



Facing the Future with Dementia: designing buildings that will be adaptable

In both the public and private sectors the impact of initiatives such as the *Housing our Ageing Population: Panel for Innovation*¹ and *Housing our Ageing Population: Plan for Implementation*² reports are challenging providers to raise their game and offer better quality independent living for old age. This paper outlines the current situation across differing styles of care and suggests how to avoid designing settings, which are so bespoke that they will not outlive changes in aspirations of coming generations of older people. It builds on a presentation that I gave at the 7th Dementia Congress last year in Brighton entitled, '*Future-proofing specialist dementia extra care*'.

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Executive summary

Awareness of Dementia is rising and there are a number of initiatives in place to encourage investment in appropriate settings for people and their immediate carers to live successfully with this long-term condition. There were 820,000 people living with a diagnosis of dementia in 2012 and many more exhibiting symptoms but not identified or offered help.

Research is promising earlier diagnosis and new treatments for the diseases which cause memory loss which may mean that the coming generation of older old people will be able to manage with less specialised support.

In the meantime, there is a growing population of elders whose severe dementia will precipitate a move into specialist care. Whether this setting is a nursing home or in dementia housing with care, it would be wise to facilitate an adaptation of the building for future use for general needs.

Introduction

This paper is prompted by an acknowledgement that the rate of redevelopment of building stock in the UK is so slow that new buildings must last for many decades. Also, the lifestyle and expectations of the next generation of older people, the so-called baby-boomers, will be different from people who are in old age now. They are more likely to be living as couples and facing the need for one partner to care for the other. Their disposable income will be challenged by the support required for their children and grand children, their equity may not be as great as they expected it to be due to the stagnation in property values, and the value of pension income has not kept pace with inflation.

In this context, we are looking at different solutions covering a broad range of housing options for older people, particularly the 30% who will develop dementia in old age.

- Staying put - how to make the ordinary home future proof
- The specialist sector - is it fit for adaptation to non-age related lifestyles?
- Housing with Care - which sized model suits elders with dementia?
- Care Homes - how to avoid them becoming the new workhouse



I look at each of these in turn below.

Staying put - how to make the ordinary home future proof

There are many drivers for people staying put in old age, not least the cost and disruption of moving but mainly the lack of experience of other alternatives. Where elders have made a successful transition to an appropriate setting for a positive old age they are tremendous advocates amongst their peers. Typically “ageing in place” happens by default - a typical route through old age in the family home looks something like this:

- Children leave the family home
- A couple retire from work outside the home and the house is now the main expression of one’s place in the world

- Surplus bedrooms are used for hobbies, home working, boomerang children returning as adults, lodgers etc.
- One partner becomes frail and the other acts as carer
- One partner dies and the remaining singleton becomes frail
- Carer or home sharer comes to live in to provide support

Adopting the Lifetime Homes principles more widely would go a long way to meeting the needs of older people caring for each other in their own home. Diseases that cause dementia do not necessarily cause physical frailty but they are most likely to affect people who are already old. Measures that would make the dwelling more accessible to people with mobility problems include e.g. fitting out a ground floor shower room, the ability to convert a ground floor room for sleeping and revising kitchen units so that the storage is easily reached. Additional features to assist with mental frailty are simple to install e.g. open shelves or glass fronted cupboards in the kitchen and in the bedroom, assistive technology to give gentle reminders and to alert people inside the dwelling and beyond when there is a dangerous situation.

The location of the dwelling is a key factor in the reluctance to move. For example:

- A supportive neighbourhood where one is known
- Not being reliant on a car
- Not being isolated
- Services and facilities within walking distance with adequate seating, lighting, shelter and well-maintained, smooth, level, plain paving.

In addition, researchers at Oxford Brookes University are testing findings which demonstrate that design solutions do potentially exist which would enable older people with dementia to continue to negotiate and use their local neighbourhoods. Familiarity, legibility, distinctiveness, accessibility, comfort and safety all appear to have a major influence. Small street blocks with direct, connected routes and good visual access, varied urban form and architectural features, and distinctive, unambiguous, remembered, environmental cues such as pillar boxes and belisha crossings could enhance successful orientation and way-finding.

A practical and easy to maintain external environment is important. Gardens should be easy to use with opportunities for growing food. Size need not be a factor if larger gardens are managed with areas left to go wild. There are initiatives for landshare gardening where gardeners without gardens arrange to grow vegetables with people whose gardens are too big for them. Other factors are:

- Views for the housebound
- Paved paths
- Comfortable seating with a focus
- Sensory features
- Encouraging birds and other wildlife
- Sunny and shaded areas
- Mobility scooter storage

People with dementia will benefit from opportunities to be messy, a potting shed and reminiscence items around them.

Finally, there are the community links that make people reluctant to move e.g, access to a GP, shop, library, leisure centre, day centre and above all friends and family.

The specialist retirement housing sector - is it fit for adaptation to non-age related lifestyles?

There are a lot of differing models of accommodation for older people and there continues to be a shift towards larger complexes to achieve an economy of scale. Where these are built as apartments or bungalows it should be easy enough to picture that setting becoming 'all age' rather than age specific. It is not solely older people who may wish to live in a distinct community with some shared facilities, there is a trend towards co-housing amongst a wide range of people with a common interest whether that is around work or faith or family values. However, one cannot assume that the common parts in a new specialist setting for older people will always be in demand, or affordable as part of the service charge, so designing them from the outset to be suitable for conversion into dwellings is sensible.

Housing with Care - which sized model suits elders with dementia?

Housing with Care comes in a variety of definitions, tenures, styles and sizes of developments. In this context we are focusing on the number of dwellings (usually apartments) provided and the scope of facilities that they share. There are sufficient schemes built now to make an assessment of how successful they are in integrating people with dementia

Large (75+ units) schemes tend to be branded as Care Villages. As such the density of elders in one place can sustain a range of communal facilities and offer a wider range of support networks both from employed staff and volunteers. For example, the ExtraCare Charitable Trust trains staff for their Enriched Opportunities Programme®³ who seek out people with memory loss and help them to make the most of facilities on offer by giving one to one support. Encouraging residents to partake in activities breaks down the social isolation, which can lead to segregation from others. These settings will market themselves into the future as a safe and secure community of common purpose and as such will have an enduring appeal.



Girton Green, Cambridgeshire

For example, Girton Green - a scheme opened by the Abbeyfield Society in Cambridgeshire in 2012 - has 76 generously sized apartments with patios or balconies alongside a restaurant, library, swimming pool, well-being suite and cinema. The site is close to Girton village and there are good connections, including a cycle path into Cambridge. It has a majority of sale units and has attracted a higher income group. The extensive facilities will help to maintain and stimulate the older old age group and most residents should be able to make this a home for life.

Average HWC schemes (around 50 units) have differing policies on Dementia. Some have chosen to establish 'dementia wings' but this runs the risk of creating a ghetto for people who are seen as less able than others and of less worth. Many schemes aspire to have a dependency ratio amongst residents of one third with low care needs, one third with moderate care needs and one third with high care needs but this can be undermined if e.g. the Local Authority is closing a high dependency home and needs to re-locate people. Although the age range quoted for these Extra Care Housing schemes is usually over 55 years of age in practice the average age is likely to be 85 so the younger old will not see these schemes as an attractive offer. Since there will be fewer people like themselves they may fear being called upon to volunteer to help others. There is a trend towards providing fewer shared facilities in schemes of this size especially as they become mixed tenure with more scrutiny of the level of service charges. Demand from the social rented sector may make it difficult to prevent this model becoming a better alternative to the old residential care home.

For example, Bluebell Gardens - a scheme opened by Housing 21 in Bristol in 2012 - has 61 apartments; it is a thriving scheme with a small number of shared ownership units. Residents tend to be frail and a significant number will develop dementia. Its location attracts older people living locally and this gives the common areas more footfall and viability. There may be scope to use an adjoining site for redevelopment to provide some specialist dementia extra care to complement this scheme.



Bluebell Gardens, Bristol

Some schemes will lend themselves to remodelling to become solely dementia focused Extra Care Housing. Clusters or wings can be formed where e.g. every 10th flat - it would need to be a 2-bed size - is converted into a shared facility for its neighbours with a farmhouse kitchen, a homely lounge and a small study. Others, if designed with common parts able to revert to flats, will have an enduring life as a block of non-age related housing.



Artist's impression of Franklin House, Sutton

For example, Franklin House - a scheme being developed by Housing 21 in Sutton (due to be opened in 2014) - will have 4 dementia clusters and one ALD cluster, 49 apartments in total, with the footprint of 4 further two bed units used as the shared 'home zone' for each group of 10 units. Residents will receive an enabling style of care which aims to support them through the whole dementia journey.

Small HWC schemes (around 20 units) are sometimes already designated for dementia and arranged as 'households'. Most will not be able to sustain a meals service unless all residents are receiving benefits commensurate with their high care needs. They are often cited as the most appropriate and successful settings for people with dementia and couples where one is caring for the other to live. These are probably the most flexible buildings to adapt to a different user longer term.



Beeches Manor, Wokingham

For example, Beeches Manor - a scheme opened by Housing 21 in Wokingham in 2012 - has 2 dementia clusters arranged on the ground floor of the building around courtyard gardens and shared home zones. Upstairs are 8 flats for adults with learning disabilities whose residents will be able to take advantage as necessary of the staff support.

Residential Care Homes- how to avoid them becoming the new workhouse

Care homes are improving as the regulatory framework of inspections is enforced and against a background of exposures of worst practice, however there is still a dread amongst older people of being 'put away'. There are fewer residential care homes now that are conversions of old buildings that might revert to their original residential use and the new buildings are much more bespoke. Space standards are still low in comparison to facilities in other developed countries but few operators build down to the minimum that is registerable. Aspirational care homes will offer:

- More personal space
- More privacy and dignity
- More opportunities for self-help
- Enabling, person-centered care
- Volunteering opportunities
- More inter-generational work e.g. families visiting, outreach work with schools etc.

At a time when advances are being made in diagnosis and treatment of both physical and mental diseases, it would be wise to look ahead to a time when the nursing/residential care home setting is in less demand and ensure that what is built now can be re-modelled to suit.

A successful and future proof model will ensure that individual rooms can be clustered to form larger dwellings e.g. a pair of rooms would form a single occupancy 'assisted living suite' comprising a bedroom with en-suite bathroom plus a living room with a mini kitchen. Then a set of 3 bedrooms could turn into a 'double nursing suite' whereby the apartment offers two registerable bedrooms sharing a fully accessible bathroom and a living room with kitchenette. One building could contain variations on this theme e.g. a floor laid out as a ward of say 20 nursing rooms, another floor of assisted living and a floor of double nursing apartments.

For example, Captain Barnard – a care home being developed by Brendoncare in Otterbourne (due to be opened in 2016) - will be a nursing home with 62 bed spaces arranged as two nursing units each with 20 rooms and eleven 2 bed apartments where each bedroom meets registration standards for nursing. The latter enables an element of individual property ownership separate from the nursing care charges.



Artist's impression of Captain Barnard, Otterbourne

Conclusion

In 2013 providers in the Older Persons' Housing sector are being challenged to respond to increasing demand, to provide for higher aspirations and to maintain affordability. Traditionally, new Housing with Care schemes have been driven by site availability and the most obvious source of land was brownfield sites previously occupied by Local Authority Residential Care Homes. This has led to a preponderance of 50-60 unit schemes which can now be seen to be the most problematic size to run as an attractive offer for a wide range of older people. In my view, providers need to think ahead to what style of housing people who are in middle age now will choose to buy in to or rent in 20-30 years time. It is likely that the most future-proof model is one that is either larger with a wider appeal or smaller with a specialism. However, it is clear that whether developing extra care housing for rent or sale, schemes need to be designed flexibly so that they can accommodate residents' changing lifestyle choices and needs, including those with dementia.

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Note

The views expressed in this paper are those of the author, and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing Learning and Improvement Network (LIN) is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions, including dementia.

The Housing LIN is a member of the Dementia Action Alliance. For further information on this and about the Housing LIN's comprehensive list of online resources at 'In Focus: Innovations in Housing and Dementia', and opportunities for shared learning and service improvement, including site visits and network meetings in your region, visit:

www.housinglin.org.uk/HousingandDementia

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If you have an example of how your organisation is closely aligned to a 'Living Lab' approach or a subject that you feel we should cover, please contact us.

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