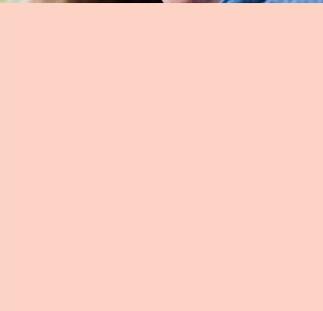


Housing and Dementia Research Consortium



Summary report, Apr 2020

All those who wander are not lost¹
Walking with purpose in Extra Care,
Retirement and Domestic Housing



¹ Tolkien, J. R. R. (1954). The Lord of the Rings.



Housing and
Dementia
Research
Consortium



University
of Worcester
Association for
Dementia Studies

Authors

Dr Julie Barrett, HDRC, Association for Dementia Studies

Dr Simon Evans, Association for Dementia Studies

Dr Vanessa Pritchard-Wilkes, Housing 21

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Address for correspondence

Association for Dementia Studies (ADS)

University of Worcester

Henwick Grove

Worcester

WR2 6AJ

Tel: +44 (0) 1905 542531

Email: j.barrett@worc.ac.uk

Introduction

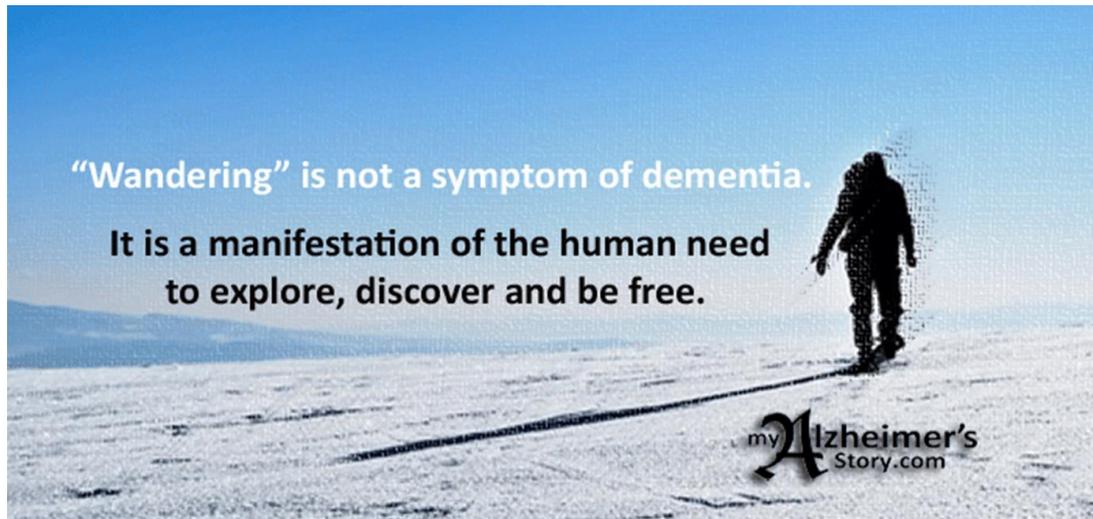
This mixed methods study explored walking with purpose in extra care, retirement and domestic housing settings, along with the perceptions and responses of staff and family carers, in order to better understand and support residents living with dementia in such settings and to develop good practice guidelines.

Increasing numbers of people with dementia are supported in long-term care settings and extra care housing is now widely viewed as an alternative to care homes that can provide greater opportunities for maximising independence while providing flexible, personalised care and support services (Evans, 2009). However, there has been much debate on whether these facilities provide a suitable environment and service to residents who have dementia, particularly in terms of supporting behaviours such as walking with purpose (Twyford, 2016).

While an estimated 70% of care home residents are living with dementia (Alzheimer Society, 2016), the prevalence of dementia among extra care housing residents is less clear, largely because comprehensive prevalence data across all housing providers has never been gathered. Data collected in 2017-18 by three housing providers belonging to the Housing and Dementia Research Consortium (HDRC) in the UK (MHA, Housing & Care 21, the Extra Care Charitable Trust and Anchor Hanover) found that 14-17% of extra care housing residents are living with dementia and 7-9% have suspected but undiagnosed/undeclared dementia (source: HDRC).

When people living with dementia have a need to walk it is often seen as a 'problem'. The terminology that is widely used reflects this viewpoint, particularly when it is described as 'wandering' or a 'behavioural problem'. However, there is no clear consensus about what exactly is being described. A review by Cipriani et al. (2014) found multiple definitions of walking with purpose in the literature (where it is often referred to as 'wandering'), including 'aimless movement without a discernible purpose'; 'locomotion with no discernible, rational purpose'; and 'the most difficult aimless behaviour to manage in demented patients'. Many different terms are used in the literature, particularly 'wandering' but also 'walking', 'walking about', 'walkabout', 'roaming', 'ambulation', 'exit seeking' and 'elopement'. It is often classed with 'behaviours that challenge' or 'difficult situations' and has been associated with a range of other behaviours including depression, delusions, hallucinations, sleep disorder and, most often, agitated behaviour (Cipriani et al., 2014). Many negative outcomes have been widely attributed to walking with purpose, such as distress for people with dementia and their caregivers and admission to residential care. A range of medical responses have been adopted, including the use of medication to reduce walking as a manifestation of agitation.

While ‘wandering’ has become a label with negative overtones in the context of dementia care, it is considered by some researchers and health professionals as an activity, and often a pleasurable one, that all of us engage in at some point in our lives (Dewing, 2006; Graham, 2017). Furthermore, the term ‘wandering’ suggests aimlessness, whereas in fact there is often a purpose or aim behind this activity (Alzheimer’s Society, 2019). In recognition of this, in this study we have adopted the term ‘walking with purpose’ while also acknowledging that this includes ‘wandering’ as a normal and valuable human activity in its own right.



Little is known about the prevalence of walking with purpose among people living with dementia or its many forms, contributory factors, outcomes or how best to support and safeguard individuals who engage in this behaviour. There is evidence that, although the frequency of getting lost may be low for people living with dementia, there can be considerable risks (significant harm, including death) for a small minority of those who do get lost (Bantry White and Montgomery, 2014)

Extra care and retirement housing providers, such as Housing 21, face particular challenges in understanding and responding to residents living with dementia who engage in walking with purpose. It is hoped that the findings of this study will help such housing providers to better understand and support residents living with dementia who engage in walking with purpose in their housing schemes. In recognition of the fact that approximately two thirds of people living with dementia do so in the community (Prince et al, 2014), and for comparison purposes, walking with purpose in domestic housing (also known as general needs and mainstream housing) settings was also examined. The goal is for this research to be useful for the wider housing sector, not just specialist housing providers like Housing 21. Limiting the research to specialist housing will limit the applicability and usefulness of it to the housing sector. It is unlikely that any general needs housing providers or indeed private sector landlords will do this research, so this is an opportunity to understand the walking with purpose issue across the sector as a whole.

Study aims, design and methods

The principle aim of this study was to explore and understand walking with purpose among people living with dementia in extra care, retirement and domestic housing settings, along with the perceptions and responses of staff and family carers, in order to develop good practice guidelines. The study, comprised 3 stages: a scoping literature review; an online survey, distributed to housing providers (via the HDRC network of housing providers and commissioners (around 25 members) and members of the Housing LIN) and cascaded to individual extra care and retirement housing schemes for completion by the managers; case studies in Housing 21 extra care schemes and retirement housing schemes involving interviews with key staff and family members. Interviews were also conducted with the informal/family carers of people living with dementia in mainstream housing in order to get a picture of the challenges faced in general needs housing.

Key findings

Survey of extra care and retirement housing schemes

The survey initially had 148 respondents (71 Housing 21 respondents) who completed the questions about the scheme, the number of respondents then dropped to 93-103 (49 Housing 21) who completed the questions specifically about walking with purpose. Later on, only respondents who currently had residents who engage in walking with purpose were required to continue the questionnaire, so the number of respondents dropped further to 50 (28 Housing 21). Of the 148 people who responded, 106 (72%) worked in a retirement housing scheme while 42 (28%) worked in an extra care housing scheme. For the 71 Housing 21 respondents, 50 respondents (70%) worked in a retirement housing scheme while 21 (30%) worked in an extra care housing scheme.

Across all the survey extra care schemes, residents living with a diagnosis of dementia constituted 14% of the total number of residents (also 14% for Housing 21 schemes only) with a further 5% living with suspected but undiagnosed/undeclared dementia (7% for Housing 21 schemes). These prevalence figures correspond well with the prevalence data from individual housing providers belonging to the HDRC. As would be expected, the prevalence of people living with diagnosed dementia in the survey retirement housing schemes was lower (5% across all respondents and 6% across Housing 21 respondents), however the proportion of people with suspected dementia was similar to that for extra care housing (5% across all respondents and also Housing 21 respondents).

The vast majority of all the schemes surveyed had up to two residents who engage in walking with purpose. This constituted, on average 22% (24% for Housing 21) of all the residents living with diagnosed or suspected dementia for both types of

schemes. The proportion of residents living with diagnosed or suspected dementia that walked with purpose in retirement housing was higher than in extra care housing.

Although residents who walk with purpose constituted a small portion of the total number of residents, around half of all the respondents considered managing walking with purpose to be a challenge. Furthermore, the majority of all respondents considered staff only moderately successful in addressing walking with purpose. The severity of the challenge of managing walking with purpose was more variable for extra care than for retirement housing and could be of high severity in some extra care housing schemes. Challenges described by respondents related to ensuring the resident's safety, especially when they leave and are away from the scheme, the scheme design and the stigma and misunderstanding around dementia. The severity of the challenge for extra care housing is reflected in the findings that the majority of extra care respondents felt that their scheme was moderately effective in supporting safe walking with purpose; responses for retirement housing respondents were evenly spread over very effective to slightly effective. Staff awareness and knowledge was considered the main factor contributing to effectiveness, followed by location of the scheme.

Managing walking with purpose was also more of an issue in extra care housing than in retirement housing in terms of staff time. However, managing walking with purpose was considered to be only a moderate or slight contributor to staff stress for all respondents. Successes experienced in relation to walking with purpose at the survey schemes were connected with: improving staff understanding so that they can better support residents; raising awareness of dementia amongst other residents; use of technology; improving activities provided; working with families to improve their awareness and find solutions; greater understanding in wider community, e.g. local shopkeepers, and providing a secure environment.

Survey findings relating to potential new residents, risk assessments, policies and procedures suggested that not all extra care and retirement housing schemes are set up to consider or cater for people living with dementia who walk with purpose moving into the scheme and this omission is more evident in retirement housing than extra care housing. Very few of the schemes in the survey had policies, procedures or guidelines for supporting safe walking with purpose. More schemes may have had such policies or procedures because 40% of the respondents did not know whether they did.

The most common and effective methods used to address walking with purpose were to try to understand why the resident is walking, distract or redirect the resident and walk with the resident. Some respondents highlighted the fact that the

most effective technique depends on the individual resident, so getting to know the person is crucial.

The majority of all respondents felt that walking with purpose did not create problems relating to human rights or deprivation of liberty, however a substantial proportion of respondents did not know. Deprivation of liberty was considered to be more of an issue for extra care housing respondents than for retirement housing respondents.

Although many respondents indicated that multiple design features were used at their schemes to support safe walking with purpose, especially extra care housing schemes, around half of the respondents wanted design changes in order to better support safe walking with purpose. The most commonly used design feature to deter residents with dementia from leaving the building or entering a particular area was black mats in front of exit doors, used by four extra care and five retirement housing schemes. Other features used (by three or less respondents) included stop or U-turn signs, rope barriers, mirrors in front of doors, concealed door knobs and concealed/masked doors.

Just under half of the survey respondents used none of the examples of assistive technology devices to support safe walking with purpose in the survey and, for the rest, by far the most common devices used were CCTV and, for individual apartments, door alarms. Extra care schemes used more and a wider range of assistive technology than retirement housing schemes. Additional responses suggested that the low use of these devices may be due to lack of demand, lack of awareness and high costs.

Almost half of the respondents made suggestions about what they would like to change about the way their scheme supports residents who engage in walking with purpose and these related to better understanding of walking with purpose, training and awareness for staff and residents, environmental design and greater funding for assistive technology.

Case studies

A total of 14 case study interviews were conducted that focussed on:

- five people who engage in walking with purpose in Housing 21 extra care settings (five interviews with managers and one interview with a family member)
- three people who engage in walking with purpose in Housing 21 retirement housing (three interviews with managers, two with family members)

- two people living with dementia who walk with purpose in mainstream housing (two interviews with family carers)
- issues relating to walking with purpose at a dementia specialist day care centre (interview with a day care centre manager)

The case studies provided a clearer understanding of why residents living with dementia engaged in walking with purpose, the impacts the walking with purpose has on a scheme and the responses adopted by scheme managers and staff to manage these impacts and address the risks created for the residents in question.

Each person's walking with purpose story was unique, with each of the people studied having different, personal motivations and reasons for walking.

They also faced different risks depending on their personality, mobility, where and for how long they walked and their ability to get back to their chair/apartment/the scheme.

"Dehydration is a main factor, it concerns me quite a lot, yes."
(Retirement scheme manager)

"Her biggest risk really is getting lost isn't it" (Retirement scheme manager)

"It's more her vulnerability around those who are substance users in [town] which is of concern."
(Retirement scheme manager)

Risks identified included: tripping / falling and resulting injuries; becoming lost; health impacts (dehydration, hypothermia); interactions with other people (e.g. stolen purse, being sold drugs).

"I think the biggest risk to her would be to fall over and hurt herself."
(Retirement scheme manager)

"Well falling. Just falling, basically. I mean she fell into that glass lamp and cut her head." (Son)

It seems that the more mobile the resident, the greater the challenges, work and stress for staff due to the resident exiting or trying to exit the scheme. However, residents with poor mobility are at greater risk of falls and resulting injuries, even if they only walk with purpose within the scheme.

“You could always coax her with an ice cream. So, if she’s wandering about or trying to get into somebody’s flat give her an ice cream and she’ll be fine, and she’ll go back into her flat and you won’t hear anything else.”
(Extra care scheme manager)

“We distract her with... She loves the royal family so if we’ve got books upstairs with the royal family we just show her pictures of that or show her, her photos and get her talk about her photos ... when she was younger and her children when they were babies. There’re so many different things we can distract her with.” (Extra care scheme manager)

Consequently, various responses to walking with purpose were seen, although distraction/redirection appeared to be the preferred approach and even those scheme managers who tried to accommodate a resident’s walking with purpose by enabling them to do so as safely as possible would still try distraction or redirection as a first response.

“If you said to her, do you want to come and have a cup of tea and a chat, she’d be quite happy with that and she would go for a cup of tea and a chat.”
(Retirement scheme manager)

“We try and make her a cup of coffee, sit her down and put her favourite programmes on the telly.”
(Extra care scheme manager)

However, this approach did not always work if the resident concerned was determined to leave. To assist with distraction or redirection, understanding a resident’s life story and their reasons for walking with purpose were recommended.

“But no, it's always distraction with her. If something doesn't work, you'll know. You'll know straight away because she's not going to listen to you anyway. And then obviously our troubles start then.”
(Extra care scheme manager)

“Because I get her out enough now – I take her to lots of different places – she’s got that variety now where she doesn’t need to go off on her own.”
(Daughter)

Keeping the resident occupied with activities and accompanied walking or outings (often provided by family or private carers) helped to manage their walking with purpose and preventing it from being a challenge for the scheme.

As with the schemes in the survey, the case study schemes had very few residents living with dementia who engaged in walking with purpose. The three case study retirement housing schemes currently had only one, one and two residents who walked with purpose and the three extra care housing schemes had one, two and seven. However, even with only one resident who walks with purpose, depending on

the frequency and nature of walking with purpose, managing it can take up a disproportionate amount of time and effort for management and members of staff and can cause them stress. The case studies enabled an understanding of why this is the case. Residents who regularly leave or try to leave the scheme are particularly time consuming and stressful for management and staff. On the one hand, addressing the walking with purpose at the point when the resident is trying to leave the scheme using distraction or redirection can take time and be stressful if the resident is determined to leave and becomes agitated or distressed or even angry or aggressive towards staff.

“We’d speak to her, try and take her back, do stuff that we always use, you know, with the open questions? But she became aggressive, she was starting to become aggressive, you know.”
(Extra care scheme manager)

“I just had visions, there’s a bus stop right outside, I thought, if he gets on that bus, I don’t know where he will end up.”
(Retirement scheme manager)

On the other hand, allowing the resident to leave the scheme means stress and anxiety for managers because a person that they feel responsible for is out of their sight and they cannot ensure their safety.

“It was awful, because she’s got nobody else, I was really sick, I never slept.”
(Extra care scheme manager)

“The affect for me was the worry, again, the worry of being gone too long.” (Extra care scheme manager)

If a resident is then away from the scheme for a few hours or more, managers become especially fretful and finding the resident is very time consuming. It is easy to see why managers and staff may prefer to address a resident leaving the scheme by trying to dissuade them from doing so.

“When she’s gone for long periods of time, it does cause anxiety. And that’s purely for how vulnerable she is in the centre of [town] or if she was to go into the countryside, because it would be like finding a needle in a haystack.”
(Retirement scheme manager)

“So I used to go around her routes and I’d spot her with her bus pass and wave to me, got on the bus and I was, like, oh, she’s on the bus. So she got to know my car and it was falling apart for me, you just don’t know what to do for the best.”
(Extra care scheme manager)

The managers of both types of scheme felt a great sense of responsibility and duty towards their residents and when their ability to ensure a resident’s safety is taken away, this is a great source of stress and anxiety.

“I have to leave my family to go and get him.”
(Retirement scheme manager)

“You know, she’s mine, I don’t want her to go to a nursing home, like, you feel like you’ve let her down.” (Extra care scheme manager)

“Just the worry of her falling, we want to keep her safe obviously.”
(Extra care scheme manager)

Addressing walking with purpose that takes place only within a scheme can also be time consuming if the resident is doing so regularly and can be a source of stress if that resident has a tendency to fall.

In schemes with good dementia awareness among residents, other residents play a part in ensuring safe walking with purpose for those who engage by keeping an eye on them, alerting staff, distracting / redirecting the person and even returning them to their apartment.

For case study residents who walked with purpose within the scheme and were unable to find their own way back to their flat the design of the scheme was felt to be a major factor. Physical design of the environment that supports safer wayfinding for people living with dementia is important for supporting walking with purpose within a scheme. One of the extra care and two of the retirement housing schemes used black doormats in front of exit doors.

Just as the purpose, reasons, risks and responses varied, so did the outcomes for the base study residents who engaged in walking with purpose. Only one resident had to be moved out of the scheme, largely due to the impact that her walking with purpose had on people other than herself and the scheme staff. Other residents who regularly walked with purpose were at risk of being moved to accommodation that provides a greater level of care largely due to the risk their walking with purpose was perceived to create. Two of the case study residents who regularly walked with purpose died a few weeks after the interview, while a further two became more settled at the scheme and no longer engaged in walking with purpose. For others, having additional support to that provided by the scheme, either from family or private carers enabled them to remain living at the scheme.

As can be seen from the case study vignettes, none of the three extra care schemes had policies, procedures or guidelines for supporting safe walking with purpose. The retirement housing schemes were mixed; one had such policies and procedures, one did not and at the third the manager did not know.

In terms of managing walking with purpose for people living with dementia in mainstream housing, the fact that, the people of interest in the case studies were kept locked indoors and could only leave the house if accompanied by their carer, with one being medicated to help them sleep at night, raises serious deprivation of liberty issues.

Overall discussion and conclusions

The survey and case studies showed that, although residents who walk with purpose constitute a minority of people living in retirement and extra care housing schemes, managing walking with purpose can be a challenge for management and staff and can occupy a disproportionate amount of their time. The survey showed that the severity of this challenge and the impact on staff time was felt to be greater for extra care housing than for retirement housing and the effectiveness of attempts to support walking with purpose was more varied for extra care. The case studies found that, depending on the frequency and nature of walking with purpose, addressing this behaviour can impact negatively on both retirement and extra care housing managers in terms of time, effort and emotional wellbeing.

While all the survey respondents felt that managing walking with purpose was only a moderate or slight contributor to staff stress, the case studies told a different story with many managers becoming stressed and anxious, particularly when residents leave or try to leave the scheme. While ensuring residents' safety when they leave the scheme was mentioned as a specific challenge by the survey participants, being able to explore this challenge in more depth in the interviews enabled a clearer understanding of why it has such a negative impact. It was clear that the managers of both types of scheme felt a great sense of responsibility and duty towards their residents. Thus, when a resident living with dementia exits a scheme the stress and anxiety experienced by managers stems from their loss of ability to continue to ensure that resident's safety. If a resident who has a tendency to fall walks with purpose, even if only within a scheme, the risk of injury is a source of stress for managers.

The preferred method of addressing walking with purpose in the case studies was distraction or redirection and to assist with this method, getting to know the resident by understanding their life story, likes and dislikes and their reasons for walking with purpose were recommended. Even those case study scheme managers who were willing to accommodate a resident's walking with purpose, and enable them to do so as safely as possible, would firstly try distraction or redirection. Other strategies adopted were to talk to the resident to try to explore their motivations, try to accommodate their wishes and accompany the resident on a walk outside. Similarly, in the survey, understanding why the resident is walking, distraction or redirection and walking with the resident were the most common and effective methods used to address walking with purpose. Getting to know the resident was also recommended by the survey respondents in order to discover and provide the most effective response to an individual's walking with purpose. The case studies enabled a greater understanding of why managers prefer to dissuade a resident living with dementia from leaving the scheme – once they have left the scheme this causes stress and

anxiety for the managers and, if procedures such as the Herbert protocol are not in place, finding the resident and bringing them back can involve a lot of stress, time and effort for management and/or staff. However, using distraction/redirection could be viewed as staff trying to prevent a resident from leaving the scheme and indicative of a risk averse care culture that perceives walking with purpose as a problem. This is not consistent with the ethos of extra care and retirement housing living, which purport to encourage independence and choice.

Staff training in understanding and addressing walking with purpose appears to be key to effectiveness in supporting safe walking with purpose. A desired change for both the survey respondents and the managers interviewed was staff training in how to support people who walk with purpose. This is unsurprising, bearing in mind more than half of the extra care and retirement housing survey respondents stated that staff at their schemes had not received any training on understanding and addressing walking with purpose.

In addition to a lack of staff training at more than half the schemes surveyed, findings indicated that not all extra care and retirement housing schemes are set up to consider or cater for people living with dementia who walk with purpose. This omission was more evident in retirement housing than extra care housing. A large proportion of respondents were also unaware of whether their scheme had any policies, procedures or guidelines for supporting safe walking with purpose, which could mean that they did not have any or that there was inadequate communication of such policies at the organisational level. A lack of such policies or procedures was also evident at the case study schemes.

The design of the physical environment plays an important role in supporting the wayfinding abilities of people living with dementia and there are numerous design features available to specialist accommodation settings to support safer walking with purpose. Examples include safe indoor and outdoor walking routes, with places to rest and interesting things to see and do along the way, and methods of deterring residents living with dementia from going into some areas and encouraging them into others. In both the survey and the case studies various design features were used by the schemes, with extra care housing schemes more likely to have a greater variety of features than retirement housing schemes. Design that better supports safe walking with purpose was a desired change mentioned by both survey respondents and case study managers, although with the case studies this was more of an issue for retirement housing schemes. One notable finding from the survey and case studies was the use of black doormats in front of exit doors. Use of deterrents to entering or exiting such as black doormats and mirrors raise serious ethical issues because these methods exploit the visual-spatial distortions people with dementia can experience (Dewing, 2011). Black doormats can be perceived as a hole in the

floor and mirrors can cause confusion and distress (Montague, 2018). Use of such deterrents to exiting and the fact that design that better supports safe walking with purpose was a desired change for scheme managers mean that more needs to be done to ensure dementia friendly design of the physical environment that is supportive of safe walking with purpose in extra care housing and, in particular, retirement housing.

There are now many assistive technology devices available to ensure safer walking with purpose. Among other things, assistive technology can enable carers to know when a person who walks with purpose has left their room, bed or chair, track their location both within and outside the scheme, and help find the person should they become lost. The survey responses and case studies suggested that the low use of such technology may be due to lack of awareness and high costs.

Recommendations

The following recommendations for supporting walking with purpose in extra care and retirement housing are based on the results of the study and advice given by interviewees.

The resident who engages in walking with purpose

- Get to know the resident, find out their motivations and reasons for walking and try to accommodate their wishes. Talk to the resident and their family to understand their likes and dislikes. This will help determine what will work to effectively support their walking with purpose. Through understanding, it is possible to address walking with purpose.
- Have patience, listen to the person and respect their wishes.
- Services should be personalised and person-centred, not just blanket services for all residents, to ensure that the specific needs of the individual are met.
- Have continuous assessment in place for the resident. This already happens in extra care housing but also needs to take place in retirement housing.

Care culture, management and staff

- Train management and staff in understanding and addressing walking with purpose and the importance of understanding the particular resident's background and needs.
- Educate staff to understand that it is worth the risk to let a person live as they want to. Discourage a risk averse attitude and encourage positive risk taking approaches.

- Ensure that all staff and residents are aware that if someone wants to walk out of the building they should not be prevented from doing so, rather enable them to do so in a safe manner e.g. ensure they are in appropriate clothes and shoes and watch them.
- Foster connections and good relationships with the local community and businesses. Ensure that they are aware of those residents who, having left the scheme, are at risk of getting lost and not being able to find their own way back. Having a local network of 'eyes' supports safer walking with purpose outside the scheme and can make management of residents who have a tendency to leave much easier.
- A local support network of Extra care housing/Retirement housing scheme managers enables managers to share experiences, ideas and advice.
- Carry out risk assessments for residents who walk with purpose.
- Allocate more care time to manage residents who walk with purpose.
- Inform the correct agencies (e.g. LA adult services and the Police) when a vulnerable person has left the extra care scheme.
- Use the Herbert protocol for residents who are at risk of leaving/getting lost outside the scheme.

Other Residents

- Ensure other residents have an awareness and understanding of dementia and walking with purpose to reduce stigma and misunderstanding. Other residents also play a role in keeping an eye on residents who engage in walking with purpose. If understanding is lacking, dementia awareness sessions are recommended.

Family and other stakeholders

- Develop and maintain good communication with the resident's family carers.
- It is crucial to ensure that the family understand and accept the situation with respect to their partner's/parent's dementia and their walking with purpose. It is also important for the family to understand why the resident's need to walk with purpose should be accommodated.
- Develop and maintain good communication and a good relationship with other stakeholders e.g. the GP, the mental health team, Local Authority. Be honest and open with everyone you need to work with.

Design and assistive technology

- More needs to be done to ensure dementia friendly design of the physical environment that is supportive of safe walking with purpose in extra care and, in particular, retirement housing. The design of the physical environment plays an important role in supporting the wayfinding abilities of people living with dementia and design recommendations and guidelines are available (e.g. Davis & Weisbeck, 2016). Example design recommendations that emerged from this study include:
 - Gardens and outdoor spaces must be secure and enclosed.
 - Provide safe indoor and outdoor walking routes with frequent places to rest and interesting things to see and do along the way.
 - Design features to assist with wayfinding.
- Consider use of assistive technology devices such as contact ID wrist bands, door sensors, speaking door sensors, GPS trackers and alarm mats.

Turning research into practice

As a result of this study and in order to better manage walking with purpose in its extra care and retirement housing schemes Housing 21 has made a number of changes.

In terms of understanding the resident who walks with purpose, Housing 21 already had a target to make 10,000 of their residents Dementia Friends by 2022, and a figure of over 4,500 has already been achieved. This helps develop understanding and empathy for residents who are living with dementia.

All extra care residents have support plans that include personal information to help staff if a resident does walk with purpose. In retirement housing, additional resources are planned including the Herbert Protocol and the Alzheimer's 'This is me' leaflet, which will be used to facilitate a conversation with the resident when moving into the scheme or when dementia is diagnosed or suspected. Throughout extra care and retirement housing, the importance of maintaining these documents and knowing the person will be emphasised.

To guide staff on how to support people living with dementia a protocol will be developed that will include guidance on how to be less risk adverse and address the issue of walking being viewed a negative activity. It will also contain strategies on how to work effectively with the resident and their family. A series of guidance factsheets is being developed to help staff further understand and be able to support residents with dementia and those who walk with purpose. These factsheets will include practical advice for members of staff, relatives and friends. Topics include –

design, sundowning, dealing with behaviours which challenge, assistive technology, social media.

In terms of design and wayfinding, when refurbishment work is done on a retirement housing court, each floor has a different colour scheme and distinguishing features are placed at wayfinding locations, such as outside a lift. In the larger courts a chair or a table and chairs is placed as either a wayfinding marker or to provide a resting place. Good dementia design is integrated into all new extra care schemes.

Development of a design audit allows Court Managers to assess how dementia-friendly their court is and make changes where needed. When Retirement Housing schemes are refurbished dementia design is incorporated to the greatest possible extent

The role of Dementia Advocates has been launched in Housing 21. These members of staff receive a higher level of training and information about dementia. They are then available to support other staff through signposting and awareness raising. They also feed into and critique the training that is developed to ensure that it is as up to date as possible.

A pilot scheme is underway looking at technologies available to support people living with dementia. A trial of the most appropriate technology will be take place, thereby allowing Housing 21 to signpost residents and their families to technology that could support them.

To supporting the development and maintenance of Dementia Friendly Communities, Housing 21 has a number of Dementia Champions who are encouraged to deliver Dementia Friends sessions to the local community during their normal working week.

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