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marchesepartners

The importance of dementia-friendly Retirement Living

Retirement Living Insight Series **2018**

The importance of dementia-friendly Retirement Living

The global trend of an ageing population has contributed to dementia being identified as one of the major public health issues of the 21st century.

There are approximately 850,000 people in the UK with dementia as of 2015. This figure is predicted to rise 35% by 2025 and 140% by 2050 to 2 million people in the UK.

Suitable safe housing and the delivery of cost-effective care are two of the most important concerns when a family-member is living with dementia. Many traditionally-built family homes in the UK are not always suitable for those living with the condition, and in many cases, delivering healthcare directly into family homes can be costly.

As dementia rates increase and the cost to our economy also rises, it will become increasingly important to deliver care in a more efficient safe setting – whilst keeping individuals living in their own homes for as long as possible. Retirement Living can play an important role in housing an ageing population in this context.

Why many family homes may not always be suitable environments

Aspects of the built environment which have perhaps never been given much consideration can turn into obstacles for those with dementia. Simple changes in levels, such as steps and stairs, can inhibit movement or cause falls, changes in tonal contrasts between flooring materials can cause distress and confusion. In addition, the inadequate provision of natural light creates another issue as sunlight is a key component to improving and maintaining well-being, according to Marchese Partners, specialist architects in Retirement Living homes.

Loneliness is another potential challenge for those with dementia especially given the high proportion of older people who live alone. The health and well-being of a person with dementia is related to their social relationships with family, carers and other residents. In some cases the stigma of having dementia can increase the social isolation of older people living with the condition.

Conversely, accommodation which has been specifically designed to support ageing positively can promote and enable inclusive and equal access to services and amenities for all residents regardless of mobility or cognitive functions.

Care and support

According to research conducted by the Alzheimer's Society, some 39% of those living with dementia over the age of 65 are living in either residential care or nursing homes. This leaves almost 500,000 over-65's with dementia who are currently living outside of a specialist care environment. Many will be doing so successfully, but a lack of adequate residential care facilities, especially in comparison to peer countries, may cause some issues.

In addition to declining cognitive functions associated with dementia, the normal

What is dementia?

Dementia is caused by specific age-related diseases, including Alzheimer's, which affect the brain and result in the decline in one or more cognitive functions such as memory, language, behaviour, personality, or emotion. It can significantly affect an individual's quality of life.

The spectrum of dementia is as diverse and complex as the disease itself. For some it is a rapid and inconsistent decline in multiple cognitive functions. For others it can be a much slower and consistent process.

Although dementia is not a normal part of ageing, many of the cognitive functions which experience clinical decline are functions which, in isolation, experience some degree of organic decline as a natural part of the ageing process. This not only highlights the difficulty and complexity of diagnosing the disease itself, but also identifies perhaps the greater challenge; being able to recognise advance symptoms to initiate an early diagnosis and implement an appropriate care-plan.

Early diagnosis is key to preventing an often rapid decline in quality of life. It initiates conversations and importantly formalises decisions regarding necessary care.

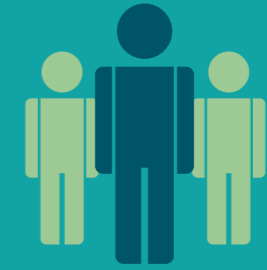
People with dementia in the UK to increase by 140% from 2015 to 2050

Cost of dementia to the UK set to increase by almost £40bn between 2015 to 2050



Source: Alzheimer's Research UK

DEMENTIA IN THE UK



1 IN 3

PEOPLE BORN IN THE UK THIS YEAR (2018) WILL DEVELOP DEMENTIA IN THEIR LIFETIME



EVERY 3 SECONDS

A NEW CASE OF DEMENTIA IS DIAGNOSED WORLDWIDE



24.6M

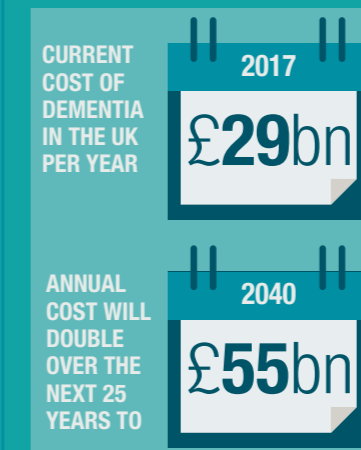
38% OF UK POPULATION KNOW A FAMILY MEMBER OF CLOSE FRIEND LIVING WITH DEMENTIA

1 MILLION

PEOPLE IN THE UK WILL HAVE DEMENTIA BY 2025

2 MILLION

PEOPLE IN THE UK WILL HAVE DEMENTIA BY 2050



850,000

ESTIMATED NUMBER OF PEOPLE LIVING WITH DEMENTIA IN THE UK



700,000

INFORMAL CARERS IN THE UK



1 IN 14

PEOPLE AGED 65+ HAVE DEMENTIA



1 IN 79

PEOPLE IN THE UK HAVE DEMENTIA

47 MILLION

ESTIMATED NUMBER OF PEOPLE LIVING WITH DEMENTIA WORLDWIDE

75 MILLION

PROJECTED NUMBER OF PEOPLE GLOBALLY THAT WILL HAVE DEMENTIA BY 2030



Source: All data and graphs sourced from Alzheimer's Research UK. Original source: Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society. Number of people in the UK with a dementia diagnosis sourced from NHS Digital: Quality Outcomes Framework Data

Figure 1
Age profile of those living with dementia in the UK

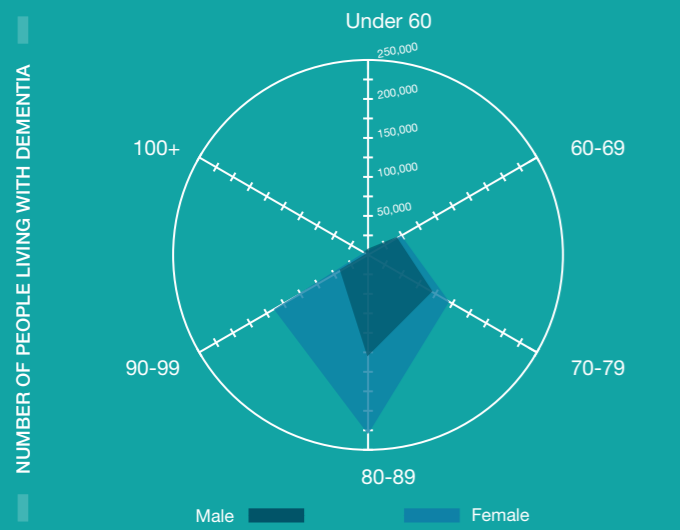


Figure 2
Cost of dementia by type of residence and severity of condition per person

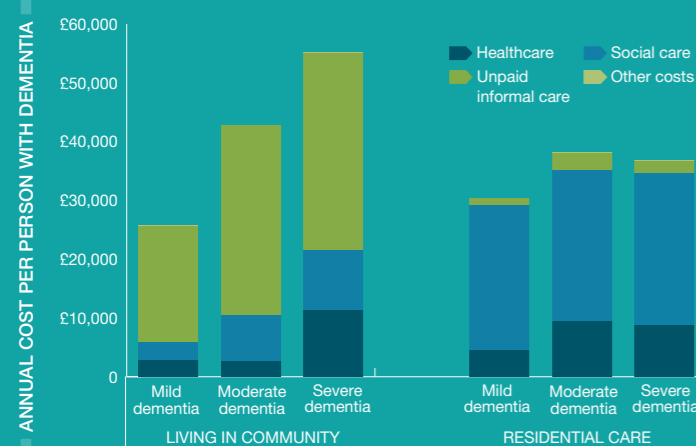
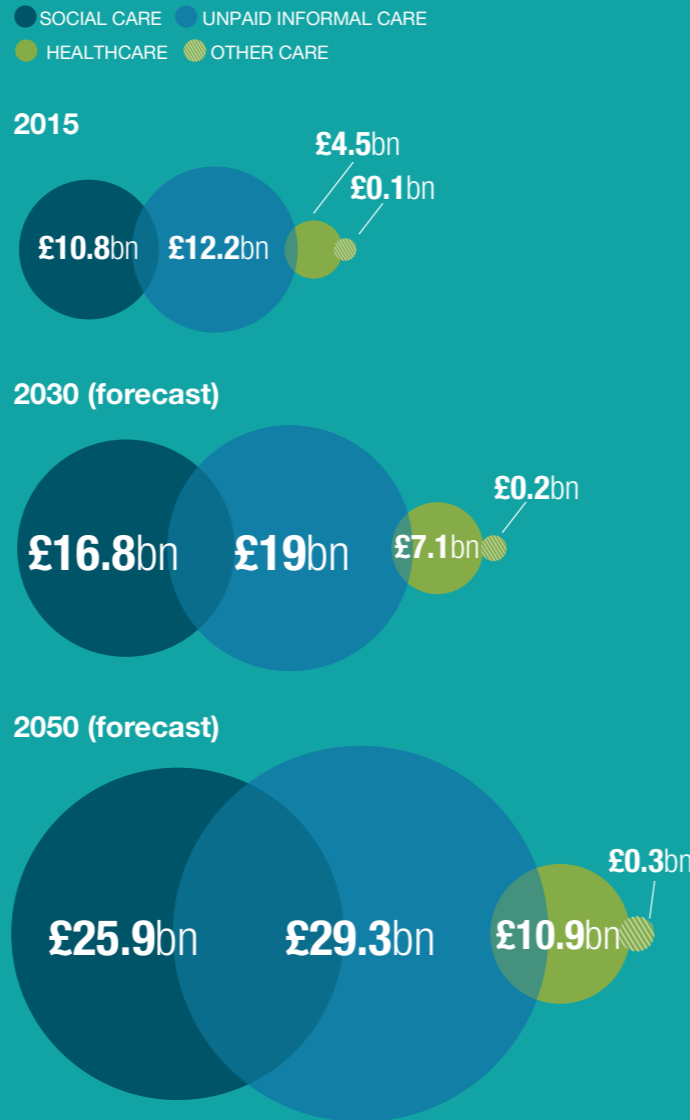


Figure 3
Projected number of people living with dementia in the UK



Source: All data and graphs sourced from Alzheimer's Research UK. Original source: Prince, M et al (2014) Dementia UK: Update Second Edition report produced by King's College London and the London School of Economics for the Alzheimer's Society

Figure 4
Cost of dementia to the UK



Gaynes Park, Adelaide, Australia – courtesy of Life Care

ageing process requires multidisciplinary care and support services. Physiotherapy, occupational therapy, cooking and household assistance are widely documented to benefit an individual when collectively provided in a consolidated service.

The cost of dementia

Dementia affects individuals, as well as their families and communities. It also has far-reaching implications for the economy. The delivery of care should be considered in a holistic way to ensure it is delivered efficiently. Dementia has higher health and social care costs than cancer and chronic heart disease combined, and it is estimated to have cost the global economy some \$818bn in 2015 according to Alzheimer's Research UK. It is set to hit \$1 trillion this year. This annual cost is larger than the annual GDP of more than 170 individual countries around the world.

In the UK in 2017, dementia cost £29.1bn on an annual basis. The largest cost was on informal care from unpaid carers and family support (44%), followed by social care (39%) and healthcare (16%). The amount spent on caring for those with dementia is forecast to almost double in the next 25 years, reaching £55bn by 2040, according to Alzheimer's Research UK.

According to research by the Alzheimer's Society, as of 2014, the average cost of people living with dementia was £32,242. They explain that those with dementia could spend £100,000 on their care over their lifetime, meaning it would take 125 years to save for this if an individual saved at the same rate as their pension. On average, the total cost of care is higher when an individual lives in a community setting i.e. in a family home, compared to a residential setting i.e. care home.

The pressure of increasing costs will drive more efficient delivery systems. Help providing care in residential settings – such as care homes and retirement living – rather than into family housing (see figure 2 for cost of care comparison) may be one of the logical extensions of a drive to ensure high levels of care while ensuring the rise in care costs which fall on the state are controlled.

Choice of housing

At present, there seems to be little choice of suitable housing if an individual has a mild form of dementia and wants to move out of the family home. The choice is often between retirement living accommodation that isn't dementia-friendly, or a care home.

Care homes cater for high dependency care and dementia care. However they can be costly for the individual funding this move – the average weekly fee of nursing care homes is £798 (2017) with residential care at £651 (2017). These are not necessarily the right environments for someone who can still enjoy a level of independence and a good quality of life, but requires support because of a dementia diagnosis.

At present, the market for specialised dementia housing in the UK is relatively immature. As a result, there is a lack of adequate accommodation to support and cater for a person with a mild form of dementia.

Whilst many countries, namely the US, Australia and European countries such as the Netherlands and France, have a wide range of housing options for those living with dementia, the UK has typically lagged behind in terms of providing specialist retirement living options.

The way forward

Specialised Retirement Living units which have been designed to accommodate dementia sufferers provide a cost-effective

way to deliver care whilst enabling residents to retain their independence.

Marchese Partners, an Australian-based international firm of architects, master planners, and interior designers has devised a series of design principles to guide in the design of dementia-friendly Retirement Living Schemes.

Design solutions around colour and pattern, lighting, materials and surfaces, orientation and coordination, sound and connection to nature can all play a key role in helping the way someone with visual or cognitive impairment moves around a building.

By following design principles centred around the individual and their wellbeing, residents, irrespective of age or levels of care, can live in retirement living schemes together. Marchese Partners have developed dementia and age friendly design principles around familiarity, legibility, distinctiveness, accessibility, connectivity, safety and choice. These can be used to guide a client's vision and establish a consistent framework across retirement living schemes.



Gaynes Park, Adelaide, Australia – courtesy of Life Care

Expert view



Tom Scaife
Partner,
Retirement Living, Knight Frank LLP

Retirement Living can provide cost-effective healthcare in a community setting, and allows individuals to continue owning and living in their own homes.

With around 25 million people in the UK (or 38% of the population) knowing a family member or close friend living with dementia, 7% of our over 65's population living with dementia, and the huge cost of care for the individual and the wider economy, it is down to the industry and councils to work together to create homes where people with dementia can live well. Knowing these figures are set to increase in the future, the need to do so now is of paramount importance.

Retirement Living schemes should be designed to be dementia-friendly with changing ageing requirements catered for through the built environment. This will allow an individual to live independently for longer, age in place and not to have to contemplate another move to a more specific dementia provider should their symptoms become more acute.



Stewart Dean
Principal, Marchese Partners

Marchese Partners are proud to be at the forefront of current thinking in applying dementia design principles to ensure that residents are able to better "age in place" in retirement environments no matter what their age or care needs are. Marchese Partners designs are centred on people's individual circumstances and their wellbeing and are conceptualised and delivered by responding to our Design Principles based on research.

We utilise the latest in virtual reality technology to enable our clients to better understand built form outcomes during the design process. Through this process our clients are able to better experience how the environments will "look and feel" thereby eliminating any misunderstandings that arise from reading architectural plans. We find this is increasingly important when designing for dementia – to give both the developer and the resident the ability to interact with future homes in an immersive experience.

LEGIBILITY

The extent to which the built environment and its elements help residents understand where they are and how to identify which way they need to go. Legible environments have an easy to understand typology, language and materiality that provide easy to understand hierarchies.

DISTINCTIVENESS

The extent to which the environments give a clear image of where the resident is, what the uses are for and how they are to be used. Distinctiveness reflects culture and character of their life history through colour, texture, forms and materials.

ACCESSIBILITY

The extent to which environments and its components enable residents to mobilise around spaces and places they need or desire to visit regardless of any physical, sensory or cognitive impairment.

MARCHESE PARTNERS' DESIGN PRINCIPLES

CONNECTIVITY

The ability for environments to act as conduits and connectors for elderly people and their family friends and greater community.

SAFETY

The extent to which environments and its parts enable residents to use, enjoy, socialise and move around the spaces without fear of falling, tripping and becoming disorientated.

INDIVIDUAL CHOICE

The fact that we are all unique. We must consider the wide variety of lifestyles when designing later living environments so that every person is afforded the same level of choice.

FAMILIARITY

The extent to which the built environment and its elements are recognisable to elderly people and how easily they are understood by them.

Marchese Partners is an Australian based, international firm of architects, master planners, and interior designers who are globally recognised leaders in the design of later living and aged care projects.

The practice was established in 1994 in Sydney by Eugene Marchese and Steve Zappia and they currently operate nine studios internationally. The London studio was established in 2015 with Stewart Dean as the Practice Principal.

We are a passionate, revolutionary later living & aged care consultancy that delivers a new vision in ageing design & research. The philosophy is a blend of art and science; the art is in designing, planning and creating an environment that is beautiful and a joy to live and work in. The science is the application of proven research and finding from our research partners that transform the principles of Person Centred Living into a fully functional experience.



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All photos courtesy of Life Care –
Gaynes Park Scheme in Adelaide, Australia

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