

1. **Workshop 4: Ensuring holistic consideration is given to all aspects of assistance and support as dementia progresses**

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 will host 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 bring 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 fourth and final of these workshops, was held on Monday 25th July 2016 and focused on the service pathway associated with promoting a holistic approach to all aspects of assistance and support as dementia progresses. A key component of the workshop was to examine the Arneil Johnston facilitated the session, guiding partners through an interactive mapping process to gain a clear understanding of:

- service access, inter-relationships and processes involved in ensuring holistic consideration of all aspects of assistance/support as dementia progresses
- the factors involved in developing an effective strategy to ensure holistic consideration by housing organisations for people with dementia
- 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: ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what should happen in an <i>ideal</i> world? | Interactive activity |
| 12.15 – 13.00 | Session 3: Strategy development - ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what happens in the <i>real</i> world? (Part 1) | Case study group exercise |
| 13.00 – 13.45 | Lunch | |
| 13.45 - 14.30 | Session 4: Strategy development - ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what happens in the <i>real</i> 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 workshop was facilitated by Jim Hayton and Alan McKnight from Arneil Johnston and the following professionals participated in the workshop session:

- Angela Montgomery, River Clyde Homes;
- Ann Marie Clark, North Lanarkshire Council;
- Steph Irvine, East Lothian Council;
- June Cram, Abbeyfield;
- Lyn Jardine, Lyn Jardine Consulting / Midlothian Council (representing CIH Scotland)
- Lysney Dey, Angus Council ;
- Owen Miller, Alzheimer Scotland;
- Chris Morton, North Ayrshire Council ;
- Neil McKnight, Viewpoint HA;
- Anne McGarry, Viewpoint HA;
- Yvette Burgess, Housing Support Enabling Unit
- Jane Ritchie, Abbeyfield

This briefing paper presents the outcomes from Workshop 4, which focused on promoting a holistic approach to dementia through the development of effective strategy.

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 4; 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 contributions 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. Although some progress is being made, with “some small changes being in evidence”; the new Health & Social Care Partnerships are “not yet fully aware of the housing role in integrated care”.

Specific points emerging from the discussion were:

- Some examples of progress and good practice were highlighted e.g. Inverclyde Health & Social Care Partnership has established a dementia strategy: a group to monitor this meets regularly, and in this context River Clyde Homes (RCH) has reviewed practice in their 8 sheltered housing complexes, with all sheltered housing staff now fully trained in dementia awareness;
- RCH also gave examples of how small changes in SH complexes such as dementia appropriate signage can make a huge difference to the lives and wellbeing of residents;
- There was general agreement that the role of sheltered housing and wardens in particular could be a vital component of an effective housing sector response to dementia, yet in the current context of austerity and budget cuts to social care, sheltered housing wardens are being removed;
- Viewpoint staff mentioned that all dementia staff are trained at Stirling University, but again highlighted the impact of resource cuts and threats to supporting people funding with a 20% reduction in the last year alone;
- Reducing resources a critical issue for all, ironic when the new partnerships are supposed to be about preventative spending; and



- Angus mentioned the issue of conflicting priorities and echoed the point about resources but felt that there were also opportunities to reconfigure services with improved outcomes – not all doom & gloom.

3. Introducing pathway 4: ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what should happen in an ideal world?

To support Arneil Johnston to assemble a series of conversation starters on promoting a holistic approach to all aspects of assistance and support as dementia progresses; the Dementia Services Development Centre (DSDC) at Stirling University provided the following material to stimulate debate and to highlight the knowledge requirements of frontline housing staff:

Ensuring holistic housing consideration for PWD

The role of housing in supporting & assisting a holistic approach for people with dementia is vital because:

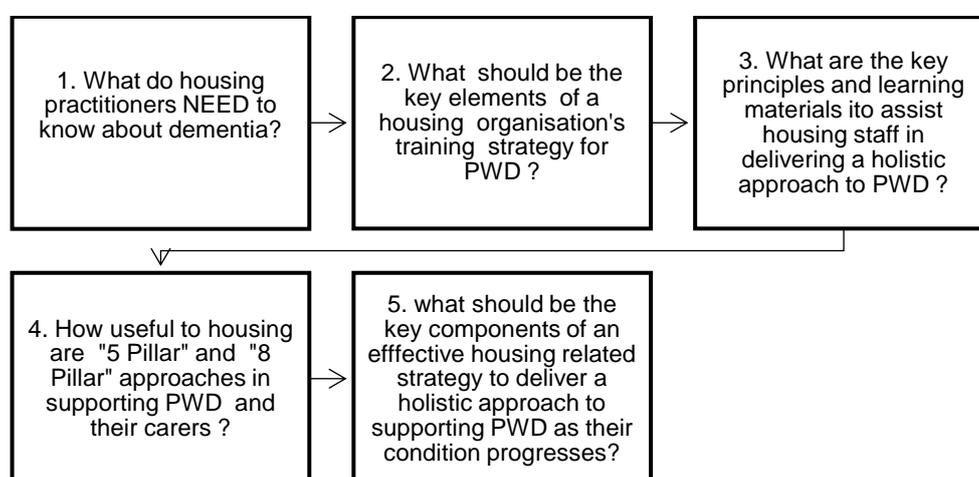
- Effective housing interventions are likely to be crucial at very stage of the dementia journey to ensure that choices and quality of life for people with dementia are optimized for as long as possible
- At diagnosis stage - early intervention in housing design and assistive technology can prolong independence and avoid unnecessary trips and falls etc. thereby avoiding hospital admission or need to move on (supporting “remain at home” principle)
- At later stages where hospital admission or a move to specialist housing may be required housing intervention /advice and information/ likely to be a key part of a holistic approach

4. Session 2: Ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what should happen in an ideal world?

Aim of session: The aim of this session is to analyse and define the links, relationships, processes and pathways for promoting a holistic approach to all aspects of assistance and support as dementia progresses. To achieve this, workshop participants will map 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 ensure holistic consideration of all aspects of assistance and support for people living with dementia as the condition progresses?”

Using research evidence, best practice material and relevant guidance on promoting a holistic approach to all aspects of assistance and support as dementia progresses, 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 with dementia to remain at or return home. 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 enabling a person with dementia to remain at or return home were as follows:

4.1. Stage 1: What do housing practitioners need to know about dementia to promote a holistic approach as dementia progresses?

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

1. The extent and nature of knowledge of dementia required by frontline housing staff to support a person with dementia in the context of their role.

| Are current levels of staff awareness of dementia likely to be acceptable? | |
|---|-------------------------|
| <p>Participants generally agreed that current levels of dementia awareness are not generally acceptable.</p> <p>There was a broad agreement that training is not currently what it should be and there are definite areas for improvement.</p> <p>One participant articulated their view that there were “massive gaps” in training levels.</p> <p>Generally across the group, most discerned a lack of front line training.</p> | Knowledge requirements |
| Are different degrees of dementia awareness required for housing staff at different levels? | |
| <p>Consensus exists that while a basic level of dementia awareness was desirable for all housing staff, higher levels were appropriate for specialised colleagues (e.g. Viewpoint HA provide all staff with basic Level One training but those who “work directly with or who have substantial contact with people with dementia” receive Level 2 training as per SG “Promoting Excellence” standards).</p> <p>The role of service standards was also highlighted under this question i.e. that dementia issues should be embedded within policy and service standards.</p> | Knowledge requirements |
| Would all housing staff benefit from a degree of dementia awareness training? | |
| <p>The widespread consensus of the group was that dementia awareness training would be beneficial to housing staff.</p> <p>The current role of existing SVQs in dementia training was mentioned positively. Some had already embedded dementia training into their organisation for supported or sheltered housing (e.g. River Clyde Homes).</p> | Knowledge requirements |
| Is there a role for a “dementia champion” in housing organisations? | |
| <p>Participants believed that there was a role for potential dementia “champion” (but not if it diluted overall service impact by becoming seen as only that person’s job, at the expense of dementia awareness being “everyone’s responsibility” – similar in approach to child protection).</p> <p>Some of the group were not keen on the word “champion” or felt the role needed to be clearly defined in order to avoid making dementia, issues a particularly persons job.</p> <p>The importance of organisational/ executive leadership was highlighted as key i.e. in setting behavioural and cultural behaviours as an example for others to follow</p> | Practice recommendation |

4.2. Stage 2: What should be the key elements of a housing organisation's training strategy for staff dealing with dementia?

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. training strategies and approach to learning and development on dementia within the housing sector.

| What are the training essentials (i.e. core skills and knowledge requirements) to enable a housing worker to support and assist a person with dementia? | |
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| <p>There was a view amongst the group that training starts initially with customer care and that as part of good customer care approaches there should be improved dementia awareness.</p> <p>Creative solutions to providing training were also mentioned as important.</p> <p>Some argued that training to Level 1 (or even "dementia friend" status which had proved useful for RCH in Inverclyde) for all staff would constitute a major step forward.</p> <p>Important to extend training to other staff too e.g. tradespersons in DLOs and external contractors.</p> <p>The role and importance of "Promoting Excellence" with its 4 ascending levels of competence was highlighted and promotion/adoption encouraged.</p> | Knowledge requirements |
| How do we define "holistic" in this context (i.e. assistance and support as the condition progresses)? | |
| <p>Some suggested the term 'holistic' was synonymous with a human rights approach, however, it was also recognised that a holistic approach may be difficult to start with and embody.</p> <p>The group agreed that listening to and engaging with people with dementia had to be a key element of a holistic approach.</p> <p>Referrals to in house trained staff was also mentioned as a vital component of ensuring a person centred and holistic approach.</p> | Practice recommendations |
| How do we engender a person centred approach? | |
| <p>The group agreed that frontline housing services can engender a holistic approach in the following way:</p> <ol style="list-style-type: none"> 1. Through training and awareness; 2. Through early intervention and quick responses to emerging and changing situations thereafter; 3. Use of assistive technology where appropriate; and 4. By communicating effectively with people with dementia using a range of methods and including carers and support groups <p>It was also noted that the '8 Pillars' is also extremely useful when trying to engender a person centred approach.</p> | Practice recommendations |



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| Should the training be extended beyond housing staff (e.g. to repairs and maintenance operatives) If not, why? | |
| <p>The wide consensus across the group was that it was important that dementia training should be extended beyond housing staff: “just like child protection policy”. This includes all frontline workers across technical, estate management, support, regeneration or customer care roles.</p> | Practice recommendations |

4.3. Stage 3: What are the key principles and learning materials available to assist housing staff in delivering a holistic approach to assistance and support for people with dementia?

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. the core principles and learning and development materials associated with delivering foundation level knowledge and skills to frontline housing staff

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| What are the “go to” sources of advice and information for housing staff seeking to support people with dementia texts, learning materials and resources available to support the delivery of a holistic approach to PWD | |
| <p>Participants agreed that Stirling University’s DSDC was a vital source of learning materials, together with bodies such as Alzheimer Scotland and Age Scotland.</p> <p>Derby University was also mentioned - one organisation (RCH) had partnered with them to develop a dementia strategy.</p> <p>The group noted that some hospitals had dementia support units which housing organisations could tap into when needed.</p> <p>In Edinburgh it is clear that better relationships are developing between hospitals and RSLs to support effective early discharge.</p> <p>The group also commended SSSC “Open Badge” scheme</p> | Knowledge requirements |
| Is there a role for a "housing options" type model in supporting a holistic approach? (i.e. “delivering comprehensive, preventative person centred advice information and assistance to enable PWD to address their housing problems and achieve positive housing outcomes”) | |
| <p>There was a general consensus on the relevance of a Housing Options approach to developing housing approaches to dementia.</p> <p>It was noted that Angus were making some progress with their Housing Options Hubs – intervention would normally be triggered by a social work/social care route following which housing information and advice would be provided.</p> <p>There was discussion on the role of dementia advice and the HO Toolkit and general agreement that a dementia module could and perhaps should be integrated into the HO Toolkit rather than develop a separate toolkit for dementia and housing.</p> | Practice recommendations |



What's the role of the national dementia strategy in developing housing practice to support people with dementia?

The group agreed that a national strategy is essential but had to be supported by specific actions, targets and backed by sufficient resources (several examples were given of budget/staff cuts resulting in projects being diminished due to lack of staff).
 It was felt that the national strategy should also identify exemplars of what works well and highlight good practice.
 The national strategy resources must be quantified and made available.
 To support the strategy research should be commissioned and published to identify the preventative effects of early intervention and spending on housing and related interventions e.g. through future savings (example given of Inverclyde Council/ Newhaven report).

Practice recommendations

4.4. Stage 4: How useful to housing are the 5 and 8 Pillar approaches as part of a holistic approach to supporting people with dementia?

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. using the 5 and 8 pillar models as the basis of ensuring housing plays a role within an integrated approach to dementia care.

| How widespread is the use of the 5 pillar and 8 pillar approaches? Do housing practitioners understand the distinctions between the two approaches? | |
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| <p>The 5 pillar approach should be widespread, though some cynicism exists at present as to whether sufficient resources have been committed to support widespread engagement.</p> <p>It was noted that the 5 Pillars approach and one year guarantee of support is effectively compulsory, and so should be widespread and common.</p> <p>The group were not certain that housing practitioners are automatically part of the 5 Pillar approach or understand the distinction between that and 8 Pillar approach (though housing support specialists should be aware of differences).</p> <p>They also advised that the 8 pillar approach is not yet well established and mentioned research ongoing in five areas throughout Scotland on the effectiveness of 8 Pillar approach – due to be published in August 2016.</p> | Knowledge requirements |
| Do housing practitioners understand the concepts and benefits associated with an integrated approach to service delivery for people with dementia? | |
| <p>The consensus was broadly yes, and although some felt the process is still unclear as yet, emphasising the benefits of an integrated approach should be a key part of it.</p> <p>The RCH representative cited an example of good practice in Inverclyde whereby a post diagnosis link worker is assigned to appropriate individuals in sheltered housing complexes.</p> | Practice recommendations |
| Is the role of the Dementia Practice Co-ordinator (DPC) well established? Should it be? | |
| <p>Awareness of the DPC does not seem to be widespread among housing practitioners but this could be due to the relatively recent introduction of the post, and its current lack of prevalence as the 8 Pillars approach is not yet well established.</p> <p>Some participants felt that (due to resourcing issues) the team could take the role of DPC rather than an individual, but others felt the role had to be undertaken by a single person.</p> <p>In general participants felt that the principles and objective behind the DPC post are sound, and should be retained.</p> <p>It was felt that we should await the research findings on the 8 pillars approach (of which the DPC is a key element) to see what lessons should be learned.</p> | Practice recommendations |

4.5. Stage 5: What should be the key components of an effective strategy to deliver a holistic housing related approach to supporting people with dementia as their condition progresses?

Through discussion, participants examined stage 5 in the pathway defining the (i) knowledge requirements; (ii) practice recommendations; and (iii) partnership actions associated with:

1. developing a robust approach to dementia strategy and planning across the housing sector in Scotland, which establishes housing role in an integrated approach to dementia care.

| What should be the strategy's key objectives? | |
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| <p>The core objectives of any effective housing and dementia strategy should be:</p> <ol style="list-style-type: none"> 1. "To adopt a dementia sensitive approach to housing"; 2. "To ensure that people with dementia can live safely at home for as long as possible" (with reference to housing type and suitability); and 3. "To provide a range of housing options and solutions for people with dementia at each stage of their journey, promoting choice at each stage. | Practice recommendations |
| How do we ensure partnership and collaboration between different agencies? (Co-production?) | |
| <p>Participants believe that Scottish government must "enforce" health and social care integration i.e. ensure that the legislation which effectively compels partnership and collaboration between health, social care, housing and the voluntary and third sectors is effectively implemented and monitored, with SG intervening if progress is not made swiftly enough.</p> <p>Housing should attempt to "establish a good relationship and rapport with partners".</p> <p>"Invite ourselves to others' meetings if housing is not included and invite partners to our meetings."</p> <p>Building good local networks with key partners is essential to ensuring housing plays a proactive role within an integrated approach to dementia care</p> | Partnership actions |
| What should be our primary targets and success measures? | |
| <p>The primary targets and success measures of any effective housing and dementia strategy should be:</p> <ol style="list-style-type: none"> 1. To support the 5 and 8 Pillar approaches with a nominated housing person to ensure an effective housing contribution, measured by the percentage of people with dementia who receive housing intervention and support. 2. To establish robust data on the scale of the problem (although the difficulty of this can be underestimated). 3. To link the required housing investment in dementia to housing capital programmes and asset management strategies. | Practice recommendations |

| How do we ensure widespread communication of the strategy? | |
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| <p>The communication plan of any effective housing and dementia strategy should focus activity:</p> <ol style="list-style-type: none"> 1. Through consultation (including existing tenants); 2. Through co-production and joint ownership of strategy; 3. By using locality planning and local service networks; 4. By asking people with dementia, their carers and support groups how they want to be involved. | Practice recommendations/ Partnership actions |
| Should every housing organisation have a strategy for dealing with dementia? | |
| <p>The group agreed that yes, but this could perhaps be a policy on dementia for e.g. smaller RSLs rather than the comprehensive strategy which might be required by a large local housing authority or RSL.</p> <p>The strategy need not be volumes of information. Short and succinct data can be good if all bases are covered.</p> | Practice recommendations |

4.6. Key messages: Ensuring holistic consideration is given to all aspects of assistance and support as dementia progresses pathway

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

| Stage 1: What do housing practitioners need to know about dementia to promote a holistic approach as dementia progresses | |
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| Knowledge Requirements | Practice Recommendations |
| There is a need for a greater level of general dementia awareness with training required to address gaps | Housing organisations would benefit from creating a role for a dementia champion lead housing practice in integrated dementia care |
| A basic level of dementia awareness is desirable for all housing staff but higher levels are appropriate for specialised colleagues who have regular contact with people with dementia | |

| Stage 2: What should be the key elements of a housing organisation's training strategy for staff dealing with dementia? | |
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| Knowledge Requirements | Practice recommendations |
| All dementia training should have a focus on customer care and adopting creative solutions | Regular engagement with people with dementia needs to be a key element of a holistic approach |
| Promoting dementia awareness to wider staff, e.g. contractors, in addition to frontline staff would be beneficial | Housing organisations should provide effective training to all staff, encourage regular engagement with PWD & develop policies & processes which promote housing led interventions in integrated approach to dementia care |
| The delivery of Promoting Excellence training should be encouraged in housing organisations | Referring to the 8 Pillars Model will also be useful when trying to engender a person centred approach |
| Stage 3: What are the key principles and learning materials available to assist housing staff in delivering a holistic approach to assistance and support for people with dementia? | |
| Knowledge Requirements | Practice recommendations |
| Stirling University's DSDC is a vital source of reference and training materials to support housing professionals to build required knowledge and skills | There is a clear role for implementing a housing options model in supporting a holistic approach. On this basis it would be useful for a dementia module to be incorporated into the Housing Options Toolkit rather than create a separate resource for dementia and housing |
| Derby University have worked with an organisation (RCH) to develop a dementia strategy | The National Dementia Strategy is essential but needs to be supported by sufficient resources to make it effective in practice |
| Staff need improved knowledge of the range of dementia support services that can support collaboration and joint working with housing professionals e.g. some hospitals have dementia support units which housing organisations can access. | Research should be commissioned to identify the preventative impact of early intervention and associated savings to support the National Dementia Strategy (e.g. Newhaven Report) |

| Stage 4: How useful to housing are the 5 and 8 Pillar approaches as part of a holistic approach to supporting people with dementia? | |
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| Knowledge Requirements | Practice recommendations |
| Given the one year guarantee of post diagnostic support, knowledge of the 5 Pillars approach should be widespread and common across the housing sector | Promoting the benefits of an integrated approach to service delivery and the key role of the housing sector in enabling independent living must be a priority for the housing sector |
| There needs to be a greater understanding of the distinction between the 5 and 8 Pillar approaches across the housing sector in Scotland | There is a need for greater awareness of the Dementia Practice Coordinator. However, this may improve once the post is more established in line with the 8 Pillars approach |
| The 8 Pillar approach is not yet well established and research on the effectiveness of the approach in five areas in Scotland is due to be published in August 2016. The housing sector should be ready to digest pilot findings and build opportunities to participate in roll out activity | The principles and objectives of the DPC are sound and should be retained |
| Stage 5: What should be the key components of an effective strategy to deliver a holistic housing related approach to supporting people with dementia as their condition progresses? | |
| Practice recommendations | Partnership Actions |
| The key objectives of a housing and dementia strategy should include; a dementia sensitive approach, ensuring people can live safely at home for longer and to provide a range of housing options and solutions | The Scottish Government should promote the role of housing in health and social care integration (generally and specifically for dementia) by monitoring partnership working across sectors |
| Establishing robust data on the scale of the issues associated with housing and dementia should be a key part of any strategy | Building effective local networks with key partners is essential to ensure housing plays a proactive role within an integrated approach to dementia care |
| There should be a strategic link with housing capital programmes and asset management strategies | Supporting the 5 and 8 Pillar approaches should be part of a housing and dementia strategy, with a nominated person to ensure an effective housing contribution |
| A housing and dementia strategy should be communicated effectively through a number of channels, e.g. consultation with existing tenants | |
| A dementia strategy should be developed by every housing organisation but be proportionate depending on the size of the organisation, e.g. a policy on dementia for smaller organisations | |

4.7. Session 3: Promoting a holistic approach for people with dementia: developing effective housing related strategies (Part 1)

Aim of session: Having explored the ‘ideal world’ scenario in Session 2, this session aimed to give participants an understanding of what actually happens in the ‘real world’ at the present time for organisations seeking to develop a housing related strategy based on a holistic approach to all aspects of assistance and support for people with dementia as their condition progresses.

Participants were split into two groups and given a Case Study to discuss and examine real life practice issues. Group A prepared a strategy for a large local authority.

Group A will prepare a strategy for a large local authority.

“Your group has been tasked by the Director of Housing to prepare a strategy to ensure that housing plays its part in promoting a holistic approach to all aspects of assistance and support for tenants with dementia as their condition progresses. Group A will prepare a strategy for a large local authority, Group B for a medium sized housing association.”

Considering the outcomes for Group A, participants were asked to consider the following questions deemed to be important in the process of strategy development:

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| <p>What are the key strategic objectives of an holistic dementia strategy Group 1 (case study A) local authority?</p> | <p>Ensure all staff trained in dementia to minimum level 1 (“informed “)</p> |
| | <p>Ensure staff can recognise the signs of dementia and can make appropriate referrals</p> |
| | <p>To lead & promote co-ordinated investment planning in support of dementia friendly communities</p> |
| | <p>To use AMPs in support of “future proofing” our existing housing stock for PWD</p> |
| | <p>Deliver a Housing Options approach for PWD following diagnosis, across all tenures</p> |



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| <p>What are the key strategic objectives of an holistic dementia strategy Group 1 (case study B) RSL?</p> | <p>Offer a range of housing choices for tenants at each stage of their dementia journey</p> <hr/> <p>Enable people with dementia to stay at home as long as possible</p> <hr/> <p>Ensure availability of consistent advice support & information</p> |
| <p>What are the protocols and partnerships on which success of strategy is likely to depend (Case Study A) local authority</p> | <p>(Relationship with) approved training provider</p> <hr/> <p>Housing Options Toolkit</p> <hr/> <p>Trade Unions</p> <hr/> <p>Referral agreements with health, social work & voluntary sector re meeting commitments</p> <hr/> <p>Others incl. local RSLs, developers, local PRS landlords, local plan partnerships and planners, health & social care policy team, contractors, designers, OTs, procurement professionals, GPs, HO Hubs, PWD themselves, family, carers , link support workers</p> |
| <p>What are the protocols and partnerships on which success of strategy is likely to depend (Case Study B) RSL?</p> | <p>Ensure local strategies are linked to the National Dementia Strategy</p> <hr/> <p>Ensure good links with health and social work (esp. OTs, CPNs, GPs)</p> <hr/> <p>Need good links and input from carers and also third and voluntary sectors</p> <hr/> <p>5&8 pillars approaches (but as a <i>guidance framework</i>, not too prescriptive)</p> |
| <p>What are the barriers to effective joint working and collaboration?</p> | <p>Case Study A (LA): Time constraints; financial resources; lack of “buy in”; poor partnership working; competing priorities; lack of leadership; staff resistance; lack of data sharing (variable)</p> <hr/> <p>Case Study B (RSL): personality clashes!; poor communication; different priorities (organisational); perceived data protection issues prevent effective data sharing; no established protocols to guide and inform good practice</p> |



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| <p>How will success of the strategy be measured (Case Study A: local authority)?</p> | No. of staff trained to Level 1 “informed” |
| | No. of referrals issued as % of those referred that resulted in (housing) intervention |
| | No of housing units delivered that meet the standards |
| | Value of dementia housing investment in SHIP |
| | % of existing stock meeting dementia friendly standards |
| | % of PWD diagnosis who receive a HO interview &/or support |
| <p>How will success of the strategy be measured (Case Study B: RSL)?</p> | No. of others (i.e. partners) involved / included in the process |
| | 100 % housing response to initial diagnosis and/ or request for assistance for PWD (e.g. on returning to home from hospital) |
| | Every member of staff (and HA Board members) having received basic dementia awareness training |
| | Investment in dementia (alterations and assistive technology) included in HA Asset Management Plans |
| <p>How will you seek to secure and maximise resources for your strategy and arguments you will deploy to do this?</p> | Case Study A (LA): Look to LA and Health & Social Care partnership / Integrated Joint Board; Central government; use HRA funding |
| | Case Study B (RSL): Obtain tenant commitment to strategy; generate cost benefit analysis evidence showing the outcome benefits of preventative investment for both PWD and the public purse; |
| | Emphasise improved reputation of HA (and perhaps generate more business as a consequence) i.e. get a good reputation for dealing with PWD |

Outcome: At the conclusion of Session 3, participants had mapped in real life, the key elements of what an effective housing based strategy might look like in assisting and supporting a housing organisation to deliver a holistic approach to supporting someone with dementia.

4.8. Session 3: Promoting a holistic approach for people with dementia: developing effective housing related strategies (Part 2)



Alongside the above questions participants were also asked to consider the following:

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|--|--|
| <p>Are there significant differences between councils and HAs in developing effective dementia strategies? if so what are they ?</p> | <p>RSLs can be more specialised (higher level training required) and could operate in more than one council (i.e have a geographical spread)</p> <p>Many RSLs small , only one location eg CBHA ?</p> <p>RSLs can have strategic power, perhaps more resources, more deaprtments involved e.g. Housing, social work, DLO?</p> <p>RSLs are smaller scale and perhaps less demand for service than LA;</p> <p>RSLs closer to third and voluntary sectors?</p> |
| | <p>LA often has statutory obligations: HAs not so much</p> |
| <p>How can we best implement effective data collection/ sharing processes to aid service responses & frontline practice ?</p> | <p>Focus and agree only on key data requirements i.e. don't seek everything from partners as resource implications</p> <p>Use HSCI legislation to persuade partners of shared data collection and sharing benefits</p> <p>Promote effective joint training programmes</p> <p>Improve housing practitioner knowledge of key data sets & what information is available to assist housing planning for PWD</p> <p>Use and build on existing good practice</p> |
| <p>What are the key partnerships that need to be created, improved or developed?</p> | <p>Improve dialogue with local dementia involvement groups (Alzheimer's Scotland cite some excellent examples of these groups in localities)</p> <p>Engage local communities</p> <p>Learn from national pilots on 8 Pillars model & "Focus on Dementia" programme</p> <p>Health, social care and GPs</p> |

If one key thing could be done to improve the chances of developing effective and integrated dementia strategies what would it be?

Case Study A (LA): Develop effective partnerships, good information sharing protocols and the ability for PWD to speak with the right person at the right time

Case Study B (RSL): Make the preparation of an integrated dementia strategy compulsory via the new Health & Social Care Partnerships & specify a broad list of consultees including HAs (& allocate resources to facilitate delivery)

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

The final workshop activity was designed to focus on the key interventions and learning points necessary to move from current reality to best practice in promoting a holistic approach to all aspects of assistance and support as dementia progresses. To achieve this, workshop participants were asked to define, discuss and prioritise 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 ensuring holistic consideration is given to all aspects of assistance and support as dementia progresses?”

To do this, participants were each given a blank A5 cards, and asked to provide 1 action point that they believe is critical to enhancing practice in ensuring holistic consideration is given to all aspects of assistance and support as dementia progresses. 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 ensuring holistic consideration is given to all aspects of assistance and support as dementia progresses. 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 |
|--|-------------------------------|-------------------------|-----------------|
| Good data analysis. Assess population and housing tenure and dementia profile, ensuring all partners are aware of it. | Data and Information/Evidence | | |
| Better information. There needs to be clear information about local, regional and national services and access to referrals. | | 1 | |
| Working together with other agencies with good communication across board. | Partnership Protocols | | 1 |
| Promote awareness to get communities involved to change attitude towards dementia. | | | 2 |
| More housing involvement – greater housing involvement in the design, development and commissioning of services informing people about the role that housing can play. | | 1 | |
| There needs to be good protocols/referrals. Make link with care at home referral/assessment process and provision so that housing issues can be addressed. E.g. triggers housing officer's work. | | | 1 |
| There is a necessity for basic dementia awareness training for all staff in housing. | Training | 3 | 2 |
| Training should not only include relevant housing staff but should also be rolled out to contractors. | | | 1 |
| Ring-fence a budget to continually support transition for person living with dementia. | Resource | | 1 |
| Adequate resource from/for H&SCP's partnership funding. | | 4 | |
| Ensuring funding for dementia strategy must be seen as a priority and as an ongoing resource. | | 1 | |
| There should be a compulsory strategy. | Strategy | | 1 |
| Directive from Scottish Government to LA to produce a Dementia Strategy in partnership with key stakeholders within a given timescale. | | | |
| Measure and monitor outcomes relevant to the individual living with dementia as well as impact on LA's. | | | |



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

1. Data and Information/Evidence (2 improvement actions);
2. Partnership Protocols (3 improvement actions);
3. Training (2 improvement actions);
4. Resource (3 improvement actions);
5. Strategy (3 improvement actions);

On this basis we can conclude that developing partnership and strategy arrangements in ensuring holistic consideration is given to all aspects of assistance and support, is a key element of improving practice.

The top 5 action points (in order of priority) defined by participants in workshop 4 were as follows:

1. Adequate resource from/for H&SCP's partnership funding;
2. A necessity for basic dementia awareness training for all staff in housing.;
3. Better information. There needs to be clear information about local, regional and national services and access to referrals;
4. More housing involvement – greater housing involvement in the design, development and commissioning of services informing people about the role that housing can play; and
5. Ensuring funding for dementia strategy must be seen as a priority and as an ongoing resource.