

Checklist

Living for longer with dementia in Extra Care Housing

Around 23% of residents in Extra Care Housing (ECH) are reported to be living with diagnosed dementia or suspected but undiagnosed dementiaⁱ. It is, therefore, important to enable people with dementia and their carers, regardless of their age, to access support at an early stage, and to enable them to remain living in their ECH for as long as possible through the progressive stages of dementia.

This checklist is based on a review of published research on this topic, conducted between January and May 2024 by the ConnectED Projectⁱⁱ. The research suggests that people living in ECH schemes need to understand the aims of ECH and specifically that there will be people living there with dementia and physical disabilities when they move in.

The checklist is intended to inform ECH practice through the following recommendations:

- 1. **Provide specialist dementia training (including on walking with purpose)**
 - a. For everyone working within the ECH scheme (incl. Care workers, catering, cleaning and maintenance staff) as well as senior managers and board members.
 - b. For residents without dementia, dementia awareness training to promote positive attitudes and support co-habitation.

- 2. **Create easy access to healthcare and other support services**
 - a. Permanently co-locate health and other support services onsite (e.g. consulting rooms for district nurses).
 - b. Facilitate temporary onsite visits to address mental and physical health needs (e.g. from GPs, Mental Health Practitioners, Social Workers).
 - c. Invest in specialist dementia nurses, care navigators and advisors within the scheme.

- 3. **Allocation of spaces**
 - a. Develop policies to support decision-making regarding referrals, allocation of spaces and circumstances under which residents might be obliged to move out of the scheme due to a deterioration in health.
 - b. Assess needs holistically using joint case management where available.

4. Support social relationships

- a. Offer a range of activities for older people living with dementia, as well as ensuring that other activities are inclusive. Providing physical assistance to get to activities is key.
- b. Consider operating a community 'hub and spoke' model to open up facilities to the wider community.
- c. Support access to a range of communal amenities (such as garden, shops, restaurants, pubs, libraries and hairdressers) according to the stage of dementia experienced.

5. Managing risk while enabling independence

- a. Undertake regular reviews and risks assessments using a person-centred approach as needs change as dementia progresses.
- b. Create specialist roles, such as a member of staff trained to provide additional support for residents with dementia and the specific difficulties experienced in their daily living.
- c. Operate flexibility in staffing arrangements to respond to occasional short-term changes in care needs.
- d. A flexible approach to the provision of care and support is needed to meet the challenges presented by supporting end of life care for people with advanced dementia.

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August 2024

ⁱ Twyford, K. and Porteus, J. Housing LIN (2021). Housing for people with dementia – are we ready? A report from an inquiry by the APPG on Housing and Care for Older People.
https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/HCOP_APPG_Dementia_Housing_and_Care_Inquiry-LowRes.pdf

ⁱⁱ The ConnectED Project is a partnership project between the University of Bristol, the University of the West of England, South Gloucestershire Council, Bristol City Council, North Somerset Council and Age UK Bristol. It is funded by the National Institute for Health and Care Research.
<https://www.researchinpractice.org.uk/adults/content-pages/open-access-resources/connected/>