
Available at	https://www.gov.scot/publications/age-home-community-next-phase/

This is a refresh of the 2011 publication of the Age, Home
and Community strategy.

Authors	Scottish Government
Title	Evaluation of the Effectiveness of the 8 Pillars Model of Home Based Support
Available at	https://ihub.scot/media/1735/evaluation-effectiveness-8-pillars.pdf

The Scottish Government commissioned Blake Stevenson to undertake an evaluation of the 8 Pillars home-based support model for people with dementia.

Authors	Scottish Government
Title	Self-directed Support Implementation Study 2018: Report 1: The SDS Change Map
Available at	https://www.gov.scot/publications/self-directed-support-implementation-study-2018-report-1-sds-change-map/

The main aims of the study were to assess and analyse the existing evidence base, to produce a refreshed set of key research questions for the ongoing monitoring and evaluation of self-directed support, and to carry out studies on two specific themes.
The study addressed three interconnected elements:
A: an evaluability assessment of self-directed support;
B: research on the economics/resource implications
    of self-directed support; and,
C: research on Option 2 in practice.

Authors	Scottish Government
Title	Self-directed Support Implementation Study 2018: Report 2: Evidence Assessmet for Self-directed Support
Available at	https://www.gov.scot/publications/self-directed-support-implementation-study-2018-report-2-evidence-assessment/

This report presents the results of: an international literature review; an assessment of current data and other evidence in Scotland on self-directed support; material from case studies.

Authors	Scottish Government
Title	Self-directed Support Implementation Study 2018: Report 3: Self-directed Support Case Studies
Available at	https://www.gov.scot/publications/self-directed-support-implementation-study-2018-report-3-case-studies/

This report presents findings from 13 case studies of self-directed support in Scotland in 2018.

Authors	Scottish Government
Title	Self-directed Support Implementation Study 2018: Report 4: Summary of Study Findings and Implications
Available at	https://www.gov.scot/publications/self-directed-support-implementation-study-2018-report-4-summary-study-findings-implications/

This report summarises components of the research detailed in the previous reports.

Authors	Scottish Public Health Network
Title	Foundations for well-being: reconnecting health and housing
Available at	https://www.housinglin.org.uk/Topics/type/Foundations-for-well-being-reconnecting-public-health-and-housing/

The time right for a reconnection between the worlds of public health and of housing. In this context, this report aims to guide both sectors in their work to improve health and reduce inequalities through the provision of good housing. It is intended not as an exhaustive account of the ways in which housing can influence health, but as a practical resource to support joint working.

Authors	University of Stirling/Dementia Services Development Centre
Title	Literature Review: The cost effectiveness of assistive technology in supporting people with dementia - report to the Dementia Services Development Trust
Available at	https://core.ac.uk/download/pdf/19538048.pdf

The literature review aimed to identify and assess evidence regarding the costs and benefits of assistive technology in supporting people with dementia. 'Assistive technology' was defined broadly for the purposes of the review, using definitions given in the DSDC/JIT publication 'Telecare and dementia' (Kerr et al 2010). The term includes:

·   'remote or enhanced delivery of health and social services to people in their own home1 by means of telecommunications and computerised systems' (Scottish Government 2010)

·   'technological+ devices for personal use designed to enhance the physical, sensory and cognitive abilities of people with disabilities to help them function more effectively' (Kerr et al 2010).

The review included both technology offered through formal services and technology for private or personal use. In the context of a policy climate moving increasingly towards personalised services, care at home and support for informal care, both aspects are important.

Authors	University of Stirling/Dementia Services Development Centre
Title	Various resources
Available at	https://www.dementia.stir.ac.uk

The Dementia Services Development Centre, University of Stirling provide a variety of resources for people with dementia, their care partners, professional designers and care providers

Authors	University of the West of Scotland
Title	Being Home: Housing and Dementia in Scotland
Available at	https://www.uws.ac.uk/media/4035/being-home-full-report.pdf

This report explores the underlying evidence, exposes some common assumptions and a range of policy and other current influences shaping current housing services, support and options available to people living with dementia. Alternatives and future options, including a prototype online resource, are also suggested to encourage innovation and discussion. This report offers a range of views, ideas and evidence to inform and progress the debate in Scotland.

Participation resources

Authors	The Dementia Engagement and Empowerment Project
Title	Tips for organisations wanting to consult people with dementia about written documents
Available at	https://www.dementiavoices.org.uk/deep-resources/making-things-more-accessible/

This guide provides tips for organisations wanting to consult with people with dementia.

Authors	Healthcare Improvement Scotland's ihub
Title	Anticipatory Care Plan Toolkit
Available at	https://ihub.scot/anticipatory-care-planning-toolkit/

This guidance has been developed to help health and care professionals to support individuals who would benefit from Anticipatory Care Planning. A number of Anticipatory Care Planning documents have been developed for use across Scotland. People may also choose to use the My Anticipatory Care Plan "Let's think ahead" App that is available for download free of charge from the App Store. More information available from myacp.scot

Authors	Joseph Rowntree Foundation
Title	Exploring Ways Staff Consult People with Dementia about Services
Available at	https://www.jrf.org.uk/report/exploring-ways-staff-consult-people-dementia-about-services

This paper, written by Kate Allan for the Joseph Rowntree Foundation, explores how staff can encourage people in their care to express their views and preferences. It describes how staff in ordinary settings were supported in developing individualised approaches to consultation, building on individual service users' personal strengths.

Authors	Scottish Health Council
Title	Participation Toolkit
Available at	https://www.hisengage.scot/equipping-professionals/participation-toolkit/

This toolkit supports NHS staff to involve patients, carers and members of the public in their own care and in the design and delivery of local services. It offers a number of tried and tested tools along with some more recently developed approaches.

Authors	Social Care Institute for Excellence
Title	Participation in development of dementia care
Available at	https://www.scie.org.uk/dementia/supporting-people-with-dementia/participation-in-development.asp

This video highlights how commissioners support organisations and carers and how they all have a role to play in enabling the person with dementia to share their knowledge and experience for the benefit of others and gives practical examples.