



Breaking New Ground: The Quest for Dementia Friendly Communities

This Viewpoint for the Housing LIN comes hot on the heels of the recent BBC One's One Show report on extra care housing and dementia. It examines current policy and practice in relation to delivering housing and neighbourhoods for people with dementia and draws on latest research that considers the role design for dementia can play in achieving the quest for dementia friendly communities and offers useful checklists on designing dementia friendly communities. Importantly, it seeks to provide a catalyst for developing a robust evidence base in the housing with care field and ensure that Housing LIN members are fully engaged when planning, designing and delivering housing that older people want.

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Introduction

The term 'dementia friendly communities' has emerged in recent years as policy makers and practitioners seek new ways to address the steady rise in numbers of people with dementia as the population ages. It reflects a growing movement to remind society that people with dementia have the same rights as everyone else to be treated with dignity and respect, to lead independent, autonomous lives and to continue to be active citizens in society whose opinions are heard and acted upon.

Innovations in Dementia¹ quotes a person with dementia who described a dementia friendly community as:

"An integrated society where people with dementia live in 'normal' home-like situations throughout their lives with support to engage in everyday community activities."

This portrays a community that most people take for granted but from which people with physical, sensory or cognitive impairments often become excluded through physical, social, psychological and/or economic barriers. This is particularly the case for people with dementia, described by Innovations in Dementia as 'among the most marginalised, socially excluded and highly stigmatised groups in society'. Alzheimer's Society² has found that people with dementia and their carers often do not feel part of their community but believe their lives would be improved if their community had a better understanding of what it is like to have dementia and how to help.

The quest for dementia friendly communities recently received a boost from the Prime Minister's *Challenge on dementia*³, launched alongside Alzheimer's Society's *Dementia 2012: a national challenge*⁴. The Prime Minister's three key areas of driving improvements in health and care; creating dementia friendly communities that understand how to help; and better research will, if adequately met, help to improve the lives of people with dementia and their carers. Alzheimer's Society, working with the Dementia Action Alliance in supporting the development of dementia friendly communities, stresses the need to tackle the stigmatisation, exclusion, loneliness, and lack of control and empowerment people with dementia currently experience but at this early stage is not prescriptive about the specifics of what constitutes a dementia friendly community.

Addressing the needs of an ageing population

As ILC-UK note, 'Often, the issue of demographic change is compared to climate change in the magnitude of its impact'. 30% of all householders are currently over retirement age; 48% of the projected growth in households by 2026 will be among people aged 65 or over, rising to 60% by 2033, and in some areas this percentage will be even higher⁵. The pressing need to address the ageing of the population and the rights of older people to continue to be active members of society have been recognised in a number of recent government documents.

¹ *Report on creating dementia friendly communities*. Innovations in Dementia (2012)

² *Dementia 2012: a national challenge*. Alzheimer's Society (2012)

³ *Prime Minister's challenge on dementia. Delivering major improvements in dementia care and research by 2015*. Department of Health (2012)

⁴ *Dementia 2012: a national challenge*. Alzheimer's Society (2012)

⁵ Kneale D and Sinclair D (2011) *Localism and neighbourhoods for all ages: is Localism sounding a death knell or a wake-up call for creating neighbourhoods for all ages? A report and think piece*. ILC-UK

They include:

*Lifetime homes, lifetime neighbourhoods: a national housing strategy for an ageing population*⁶ was the first government strategy to embrace the concept of 'lifetime neighbourhoods', which would meet the needs of older people, including those with dementia. Lifetime neighbourhoods would enable older people to access the local services and facilities they wished to use and be part of the local community. But as ILC-UK⁷ point out, even before the economic downturn, lifetime neighbourhoods were 'an ambitious policy goal', which was 'never going to be quick or easy to turn into reality'.

The *National dementia strategy*⁸ seeks to bring dementia 'out of the shadows' and enable people with dementia to live at home or in sheltered or extra care housing for as long as they wish but its main objective in terms of housing is to improve the physical and social environments of care homes. The Prime Minister's challenge takes this forward by pledging to improve the whole range and quality of housing options.

*Healthy lives, healthy people: our strategy for public health in England*⁹ recognises that people's health, wellbeing and resilience are affected by the quality of their environments, including the availability of green and open spaces, transport, housing, access to good quality food and social isolation. The strategy aims to empower local communities to create healthy places by giving local governments control of public health resources and requiring them to develop new partnerships in areas such as housing, environment, planning, transport and social care, and with key partners, such as the NHS, police, business and voluntary organisations. It also requires Local Planning Authorities (LPAs) to deliver a wide choice of high quality homes and create sustainable, inclusive and mixed communities, taking into account current and future demographic trends and the needs of different local community groups, including older people and people with disabilities.

*Laying the foundations: a housing strategy for England*¹⁰ commits to 'ensuring that housing and planning policies positively reflect the wide range of circumstances and lifestyles of older people', recognising the need to provide for an ageing population and the health, social and economic benefits of enabling older people to live in the housing of their choice. It also pledges to continue investing in the FirstStop information and advice service, the Disabled Facilities Grant, handyperson schemes and Home Improvement Agencies. It seeks to ensure 'a mix of property types, including Lifetime Homes, to provide the diversity and choice needed to support longer term independent living'. However, it does not make Lifetime Homes standards (LHS) a national regulation; instead each local authority is expected to plan for the housing, including the numbers built to LHS, that meets their future local needs. This housing strategy reiterates the importance of designing attractive, inclusive neighbourhoods to support people's quality of life and independence as they age and sees the Lifetime Neighbourhoods report as a tool for sharing good practice to 'enable local partners to create age-friendly, inclusive neighbourhoods'.

⁶ *Lifetime homes, lifetime neighbourhoods: a national housing strategy for an ageing population*. Communities and Local Government (2008)

⁷ Harding E (2009) Crunch time – so what's next? In Harding E (Ed) *Weathering the downturn: what is the future for Lifetime Neighbourhoods?* ILC-UK

⁸ *Living well with dementia: a national dementia strategy*. Department of Health (2009)

⁹ *Health lives, healthy people: our strategy for public health in England*. HM Government (2011); *Health lives, healthy people: update and way forward*. HM Government (2011)

¹⁰ *Laying the foundations: a housing strategy for England*. HM Government (2011)

The *Lifetime neighbourhoods*¹¹ report stresses that as people grow older their homes and neighbourhoods have a marked impact on their levels of independence, social interaction and quality of life. It also points out the key role practitioners should play in ensuring that neighbourhoods meet the long-term needs of an ageing population. The major components of a lifetime neighbourhood are listed as: resident empowerment, access, services and amenities, built and natural environments, social networks / wellbeing and housing. The report specifically notes that good quality outdoor spaces have a positive impact on social interaction, health and wellbeing and have been shown to be cost effective in terms of reducing health and care costs.

The *National Planning Policy Framework* (NPPF)¹² states that planning should ‘take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs’. It seeks to promote healthy communities in terms of safe, clean, accessible, mixed use environments and requires LPAs to work with public health leads and health organisations. It also commits to ‘creating a good quality built environment, with accessible local services that reflect the community’s needs and supports its health, social and cultural wellbeing’.

LPAs are required to prepare a Strategic Housing Market Assessment to assess their full housing needs, identifying the scale and mix of housing and the range of tenures needed locally that meet household and population projections. This involves taking account of migration and demographic change and addressing the need for all types of housing and the needs of different groups, including older people and people with disabilities.

*Strategic housing for older people: planning, designing and delivering housing that older people want*¹³ is a Resource Pack published by the Housing LIN in association with the Association of Directors of Adult Social Services to help Local Authorities (LAs) better understand the current supply and future demand for housing for older people. The Pack promotes the principle of delivering housing and care services based on ideals of personalisation, living well at home, independence and choice and sets out a framework to enable LAs to produce Market Position Statements which should include data on the housing with care needs of all older people in their areas, including those with dementia.

Seeking dementia friendly communities

With people aged 65 and over making up the largest number of households in the future, the importance of ensuring that all types of housing provide a flexible, adaptable living environment to meet people’s changing needs throughout the life-course is apparent. Future proofing all housing would give people more housing choice and less likelihood of having to face disruptive adaptations or unwanted moves when circumstances change. The NPPF headline is the ‘presumption in favour of sustainable development’. Some commentators view this as:

*“sustainable in the wider sense relating to longevity, flexibility and adaptability. For housing and older people this is a ‘home for life’ – the building is adaptable to an individuals’ changing physical, visual, aural or cognitive needs”*¹⁴.

¹¹ Bevan M and Croucher K (2011) *Lifetime Neighbourhoods*. Communities and Local Government

¹² *National Planning Policy Framework*. Communities and Local Government (2012)

¹³ *Strategic housing for older people: planning, designing and delivering housing that older people want. A research pack*. Association of Directors of Adult Services and Housing LIN (2011)

¹⁴ Damian Utton, Pozzoni Architects

But without this being clearly spelt out, it is questionable to what extent this message will be heard and acted on by LPAs and housing professionals. The NPPF makes just two references to demographic changes/trends and three references to older people, in comparison to over 20 references to achieving a low carbon future and the Government's zero carbon buildings policy. The housing strategy notes, rightly, that climate change requires urgent action and wants all new homes coming through the planning system from 2016 to comply with their Zero Carbon Homes standard. What are needed are tools to address the equally pressing issue of the ageing of the population.

The Lifetime Neighbourhoods report believes many LAs are not ready to deal with demographic changes in their local communities and face major financial problems. With the economic downturn and Spending Review implications it is not clear how many non-regulatory provisions LAs and housing providers will be willing or able to fund. However, the Chartered Institute of Housing (CIH) point out that 'The economic downturn demands a realistic approach ... too much compromise on standards will only sow problems for the future'. As AgeUK¹⁵ point out, the Equality Act 2010 has required public bodies to strive towards age-friendly services and communities since April 2011; designing housing and neighbourhoods to enable older people to live independent lives in their own homes for longer is 'value for money'.

The government's attempts to reduce a confusing array of regulations and standards are understandable and welcome providing LAs put in place mechanisms for protecting people from poor quality design and from the profit-driven trend for building smaller homes than anywhere else in Europe to minimum standards. As ILC-UK state¹⁶, 'Poor quality housing will cost far more down the line in the associated burden of ill-health and social exclusion it causes'. The core principles of the NPPF have been reworked from those in the 2011 draft, which were criticised for being too biased towards sustainable economic growth, and the addition of *securing high quality design and a good standard of amenity* is an important one. But this and the core principle of *improving health, social and cultural wellbeing for all, delivering sufficient community and cultural facilities and services to meet local needs*, lack the detail of those relating to environmental and, particularly, economic sustainability. The core principles make no explicit reference to housing or inclusive design and fall far short of the recommendation of the National Housing Federation (NHF) and Habinteg¹⁷ that they:

"should include a clear and absolute statement about the importance of mixed and balanced communities and the need for affordable, accessible mainstream housing and specialist and support housing as a fundamental building block in those communities".

Designing dementia friendly housing

Lifetime Homes standards only meet the most important physical challenges people can face throughout their lives, such as by designing accessible movement space and entrances to accommodate wheelchairs, mobility aids and children's buggies. For housing to be both inclusive and dementia friendly they also need to address sensory and cognitive challenges.

¹⁵ AgeUK (2011) Policy statement: Age friendly neighbourhoods (England).

¹⁶ Harding E (2009) Crunch time – so what's next? In Harding E (Ed) *Weathering the downturn: what is the future for Lifetime Neighbourhoods?* ILC-UK

¹⁷ *National Planning Policy Framework. Consultation response from Habinteg Housing Association* (2011)

Care homes

Since the 1970s a large number of publications have been produced on designing dementia care homes but early guides rarely explain what research evidence, if any, the recommendations are based on or whether their effectiveness has been tested through post-occupancy evaluation. Until recently, recommendations tended to focus on reducing 'challenging behaviours', supporting physical impairments and ensuring safety and security. But new design literature, published in the last decade or so, seeks to promote therapeutic and supportive environments that enhance residents' wellbeing, strengths and abilities and meet residents' physical, emotional and psychological needs. These guides focus positively on the whole person and abilities and skills rather than the negative disabilities of dementia, i.e. designing for people who happen to have dementia rather than designing for dementia itself. They also support the rights of residents to be able to go out into the local neighbourhood and be active members of society. While there are still some concerns that not all recent guides are based on sound research, a number were developed from research that included the direct involvement of residents with dementia and the use of evaluation tools leading to a robust evidence base¹⁸.

The most useful design principles and recommendations currently available include:

1. Familiar environments which people with dementia recognise and understand:
 - Non-institutional buildings, rooms and spaces that meet older people's expectations of what such rooms look like in terms of scale, layout, fittings, décor, furniture and furnishings
 - Designs that are recognisable and familiar to people with dementia; features should be designed so their use is obvious and unambiguous – this is not a case of traditional versus modern or using a particular style or historical era but clarity of good design
2. Legible environments which give clues to help people with dementia understand where they are, what is expected of them in that space and which way they need to go:
 - A clear hierarchy of spaces including private, semi-private, semi-public and public spaces helps residents identify different spaces and helps protect their privacy and sense of home
 - Plenty of views of the outside provide interesting views, natural light and ventilation. Being able to see outside helps orientation and wayfinding and a sense of connection to the wider world
 - A minimum of wide, short corridors, single banked to allow natural light and views of the outside, no dead ends or blind bends and with views along them to functional destinations and interesting wayfinding cues, while avoiding clutter and trip hazards.
 - Where it is impossible to avoid having a number of corridors, a hierarchy of corridors helps to delineate private and public spaces
 - There is conflicting evidence about the effectiveness of signs and colour coding. But large, realistic graphics in clear, colour contrast to the background on essential

¹⁸ For example: Parker *et al.* (2004) Quality of life and building design in residential and nursing homes for older people. *Ageing & Society*, 24(6), 941-962; Torrington J (2006) What has architecture got to do with dementia care? *Quality in Ageing*, 7(1), 34-48; Chalfont G (2007) *Design for nature in dementia care*. Bradford Dementia Group.

destinations, such as toilet doors; and contrasting colours, for example between different doors or corridors, can be useful

- 'Memory boxes' of possessions are useful for wayfinding and orientation and also help people maintain their sense of identity, self and belonging.
3. Distinctive environments, spaces and features help capture people's attention and concentration and enhance their living environment while helping them to find their way around:
- Separate distinctive rooms e.g. living room, dining room and activity room rather than one large generic shared space
 - Attractive and interesting wayfinding cues, such as art work, potted plants, ornaments, placed at strategic spots
 - Features to give clues to the use of a room, e.g. a fireplace and comfortable chairs in the living room, a dining table and chairs in the dining room ...
 - Visual access, e.g. a clear view of the en-suite toilet from the bed
 - Plain, clear colour contrasts between walls and floors, handrails and walls, doors and walls, sanitation ware and walls and floors, toilet seats / flush handles and toilets, taps and basins, furniture and walls / floors ...
4. Accessible environments that enable people to reach, enter, use and move around the places and spaces they need or wish to visit, regardless of any physical, sensory or cognitive impairment
- Location close to services, facilities, community activities and open space
 - Access to the outdoors, especially natural environments, is essential regardless of the severity of the dementia to enhance health and wellbeing and reduce stress. Sunlight is important for the production of serotonin, a mood-enhancing hormone and the absorption of vitamin D which reduces the risk of osteomalacia, osteoporosis and respiratory infections. Natural light and being able to see the cycle of day and night and the seasons can reduce 'sundowning' and sleep disorders
 - High-intensity levels of natural light indoors can positively affect sleep, mood and behaviour: large windows, glazed doors, roof lights, atria, light tunnels
 - Curtains, blinds and anti-glare, non-reflective glass to avoid glare, shadows and frightening reflections
 - Indirect artificial light adequate enough to provide the three to five times more light that older people need compared to younger adults
 - Flooring and pathways that are plain, non-reflective, wide, flat, smooth and non-slip, in clear colour and textural contrast to walls, doors etc
 - No changes in level, but if unavoidable a choice of steps and ramp with max. gradient 1:20, clearly marked and well lit with handrails and non-slip, non-glare surfaces

5. Safe environments so people can independently use, enjoy and move around places and spaces freely without fear of coming to harm
 - Important not to let safety concerns overrule issues of independence any more than necessary
 - No trip hazards
 - Flush thresholds
 - Flat, plain, non-slip flooring & paving
 - Handrails in clear colour contrast to walls
 - Camouflaged doors can prevent residents from entering unsafe areas
 - Outside enclosed spaces that are easy to navigate, overlooked and with flat, non-slip, plain paving, raised beds, seating and shelter, flat topography and no trip hazards

6. Comfortable environments so people feel at ease and are able to visit, use and enjoy places and spaces of their choice without physical or mental discomposure. Meeting the other five principles contributes to comfort but also:
 - Quiet, calm surroundings
 - Soft furnishings to deaden noise
 - Discreet alarms
 - Planting to buffer traffic noise
 - Large windows with low sills and nearby seating as attractive or interesting views, especially of nature, can have a therapeutic effect and can reduce blood pressure and stress levels

Housing with care

Housing with care, such as extra care and continuing care housing, is becoming a preferred alternative to care homes for people with dementia. The NPPF emphasises the provision of extra care housing for older people but the concept and advantages of extra care housing seem to be poorly understood by many LPAs and others¹⁹. Research suggests that many people with dementia can lead good quality lives in extra care housing, at least in the mild to moderate stages, but they often experience loneliness and social isolation and a lack of acceptance by other residents^{20, 21}. However, conflicts between residents with and without dementia raise the question whether it is better to provide dementia specific wings or schemes, or does this further increase segregation and stigmatisation? Research by Midland Heart²² describes an extra care scheme that successfully stopped segregating people with dementia. But some schemes find that residents show little tolerance or acceptance of people with dementia, although this appears to happen when someone with relatively severe dementia moves in to a scheme rather than when an existing resident develops dementia. In a bid to solve this, a housing association is holding dementia awareness road-shows using a

¹⁹ King N (2011) *Viewpoint on planning use classes and extra care housing*. Housing LIN

²⁰ Dutton R (2009) *'Extra care' housing and people with dementia*. Housing 21-Dementia Voice

²¹ Evans S and Valletly S (2007) *Social well-being in extra care housing*. Joseph Rowntree Foundation

²² *The role of extra care housing in meeting the needs of older people in Dudley with dementia and learning disabilities – full report*. Midland Heart (2011)

short film and a talk by a family carer to try to raise awareness and tolerance among tenants which, if successful, will be opened up to the wider community.

Doubt as to whether extra care housing can support people with severe dementia raises the issue of whether it can provide a 'home for life' for people as their dementia progresses. Midland Heart's research found that the needs of some people with severe dementia are better met in residential care. Others question whether self-contained extra care apartments, with front doors opening onto a corridor and communal facilities at a relative distance away, are suitable for people with severe dementia both in terms of their increasing needs and the importance of enabling social interaction. Damian Utton, an architect at Pozzoni Architects, believes that whilst extra care housing can go a long way to accommodating individuals' needs there is still a role for care homes to provide high-dependency dementia, nursing and palliative care in a non-institutional setting. Continuing care schemes, which include an on-site care home, can enable people to remain in the same retirement community when they are no longer able to live independently.

Although specialist housing is designed to meet the needs of older people who need some support and care, it is not generally specifically designed to be dementia friendly, although this is beginning to change. The Housing LIN *Design principles for extra care factsheet*²³ stresses that design for dementia principles must be incorporated into the design of extra care housing and points out that these will benefit all users of the housing. Care home design for dementia recommendations have sometimes been incorporated into specialist housing but, to date, there has been little research evaluating whether these are the most suitable or post-occupancy evaluations to test them in situ. The Midland Heart research sought to determine how five proposed extra care schemes could best meet the needs of people with dementia and learning disabilities. But building design was just one of eight key research themes, rather than the main focus of the research, so it did not produce detailed design recommendations. However, the research confirmed the important role design can play and identified the need for small schemes with two-bedroom flats or bungalows, located close to shops and other facilities.

The EVOLVE²⁴ evaluation tool was developed from research on extra care housing and was not specifically designed to make these dementia friendly. However, it identifies which design features are most likely to support the needs of residents with dementia including making entrances recognisable and easy to find; providing visual access; using clear colour contrasts and non-reflective surfaces and coverings; ensuring plenty of natural and artificial light while providing shading devices to prevent glare and reflections; and providing interesting views. Again, although not specifically related to design for dementia, the HAPPI report has been influential in encouraging housing providers and developers to rethink how they design their properties. The report recommends 10 design components for housing for older people derived mainly from their study tour of 24 schemes in 6 countries:

1. generous internal space standards and flexible layouts
2. maximising natural light through the placement, size and detail of windows
3. building layouts that avoid internal corridors and single-aspect flats and provide large balconies, patios or terraces
4. adaptable homes in which new technologies can be easily installed

²³ Nicholson *et al.* *Design principles for extra care. Factsheet no.6. 2nd Edition.* Housing LIN and Care Services Improvement Partnership

²⁴ www.housinglin.org.uk/Topics/type/resource/?cid=7997&

5. building layouts that promote circulation areas as shared to encourage interaction
6. multi-purpose space accommodating a range of activities
7. designing homes to be part of the street and public realm and nurturing the natural environment
8. energy-efficient and well insulated
9. adequate storage
10. shared external surfaces that give priority to pedestrians

We are beginning to see private development companies in the sector incorporating these components into new build and looking into how to adapt existing properties but they have found that innovative solutions are sometimes required to ensure that the resulting design fits into the local character of the street.

General housing

90% of people over retirement age and two-thirds of the 800,000 people with dementia in the UK live in the community^{25, 26}. A trend in both the NPPF and the housing strategy is the suggestion that providing a choice of age-specific housing can 'free up much needed local family housing'. Even if this is genuinely viewed as secondary to providing older people with the housing that best suits their needs, such statements do little to reduce stigmatisation and ageism and could make older people feel pressurised into making unwanted or inappropriate moves. Shelter²⁷ has found that many older people wish to stay in their own homes for as long as possible and find moving home to be a daunting and stressful experience. They also found that only a minority of the older people surveyed thought their home was difficult to manage or might become difficult within the next ten years. While this 'hoarding' of family homes by older people may have a negative impact on younger adults²⁸, it is essential that older people are given the choice and that their decisions are respected²⁹. Research has disproved the assumption that people want less space as they grow older. Many wish to have just as much space to maintain their lifestyles or to accommodate the elements of 'normal' life such as visitors, possessions or hobbies or to cope with changing needs, for example to store mobility equipment or a second bedroom for a carer^{30, 31}. As the National Housing Federation³² says, housing for older people needs to be 'more accessible, more flexible, and more manageable, but not necessarily smaller'. If these features are designed into all housing at the planning stage there will be less need for people to have to move house as circumstances change providing, of course, their health and social care needs are also being met.

There has been little, if any, research on designing dementia friendly general housing despite most people with dementia living in their own homes. However, there are a few

²⁵ *Later life in the UK*. Age UK (2011)

²⁶ *Dementia 2012: a national challenge*. Alzheimer's Society (2012)

²⁷ *A better fit? Creating housing choices for an ageing population*. Shelter (2012)

²⁸ Griffith M (2011) *Hoarding of housing: the intergenerational crisis in the housing market*. Intergenerational Foundation

²⁹ Sutherland J (2011) *Viewpoint on downsizing for older people into specialist accommodation*. Housing LIN

³⁰ *Final report*. HAPPI Housing our Ageing Population: Panel for Innovation (2009)

³¹ Bevan M and Croucher K (2011) *Lifetime Neighbourhoods*. Communities and Local Government

³² *Breaking the mould: re-visioning older people's housing*. National Housing Federation (2011)

guides³³ that make suggestions of how carers can make small, relatively cheap and easy, adaptations to their homes, such as increasing natural and artificial light, fitting plain, smooth floor coverings, open or glass fronted cupboards, clear, colour contrasts and assistive technology. But it is not clear what evidence many of these recommendations are based on nor is it clear whether they have been tested in situ. There does not appear to be any guidance for architects, planners and housing developers and providers on designing dementia friendly general housing. This is an area that would benefit from further research.

Some examples of quests for dementia friendly communities at the housing level

Age-specific housing has been criticised for segregating and isolating residents from the local community, fostering ageism within the local community and not fully supporting residents' independence^{34, 35}. It is, therefore, essential for the design of specialist accommodation to facilitate independence and human contact through creating the spaces and therefore the opportunities to allow such interaction to happen. New models are being produced which aim to combine the safe, accessible housing older people want from specialist housing with an active living environment that encourages social interaction among residents and between residents and the local community. For example, the Belong continuing care villages aim to give everyone 'access to human companionship and the opportunity to develop friendships' and to 'create living environments that meet the private needs of individuals, with larger communal spaces to accommodate the more public needs of the community'³⁶. Belong villages are located close to shops and other facilities and house a number of facilities that are open to local people including a bistro, gym, hair salon, internet cafe and meeting room. Similarly, four new Birmingham City Council residential care centres host a number of activities and facilities for local people including Dementia Cafes, rehabilitation and therapy services, an assistive technology shop, a restaurant, hair salon and gym. However, it is worth noting that early research on similar models has found that some residents are ambivalent about members of the public coming into their scheme³⁷ and the impact on residents with dementia is not yet known.

Many specialist housing schemes and care homes are also trying to extend their links in the community to support local people with dementia and their families. For example, Croft House, a Somerset Care home, is collaborating with Reminiscence Learning to establish greater inter-generational links with the local community and to raise awareness of dementia. Activities include inviting school children into the home for meals and activities, providing teaching packs for school teachers and running training workshops for local people, shops, businesses and services. After attending a workshop, businesses display a window sticker showing they are dementia friendly. This 'kitemark' concept for shops, services and facilities to demonstrate their dementia awareness is also being promoted by Innovations in Dementia³⁸.

³³ *Safety in the home fact sheet* and *Adaptations, improvements and repairs to the home* fact sheet.

Alzheimer's Society; *10 helpful hints for dementia design at home*. DSDC (2010); *Making your home a better place to live with dementia*. Care & Repair England; Warner M (2000) *The complete guide to Alzheimer's proofing your home*. Purdue University Press

³⁴ Petersen M and Warburton J (2012) Residential complexes in Queensland, Australia: a space of segregation and ageism? *Ageing & Society*, 32, 60-84

³⁵ Croucher *et al.* (2006) *Housing with care for later life: a literature review*. Joseph Rowntree Foundation

³⁶ <http://www.belong.org.uk/downloads/Belong-values-poster.pdf>

³⁷ Callaghan *et al.* (2009) *The development of social well-being in new extra care housing schemes*. Joseph Rowntree Foundation

³⁸ www.innovationsindementia.org.uk/projects_communities.htm#communities

In an example from the West Midlands, Age UK Shropshire Telford and Wrekin and Wrekin Housing Trust have set up a Drop In centre at the Frizes Leasowe sheltered housing scheme where local people with dementia and their carers can meet others, make use of confidential counselling sessions and enjoy activities, meals and coffee mornings. The venue was selected for its up to date, recently refurbished buildings, recognising the important role first impressions make when a new visitor approaches the centre. The welcoming layout also provides the right environment for both group activities and quiet retreat. The 'Diamond Drop In' has been successful in encouraging interaction between residents and drop in visitors with a number of residents helping to organise events and meals. More Drop In centres are planned across the county.

In the North West, Lancashire County Council, Central Lancashire PCT, Age Concern, Lancashire Care NHS Foundation Trust and Alzheimer's Society have collaborated to promote therapeutic dementia care for both housing scheme residents and local people with dementia using the design of the physical environment as a therapeutic tool to encourage interaction with others and the natural world. Brookside, a new Arena Housing extra care housing scheme in Ormskirk, has communal facilities, such as a Bistro, and an Enhanced Dementia Day Care centre. The Lodge Dementia Care Facility at Buckshaw Retirement Village, Chorley also has communal facilities open to residents, users of The Lodge's Dementia Day Care Services and other local people. Local users of the facilities include a Toddlers Group and a Youth Band which residents can watch or interact with. Charnley Fold Enhanced Day Care is a remodelled facility in Bamber Bridge, Lancashire, which provides a health and wellbeing centre, a carers' cafe and support service, and a Memory Clinic as well as enhanced day care, assessment, diagnosis and treatment for people with complex mental health needs including dementia. Dementia friendly features were used in the design of these three settings and The Lodge was the first care facility to win a Dementia Services Development Centre Gold Standard for dementia friendly design. It was commended for seeking design advice at an early stage resulting in an attractive, supportive environment with a good balance between stimulating and calm.

Commenting on the scheme, the NHS Central Lancashire Associate Director of transforming community services, explains that rather than adhering strictly to a detailed design code, it was considered important to get the basics right, such as space, access to outdoors, signage, toilets, use of colours, lighting and sound, and to constantly reassess the therapeutic built environment so that it can be adapted as user needs and abilities change.

An inventive means of assessing potential need for change to the outdoor spaces was the Health Innovation Education Cluster Project at The Lodge and Charnley Fold. The project examined which features were proving to be therapeutic and which needed to be redesigned or changed through observing people with dementia in the spaces and asking residents, staff, families and management about problems they face using the outdoor spaces and what they would like to see changed. The gardens were then renovated in accordance with the findings by service users, staff and families. The design provides an enjoyable, meaningful environment that stimulates interaction both with other people and with the environment, especially the natural world outdoors. Of note is that in the four years that Charnley Fold has been open it has been statistically proven to keep people at home longer and to prevent carer breakdown.

Establishing and maintaining links between care homes and housing schemes and the community cannot be done without adequate staff, for example the Belong Villages employ Activities Facilitators and the Frizes Leasowe sheltered housing manager acts as volunteer coordinator for their Drop In centre. In addition, the success of Charnley Fold is due as much

to the commitment of the staff to maximising the use of the indoor and outdoor environments as a therapeutic tool as to the design of the environment. But, I am aware that many sheltered housing schemes are being downgraded to Category 1 despite having tenants with dementia and their scheme managers are being made redundant. Tenants' support is instead provided by local support agencies but it is questionable whether agency staff are able to develop the same relationships and levels of contact that residents with dementia need nor will they be on-site when crises occur or to encourage interaction. As a sheltered housing scheme manager explains:

“Having a Scheme Manager means a lot to tenants with Dementia or Alzheimer’s, we are often the continuity when their Carers are changed, know where to look for keys! I used to prompt a couple of ladies to come downstairs to be ready to go to day centres. We know their history and can talk about things that they remember and know how to start a conversation which they can relate to.”

Dementia friendly neighbourhoods

As the Public Health Strategy for England states, ‘Neighbourhoods and houses can be better designed, and enhance the health and wellbeing, of an ageing population’. Even if people are living in the most appropriate housing and are receiving the advice, information and financial, health and social care services they need, if the design of their local neighbourhood prevents them from getting out and about the community cannot be truly dementia friendly. Dementia friendly neighbourhoods should be both a social and physical milieu in which life for people with dementia is a positive experience rather than a daily struggle. Their environments should be attractive, welcoming, safe, easy and enjoyable for them to visit, access, use and find their way around and, therefore, inclusive for all.

Neighbourhood planning empowers communities to develop a neighbourhood plan setting out the location and design of local new homes, facilities, shops and businesses and to submit Neighbourhood Development Orders. Neighbourhood planning teams will be made up of residents, employees and businesses led by parish or town councils or neighbourhood forums. While giving local communities, who are after all the local experts, a greater say in what happens in their local neighbourhoods is a positive move, both they and their supporting LPAs will need a huge amount of skills, time and commitment to do this. A big challenge will be ensuring that they have the knowledge and expertise to guarantee that all local people’s needs are considered and addressed, including people with dementia. The first draft Neighbourhood Plan to reach examination stage, which is for Dawlish, Devon, does not make any reference to the needs of people with dementia although it does identify land for a 50 bed extra care housing scheme and supported housing. It will be essential to ensure that reports from projects such as the Joseph Rowntree Foundation’s Dementia Without Walls project³⁹, which is investigating how health, social care, housing, shopping, leisure and transport can become more dementia friendly, are disseminated to LPAs and neighbourhood planning teams.

Designing dementia friendly neighbourhoods

It has been suggested that a lack of clear guidance on how to develop lifetime neighbourhoods has been a contributory factor towards slow progress but also that it may be inappropriate to develop lifetime neighbourhoods standards in the same manner as lifetime homes standards as each neighbourhood has its own particular needs and characteristics.

³⁹ www.jrf.org.uk/work/workarea/dementia-and-society

However, as the Lifetime Neighbourhood report says, ‘the “do nothing” option is not viable’; neighbourhoods that ‘enable and prolong an active and independent later life should reap benefits in the future with regard to reducing demand on health and social care’.

In terms of making neighbourhoods more dementia friendly, much can be done at the design level; yet, as mentioned earlier, built environment research has largely concentrated on the design of dementia care homes and outdoor spaces attached to these settings. While such research is essential, the design of general housing and the physical neighbourhoods within which all types of housing are situated also needs to be addressed. A recent review of the research literature identified only six projects that have addressed the dementia friendly design of neighbourhoods⁴⁰, including a three year research project, which was funded by the Engineering and Physical Sciences Research Council (EPSRC). The research directly involved people with and without dementia through interviews and accompanied walks around their local neighbourhoods. The neighbourhoods were also mapped, measured and evaluated using a checklist of environmental features developed for the research. This resulted in the publication of two versions of a checklist for designing dementia neighbourhoods; one for housing associations, which was sponsored by the Housing Corporation⁴¹, the other for built environment professionals including planners, architects and urban designers⁴². These publications, along with Streets for Life⁴³, give full details of the research, findings, recommendations and implementation in creating new urban areas or adapting existing ones. But, in summary, it was found that people with dementia, at least in the mild to moderate stages, regularly go out alone but tend to restrict themselves to their local neighbourhood because it feels safe and familiar and does not require using motorised transport to get around. It was also found that the design of the environment can make a big difference to their level of independence and ability to use and find their way around the neighbourhood. Importantly, the researchers identified 6 principles of dementia friendly environments, namely: familiarity, legibility, distinctiveness, accessibility, safety and comfort and made over 70 recommendations. From those recommendations the following 17 key design features of new dementia friendly neighbourhoods stand out:

1. Small blocks laid out on an irregular (deformed) grid with minimal crossroads
2. A hierarchy of familiar types of streets, including high streets and residential side streets
3. Gently winding streets
4. Varied urban form and architecture that reflects local character
5. A mix of uses, including plenty of services , facilities and open space
6. Permeable buffer zones, such as trees and/or grass verges, between busy roads and footways
7. Buildings and facilities designed to reflect uses
8. Obvious entrances to buildings
9. Landmarks and environmental cues

⁴⁰ Keady *et al.* (2012) Neighbourhoods and dementia in the health and social care context: a realist review of the literature and implications for UK policy development. *Reviews in Clinical Gerontology*, 1-14

⁴¹ Mitchell *et al.* (2004) *Neighbourhoods for life: a checklist of recommendations for designing dementia-friendly outdoor environments*. Housing Corporation and Oxford Brookes University www.idgo.ac.uk/about_idgo/docs/Neighbourhoods.pdf

⁴² Burton *et al.* (2004) *Neighbourhoods for life: designing dementia-friendly outdoor environments. A findings leaflet*. Oxford Brookes University www.idgo.ac.uk/about_idgo/docs/NfL-FL.pdf

⁴³ Burton E and Mitchell L (2006) *Inclusive urban design: streets for life*. Architectural Press

10. Special/distinctive features at junctions, e.g. street furniture, trees
11. Wide, flat, smooth, plain, non-slip footways separate from cycle lanes
12. Frequent pedestrian crossings with audible and visual cues suitable for older people
13. Level changes only when unavoidable, clearly marked with handrails
14. Clear signs throughout
15. Frequent sturdy public seating in warm materials, with arm and back rests
16. Enclosed bus shelters, with seating and transparent walls or large, clear windows
17. Ground level public toilets

Where no new development is planned, the following improvements are likely to be helpful for people with dementia:

1. Add landmarks, distinctive structures, open spaces or places of activity
2. Add special features (e.g. post boxes, telephone boxes, trees, statues) at junctions, particularly complex ones
3. Add porches, canopies and clear signs to make entrances to public buildings obvious
4. Increase the widths of footways (e.g. by reducing the widths of roads)
5. On busy roads, create a green buffer zone between pedestrians and cars
6. Move cycle lanes from footways to roads
7. Increase the frequency of pedestrian crossings
8. Where there are steps, provide a slope or ramp (no more than 1 in 20) as well
9. Add handrails to steps or ramps, if they don't have them
10. Fix clear signs and symbols (where existing ones are poor) to publicly accessible buildings, preferably perpendicular to walls
11. Remove all unclear and unnecessary signs
12. Replace all unclear road and directional signs with clear ones
13. Increase variety in the existing built form (e.g. by painting doors and windows different colours and adding details such as window boxes)
14. Add trees and street furniture where possible
15. Make sure there are public seats, toilets and bus shelters that are suitable for older people
16. Make sure gates and doors only require up to 2kg of pressure to open
17. Improve audible cues at pedestrian crossings where necessary and increase crossing times
18. Replace cobbled, rough or patterned footways with smooth, plain ones
19. Reduce street clutter (e.g. boards, adverts, signs)
20. Increase the amount of street lighting where necessary

The other research projects identified in the literature review made similar findings and conclusions. For example, research using workshops with people with dementia^{44, 45} found that the physical environment, including signage, orientation, streetscape; and local facilities, such as shops, public houses, post offices, libraries, sporting and activity groups are important to people with dementia. Another project^{46, 47}, which used interviews and virtual reality simulation, found that their participants with dementia also continued to go out alone regularly for practical, emotional and social reasons. The most important environmental features identified by this research were clearly displayed signs with explicit text and graphics; pedestrian segregation from busy traffic; wide pavements and roads; and convenient seating. Workshops conducted with people with dementia by Alzheimer's Australia NSW⁴⁸ identified the following as the most important outdoor design features:

- wide, flat, bicycle-free footways
- drive in/drop off points outside important venues
- clusters of shops
- non-slip, non-reflective paving
- clearly marked glass doors
- plenty of seating with arm and back rests
- good lighting
- dementia friendly signs and symbols
- sheltered bus stops with handrails and seating
- frequent pedestrian crossings
- handrails at crossings, bus stops, safety islands and corners

All these design for dementia recommendations compliment those for making neighbourhoods more age friendly including Help the Aged's (now Age UK) manifesto for lifetime neighbourhoods⁴⁹, the World Health Organisation's global age-friendly cities guide⁵⁰, the Lifetime Neighbourhoods report and the Inclusive Design for Getting Outdoors (IDGO) consortium⁵¹. The recommendations would also benefit most members of society and many are similar to those found in government and urban design literature and guides. For example, CABE^{52, 53} and DfT and CLG⁵⁴ recognise that people's sense of place relies on the familiarity of the use patterns, spatial structure and long established features of that place

⁴⁴ *Report on creating dementia friendly communities*. Innovations in Dementia (2012)

⁴⁵ *Dementia capable communities: the views of people with dementia and their supporters*. Innovations in Dementia (2011)

⁴⁶ Duggan *et al.* (2008) The impact of early dementia on outdoor life: a 'shrinking world'. *Dementia*, 7(2), 191-204

⁴⁷ Blackman *et al.* (2007) Outdoor environments for people with dementia: an exploratory study using virtual reality. *Ageing & Society*, 27(6), 811-825

⁴⁸ *Building dementia and age-friendly neighbourhoods. Discussion Paper 3*. Alzheimer's Australia NSW (2011)

⁴⁹ *Towards Common Ground: the Help the Aged manifesto for lifetime neighbourhoods*. Help the Aged (2008)

⁵⁰ *Global age-friendly cities: a guide*. World Health Organisation (2007)

⁵¹ www.idgo.ac.uk

⁵² *Building for life. Delivering great places to live: 20 questions you need to answer*. Commission for Architecture and the Built Environment (2008)

⁵³ *This way to better residential streets*. Commission for Architecture and the Built Environment (2009)

⁵⁴ *Manual for Streets*. Department for Transport and Communities and Local Government (2007)

and that any change must, therefore, be slow and incremental to maintain local character. They also both stress the need for places, spaces and buildings to give clear messages as to their uses and to have easy to find, accessible entrances and for individual neighbourhoods to be defined by their own distinctive, varied characteristics, features and materials. In addition, DfT and CLG also recommend:

- A traditional street hierarchy with different, clearly recognisable streets in terms of range, character and building uses
- Short, gently curved streets and irregular streets which slow traffic down and provide variety, interest and a sense of place
- Environmental features, such as public art, street furniture and trees, as wayfinding cues and locating housing close to local facilities and services
- Public seating with back and arm rests every 100m on main pedestrian routes and more frequently in busier places, such as squares and shopping precincts
- Buildings and windows facing the street to help create an interesting, legible street scene and a sense of safety
- Cycle tracks on carriageways rather than footways
- Well maintained, flat, non-slip footways

The NPPF expects LAs to promote local distinctiveness and character and provide mixed use developments with strong neighbourhood centres, active street frontages and clear, accessible, pedestrian routes that are safe from crime and traffic. The housing strategy requires neighbourhood design to be locally distinctive, reflecting local character and identity. Furthermore, urban designers stress the need make sure signs are easy to see and understand without adding to street clutter⁵⁵. In terms of landmarks they recommend the use of both large or historic buildings or structures and unusual or functional human-scale places and spaces, such as parks and squares and other often smaller environmental and architectural features, such as trees, gardens and ornamentation^{56, 57}.

Some examples of local quests for dementia friendly communities

A number of LAs and organisations have developed ageing strategies and age friendly action plans which set out their visions for ensuring that their local housing and neighbourhoods are age friendly, often including lifetime homes and neighbourhoods criteria. But they rarely include the needs of people with dementia. As highlighted earlier, some housing schemes are seeking to raise local awareness but there are also some innovative and inspiring examples of how this is being done at a wider scale. For example, a Cheshire East initiative has set up the UK's first hyper-local web 2.0 resource, www.demenShare.com, which enables people with dementia to share experiences, gain peer support and find local solutions. It also helps to raise awareness, bring local groups and generations together and show local decision takers/commissioners what needs to be done to make their communities more dementia friendly. The Age UK Cheshire Chief Executive sees one of the main values of DemenShare as providing;

⁵⁵ Kropf K (2001) *Stratford-on-Avon District Design Guide, Issue 1*. Stratford-on-Avon District Council

⁵⁶ Biddulph M (2007) *Introduction to residential layout*. Architectural Press

⁵⁷ Carmona *et al.* (2003) *Public spaces - urban spaces. The dimensions of urban design*. Architectural Press

“real customer insight across a range of issues, services and products and presents a holistic picture of the experience of living with dementia in Cheshire East ... we are finding that social media is connecting us into groups/individuals/families that we have not reached before.”

This insight is being communicated to local organisations and partners, including housing associations, planners, police, fire and rescue and local businesses. In the current economic climate it is debatable whether this project would receive the same generous funding if it was applying now; however, with the expensive initial costs already covered, the model is now low cost and proven and the DemenShare team is helping other communities to set up their own web resource.

In the South West, Bristol LINK and South Gloucestershire LINK worked with Alzheimer’s Society, South West Dementia Partnership and Innovations in Dementia to gain direct knowledge through workshops of the experiences, concerns and views of people with dementia and their families. They covered various subjects including diagnosis, support at home and in the community, hospitals and outpatient clinics, and living well with dementia. Key messages in the project report⁵⁸ are the need for providers, commissioner and stakeholders to understand and learn from the views and needs of people with dementia and to work in a more collaborative way to enable people with dementia and their families to lead the lives they choose. In terms of making neighbourhoods dementia friendly, workshop participants talked of the importance of being able to go out to maintain independence and a sense of normality and to enjoy activities and social contact. This will be covered in greater detail in a forthcoming Housing LIN case study.

In Yorkshire and Humber, a Dementia Friendly Community Model, being set up in part of Sheffield by the city council and public health, is an innovative example where planning and public health are working together to develop dementia friendly communities. Focusing on the neighbourhood level, planners are using a checklist for designing dementia friendly neighbourhoods to evaluate how dementia friendly the local area is and what needs to be changed. They are also talking to local people and to those with whom people with dementia tend to interact in the local community, such as staff in shops and other facilities. Dementia awareness events and training sessions are being held with front line staff, including police support officers and housing scheme managers, and local organisations are being encouraged to get involved. For example, a local gym now runs sessions specifically for people with dementia. Planned outputs include a community engagement guide, website and intergenerational work led by Southey and Owlerton Area Regeneration. Planners continue to be engaged with the Dementia Friendly Communities workstream and, following a successful Health and Planning four day course, dementia will be included in the Planning Framework for Sheffield. The development of the dementia friendly communities pilot is a workstream of the Sheffield Dementia Programme Board where decisions to roll out the pilot to other areas of Sheffield will be taken but it is anticipated that the multi-agency Dementia Alliance Forum will develop and spread it out across Sheffield with the aim of influencing strategies and decision making. The workstream will form part of the Commissioning Plan for dementia in Sheffield and contribute to strategic planning for dementia services.

⁵⁸ *Involving people living with dementia – making involvement count. People living with dementia in South Gloucestershire and Bristol help shape local services.* Innovations in Dementia (2012)

Conclusions

In conclusion, a dementia friendly community should provide a good choice of different types of housing with care and general housing with home-based health and social care services and ensure that the design of housing and neighbourhoods supports and enables people with dementia.

The government's attempts to cut red-tape do not appear to have clarified their position in regard to the ageing of the population, let alone the needs of people with dementia. The brief and generalised references to older people in policies and strategies raise more questions than they answer. If it is acceptable to prescribe to increase housing provision and reduce carbon emissions why is it not also acceptable to regulate to meet the equally pressing needs of the ageing of the population? Addressing the issues of a changing demographic is now at the discretion of local government but a recurring theme that emerged from talking to stakeholders for this paper is the question 'How is it all to be done when there have been so many staff and budget cutbacks?' A concern raised by stakeholders is that the shortage of suitable specialist housing means that there are many people with dementia on waiting lists. There is a strong need and desire by housing providers to learn how to meet the needs of those people from the time they are referred to or enquire about extra care housing. This could be achieved through a virtual network through which providers, LAs, health and social care professionals and other organisations could share knowledge, advice and good practice in meeting the needs of people with dementia.

Since WHO launched its Global Age Friendly Cities guide many countries across the western world have developed their own age friendly strategies but, encouragingly, the UK and Europe seem to be leading the quest for dementia friendly communities. Innovations with Dementia have just published a dementia friendly communities toolkit⁵⁹, based on work with Hampshire County Council, and generic versions of the toolkit will shortly be published by the Local Government Association. Across the UK there are some innovative activities raising awareness among the general population, providing people with dementia and their carers with the support, advice and information they need and including them in research and decision making. The development of dementia cafes and drop in centres, where they can meet and chat with others or seek advice and information, reminds me of the Maggie's Cancer Caring Centres⁶⁰, which are drop-in centres providing psychological, social, emotional and informational support to people living with cancer. What makes these centres exceptional is that their design is considered to play an essential role in this psychosocial support by providing a safe, welcoming, comfortable, homely sanctuary. A similar network of dementia caring centres, supported by the Housing LIN, designed to evidence-based design for dementia recommendations, would be a big step towards achieving dementia friendly communities.

To date, little attention has been given to how the design of the built environment contributes to dementia friendly communities, beyond following the WHO guidelines for age friendly neighbourhoods. When developing their Home from Hospital initiative, Care & Repair England, expressed how it has been

“struck by how little information about housing and neighbourhoods there is on any of the main [dementia] charity websites and have started negotiations with those bodies. It is difficult to interest planners and councillors in the idea of creating age friendly neighbourhoods, let alone gaining support to incorporate dementia specific features.”

⁵⁹ www.innovationsindementia.org.uk/projects_communities.htm#communities

⁶⁰ www.maggiescentres.org/home.html

A key recommendation in *Dementia 2012* is for Alzheimer's Society to develop an understanding of what makes a dementia friendly community. They are gathering information and evidence on all the elements important to dementia friendly communities and believe that design and housing are likely to play a key role. Their report on housing and dementia, due out soon, begins to examine this role but they are very keen for people working in housing and design to share what evidence they have to help shape the development of the concept of dementia friendly communities and the role housing and design can play.

As well as more awareness of the role design plays in supporting and enabling people with dementia, clear, evidence-based guidance on how to design dementia friendly housing, other buildings and neighbourhoods is also essential. The Prime Minister's challenge pledges to more than double its funding for dementia research to the National Institute for Health Research (NIHR), Medical Research Council (MRC) and Economic and Social Research Council (ESRC) by 2015. Most of the funds will go towards biomedical research and brain scanning and some will go towards social research on living well with dementia and the delivery of dementia care services. While this is extremely good news, research into the dementia friendly design of the built environment appears yet again to have not been given due consideration. The EPSRC EQUAL (Extending QUALity Life) initiative funded some important innovative research on the design needs of people with dementia, including the project that developed the EVOLVE tool (supported by the Housing LIN) and research on dementia friendly neighbourhoods. The closure of the EQUAL initiative created a funding gap that urgently needs to be met. However, the EPSRC, in partnership with ESRC and the Arts and Humanities Research Council (AHRC), has just announced a new call: *Design for wellbeing: ageing and mobility in the built environment*. The call seeks proposals from interdisciplinary teams of engineering, social science and design researchers investigating 'ways in which better design of the built environment can facilitate and enable mobility, physical activity and physical connectivity of older people within the community'. While the call does not make any reference to people with dementia, it is hoped that bids addressing design for dementia will be funded.

In preparing for this viewpoint, the call for information on dementia friendly communities through Housing LIN attracted as many requests for information as it did offers of information, including requests for examples of general housing, specialist housing and neighbourhoods that have been designed to be dementia friendly. For example, North Somerset Council are keen to be able to offer some basic, easy to apply standards at both the housing and neighbourhood levels to encourage designers to incorporate design for dementia into their buildings and spaces. The lack of evidence-based research led Housing21, Anchor, The ExtraCare Charitable Trust, Hanover and Methodist Homes Association to set up the Housing and Dementia Research Consortium to actively develop research proposals and seek funding. This, along with the dedicated housing and dementia pages on the Housing LIN website, provide a marvellous opportunity for research to be guided by those who will benefit most from the research and for access to case studies but does not resolve the issue of the lack of funding for dementia friendly built environment research.

It is also important to ensure that research findings are effectively disseminated. New research by Alzheimer's Australia WA and the University of Wollongong to develop evidence based best practice design guidelines for architects and designers of aged care facilities will produce environmental audit tools for care settings, course materials for architecture students, workshops for professionals and families, a national library lending resource and a virtual web based centre of info and advice. In the UK, the Dementia Services Development

Centre (DSDC) and Housing LIN websites represent two of the most useful and comprehensive sources of information and DSDC hold training sessions. However, little is done to train architectural, construction, engineering, urban design and planning students to be aware of or to address the needs of people with dementia or older people and we often receive requests for training from such practitioners. One LA Access Officer is preparing a design code to raise awareness among built environment professionals of the concept of designing for the diverse needs of the population rather than designing for the stereotypical, 'normal' person with 'accessible' extras bolted on. But there is a strong feeling that unless institutes such as the RIBA, ICE and RTPI use their accreditation of courses to require this message to be taught, most graduates will continue to start their careers without the necessary skills and understanding.

Endnote: While researching this paper I discovered some exciting initiatives and developments in the quest for dementia friendly communities but I also heard about staff cutbacks adversely affecting the quality of life of residents and people with dementia being treated as a set of symptoms rather than as individual people by care professionals. Health and social care policymakers and practitioners need to ensure they fully understand the needs and experiences of people with dementia as well as raising awareness among the general public and that they work with other professions, especially those relating to the built environment, to coordinate their policies, services and practices.

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For further information about the Housing LIN and to access its comprehensive list of online resources, visit www.housinglin.org.uk

The Housing LIN welcomes contributions on a range of issues pertinent to specialist housing. If there is a subject that you feel should be addressed, please contact us.

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