

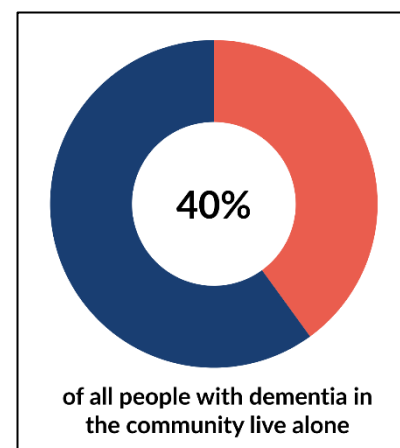
Living alone with dementia

Overview

'Living alone with dementia is the next major challenge in aging.'
(Splaine Consulting)

People with dementia who live alone, sometimes with little or no family support, are an often-overlooked group that is increasing in number. We found that 40% of people with dementia in the community are living alone. As many as one in ten of those living alone have little or no family support.

There is still a widespread assumption that people with dementia have a family carer available, and neither NHS services nor community provision are designed to accommodate the needs of people living alone. The result is that living alone is a neglected source of inequality.



Key Messages

People living alone experience significant inequalities in support from services and in capability for living well, from diagnosis to end-of-life care. We identified four main avenues through which these inequalities can be addressed:

1. Knowing the numbers

- Understand how many people are living alone with dementia in each area and use this as a basis for local commissioning
- Design systems to routinely record living situation and ensure this information is shared

2. Making services more responsive

- Proactively initiate and maintain contact with those living alone
- Train practitioners to implement best practice and to work flexibly to meet needs
- Give those living alone a link worker or care co-ordinator to help them navigate services

3. Strengthening community support

- Involve and include family carers who are providing support from a distance
- Enable community agencies to include people living alone in the activities and forms of support they provide
- Reference people living alone when raising public awareness of dementia

4. Making research inclusive and practically relevant

- Include people living alone in research studies, and report findings separately
- Target research funding towards practical ways of improving service provision for people living alone and reducing inequalities

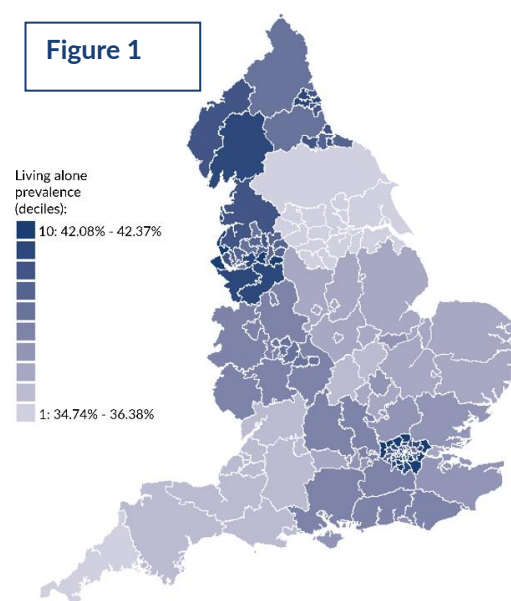
Background

More people than ever are living alone with dementia. In this project we:

- Analysed publicly-available primary care data to explore the number and proportion of people with dementia recorded as living alone in England in 2023.
- Identified 200 research articles on this topic and reviewed them in detail to identify what is known about the characteristics and needs of people with dementia who are living alone and how best to support them.
- Consulted people with lived experience of dementia, practitioners, and other stakeholders about how to meet the support needs of people living alone with dementia in England.
- Identified policy implications and recommendations for policy and practice.

Our findings demonstrate that the issue of living alone with dementia is one of inequality.

Figure 1



Key findings

Living alone with dementia is almost as common as living with others

- Of those with dementia residing in the community in 2023, 40% lived alone and 60% lived with others. This represents an increase in the proportion living alone from about 31% of people with dementia in 2009 (see Figure 2).

Living alone is more common among some groups than others

- Women and older people are more likely to live alone. Older, less well-educated women with dementia are also the group least likely to be receiving support from services
- People registered at urban GP practices and those living in the most deprived areas are more likely to live alone.
- Regionally, rates of living alone are highest in London, the Midlands, the North-East and the North-West (see Figure 1).
- People of black ethnicity are more likely to live alone than people of white ethnicity and those of Asian ethnicity are least likely to live alone.

People with dementia who are living alone experience significant inequalities

- People living alone with dementia have not only more unmet needs but also different needs to those living with others.
- Those living alone experience significant inequalities across the pathway in relation to diagnosis and subsequent care (see Table 1).
- Hardly any research has explored ways of reducing these inequalities and better meeting the needs of people living alone with dementia.

Table 1: Inequalities experienced in living alone with dementia mapped to the Well Pathway

Theme	People living alone, relative to those living with others, experience:
Diagnosing well	Later and less precise diagnoses; possibly different prescribing patterns
Living well	Poorer quality of life, well-being and satisfaction with life; more loneliness and isolation; greater challenges managing daily activities; more unmet needs
Supporting well	More difficulty navigating and accessing services and support; more unmet needs; lack of flexibility in services to respond to needs; similar rates of hospitalisation but less likelihood of being discharged home; greater likelihood of moving into residential care
Dying well	Greater likelihood of dying in hospital or a long-term care setting

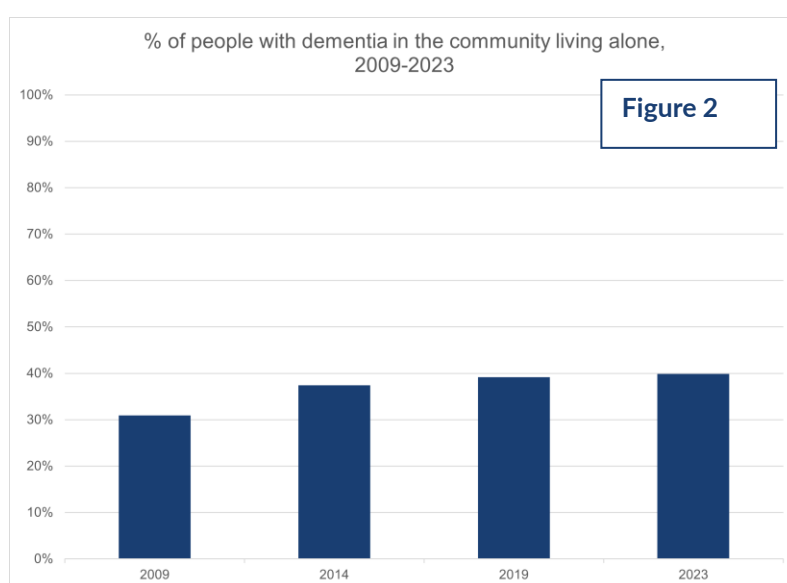
Policy Implications

With demographic changes resulting in 40% of people with dementia in the community living alone, a trend likely to increase, it is time to pay attention to the implications of this shift. **We need to start thinking differently about how to support people with dementia.**

Living alone with dementia is an issue of inequality. People living alone with dementia have more needs, and different needs, to those living with others. This is especially true for those with more limited family support and for those who have little or no such support.

Our research suggests the need to find new and better ways of meeting the needs of people living alone with dementia.

Addressing this source of inequality requires concerted effort from commissioners and providers of health and care services, community agencies, and researchers, and greater public awareness.



Conclusion

We can improve provision and reduce the inequalities resulting from living alone with dementia by:

acknowledging the scale
of the issue

adapting pathways and
services to provide more
responsive personalised
care

enhancing support for
community agencies and
for distant carers

making research more
inclusive and practically
relevant

Providing more proactive support and preventing crises will benefit NHS and social care services as well as transforming the experience of people who are coping with dementia alone at home and increasing their capability to live well with the condition.

Contact details and where to find out more

Read the full policy report at

Clare, L., Martyr, A., Gamble, L., Caulfield, M., Charlwood, C., Ward, J., Hulme C., Prina M., Oyeboode, J. (2025). *Living alone with dementia: a neglected inequality*. NIHR Policy Research Unit in Dementia and Neurodegeneration, University of Exeter.
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