## 1. Workshop 2: Ensuring Early Suitability of Housing for People with Dementia

Arneil Johnston, independent housing consultancy, has been commissioned by the Chartered Institute of Housing to conduct research for the second phase of their successful Housing and Dementia Programme. This second phase will focus on improving links between housing organisations and partners in health, social care and the third sector, with a specific focus on the role of the housing professional in meeting the needs of those living with dementia.

As part of this research, Arneil Johnston hosted a series of stakeholder events throughout the summer with a specific focus on:

- examining key interactions, processes and pathways;
- examining the role of the housing professional in dementia pathways; and
- housing's role in building awareness and acceptance of dementia.

The first round of these stakeholder engagement events were held in July 2016 and focused on bringing together professionals across housing, health, social care and dementia services to analyse and define the links, relationships and pathways associated with the following common interactions:

1. assisting and supporting someone to seek a diagnosis;
2. early assessment of the suitability of someone's home;
3. identifying appropriate changes to enable the person with dementia to remain at home/be returned home quickly;
4. ensuring holistic consideration of all aspects of assistance/support as dementia progresses.

The second of these workshops was held on Monday 11th July 2016 in Viewpoint HA, Edinburgh and focused on the early assessment of housing suitability. Arneil Johnston guided partners through an interactive mapping process to gain a clear understanding of:

- service access, inter-relationships and processes;
- diagnostic (& holistic) risk assessment and management;
- data collection/sharing processes to aid service response and/or referral (with focus on confidentiality and consent);
- optimum service pathways which are preventative, person centred and offer choice;
- maximising resources and client outcomes through multi-agency collaboration.

The workshop was held from 10.00am till 3.30pm and was based on the following programme:

| Timing | Activity | Nature of Activity |
|---|---|---|
| 10.00 – 10.20 | Introduction & Welcome | AJ led briefing session |
| 10.20 – 10.45 | Session 1: Assessing the changing agenda | Focus group discussion |
| 10.45 – 12.15 | Session 2: Assisting & supporting early assessment of housing suitability: what should happen in an ideal world? | Interactive activity |
| 12.15 – 13.00 | Session 3: Assisting & supporting early assessment of housing suitability: what happens in the real world? (Part 1) | Case study group exercise |
| 13.00 – 13.45 | Lunch | |
| 13.45 - 14.30 | Session 4: Assisting & supporting early assessment of housing suitability: what happens in the real world? (Part 2) | Case study group exercise |
| 14.30 – 15.15 | Session 5: What needs to happen to move from reality to ideal world? | Interactive activity |
| 15.15 – 15.30 | What happens next & close of session | AJ led briefing session |

The following professionals participated in the workshop session:

- Richard Baker, Age Scotland;
- Helen Barclay, Viewpoint Housing Association;
- Moira Bayne, Housing Options Scotland;
- Aileen Carson, Horizon Housing Association;
- Catriona Chapman, Alzheimer Scotland;
- Jennifer Deed, Blackwood Group;
- Lynsey Dey, Angus Council;
- Samantha Flower, NHS Greater Glasgow & Clyde;
- Heather Henderson, Midlothian Council;
- Margaret Moore, CIH Scotland;
- Chris Morton, North Ayrshire Council
- Judith Leslie, Angus Care and Repair
- Anne Seaton, Angus Health and Social Care Partnership; and
- Sharon Ward, Alzheimer Scotland.

This briefing paper presents the outcomes from Workshop 2, which focused on supporting early assessment of housing suitability for someone with dementia.

## 2. Session 1: Assessing the changing agenda for housing & dementia

**Aim of session:** To gain an understanding of the extent to which participants believe that the overall agenda has changed since "Improving Housing and Housing Services for People with Dementia: Housing and Dementia Survey" (2013)

Following a short introduction that set out the background, context and pathway under consideration in workshop 2; participants engaged in discussion on the extent to which the overall agenda has changed since Phase 1 of the research and the publication of *"Improving Housing and Housing Services for People with Dementia: Housing and Dementia Survey"* in 2013.

To enable this, Arneil Johnston provided an overview of the context and outcomes of Phase 1 of the CIH Housing & Dementia Programme, followed by group discussion of the following questions:

- What impact has health and social care integration had on the overall housing and dementia agenda?
- What impact will the 3rd National Dementia Strategy have on the housing and dementia agenda?
- How have housing contribution statements taken forward the dementia agenda in Scotland?

The consensus view among the group was that:

Dementia and associated policy issues have risen up the social policy agenda in Scotland but that best practice regarding housing related issues has still to be embedded in the mainstream of housing policy. Particularly in the pathway under consideration, i.e. early assessment of housing suitability, it was agreed that there was not yet widespread awareness of the significant and potentially beneficial effects that early intervention on housing design and adaptations might bring. Reference was made to the "5 Pillars" approach introduced by the Scottish Government under which everyone receiving a diagnosis of dementia should also be given one year's support from relevant professionals, overseen by a "Dementia Practice Coordinator". It was agreed that embedding a robust approach to housing suitability at this early stage would confer the optimum benefit in ensuring people could remain at home for as long as possible.

Specific points emerging from the discussion were:

- The need to consider the needs of *people with learning difficulties* who might also have dementia (e.g. Down's Syndrome);
- The need to consider the role of *housing allocation policies* in ensuring the optimum match between the person with dementia and appropriate housing;
- Despite highlighting areas of innovation and good practice (e.g. Angus Care and Repair) some felt that health and social care integration partnerships may actually have *slowed progress somewhat;*

- Despite the above observation, most believed that health and social care integration partnerships held great potential for bringing together relevant professionals and other bodies, carers and individuals;
- The *principle of re-ablement* is important , particularly for people leaving hospital (and a key part of the 5 Pillars model);
- A very strong consensus that *budget reductions* are having *a serious detrimental impact on service delivery,* and that this cannot be ignored for much longer;
- That although not yet uniformly well developed, Housing Contribution Statements have great potential and that *resources should be committed to pursuing best practice* on a consistent basis across the country;
- That early housing intervention for people diagnosed with dementia should be *firmly located within a rights based approach; and*
- That the development of robust protocols across the country to encourage integrated engagement between support bodies and people living with dementia, with housing playing a key role in the process, should be a key priority.

## 3. Introducing pathway 2: Ensuring early assessment of housing suitability

To support Arneil Johnston to assemble a series of conversation starters on each aspect of how to support early assessment of housing suitability; the Dementia Services Development Centre (DSDC) at Stirling University provided the following material to stimulate debate and to highlight the knowledge requirements of

## 4. Session 2: Ensuring early assessment of suitability: What should happen in an ideal world?

# Supporting early assessment of housing suitability

### Housing's role in supporting early assessment of housing suitability

People with dementia live in all types of housing and as their dementia symptoms increase many will struggle to remain independent unless changes are made at an early stage to enable individuals to continue with their daily lives and live well

This will require early assessment by the relevant organisations and may well require an Occupational Health professional to assist with this task

However, there are key areas which should be considered by all concerned with the care and support of PWD (people with dementia) and where possible this should involve the person themselves

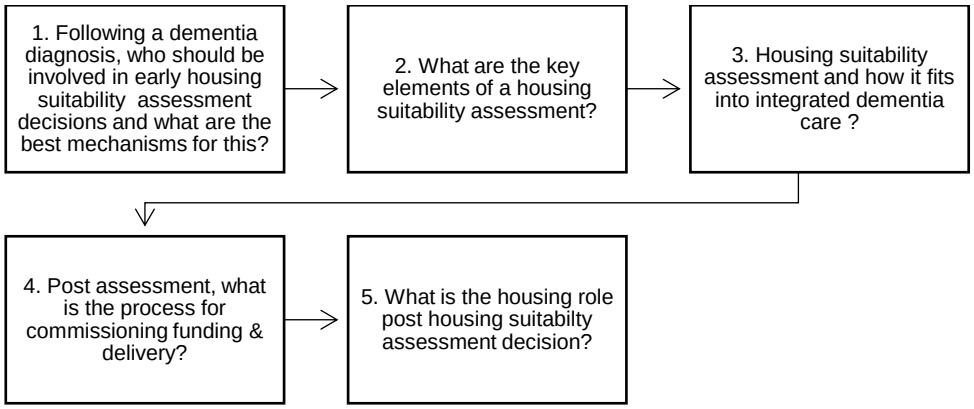
### What do housing practitioners need to know to support the early assessment of housing suitability for people with dementia?

1. Understanding the impact of old age and dementia, why environments matter in dementia care
2. Have a brief overview of 'dementia friendly' design principles and understand how these features help
3. Reflect on the environments in which they support or work with people with dementia and identify potential for simple improvements/changes
4. Identify where to find out further information and access more detailed advice

The aim of this central session was to analyse and define the links, relationships, processes and pathways for referrals to/from housing organisations when assisting and supporting the early assessment of housing suitability. To achieve this, through discussion, workshop participants mapped out the interactions, activities and recommended practice associated with the following question:

*"In an ideal world, and working in partnership with health, care and support agencies, how can housing organisations assist and support the early assessment of housing suitability for someone with dementia?"*

Using research evidence, best practice material and relevant guidance on assisting and supporting a dementia diagnosis, the following 'best practice pathway' was drafted in five stages for further examination by workshop participants.




Each stage in the best practice pathway was presented on an exhibition board together with discussion questions and relevant research or best practice material; to stimulate thinking, debate and validate the pathway.

Taking each stage of the pathway in turn, participants used best practice evidence and group consensus to map/validate/design how housing practitioners should support and enable someone to seek diagnosis. Where gaps in best practice or research were identified, this was noted and addressed through discussion, with participants also testing and validating research findings and recommended practice.

**The outcomes for each stage of the interaction to support and assist someone to seek a diagnosis of dementia were as follows:**

## 4.1. Stage 1: Following a dementia diagnosis, who should be involved in early housing suitability assessment decisions, and what are the best mechanisms for this?

Through discussion, participants examined stage 1 in the pathway defining the (i) knowledge requirements; (ii) practice recommendations; and (iii) partnership actions associated with:

1. Early housing suitability assessment; and
2. Effective mechanisms.

| What is the role of dementia practice co-ordinator in an integrated approach to dementia care and who are the partners likely to be involved? | |
|---|---|
| Although highlighted as a key role in the "5 Pillars" model which is supposed to operate in the first year of a dementia diagnosis, participants were not convinced that the Dementia Practice Co-ordinator(DPC) role was significantly well embedded in current practice or indeed well understood by housing practitioners.<br><br>All agreed however on the need for such a role and that it should be better defined and explained and more widely implemented in accordance with the "5 Pillars" approach.<br><br>Partners in an integrated approach are likely to consist of a range of professionals and other bodies, including occupational therapists, social workers, police, fire, voluntary and third sector organisations, neighbours, carers and family members.<br><br>A key task is for housing professionals to understand the contribution of each agency and what it might contribute to successful outcomes. | Partnership actions |
| **What is the housing role in suitability assessment & what steps do housing practitioners need to take on learning that a tenant has a diagnosis of dementia?** | |
| It was generally agreed that following diagnosis a primary housing role is to take responsibility for overseeing the investment required to make the agreed changes to someone's home with the aim of ensuring that person might remain there for as long as possible. Should remaining at home prove not to be possible, housing also has a role in advising on potential housing alternatives which may be available, e.g. moving to a ground floor flat or some form of sheltered accommodation.<br><br>In situations where tenants do not wish assistance, or actively refuse support, there was general agreement that in these circumstances, where housing had concerns about a person's wellbeing, advice should be sought from a relevant professional - probably social work.<br><br>Some examples of good practice were highlighted, e.g. the Angus One Stop Shop or "Intake" model.<br><br>It was also observed that although new models of service delivery are emerging, budget cuts present a serious impediment to innovation.<br><br>It was noted too that a suitability assessment might not just be required following an initial diagnosis but may also be required as part of a discharge from hospital procedure. | Practice recommendations |

| What is the role of the person with dementia? | |
|---|---|
| It was generally agreed that the level of engagement with the person with dementia was likely to depend on the stage of dementia involved and the extent to which the person had capacity to make decisions either by themselves or with appropriate advice.<br><br>It was also agreed that the principle of personal engagement should be pursued wherever possible with “choice”, “empowerment” and “person centred” being our watchwords.<br><br>Participants agreed that intervention at the earliest possible stage was desirable to maximise the opportunity for meaningful choice to be exercised by the person involved and perhaps create a “window “ which provided the opportunity for that person to make decisions about their life before the condition worsened . | Practice recommendations |
| **How do we best facilitate the “remain at home if possible” principle?** | |
| There was general agreement that early intervention and the conduct of an initial housing appraisal to identify potential trips and other hazards was essential as part of this objective.<br><br>Example of Angus pilot programme “engagement check” which looks to improve lighting levels and carry out initial (minor) adaptations.<br><br>There was also agreement that if a person with dementia is able to stay at home the principle should be to “change as little as possible” in the first instance , with the exception of doubling internal light levels and removing obvious trips and hazards. | Practice recommendations |

| What are the mechanisms and protocols for this stage? | |
|---|---|
| Although examples of good practice could be cited, participants did not believe the existence of effective protocols for enabling joint early assessment of home suitability were widespread.<br><br>There was also a strongly held view that practice varied widely by council area, resulting in a pressing need for consistent approaches to early housing assessment throughout Scotland.<br><br>The perception of inconsistency seemed to apply in particular to the provision of aids and adaptations both in terms of the speed of decision making and scope of what councils are prepared to do.<br><br>Councils were urged by participants to produce clear and unambiguous statements for service users, voluntary organisations and carers covering the service offered to people living with dementia and that advice information and support should be tenure neutral.<br><br>An effective protocol would be one which was initiated as soon as housing received notice that a tenant had had a diagnosis of dementia. This would ideally bring together the professionals involved in providing personal support together with the housing contribution to arranging for the necessary physical alterations to the home. (It was noted that such protocols were likely to apply equally to people seeking to return home from a stay in hospital).<br><br>Most believed that if properly resourced, the “5 pillars” approach would perform this function in the first year, followed by the “8 pillars” model in subsequent years. | Partnership actions |
| **Are they fit for purpose?** | |
| As participants believed that coverage and scope of protocols seem to vary across Scotland, it is difficult to say. The general consensus was that effective protocols for early intervention are not universal. Participants thought it would be helpful for examples of effective protocols and partnerships to be widely circulated. | Partnership actions |

## 4.2. Stage 2: What are the key elements of a housing suitability assessment?

Through discussion, participants examined stage 2 in the pathway defining the (i) knowledge requirements; (ii) practice recommendations; and (iii) partnership actions associated with the:

1. Housing suitability assessment;

| What are the knowledge requirements (e.g. principles of dementia friendly design) and how much does the housing professional need to know? | |
|---|---|
| It was agreed that although (as per the 6 key principles of dementia friendly design) specialist knowledge and advice is key at all stages of any redesign or development, housing professionals would benefit from a basic knowledge of the design principles which can enhance the living circumstances and wellbeing of people living with dementia.<br><br>It was noted that SSSC has a good training programme for dementia design principles.<br><br>It was thought that the Housing Options Toolkit could be expended to deal with dementia (rather than create a separate toolkit). | Knowledge requirements |
| **How do we consider the importance of lighting, colour and contrast, orientation and signage, getting outside, communal areas and who does this?** | |
| It was agreed that specialist knowledge of what works is vital in redesigning internal and external settings to benefit people living with dementia.<br><br>There was a clear consensus that rather than reinvent the wheel, housing professionals would do well to consult the wealth of literature already available , such as the “Improving the design of housing to assist people with dementia” published by DSDC at the University of Stirling. This includes advice on interior and exterior features and includes the “Top 10 Adaptations”.<br><br>The 6 key principles of dementia design (from the National Dementia Strategy) were also acknowledged to be helpful.<br><br>Agreed that while housing professionals should not replace experts in specifying design based improvements for people with dementia, a good basic knowledge could assist housing staff in understanding the need for alterations, and perhaps assist in communicating information and choices to the person concerned. | Knowledge requirements |
| **What are the key elements of housing suitability assessment including assessment of internal & external environments?** | |
| It was believed that personal choice should be accommodated as far as possible, and that housing staff could act as advocates for older people in securing such choice, especially if well known to the person concerned.<br><br>Initial assessment first to assess the need for immediate improvements such as identifying and removing risk of slip and trip hazards and increasing light levels, opportunities to differentiate objects and walls etc. through use of colour and tone.<br><br>Don’t try to reinvent the wheel. Use the experts. | Practice recommendations |

| What is the range of possible housing related interventions to support the "remain safely at home as long as possible" principle? | |
|---|---|
| The full range will certainly include advice and information on housing options (including rehousing when remaining at home is no longer possible) and working in close partnership with other professionals in the 5 or 8 pillar support model to identify necessary design interventions.<br><br>Other forms of support such as assistive technology should also be identified at this stage.<br><br>Agreed that the Top 10 adaptions and the booklet from which it is taken provides an excellent checklist on the possible range of interventions. | Practice recommendations |

## 4.3. Stage 3: How can the housing professional enable effective hospital admission and continuity of care?

Through discussion, participants examined stage 3 in the pathway defining the (i) knowledge requirements; (ii) practice recommendations; and (iii) partnership actions associated with the:

1. Enablement of effective hospital admission; and
2. Continuity of care.

| What is the role of good design in dementia care – what does the housing professional need to know? | |
|---|---|
| It was widely agreed that a housing suitability assessment is an essential component of an integrated approach to dementia care and should happen as soon as possible following diagnosis, especially to avoid the trips or falls which can so often result in hospital admissions and the complications these frequently bring for vulnerable people<br><br>Good design can both improve and prolong quality of life, and produce cost benefits to health services if expensive hospital admissions can be avoided. It was also acknowledged that an expert design contribution to the housing suitability assessment is vital, in terms of which interventions work in specific contexts<br><br>Participants agreed that as with the condition of dementia itself, most housing professionals would not require to be dementia design experts, but would benefit from a basic awareness of principles, which could be readily gained from existing material published by DSDC and others | Practice recommendations |
| **What is the interplay between design and care planning (support)?** | |
| If care for those living with dementia is to be genuinely integrated, person centred and holistic, design and care requirements should both be key considerations within this integrated approach, as embedded in the 5 & 8 Pillars models<br><br>Agreed there was also a good case to involve local care and repair services as part of this interplay. | Partnership actions |

| Does a house become more or less suitable depending on the level of personal support applied? If so how is that balance worked out? | |
|---|---|
| Participants were not certain that there was a link between the level of support provided for someone with dementia and the suitability of their home. Both (support and housing suitability) had to be assessed on a regular basis and either adapted as necessary to a person's needs. | Practice recommendations |

## 4.4. Stage 4: Post assessment, what is the process for commissioning funding & delivery of housing alterations or adaptations?

Through discussion, participants examined stage 4 in the pathway defining the (i) knowledge requirements; (ii) practice recommendations; and (iii) partnership actions associated with the:

1. Commissioning;
2. Funding; and
3. Delivery of housing alterations or adaptions.

| Is there a clarity about the delivery of aids, adaptations & design changes and who plays the lead role in delivering each, e.g. multi-tonal painting, see through cupboard doors – who provides and fund this? | |
|---|---|
| Participants were clear that where interventions were property related, the responsibility for delivery should lie firmly with housing organisations, following advice from experts in the field of dementia design such as DSDC | Practice recommendations |
| **Who coordinates the commissioning of recommended changes?** | |
| The consensus was that if the recommended changes related to a person's home then housing should fund the work and co-ordinate the commissioning too, again on the basis of expert advice. Some would be content to pass the commissioning to experts, with housing simply funding the work. | Practice recommendations |
| **Is there clarity about funding at the commissioning stage? What is it expected that housing will pay for?** | |
| Most were of the opinion, given that the necessary recommended works related to a person's home, that housing should fund design related interventions and adaptations. A view was expressed that health might be expected to contribute, given the potential resultant savings to health budgets. It was also hoped that, as they matured, health & social care partnerships might fund such works given the preventative nature of the expenditure involved. | Practice recommendations |

| How should wider housing investment & asset management plans be taken into account? | |
|---|---|
| Housing participants were clear that landlords' asset management and investment plans should reflect the likely future requirements of preventative spending to enable people with dementia to remain safely at home. Participants felt that the LHS was the proper vehicle to set out needs analysis and resource requirements, backed by a detailed Housing Contribution Statement. The LHS should also set out estimates and requirements for new purpose built housing. | Practice recommendations |

## 4.5. Stage 5: What is the housing role post housing suitability assessment decision?

Through discussion, participants examined stage 5 in the pathway defining the (i) knowledge requirements; (ii) practice recommendations; and (iii) partnership actions associated with the housing role post housing suitability assessment decision.

| What should be the ongoing housing role following an assessment of housing suitability? | |
|---|---|
| Participants were clear that housing should be a key part of an ongoing commitment to supporting people living with dementia and their carers and families, probably based on the "5 & 8 pillar" approaches.<br><br>It was agreed that housing had a key role in keeping in touch with tenants, not only through regular contact from housing and other staff, such as welfare rights officers, but also tradespersons who may be carrying out repairs in the homes of vulnerable people.<br><br>Housing must also set up and maintain effective channels of communication and information for people living with dementia, their families and carers, and the organisations which support them.<br><br>Support should include assisting in the process of obtaining necessary consents for intervention at various stages of the process. | Practice recommendations |
| **Are current social landlord policies for housing people with dementia adequate?** | |
| There was unanimous consensus that although progress is being made, of which this CIH commissioned project is a good example, and the issue of dementia is rising up the policy agenda, much still has to be done.<br><br>Participants would like to see examples of what works in improving the wellbeing of people living with dementia, to assist in the development of their own policies. | Practice recommendations |

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|---|---|
| **If not, are we in danger of discriminating against people with dementia, and if so what needs to be put in place to address the gap?** | |
| Although the risk of discrimination against those with dementia is mentioned in the literature, participants did not feel this was significant, i.e. that practitioners were engaging with the issue of dementia and the challenges it presents for people living with the condition. None were aware of any cases of discrimination having been formally raised<br><br>Gaps could and should be addressed by comprehensive training and awareness programmes and comprehensive publicly available policies and service standards | Practice recommendations |
| **Can/should we develop "dementia friendly" homes? How would we go about this?** | |
| The consensus was that maximum potential for homes to be wholly “dementia friendly” existed when new homes were being designed from scratch.<br><br>With existing homes it was agreed the key is to initiate person centred / dwelling appropriate interventions on the basis of expert advice on what works such as that provided by the DSDC at Stirling.<br><br>Some examples of good practice were noted amongst mainstream housing organisations who had included schemes of work to future proof kitchens and bathrooms for older people as part of works to achieve the SHQS. | Practice recommendations |
| **What are the training implications for housing practitioners?** | |
| All participants believed that basic dementia awareness training for all housing and maintenance staff would be beneficial (and something housing organisations may wish to encourage in external contractors who come into contact with residents)<br><br>More detailed training should be available for specialist staff in sheltered housing schemes or similar environments<br><br>There were mixed views on the role of a nominated specialist dementia advisor (or “dementia champion”) within housing organisations. On balance, participants felt this might result in a dilution of commitment at the expense of a wider ownership of dementia awareness | Knowledge requirements |

## 4.6. Key messages: Stages in assisting & supporting dementia diagnosis pathway

Sections 4.1 to 4.5 above have outlined in substantial detail the assessment of the group of professionals on each stage of this pathway. What follows is a brief summary of the key messages:

| Practice recommendations | Partnership actions |
|---|---|
| Stage 1: Following a dementia diagnosis, who should be involved in early housing suitability assessment decisions, and what are the best mechanisms for this? | |
| The primary housing role is to take responsibility for overseeing the investment required to make appropriate changes to the home environment of a PWD | Participants not convinced role of DPC is sufficiently well embedded, despite strong agreement of the need for such a role |
| Where a PWD is able to stay at home the key principle should be 'change as little as possible'. Familiarity and continuity are paramount | Key task for housing staff is to understand the role of each agency and contribution to housing suitability assessment |
| New models are emerging but concerns remain regarding budget cuts undermining this | Existence of effective protocols for enabling joint early assessment of home suitability are NOT widespread yet critically important. |
| The principle of personal engagement should be pursued wherever possible with 'choice', 'empowerment' and 'person centred' being key principles | Local authorities urged by participants to produce clear and unambiguous statements for service users and carers detailing service offer to people with dementia. |
| Early intervention to address potential 'trips and hazards' is essential through e.g. 'engagement checks' mechanism | |
| Knowledge Requirements | Practice recommendations |
| Stage 2: What are the key elements of a housing suitability assessment? | |
| Housing staff need basic knowledge of dementia friendly design principles that enhance safety and well being | Personal choice should be accommodated as far as possible in changing home environments. Housing role to advocate co-production. |
| Access to specialist knowledge of 'what works' is vital in redesigning internal & external settings of PWD | Housing staff should encourage use of assistive technology to complement changes in physical environment |
| Housing staff should not replace dementia design experts but a good basic knowledge is required | Delivering information and advice on a range of housing options is essential |

| Practice recommendations | Partnership actions |
|---|---|
| Stage 3: How does the housing suitability assessment fit into integrated dementia care? | |
| A housing suitability assessment is an essential component of the integrated dementia care model and should be programmed as early as possible post diagnosis. | If care for PWD is to be genuinely integrated, person centred and holistic, then design AND care requirements be key considerations and embedded within the 5 & 8 Pillars approaches |
| Housing staff should promote role of dementia friendly design in improving and prolonging quality of life, as well as cost benefits to health services | Housing staff should identify and encourage assessment of links between the level of support provided and the suitability of the home. |
| Stage 4 Post assessment, what is the process for commissioning funding & delivery of housing alterations or adaptations? | |
| Practice recommendations | |
| Where interventions are property related the responsibility for delivery lies firmly with housing, following advice from experts such as OT, DSCS, dementia friendly architects/design teams etc. | |
| Where aids and adaptations to the PWD's home environment are required the housing role is firmly to both commission and fund the investment | |
| Given the potential resultant savings to health budgets, housing professionals should encourage health contributions to adaptations and the use of technology through joint planning & commissioning | |
| Landlord asset management and investment plans should reflect the likely future requirements of preventative spending to enable PWD to remain safely at home | |
| The LHS should clearly set out needs analysis and resource requirements associated with dementia locally, backed by detailed Housing Contribution Statement specifying housing's role within integrated approach to dementia care. | |
| Stage 5: What is the housing role post housing suitability assessment decision? | |
| Knowledge Requirements | Practice recommendations |
| Basic dementia awareness training for all housing and maintenance staff is essential. | Housing role in adapting the home environment should be firmly connected and embedded within 5 & 8 Pillars approaches. |
| RSLs should encourage external contractors to engage in dementia awareness | Housing can provide effective channels of communication and information for PWD and can advocate choice |
| | New homes should be designed to be 'dementia friendly' |
| | Existing homes should be subject to person centred/dwelling appropriate interventions on the basis of expert advice. |

## 4.7. Session 3 Assisting & supporting diagnosis: what happens in the real world? (Part 1)

**Aim of session:** Having explored the 'ideal world' scenario in Session 2, this session aimed to gain an understanding of perspectives on what would actually happen in the 'real world' at the present time should a housing practitioner learn that a tenant has been diagnosed with dementia and wish to instruct a housing suitability assessment. This was done through examining two typical case studies reflecting on the 'ideal scenario' mapped out in Session 2.

Participants were split into two groups and each given a Case Study to discuss and examine real life practice issues. Group 1 explored Case Study A and considered, "What is likely to happen in practice in this scenario?"

Mrs Smith (age 79) has been diagnosed with the early stages of dementia.

*A housing officer receives a telephone call from a social work colleague to say that a tenant (Mrs Smith aged 79) has been diagnosed with the early stages of dementia.*

*Her husband with whom she lives has been worried for some time about her behaviour and her capacity to understand what is going on around her, but is very keen that his wife continues to live at home with him. Her husband too is rather frail and although his critical faculties are presently unimpaired the social worker is very concerned about the stress that caring for his wife is causing him.*

*The social worker intends to call a case conference and wishes housing to attend to ensure a holistic and person centred plan is put in place to allow Mrs Smith to remain at home with her husband for as long as she can safely do so. She believes that with housing's help this will be possible*

For both Case Study A and B, workshop participants were asked to define the 'real pathway' associated at housing practitioner level with enabling the early assessment of housing suitability for people with dementia; mapping key issues, such as:

- Where improvement to service access, inter-relationships and processes should be focused;
- What interventions are likely to be most effective (design / assistive technology/support) in enabling people with dementia to live safely at home
- How to implement effective data collection /sharing processes to aid service response
- Identify optimum service pathways for early home suitability assessment which are preventative, person centred and offer choice;
- How best to maximise resources and client outcomes through multi-agency collaboration.

Group A considered that the reality of what is likely to happen in responding at a practitioner level to Mrs Smith are as follows:

| | |
|---|---|
| Where are the information or knowledge gaps? | There are different types of dementia and based on the above scenario, we do not know what type of dementia Mrs Smith has which may alter discussion. |
| | We do not know what Mr & Mrs Smith's current housing circumstances are and what, if any, services they are already receiving. Does Mrs Smith have other family support available? |
| | As we do not know the full extent of Mrs Smith's health information, there may be other underlying problems/ailments that could further determine discussions on housing suitability. |
| Are appropriate systems or processes in place to enable positive service response? | We cannot fully tell at present, however initial signs are positive as social work seems proactive in calling a case conference for Mr & Mrs Smith. |
| | There may be many varying systems utilised by different departments (housing/social work etc.) and therefore difficult to navigate. |
| | Providing, the case conference alluded to is definitely organised and attendance is confirmed from various departments (health, social work & housing), then yes, it seems that appropriate systems are in place to enable positive service response. |
| What are the barriers to effective joint working and collaboration? | Based on the scenario, the actual barriers are not known as yet due to the fact the social worker 'intends to call a case conference', implying that the connections have not been made at present. |
| | Bearing the above in mind; has a date been set for a case conference? It can often be difficult to organise and co-ordinate for housing staff which could be a possible barrier. |
| | Who is due to be invited? If Mr & Mrs Smith have family, will they be asked to attend? (this isn't always the case). Data protection could also be an issue, clarity needed on restrictions on data sharing. |
| Where does practice need to be developed? | Inter-agency collaboration is vital. In order to ensure this, there is perhaps a need to improve housing professional's awareness of dementia issues for example. Consistent communication is crucial. |
| | There needs to be regular fire service/housing intervention checks to ensure that Mr & Mrs Smith's home remains safe and a suitable place to live for a person with dementia. |
| | We should be learning lessons from this particular case study; is there a reason why GP (health staff) did not flag this issue up beforehand? Was it solely the social workers responsibility or should other agencies be expected to flag up issues like this. |

| | |
|---|---|
| Where does co-ordination need to be strenghtend? | There needs to be better information sharing, data restrictions rules being considered. At present, how does housing know if social work are already taking action and vice versa. |
| | Co-ordination could be strenghened particularly between housing, social care and the NHS. Is there a way agencies can access 'read only' documents on social work systems. |
| | Thorough referral protocols and a stronger communication model needs to be implemented. |

## 4.8. Session 4 Assisting & supporting early suitability assessment: what happens in the real world? (Part 2)

Having considered that the reality of what Mr & Mrs Smith are likely to experience in terms of service responses given current practice, Groups then considered:

"Based on what we've learned from Session 3 (the 'ideal world' scenario on assisting and supporting early suitability of housing for people with dementia) how do we address barriers, problems and gaps to deliver a more effective outcome for the case studies?"

For both Case Study A and B, workshop participants were asked to define the 'real pathway' associated at housing practitioner level with enabling the early assessment of housing suitability for people with dementia; mapping key issues, such as:

- Where are the key barriers that need to be overcome to deliver best practice?
- What are the key partnerships that need to be created, improved or developed?
- What are the key training needs required to ensure best practice?
- If we could do one key thing to improve customer/client experience what would it be?

The key interventions defined to improve front line practice for each group include:

| | |
|---|---|
| What are the key barriers that need to be overcome to deliver best practice? | Comprehensive information is required from each department re health history, current housing standard etc. before the case conference which may not be available. |
| | Again, information sharing is cruicial to deliver best practice. It is essential that information is shared with housing as they often do not have access to health information which means assessing the suitability of ones home may not be as well informed as required. |
| | There is an obvious lack of systematic protocols that are put in to effect with every case. Perhaps an integrated dementia strategy across all agencies is needed whilst a good Housing Contribution Statement could help to break down the barriers between agencies whilst also making housing's role clear. |

| | |
|---|---|
| What are the key partnerships that need to be created, developed or improved? | There needs to be better partnerships between tenants and housing, increasing dementia awareness on both sides. Community support for a person with dementia is also key. |
| | Considering the case-conference approach; although beneficial, it would be vital to have a dementia co-ordinator or link worker available to attend. |
| | The continuation and pushing for the development of dementia friendly communities is necessary with extra support and resource in to the '5 Pillar Model'. |

| | |
|---|---|
| What are the key training needs required to ensure best practice? | General and more widespread dementia awareness training for housing staff beginning with understanding and identifying the signs and symptoms of dementia. |
| | There needs to be a view from support agencies that housing organisations should publish information on the services they offer to people with dementia to clarify roles. |
| | Building on initiatives such as the Viewpoint Housing Association virtual dementia bus and telehealth/telecare training. |
| If one thing could be done to improve customer/client experience, what would it be? | Having a clear housing pathway for people with dementia which is robust, person centred and with inter agency protocols to support service delivery. |
| | Overarchingly; there needs to be a vast improvement in multi-agency partnership working between health, social care & housing. |

## 4.9. Session 5: What needs to happen to move from reality to ideal world?

**Aim of session:** Based on all that had gone before, this activity was designed to focus on the key interventions and learning points necessary to move from current reality to best practice in assisting and supporting the early assessment of housing suitability. To achieve this, workshop participants defined, discussed and prioritised a range of improvement interventions associated with the following question:

"*What are the top 5 interventions, improvements or learning points that would enhance practice in assisting and supporting the early assessment of housing suitability for someone diagnosed with dementia?"*

To do this, participants were each given a blank A5 card, and asked to provide 1 action point that they believe is critical to enhancing practice in supporting and assisting dementia diagnosis. Cards were placed on a pin-board and categorised by common themes.

Participants were then given 5 minutes at the pin-board to review the range of action points provided by the group, identifying the interventions they feel have most potential in enhancing practice in early assessment of housing suitability. Each participant defined the actions they would prioritise by placing stickers on the ideas which would have most influence in improving practice according the action that would have (i) major and positive influence; and (ii) positive influence.

The bank of improve actions, prioritised by potential influence and impact is as follows:

| Action Points | Response Category | Major & Positive Impact | Positive Impact |
|---|---|---|---|
| There should be common, consistent training across all agencies. | Training | 1 | 1 |
| Training for frontline housing staff on dementia. | | 1 | 1 |
| Joint training. The training should include an understanding of the work housing organisations do. Shadowing could be a useful tool for this. | | | 1 |
| Multi-agency training (health, social care and housing). | | 2 | |
| Dementia awareness training should be mandatory as part of equal opportunities. | | | |
| All housing staff, particularly housing officers, should complete dementia informed/skilled levels, promoting excellence in Dementia Framework. | | 1 | |
| Dementia awareness training for housing officers and readily accessible information resources and publications on housing and dementia. | | | 1 |
| Basic training on recognising the initial signs and symptoms of dementia and how to help someone seek diagnosis. | | | 1 |
| Increase the knowledge of 5 and 8 Pillars model within housing. | | | 1 |
| It is necessary to appreciate contribution of a variety of disciplines. | Protocols and Communication | | 1 |
| Listen to the person with dementia, they should be included in discussions where possible. | | 1 | 1 |
| Shared systems of information and sharing of best practice across localities. | | | |
| Clear, concise Housing Contribution statement with input from all relevant partners. | | | |
| Strategies/protocols to be applied nationally as opposed to only local authorities. | | | |
| Consistency of availability of resources across all local authorities (no more ‘postcode lottery’) | Resources | | 1 |

| | | | |
|---|---|---|---|
| Increase the number of link workers to help **all** people living with dementia. | | 2 | |
| Technology enabled care for everyone living with dementia (free of charge) | Technical/Technology | | 1 |
| Improved use of technology/telecare | | 1 | 1 |
| Awareness raising of design and technology for both housing staff and others. | | | 1 |
| Keeping up to date with advances in telecare and its benefits. | | | 1 |
| Better joined up working between housing and HSCP. | Partnership/Joint Working | 2 | 1 |
| Awareness raising of role of housing to ensure partnership works well | | | 1 |
| Early partnership/multi agency intervention. Multi-agency working between housing, health & social care. | | 2 | |
| Increased understanding of what each service can do/contribute | | 2 | |
| Enablement approach: basic adjustments made ASAP by housing to a person's environment. | Enablement | 1 | |
| Enablement safety check in the home for people living with dementia to ascertain and address risk and assess future needs. | | 1 | |

There were six categories of improvement actions defined by participants relating to:

1. Training (9 improvement actions);
2. Protocols and Communication (5 improvement actions);
3. Resources (2 improvement actions);
4. Technical/Technology (4 improvement actions);
5. Partnership/Joint Working (4 improvement actions); and
6. Enablement (2 improvement actions).

On this basis we can conclude that enhancing effective partnership is a key element of improving practice.

The top 5 action points (in order or priority) defined by participants in workshop 2 were as follows:

1. Better joined up working between housing and HSCP;
2. Increase the number of link workers to help **all** people living with dementia;
3. There needs to be an increased understanding of what each service can do/contribute;
4. Improved use of technology/telecare; and
5. Early partnership/multi agency intervention. Multi-agency working between housing, health & social care