Background:

- **people with dementia (PwD) in Germany**: 1.7 Mio. (2017) ➔ 3.0 Mio. (2050) (Bickel 2018)
- dementia is a major reason for relocation into institutional care arrangements (Schäufele et al. 2008)
- institutional care arrangements are frequently criticised (Schäffer et al. 2008) ➔ development of shared housing arrangements (SHA) for PwD
- SHA are a German kind of small-scale living facility (Verbeek et al. 2009)
- great increase in the number of SHA in Germany during the last two decades (Brinker-Meyendrisch 2006; Klie et al. 2017)
- studies developing and evaluating quality indicators (QI) for small-scale living arrangements are widely missing (Wolf-Ostermann et al. 2012)

**Objective of the study: developing QI for SHA in Germany and describing quality of care and support**

**Methods:**

- developing QI based on a) literature review and b) adoption by expert consensus
- cross-sectional study in 71 SHA caring for PwD (2016 – 2017)
- assessment and evaluation of structures of care and support and the care situation in the SHA based on QI
- analyses by means of descriptive and inferential statistics

**Results:**

- sample size: n = 71 SHA with n = 613 residents
- average number of residents per SHA: 8.9 persons (sd 2.6); 71.0 % female; mean age 79.2 years (sd 6.1)
- average percentage of Pwd per SHA: 78.2 % (sd 32.1)
- average percentage of persons with severe care dependency per SHA: 71.2 % (sd 22.7)

¹ The instrument to measure care dependency in Germany changed in the year 2017 from three care levels to five care degrees. For this result the two highest care level (2016) or the three highest care degrees (2017) were summarized.

**Quality Indicators**

1. characteristics of residents’ own domesticity, unrestricted rights and responsibilities
2. setting-specific quality management concept
3. education and training conditions for staff
4. relation between number of residents and number of employees
5. information and advisory service for relatives and interested persons
6. participation of residents in organizing daily living

1. in 27.5 % of all SHA the residents have **no influence** on the choice of new residents
2. **setting-specific quality management concepts exist** in almost all SHA
3. on average **25h of training** per nurse and year
4. on average **1.4 full-time equivalent (fte)** relates to one resident, but only **0.26 fall on skilled nurses**
5. **extensive information and advise** about the concept of the SHA in **95.5 %** of all participating SHA
6. **participation of the residents** in organizing daily living is given

**Limitations:**

- small sample size
- SHA are mostly in urban areas

**Conclusion:**

- **SHA are no longer a niche in care but a regular service**
- **SHA are a specialized living and care environment** for the vulnerable group of elderly PwD
- SHA are **chosen consciously** by residents and/or their relatives as an **alternative to long-term care in nursing homes**
- **good ascertainability** of the QI
- **SHA are one component in a multitude of different healthcare services** which have to be **tailored to personal demands**

**CONTACT:**

Preuss, Benedikt; Schmidt, Annika; Wolf-Ostermann, Karin Institute for Public Health and Nursing Research, University of Bremen; Germany