CIH Scotland
Dementia Pathways: Housing’s Role
Final Report: Housing & Dementia Programme – Phase 2
February 2017
# Table of Contents

1 **Housing and Dementia Programme Phase 2** .......................................................... 1

   1.1 Housing and dementia Phase 2: aims and objectives ........................................... 1

   1.2 The Housing contribution in an integrated approach to dementia care ..................... 3

   1.3 Final report structure and content ........................................................................ 3

2 **Dementia care models: The 5 & 8 Pillars Model** ....................................................... 5

   2.1 What do we mean by the 5 Pillars model? .............................................................. 5

   2.2 What do we mean by the 8 Pillars model? .............................................................. 5

3 **Housing and dementia: positive practice and literature review** ................................. 7

   3.1 Dementia as a public policy issue ............................................................................ 7

   3.2 Housing and dementia practice issues .................................................................... 10

   3.3 Learning outcomes: best practice and literature review ......................................... 14

4 **Housing and dementia: pathway mapping events** ..................................................... 15

   4.1 Pathway 1: Assisting and supporting diagnosis ....................................................... 16

   4.2 Pathway 2: Assessing whether a home environment is suitable ............................. 26

   4.3 Pathway 3: Enabling people with dementia to remain or return home quickly .......... 35

   4.5 Pathway 4: Providing a holistic approach to supporting and assisting people with dementia ................................. 44

   4.6 Reviewing housing and dementia pathways: the health and social work view .......... 53

   4.7 Learning Outcomes ............................................................................................... 55

5 **Testing the requirements for skills and knowledge** .................................................... 56

   5.1 What do housing staff think of proposed dementia care roles? ............................... 56

   5.2 Housing’s role in assisting and supporting dementia diagnosis ............................. 57

   5.3 Housing’s role in assessing whether a home environment is suitable ................. 58

   5.4 Housing’s role in enabling a person with dementia to remain at home/be returned home ......................... 59

   5.5 Housing’s role in considering all aspects of assistance/support as dementia progresses ......................................... 60

   5.6 Learning outcomes ............................................................................................... 61

6 **Housing and dementia: knowledge and skills survey** ............................................. 62

   6.1 Survey Population Profile ..................................................................................... 62

   6.2 Are core knowledge requirements present in the housing sector? ......................... 64

   6.3 Are core skills present in the housing sector? ....................................................... 68

   6.4 Housing & Dementia: Staff Attitudes .................................................................. 73

   6.5 Learning Outcomes ............................................................................................. 74

7 **Housing & Dementia conference events** ................................................................ 76

   7.1 Dementia Practice Exchange .................................................................................. 76

   7.1.1 Practice Exchange Outcomes: Strengths & Areas for Improvement .................... 77

   7.2 Housing & Dementia Good Practice Case Studies ............................................... 80
7.3 Housing organisations becoming Dementia Friendly businesses .............................................. 89
7.4 Housing organisations promoting dementia friendly communities ........................................... 94
7.5 Housing role in meeting the needs of people with dementia ...................................................... 98
7.6 Learning Outcomes .................................................................................................................. 99

8 Housing & Dementia learning outcomes .................................................................................... 101
   8.1 Learning outcomes: best practice & literature review ............................................................ 101
   8.2 Learning outcomes: pathway mapping events ....................................................................... 102
   8.3 Learning outcomes testing the requirements for skills & knowledge ...................................... 102
   8.4 Learning Outcomes: Knowledge & Skills Survey .................................................................. 103
   8.5 Learning Outcomes: Housing & Dementia Conference .......................................................... 104
   8.6 Stakeholder recommendations .............................................................................................. 105

Appendix 2.1: Housing and Dementia: Best Practice & Literature Review
Appendix 3.1: Pathway Mapping Workshop 1: Assisting and supporting someone to seek a diagnosis
Appendix 3.2: Pathway Mapping Workshop 2: Early assessment of the suitability of someone’s home
Appendix 3.3: Pathway Mapping Workshop 3: Identifying appropriate changes to enable a PWD to remain at home/be returned home quickly
Appendix 3.4: Pathway Mapping Workshop 4: Ensuring holistic consideration of all aspects of assistance/support as dementia progresses.
Appendix 5.1: Roles, Skills & Competency Validation Workshop Briefing Paper
Appendix 6.1: Housing & Dementia Diagnostic Skills & Knowledge Matrix Briefing Paper
Appendix 7.1: Housing & Dementia Conference Briefing Paper

Arneil Johnston
50 Scott Street
Motherwell
ML1 1PN
1 Housing and Dementia Programme Phase 2

Arneil Johnston was commissioned by the CIH Scotland in May 2016, to support the delivery of the second phase of their successful Housing and Dementia Programme. Phase 1 of the programme completed in 2015 and focused on measuring housing sector engagement in dementia care and the production of a dementia friendly housing design guide. The scope of Phase 2 of the programme focused on improving the links between housing organisations and partners in health, social care and the third sector; with a specific emphasis on the role of the housing professional in meeting the needs of those living with dementia.

1.1 Housing and dementia Phase 2: aims and objectives

CIH Scotland defined the following research aims to guide phase 2 of the Housing & Dementia Programme:

<table>
<thead>
<tr>
<th>Aim</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Aim 1** | Analyse and define the links, relationships, processes and interactions housing providers across four dementia pathways including:  
• assisting and supporting someone to seek a diagnosis  
• early assessment of the suitability of someone’s home  
• Identifying appropriate changes to enable the person with dementia to remain at home/return home quickly  
• Ensuring holistic consideration of all aspects of assistance and support as dementia progresses |
| **Aim 2** | Identify the skills and competencies required housing providers to support dementia processes and pathways  
Making reference to skills and competencies in the health and social care sectors |
| **Aim 3** | Identify the extent to which workforce skills and competencies are currently present or being developed  
Focusing on housing role in an integrated approach to dementia care within each dementia pathways |
| **Aim 4** | Identify positive practice which highlights the importance of a cultural understanding of dementia  
Including the involvement of housing practitioners in post diagnostic support |
| **Aim 5** | Identify positive practice which highlights how housing providers can improve wider understanding and acceptance of dementia  
Building on their role as community anchors |
To deliver these research aims, Arneil Johnston developed an eight stage evaluation methodology, building a programme of activity as follows:

<table>
<thead>
<tr>
<th>Stage 1: Best practice &amp; literature review</th>
<th>This involved building a solid evidence base on the latest thinking, innovation &amp; practice on housing &amp; dementia issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2: Pathway mapping events</td>
<td>This involved interactive process mapping events with housing, health, social work &amp; third sector professionals to examine the role of housing practitioners across four key pathways in the dementia journey. The boundaries of housing's role was then validated by health &amp; social care colleagues</td>
</tr>
<tr>
<td>Stage 3: Reviewing pathways: the Health &amp; Social Work View</td>
<td></td>
</tr>
<tr>
<td>Stage 4: The role of the Housing professional</td>
<td>This involved using the pathway mapping materials to build a role profile for housing practitioners in each dementia pathway. Aligned to this, knowledge requirements &amp; skills were defined to enable each role to be effective. The housing practitioner material for each pathway was then tested and validated by frontline housing staff across 4 regional workshop events</td>
</tr>
<tr>
<td>Stage 5: Testing the requirements for skills &amp; knowledge</td>
<td></td>
</tr>
<tr>
<td>Stage 6: Knowledge &amp; skills survey</td>
<td>This involved a diagnostic survey of staff across the housing sector in Scotland to test whether dementia skills &amp; knowledge requirements are present or being developed</td>
</tr>
<tr>
<td>Stage 7: Housing &amp; Dementia Conference</td>
<td>This involved the delivery of 2 Housing &amp; Dementia Conference events to identify and share emerging practice &amp; examine the role of housing providers in promoting greater awareness &amp; acceptance of dementia</td>
</tr>
<tr>
<td>Stage 8: Learning outcomes &amp; recommendations</td>
<td>This involved assembling all Phase 2 research evidence to build recommendations on developing &amp; promoting the role of housing in meeting the needs of people with dementia</td>
</tr>
</tbody>
</table>
1.2 The Housing contribution in an integrated approach to dementia care

The overall objective of the study was to improve the links between housing organisations and their partners in health, social care and the third sector in relation to meeting the needs of people with dementia.

There is a well-developed national policy framework for dementia which is closely aligned to the integration of health and social care services. As part of this research study, practitioners in housing, health and social care services were asked to consider the impact of integration on housing and dementia practice in Scotland.

Practitioners concluded that whilst integration has yet to influence operational housing practice on dementia to any notable degree, there has been some progress in strategy and planning processes given the delivery of Housing Contribution Statements. Whilst Housing Contribution Statements have created a focus for housing’s contribution to integration planning and has improved awareness of housing issues; there is still a lack of understanding about the role of housing organisations across the health and social care sector generally and in relation to dementia care specifically.

There is a need for a strong role for housing within the 3rd National Dementia Strategy as part of an integrated approach to dementia care. Housing’s contribution to the National Dementia Strategy is acknowledged and focuses on a broad goal of enabling people to live independently at home and in the community. Despite this, the housing role in dementia practice tends to be aligned with physical and home environments. The role of housing in enabling independence from a wider perspective (including care, support and community participation) could be more widely acknowledged.

It is hoped that the outcomes of this study will enable an improved understanding of housing’s role in dementia care; setting out clearly the contribution that housing staff and services can make in meeting the needs of people with dementia.

Defining the housing role across four dementia pathways should not only improve housing sector practice, but be used as the basis for promoting the delivery of housing led interventions in an integrated approach to care planning and delivery. It is hoped that clearly defining housing’s role in dementia care can be used to encourage acceptance of the preventative impact of housing interventions across the health and social care sectors in Scotland.

1.3 Final report structure and content

This final report presents the main findings, learning recommendations and outcomes from each stage of the Housing and Dementia Phase 2 programme. It is an interactive document which offers a range of detailed briefings which outline the extensive analysis performed in:

- reviewing the latest thinking, innovation and research in housing and dementia practice (Chapter 2);
- defining housing’s role in four key pathways in the typical dementia journey (Chapters 3-5);
- testing the extent to which the knowledge and skill requirements associated with this role are present or developing in the housing sector (Chapter 6);
- identifying best practice examples of housing’s role in meeting the needs of people with dementia (Chapter 7);
- assessing the extent to which housing organisations can promote dementia awareness and acceptance at business and community level (Chapter 8); and
• presenting learning outcomes and recommendations to promote and develop the role of housing in meeting the needs of people with dementia (Chapter 9).

Detailed analysis and research outcomes can be accessed by clicking on the hyperlinks at the beginning of each chapter, which set out a range of available appendices.
2 Dementia care models: The 5 & 8 Pillars Model

Throughout this report, there is reference to the need for better awareness in the housing sector in Scotland regarding models of dementia care, as well as other recommended dementia policy and practice frameworks. In particular, there is repeated references to the Alzheimer’s Scotland models for:

- Post diagnostic support: the 5 Pillars model; and
- Integrated dementia care: the 8 Pillars model.

2.1 What do we mean by the 5 Pillars model?

There is clear evidence that high quality post diagnostic support, provided over an extended period, is essential to equip people with dementia and their families and carers with the tools, connections, resources and plans they need to live as well as possible with dementia and prepare for the future. Alzheimer Scotland’s Five Pillars Model of Post Diagnostic Support shows the five key elements which are essential to supporting a person after their diagnosis.

From 1 April 2013, every person with a new diagnosis of dementia in Scotland is entitled to a minimum of one year of post diagnostic support.

The purpose of the guarantee is to provide the security, for a minimum of one year, of a named person who has the flexibility to work alongside the person, their partner and family and ensure that over that 12 month period each person is given help and support to work through the five pillars.

By the end of the year it is expected that some individuals might require ongoing professional support; however the purpose of the post diagnostic support is to enable the individual and their family to develop a robust personal plan that utilises their own natural supports, maintains newly developed peer supports and develops new community connections and that will support each person to live well and independently with dementia for as long as possible.

There is no specific role for housing interventions within the 5 Pillars model. It is hoped that the outcomes of this research study, which highlights the importance of early and preventative housing interventions in enabling people with dementia to live well and independently, will encourage recognition of housing’s role in post diagnostic support planning.

2.2 What do we mean by the 8 Pillars model?

Alzheimer Scotland’s 8 Pillars Model of Community Support is a framework for delivering integrated dementia care in a community setting. The 8 Pillars Model aims to build the resilience of people with dementia and their carers to enable them to live in the community for as long as possible. It builds on the post-diagnostic support guarantee, to ensure the impact of the investment in early intervention is not lost.
The one year post-diagnostic guarantee will provide those newly diagnosed with early stage dementia with support in adjusting and managing the likely impact of the illness, both emotionally and practically. It will put people in the best possible position to manage their symptoms and the practicalities of their lives for a period of time, with access to low-level forms of support and signposting, until their condition progresses to a point where they begin to need services. This 8 Pillars Model of Community Support will then provide a coordinated approach to supporting people to remain at home for as long as possible.

Housing is an ‘essential component’ under Pillar 7, “the Environment” with the focus on adaptations, aids, design and assistive technology to maintain independence of those living with dementia and carers. The Dementia Practice Coordinator is aimed to be linking housing practitioners with OT’s, physiotherapy and nursing practitioners (Alzheimer’s Scotland 2012).

The Dementia Practice Coordinator forms the first pillar of community support. This is a named, skilled, practitioner operating at the Enhanced Level of the Promoting Excellence Framework. They will ensure access to all pillars of support on an ongoing basis, and will coordinate between all the practitioners delivering care, treatment and support.

The outcomes of this research study suggest that promoting the benefits of an integrated approach to dementia care and the key role of housing staff and services in enabling independent living must be a priority for the housing sector. There is a need for greater awareness of the Dementia Practice Coordinator to enable housing practitioners to become more actively involved in dementia care planning and to support delivery.
3 Housing and dementia: positive practice and literature review

Before engaging with frontline practitioners and housing partners, Arneil Johnston commissioned a literature review on housing and dementia issues from Stirling University. The literature review drew on academic and wider policy literature from the UK and Europe; and brought together the latest thinking, information on innovation and examples of positive practice in meeting the needs of people with dementia.

The literature review focuses on housing and dementia care. The first part of this Chapter reflects on key issues of public policy, empowerment and choice, design, service delivery arrangements, technology and partnerships from the literature; the second part outlines best practice examples and implications for frontline delivery.

The information from the literature review was used with the outputs from Phase 1 of the housing and dementia study to inform workshop discussions and, in particular, to help structure the role profiles.

3.1 Dementia as a public policy issue

Dementia is a significant issue, with over 850,000 people estimated to be living with dementia in the UK (2014) and over 46 million people living with dementia globally.

It is estimated that the global population living with dementia will almost treble, to 131 million, over the next 30 years (Alzheimer’s Society 2014).

Given this increase, and given the substantial level of public resources dedicated to dementia care, it is essential that housing providers are equipped to make a positive contribution to meeting the needs of people with the condition. During the study, these issues informed the analysis of, and participants’ consideration workshop discussions and engagement on, topics such as:

- the role of the housing sector in dementia care;
- how the housing practitioner role can be developed and promoted; and,
- the contribution the housing sector can make in encouraging better awareness and acceptance of dementia.

3.1.1 Public policy

There is recognition of disability housing issues convention and legislation at international and national level. Increasingly, the emphasis in housing policy is shifting away from provision relating to hospital and intuitional

---

1 The literature review was carried out by the Stirling University Housing Policy and Practice Unit (supported by the Dementia Services Development Centre) in June 2016. A full version of the literature review can be found in the Technical Report: Appendix 2.1: Housing and Dementia: Best Practice & Literature Review.
care and towards a more person-centred approach. This applies to people with disabilities in general and to people with dementia.

The Scottish Government’s third Dementia Strategy (for 2016 onwards) is due to be published soon and the sector anticipates that dementia will continue to be a priority within health and social care, as it is aligned with the 2020 vision for health and care in Scotland (Scottish Government 2013). One of the main priorities for the strategy has been to prevent and shorten hospital admissions and improve services for post-hospital stays. This is consistent with the Scottish Government’s housing strategy for older people, Age, Home and Community (Scottish Government 2011) and with Reshaping Care for Older People 2011-2021, where the emphasis is around people staying longer in their own homes and living independently in the community. The strategy notes the importance of adaptations, interventions and housing design, with an acknowledgement of the importance of front-line housing staff:

Other key policies are also relevant:

- The Public Bodies (Joint Working) (Scotland) Act, acting on Christie principles, brings together NHS and local council care services in partnership with the housing sector.
- The National Health and Wellbeing Framework (Scottish Government 2015), does not itself specify housing in regard to the health and social care integration agenda, but has been active through the Joint Improvement Team (JIT 2015a). The JIT notes that some ‘housing’ functions will become part of the integration arrangements, with the lead responsibility shifting to health and social care; that some people will need to be supported so that they can live in their own home for longer (e.g. aids and adaptations); and that the strategic planning process will be expected to take information contained in local housing strategies into account.

### 3.1.2 Empowerment and choice

Empowerment, choice and belonging are key to older people’s quality of life, especially those living with dementia. McLaren et al (2013) noted that the type of housing is central to generating a sense of belonging; with people in assisted living facilities experiencing lower levels of belonging. The concept of increasing quality of life is a key element to thinking about the positive outcomes that housing can provide for those living with dementia. In a review of the design contributions of older adults, Jaconel and Hanson (2013) noted that service user involvement can improve the desirability of homes. However, in a review of the literature Evans and Vallelly (2007: 23) noted that:

“Opportunities for service users to be involved in decisions about care delivery and service development on an ongoing basis are increasingly seen as central to a sense of well-being. However, older people in a range of residential settings appear to have relatively low levels of participation in such decision making”.

It is notable then that in one local authority at least (East Dunbartonshire), co-production with people with dementia was supported as the ‘default’ in the
commissioning, designing, delivering and assessment of public services connected to their needs, as it improves personal and social outcomes (JIT 2015b).

3.1.3 Design

Modifications to the housing environment are the tangible, physical changes that can be made to support people living with dementia, across tenures. These range changes to the external environment, such as parks and gardens (Rodiek and Schwarz 2013), to specific environments, such as care homes and nursing homes (Karim and others 2012). Wider design recommendations for housing older people have been outlined in the HAPPI (2012, 2009) reports.

Marshall and others (1997 in Utton 2009) set out an international consensus on design principles to enable people maximise their independence within their environment (see box). However, despite these universal principles, design in housing tends to focus on specialist housing, care homes and extra care housing.

At the moment, public policy and practice in the social housing sector is very much focused on accessibility and adaptations. The literature highlights that these form only a part of the overall design elements that should be taken into account. In particular, people living with dementia often have other, wider health issues such as sight and hearing impairments. A number of Guides, including DSBC (2013) Improving the design of housing to assist people with dementia and Scottish Government dementia strategy (2013), address this key area. Utton (2009), outlines principles of design for dementia care within care homes and extra care housing, to include the following: physical, visual (no or partial sight), aural (full or partial deadness), and cognitive needs.

3.1.4 Service delivery

Integrated service delivery is a challenge, as ageing, dementia and housing are often treated as separate within social policy initiatives (O’Malley and Croucher 2003). Crucially, the role of front-line housing workers has been often overlooked. Alzheimer Scotland’s (2012) 8 Pillars Model of Community Support is a useful tool for thinking about delivering integrated dementia care. Housing is included as an ‘essential component’ under the Environment Pillar (Pillar 7), with a focus on adaptations, aids, design and assistive technology to maintain the independence of those living with dementia and their carers.

The literature on service delivery is very focused on the management of dementia, typically in nursing homes, ward and care home environments. This has been criticised (Peck 2004), given that two thirds of those with dementia live at home (Alzheimer’s Society 2014). However, the literature does reflect that specialist dementia care is valued and that there is a shortage of this type of provision (Alzheimer Scotland 2008).

Therefore, although there has been development of service delivery policy, there still remains much that housing can support in terms of partnership, management and community care around dementia.

3.1.5 Technology

Technology within dementia care often refers to assistive technology, designed to support those living with dementia, increasing the level of independence and safety. The literature would suggest there are pros and cons to the use to the use of assisted technology. For example: Bowes and others (2013) found that the
outcomes for assistive technologies can be complicated and variable. Potential benefits include cost reduction, improved services, and an improved quality of life for people with dementia; and improved support for people with dementia, their families and care givers and for providers. Potential downsides included development costs and staff concerns (it is often seen as potentially disempowering).

Assistive technology has been used and promoted in housing (Alzheimer’s Society 2012). The Scottish Government Health and Social Care Directorate have an keen interest in this area, especially in looking at the benefits of assistive technologies to support those with dementia. An evaluation of the Renfrewshire Partnership project (Health Economics Consortium 2013) noted that:

“Telecare [assistive technology] can be used to support a significant proportion of people with dementia to live in the community; they, and their carers, are generally satisfied or highly satisfied with the service. Staff and the Police see major advantages; NHS staff seem increasingly accepting of it. It has also shown the key resource saving is likely to be care home admissions avoided”

However, McClatchey and others (2001) found front-line housing staff often felt ‘ill-prepared’ to work with those with dementia and did not appreciate the potential support they could provide. Therefore, although technology has developed, and the benefits of it have been highlighted in the literature, this seems focused on special initiatives rather than streamlined into housing practice.

3.1.6 Partnerships

The Scottish Dementia Strategy (2010; 2013) takes a strong partnership approach and joint working is central to the delivery of services for those living with dementia. The role of Allied Health Professionals, for example occupation Therapists, in Scotland has had a very positive impact (Gordon and Griesback 2015) supporting joint-working and strengthening relationships between different partners, while other types of partnerships are working through different models such as the Dementia Adviser Service and Peer Support Network (Department of Health 2009).

However, the Alzheimer’s Society (2012) Home Truths report noted that:

“To meet housing needs of people with dementia, there must be a greater commitment to co-ordination of services, provision of information, funding for adaptions and choice in housing options”

3.2 Housing and dementia practice issues

This section at the literature review focuses less on the wider picture of housing and dementia issues, and highlights practical elements for housing practitioners. Often housing issues are taken into account as a secondary element within the dementia literature. This section therefore aims to bring together practical information relevant to housing practitioners around housing and dementia.

3.2.1 Access, empowerment and choice

The literature stresses the need for older people to be involved in decision-making in housing settings, regardless of tenure. Learning points identified included:
The literature identified a clear demand from front-line workers for more information and training on dementia as an illness and its related behaviours. A number of relevant practice materials were identified, each emphasised personalised care when possible.

- **Alzheimer Scotland’s 8 Pillars model**: this categorises dementia symptoms in terms of cognitive impairment, behavioural manifestation, and functional limitations
- **Housing Learning and Improvement Network** (Housing LIN 2016, 2006): this describes the value of housing and early intervention; and the service delivery frame, which addresses issues around the physical environment, services and people and networks
- **Bowes and McCollan’s review of technological interventions**: this identified key benefits, in relation to a new staff culture of care; client satisfaction; quality of life for both older people and unpaid family caregivers; local authority performance.

### 3.2.2 Processes and pathways

People with dementia and those that care for them continue to face a range of challenges including social disconnection and loneliness. Indeed, some 39% of people with dementia said they felt lonely, and 33% of people said they had lost a friend following their diagnosis (DSDC/JIT/CIH 2014). There is a noted prevalent stigma attached to a dementia diagnosis, which hinders diagnosis, care and research (International Longevity Centre UK 2014). People with dementia could be seen in a negative light by existing residents who could view the resident with dementia as a safety threat. Increasing awareness and support that enhanced integration was seen as best practice in these instances (Parnell and Blood 2012).

Only 58% of those responding to the housing and dementia survey in Scotland said they knew what to do when encountering someone who they thought may have dementia (DSDC/JIT/CIH 2014). This is an important element to address, as early diagnosis ‘provides access to a pathway of evidence based treatment, care and support’ (Alzheimer’s Disease International 2011). Andrews and Molyneux (2013) noted that ‘integrating housing into the dementia care pathway can deliver better outcomes, better value for money and help to meet the aspirations of those living with dementia’.
3.2.3 Planning and design

The literature provides useful advice on ‘imaginative and accessible design that promotes a sense of community’. DSDC (2013: 35). Key elements are centered on recognition of individuality, upholding people’s dignity, independence and right to their own choices, and generally includes advice on the following:

- **Colour and contrast:** Strong colour and contrast can facilitate independent living as older people may experience colours as ‘washed out’ and different tones of grey, blue, greens and purples are harder to differentiate. Using colour and furniture that contrasts can highlight hazards and improve safety. The most famous example is contrasting toilet seats to make surfaces more visible.

- **Lighting:** Maximizing natural light is a key design feature that can help visual stimulation and movement. The choice of artificial lighting is important, with lower energy bulbs being seen as less effective. Appropriate lighting can promote independence and help sleep patterns, with the preference for setting up lighting so residents can have full control and choice.

- **Fixtures and fittings:** One of the key elements that can facilitate independence. Handrails and grabrails are important near stairs and steps and should be in contrasting colours. Markers to move around the house can also be useful at key signal points. Rugs and mats should be avoided as tripping hazards although people do feel more at home with familiar furnishings. Appropriate controls and switches are important for residents to operate them safely with larger screens and controls easier to use. Best practice could also include audible confirmation when things are switched on. Light switches and electrical sockets need to be clear and positioned as easily accessible.

- **Signage:** Clear, easily seen signage can help movement and independence. Meaningful visual representations can help locate key areas such as the bedroom or toilet more easily. Often photographs and labels also help.

- **Safety:** Alarms and systems must be easily accessible with audible confirmation when keys are depressed are some of the easier ones to use. Likewise, intercoms that can be accessed anywhere in the house and an audible warning with the door is opened can enhance feelings of safety.

- **Outdoor spaces:** Easy access to gardens with minimal door thresholds make it easier for people to go outside. Well defined paths and free-flowing loops can minimize trips. Hand rails in gardens have
been found to be useful with outdoor spaces having appropriate lighting and contrasting colours to help outline hazards.

### 3.2.4 Positive practice in housing

A number of examples of good practice were identified in the literature, with key themes emerging for dementia practice as follows:

Models of delivery are complex as they must take into account that dementia is often a dynamic mixture of physical, clinical, physiological and social factors.

**Assistive technology** development could draw on insights from Gloucester Smart Housing (Cash 2003). There was evidence that technology could assist people *maintain* living in a community setting. The research highlighted issues such as:

- Safety with gas;
- Fear of flooding;
- Fear of the person with dementia falling, especially at night;
- Safe dispensing of medication;
- Fear of people walking out of the house and getting lost; and
- Forgetting keys.

**Specialist dementia care settings** have continually been assessed as significantly better for the quality of life for those with dementia (Weyerer and others 2010) although there is more acknowledgement of the dynamic nature of the dementia journey and need to develop better support for those living at home. However, alternatives to care home provision have been less developed in Scotland. Key areas for development include:

- The *diversity* of supported housing provision;
- The need for a *broader range* of age-friendly housing options, both general and specialist;
- The *complexity* behind the commissioning, funding and delivery of housing with care;
- The differing expectations of residents, family, staff, providers, commissioners and regulators as to what housing with care can offer, particularly in relation to risk reduction and enablement; and
- The influence of perceptions of affordability and value for money on the decision-making of older people.
3.3 Learning outcomes: best practice and literature review

The literature and best practice review focused on housing and dementia care highlighting key issues of public policy, empowerment and choice, design, service delivery arrangements, technology and partnerships; as well as best practice examples and implications for front-line housing delivery. Key learning outcomes include:

1. **Improved awareness**: In order to encourage proactive policy and practice responses, there is a need for better awareness of the growing impact of dementia as an issue for society, community and public services. More specifically, there is a need for training across frontline housing professionals on dementia, related behaviours and good practice models (such as 8 Pillars model);

2. **Policy framework**: There is a well-developed national policy framework for dementia which is closely aligned to the integration of health and social care services. Housing’s contribution to the strategy is acknowledged and focuses on a broad goal of enabling people to live independently at home and in the community. Despite this, the housing role in dementia practice tends to be aligned with physical and home environments. The role of housing in enabling independence from a wider perspective (including care, support and community participation) could be more widely acknowledged;

3. **Best practice**: The key best practice concepts that should influence housing policy and practice as it relates to meeting the needs of people with dementia include:
   - **Participation**: The need to promote practice which encourages participation in decision making such as co-production, ‘personal outcomes’ and ‘housing options’ approaches; is key in delivering positive outcomes for people with dementia;
   - **Design principles**: The importance of implementing dementia friendly design principles in adapting the home environment of people with dementia is key to promoting independence, well-being, safety and to ensuring a sense of connectedness and familiarity;
   - **Housing contribution**: Dementia care models should integrate housing’s contribution (adaptations, aids, design, technology, tenancy management/support) into wider health, care and support interventions;
   - **Mainstreaming technology**: The benefits of integrating technology into the home environment of a person with dementia need to be mainstreamed and not focused on specialist provision;
   - **Partnership and joint working**: The importance of partnership and joint working in meeting the housing and underlying needs people with dementia is critical. The extent to which housing providers are acknowledged and accepted as core partners perhaps needs to be enhanced;

4. **Options for home owners**: There is a need to acknowledge and build appropriate service delivery options to meet the needs of the majority of people with dementia who are home owners including housing interventions such as adaptations, repairs and support to maintain independent living; and

5. **Alternatives to care home provisions**, such as specialist dementia care settings or housing projects which are less developed in Scotland than in the UK and Europe. Ensuring the diversity of housing options are available to meet the needs of people with dementia should be considered within the context of the national Dementia Strategy.
4 Housing and dementia: pathway mapping events

Phase 2 of the Housing & Dementia Programme aimed to map out the role of housing staff and services across four key interactions (pathways) which form important stages of the dementia journey. These pathways were defined at the outset of Phase 2 by CIH Scotland.

A collaborative stakeholder engagement programme took place to bring together professionals across housing, health, social care and dementia services to map each pathway and define the housing role within it. The aim of this mapping analysis was to analyse and define the links, relationships, processes and interactions required to/from housing organisations when supporting people with dementia at each stage in their journey. This analysis was used to determine the extent and nature of the role for housing staff and services within each pathway, establishing the professional and specialist boundaries across partners involved in meeting the needs of people with dementia.

To achieve this, four multi-agency stakeholder workshops in July 2016 with a specific focus on:

- examining the role of the housing professional at key stages in the dementia journey;
- examining key interactions, processes and pathways, defining what the housing professional should know, within the boundaries of other professional roles; and
- housing’s role in building awareness and acceptance of dementia at a partnership level.

The first round of stakeholder engagement workshops focused on analysing and defining the links, relationships and interactions associated with each of the following dementia pathways:

1. Pathway 1: Assisting and supporting someone to seek a diagnosis (Monday 4th July 2016);
2. Pathway 2: Early assessment of the suitability of someone’s home (Monday 11th July 2016);
3. Pathway 3: Identifying appropriate changes to enable the person with dementia to remain at home/be returned home quickly (Wednesday 20th July 2016); and
4. Pathway 4: Ensuring holistic consideration of all aspects of assistance/support as dementia progresses (Monday 25th July 2016).

Full details of each workshop programme, those who participated and detailed mapping outcomes for each pathway are available in the following briefing papers:

- Appendix 3.1: Assisting and supporting someone to seek a diagnosis
- Appendix 3.2: Early assessment of the suitability of someone’s home
- Appendix 3.3: Identifying appropriate changes to enable the person with dementia to remain at home/be returned home quickly
- Appendix 3.4: Ensuring holistic consideration of all aspects of assistance/support as dementia progresses.

Chapter 4 sets out the outcomes of the pathway mapping process, highlighting on a pathway by pathway basis:

- recommended practice for housing staff;
- the boundaries of the housing role in each dementia pathway;
- knowledge and skill requirements associated with each role
4.1 Pathway 1: Assisting and supporting diagnosis

The first dementia pathway examined by housing practitioners in the study, focuses on how frontline staff and managers can assist and enable a person to seek an early diagnosis of dementia. This is a key interaction where housing practitioners can make a positive contribution to meeting the needs of people with dementia through information, advice and signposting into services that focus on dementia diagnosis. It may also involve participating in support planning to meet the housing and care needs of someone who has been recently diagnosed with dementia.

4.1.1 Why is early diagnosis important and why housing practitioners have a role to play?

The Dementia Services Development Centre at Stirling University offers very useful advice on why early dementia diagnosis makes a difference to individuals, their families and to the services (including housing providers) who are likely to be involved in supporting a person post diagnosis. Key messages are as follows:

- Getting diagnosed as early as possible increases the time that people can spend with the people they love doing the things that matter most to them.
- Early diagnosis also allows people to access treatments at a time when they can be most impactful, and utilise support services both for themselves and for their loved ones.
- One of the biggest advantages of early diagnosis is that the individual can have an active voice in making decisions for care and support in the future.
- The day to day interactions with tenants and customers that come with a proactive approach to tenancy management, offers housing practitioners a unique opportunity to recognise and encourage action on early signs that dementia might be an issue and encourage engagement with services that provide diagnosis.
- On this basis, housing professionals should understand and be assured of the impact that early action and preventative housing interventions can deliver to enabling independent living.

Therefore in order to play a positive and proactive role in assisting and supporting early dementia diagnosis, housing practitioners need to be confident that they:

- Can recognise the potential signs of dementia.
- Know how to have difficult conversations regarding the potential need for diagnosis and build relationships and trust that enable this type of dialogue.
- Understand the diagnosis pathway and how to signpost someone to enter that pathway.
- Are aware of local support services for newly diagnosed individuals.
Can support customers to be actively involved in decisions regarding housing, care and support needs following diagnosis

Working with housing practitioners and partners from health, social care and dementia services; the housing role in supporting and assisting early dementia diagnosis was carefully defined. Chapter 3 outlines:

- What this role means for frontline housing practitioners;
- Recommended practice guidance of assisting and supporting early diagnosis;
- Practice models or reference materials that could help frontline housing practitioners to encourage and enable early diagnosis;
- Key learning and development priorities for staff based on current knowledge and skills levels in the Scottish housing sector; and
- How to maximise the contribution of frontline housing staff in assisting and supporting early diagnosis.

4.1.2 Assisting & supporting diagnosis: what Pathway 1 means for housing staff

Pathway 1 focuses on assisting and supporting the early diagnosis of dementia. In order to define the role of frontline housing practitioners in Pathway 1, housing staff and partners systematically mapped out the key issues that define this stage, carefully considering where housing staff can make a positive and supportive contribution to early diagnosis. This work concluded that the housing role in assisting and supporting early diagnosis could be summarised as follows:

It is the role of a housing worker to recognise where changes in normal patterns of behaviour could be dementia related and to signpost customers to services that can improve well being & encourage diagnosis but NOT the role of a housing worker to spot or diagnose dementia

The mapping process was structured around a series of themes and key issues that were developed by CIH Scotland (building on Phase 1 of the Housing & Dementia programme), during interactive staff workshops and emerging from the literature review. Examining these issues in detail is key to defining the extent and nature of the housing role in each stage of assisting and supporting early diagnosis.
Key issues to consider and useful practice points for housing staff in each stage of Pathway 1 are defined as follows:

Stage 1: Triggers, signals or problems that suggest the need for diagnosis

Housing staff should….

...know the signals and symptoms that suggest dementia could be affecting day to day living (including mood, behaviour, ability to interact with others & with home environment) AND how to spot these signals.

During day to day interactions with tenants and customers, housing staff should be aware of the signals or ‘triggers’ that can be used to detect changes in normal behavior patterns and indicate that dementia could be an underlying issue.

In simple terms these triggers can be categorised as (i) personal triggers; and (ii) property triggers.

Personal triggers which suggest changes that could be dementia related include:

- signs of stress, paranoia or anxiousness;
- a change in the usual or expected standard of personal care for that person (including clothes, hair and general appearance);
- repeating stories or retelling events or information (sometimes in an inconsistent way);
- social isolation and/or a reduction in social interaction;
- low mood or signs of depression;
- less awareness of personal safety than normal; and
- a change in the way someone interacts with their partner.

Property triggers which suggest changes that could be dementia related include:

- more or less interactions with housing services than normal – e.g. simply being less visible than normal;
- changes in rent payments particularly when there have been consistent patterns of behaviour;
- changes to the normal state of someone’s garden or home (e.g. less tidy, more cluttered);
- an increase in response repairs due to flooding, fires or other hazards that would normally be avoided; and
- more instances of leaving the door open or the property being obviously insecure.

Stage 2: Signs and symptoms that check/confirm diagnosis may be of benefit

Housing staff should….

...engage in positive conversations to assess if a person can live safely and independently; and staff should understand where and how to direct any concerns in the context of consent to share information.
In terms of interpreting signs and signals that could indicate diagnosis may be beneficial, frontline staff should check whether changes in normal patterns of behaviour form a consistent pattern or have been stimulated by a key life event (e.g. experiencing bereavement). Simple, informal interactions can help build a picture of whether signs and signals could be dementia related. Positive dialogue can encourage a person to act on changes they have been experiencing. Staff should keep this dialogue light, informal and ask simple questions about the person's physical health and well-being, e.g.

- Have you had any recent illnesses?
- Do you have any conditions that affect your day to day life?
- Have you been to see your GP lately? If so, what did the GP say?

**All interactions should be held at a pace that works for the customer and carried out with sensitivity.**

Housing staff should note that respecting the person’s right to provide information is absolutely paramount. Often people who are living with the early signs of dementia can be reluctant to engage in dialogue about their symptoms and may develop coping strategies to deal with their impact or avoid conversations on this topic.

**Stage 3: Engaging and encouraging diagnosis: what language to use/what to ask**

Housing staff should…

...know how and when to encourage people to take action with respect to seeking a diagnosis. This would include knowing how to have sensitive conversations about dementia, how to signpost people towards/into a diagnosis pathway, AND how proactive tenancy management builds trust and enables engagement.

Where possible, the individual themselves should be encouraged and enabled to seek diagnosis. Frontline staff should be aware of the importance of building trust to enable successful conversations on dementia diagnosis to take place.

Key practice points to guide communication on dementia diagnosis include:

- discussing options and solutions positively can build trust and customer confidence, whilst enabling other issues to be shared and identified;
- recognising problems that a person may be facing with day to day living should always be in the context of solutions that may be available to address those problems;
- highlighting the benefits of engagement with heath and support services is crucial;
- using simple, clear and direct language e.g. “I think you would benefit from talking to your GP about this”; and
- avoiding the use of the word dementia in these interactions is important.

**It is crucially important that staff should have basic knowledge on the dementia diagnosis pathway and understand that diagnosis starts with GP engagement.**
In signposting an individual into the diagnosis pathway, housing staff should consider whether the provision of support or advocacy may be appropriate. As it is not expected that frontline housing staff would provide this support or advocacy, referrals to health, care or support agencies, must be achieved by attaining the consent of the individual.

If a person is resistant to engaging in dialogue about dementia diagnosis, if it is not possible for a housing professional to encourage entry to the diagnosis pathway; and if outstanding concerns remain regarding the wellbeing or safety of that person, it may be appropriate to engage with carers or family. To assist with this, housing staff should have awareness of the principles of the ‘triangle of care’, which is a model that encourages engagement between professionals and their carers. Using the standards and principles of this model will enable housing staff to ensure that confidentiality and information sharing requirements are not breached in their engagement with carers.

Without disclosing personal information, housing staff, where it’s possible to do so, should ask a family member or carer for their views or perceptions of the person and their ability to cope with day to day living. If it is not possible to engage with carers or family and there are significant concerns about the welfare or safety of that individual, housing staff should have confidence to activate an adult protection process through social work services. Understanding the adult protection process and pathway is therefore a key knowledge requirement for frontline housing staff.

Frontline housing staff should have clarity that their role is to encourage a person to take action themselves in seeking diagnosis through active signposting into health services. There is no mechanism in place which enables frontline housing staff to make referrals for dementia diagnosis.

Depending on the extent and nature of interaction with the individual, the pathways to diagnosis are likely to be as follows:

1. the intervention of housing staff encourages and motivates an individual to make a self-referral to their GP for dementia diagnosis;
2. a housing practitioner makes a referral to social work with the consent of the individual to provide assistance in seeking a dementia diagnosis;
3. if consent is withheld and major concerns are outstanding regarding wellbeing or safety, the housing practitioner should make an urgent social work referral or adult support & protection referral; and
4. the housing practitioner signposts the individual (with consent) into support services that can provide practical assistance with dementia diagnosis or further information on dementia.

Housing staff should be aware that pathway, referral and signposting processes may differ at a locality level. Any engagement by a housing professional with a third party agency (health, social work or support agencies) on accessing a dementia diagnosis must always be supported by the consent of the individual.
Housing has a key role to play in the post diagnostic support process, which is often overlooked by link workers in health, social work or dementia services who coordinate support planning under the 5 Pillars model.

Housing plays a key role in adapting the home environment of those living with dementia and should be involved in proactive future planning as needs change. The principles of a housing options approach within an integrated dementia care model should be acknowledged so that preventative action can be planned wherever possible.

4.1.3 Assisting & supporting early dementia diagnosis: The role for housing practitioners

Building on the practice guidance for staff in Pathway 1, the following role profile sets out the boundaries of interaction with tenants and customers to assist and support dementia diagnosis. It focuses on recognising normal patterns of behaviour and encouraging engagement with services to maintain positive health and well-being.
4.1.4 Assisting & supporting early dementia diagnosis: Knowledge and skill requirements

To enable each stage in the Pathway 1 journey to be delivered effectively and to support housing staff to maximise their contribution to assisting and supporting early diagnosis, housing practitioners should be equipped with the following knowledge requirements and skills:
Triggers, signals or problems that suggest the need for diagnosis

1. How to spot typical personal & property signals that could indicate dementia
2. Impact of dementia on memory, learning, reasoning & capacity
3. DSDC material on diagnosis

Signs & symptoms that check/confirm diagnosis may be of benefit

1. Strong awareness of signs & symptoms of dementia
2. Understand the 3 D's (dementia, delirium & depression) & how to avoid confusing them
3. How to talk about dementia using appropriate language
4. How to signpost to advice, support or advocacy
5. How to promote benefits of health screening
6. Adult protection pathway

Engaging & encouraging diagnosis: what language to use/what to ask

1. Encourage the person to engage with GP
2. Activate 1 of 4 pathways based on risk & consent
3. Importance of consent to share information

Making a referral & how to do this effectively

1. Housing’s role in an integrated approach to dementia care
2. 5 pillars model of post diagnostic support

The housing role post diagnosis - how do practitioners enable risk?

1. Signpost to services that promote wellbeing & independent living
2. Be assured of the impact of early housing interventions & advice
3. Manage sensitive dialogue: dementia signals

1. Build a picture of well-being through interaction
2. Understand customer rights to give/withhold information
3. How to assess risk to independent living & where to channel concern
4. Encourage dialogue on wellbeing to build trust
5. Use proactive tenancy management to assess ongoing wellbeing
6. Signpost to GP services for diagnosis
7. Engage with family & carers
8. With consent, engage with agencies that can/will support the person
9. Record & share objective information that supports housing options work
10. Engage with family & carers on potential options

1. Promote impact of housing interventions in post diagnostic support
2. Encourage early assessment of home environment
3. Promote housing options approach to planning
4.1.5 Assisting & supporting early dementia diagnosis: what does emerging practice look like?

Spotting the signs which suggest diagnosis may be beneficial and signposting to appropriate services
South Lanarkshire Council

Mrs A was housebound in an upper flat due to complex medical needs and was applying for sheltered housing.

When the Sheltered Housing Officer was undertaking the Support Needs Assessment with Mrs A and her daughter, she noticed that Mrs A was repeating parts of discussion, looking to daughter for prompts, to answer, and to communicate for her. The SHO identified these signals as a possible early sign of dementia, and discussed it with Mrs A’s daughter as part of the assessment. Following the assessment, she provided Mrs A’s daughter with advice on support services and medical pathways in relation to dementia diagnosis.

Mrs A was subsequently rehoused in a sheltered housing development with access to day care services, social activities and health care services which have had a positive impact on her general wellbeing. The interventions have enabled Mrs A to continue living in the community, and avoid a move to a residential care setting following a dementia diagnosis.

4.1.6 Practitioners guide: assisting and supporting early dementia diagnosis

Housing practitioners have a unique opportunity to identify the early signs of dementia and encourage action and dialogue on diagnosis, given the opportunity they have to access and interact with people in their home environment. On this basis, housing staff have a support and signposting role (not a lead role) in encouraging dementia diagnosis.

Housing staff should be aware of the crucial importance of early dementia diagnosis. Early diagnosis allows access to treatment and services at a time when they are most impactful and allows an individual to have an active voice in decisions about housing and care that affect their future.

What do housing staff need to consider most to maximise their contribution to Pathway 1?

It is not the role of housing staff to diagnose dementia but to recognise changes in normal patterns of behaviour that could suggest that dementia is an underlying issue. The role extends to encouraging people to engage with services that maintain wellbeing and encourage diagnosis.

Housing staff should know how and when to encourage action on diagnosis including the importance of building customer confidence, supporting positive dialogue on wellbeing and signposting into the dementia diagnosis pathway through GP’s.

---

2 This practice example is drawn from the two conferences which were held to identify and share emerging practice in housing and dementia care; and to examine the role of housing providers in promoting greater awareness and acceptance of dementia. Full details of the Conference programme, those who participated and detailed validation outcomes for each activity are available in the following briefing paper: Appendix 7.1: Housing & Dementia Conference Briefing Paper.
Housing staff should know that the pathway to diagnosis is through a GP and should understand the various access routes to this pathway including how to assess risk and gain consent to share information. Housing staff should encourage tenants and customers to take action on seeking dementia diagnosis themselves.

Whilst hosting sensitive conversations on dementia diagnosis may be challenging for staff, practitioners should be assured of the significant difference early diagnosis makes to the wellbeing of people with dementia.

### 4.1.7 Assisting & supporting early diagnosis: practice recommendations

A number of recommendations have been developed to promote the housing role in assisting and supporting early diagnosis. These are set out below.

#### Key practice materials or guidance to inform housing staff delivery of Pathway 1

- **Dementia diagnosis pathway**
  - Guide to positive language to use when speaking about dementia
  - Principles of the Triangle of Care
  - Alzheimer’s Scotland 5 Pillars model of post-diagnostic support
  - Alzheimer’s Scotland 8 Pillars model of integrated dementia care
  - Principles of a housing options approach to information and advice

#### The first dementia pathway examined by housing practitioners in the study, focuses on how frontline staff and managers can assist and enable a person to seek an early diagnosis of dementia. Key recommendations for housing practitioners are as follows:

- Share information on the benefits of regular engagement with health services in promoting wellbeing and signpost customers into services that maintain independent living
- Support dialogue on the benefits of early dementia diagnosis with housing customers, support workers, carers or families
- Encourage customers to take action to seek diagnosis through active signposting into the dementia diagnosis pathway
- Recognise and promote the role of the housing professional to deliver preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- Ensure that dementia awareness, training and skills development is prioritised and delivered across every aspect of housing services to enable both frontline, support, managerial and leadership staff to play a proactive role in dementia care for example through SSSC Promoting Excellence resources;
- Improve awareness of dementia practice, particularly in relation to the Alzheimer’s Scotland 5 Pillar and 8 Pillar models of dementia care;
- Engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.

### 4.2 Pathway 2: Assessing whether a home environment is suitable

The second dementia pathway examined by housing practitioners in the study focuses on the importance of the home environment in meeting the needs of a person with dementia and the lead role played by housing professionals in commissioning, funding and delivery of property-related adaptations. The role profile also encourages housing participation in the assessment and planning stages, recognising the opportunities that a housing options approach to housing suitability assessments could deliver in terms of preventative solutions and customer empowerment.

#### 4.2.1 Why early assessment of housing suitability is important and why housing practitioners play a key role

The Dementia Services Development Centre at Stirling University offers very useful advice on the role of housing staff and services in supporting an early assessment of housing suitability for a person with dementia. Key messages are as follows:

1. **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 them to continue with their daily lives and to live well**

2. **This will require early assessment by housing providers and may well require an Occupational Health professional to assist with this task**

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

Therefore, in order to play a positive and proactive role in assessing the suitability of the home environment for people with dementia, housing practitioners need to be confident that they:

1. **Understand the impact of old age and dementia and why environments matter in dementia care**

2. **Have a knowledge 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 the potential for simple improvements/changes**

4. **Identify where to find out further information and access more detailed advice on dementia friendly design**

Working with housing practitioners and partners from health, social care and dementia services; the housing role in delivering an early assessment of housing suitability was carefully defined. Chapter 4 outlines:

- What this role means for frontline housing practitioners;
- Recommended practice guidance supporting housing suitability assessments;
- Practice models or reference materials for supporting the early assessment of a home environment;
4.2.2 Early assessment of housing suitability: what Pathway 2 means for housing staff

Pathway 2 focuses on the assessing the suitability of the home environment of people with dementia. In order to define the role of frontline housing practitioners in Pathway 2, housing staff and partners systematically mapped out the key issues that define this stage, carefully considering where housing staff can make a positive and supportive contribution. This work concluded that the housing role in supporting early assessment of housing suitability could be summarised as follows:

Key issues to consider and useful practice points for housing staff in each stage of Pathway 2 are defined as follows:
Housing staff will play a supporting role in assessing whether a housing environment is suitable for someone with a dementia diagnosis (and often as part of the hospital discharge procedure). Usually Occupational Health specialists will take primary responsibility for undertaking housing suitability assessments, with housing partners overseeing the investment required to make agreed changes (e.g. through the delivery of aids and adaptations). Housing staff should understanding the importance of ensuring the person with dementia can remain in their home for as long as possible.

Should remaining at home not prove to be possible, housing staff should play a key role in advising on potential housing options and alternatives e.g. moving to a ground floor accommodation or specialist/sheltered housing.

The principle of personal engagement should be pursued wherever possible with “choice”, “empowerment” and “person centred” being importance principles for housing staff. The level of involvement or engagement with the person with dementia is likely to depend on the stage of dementia involved and the extent to which the person has capacity to make decisions either by themselves or with appropriate advice. Therefore, housing intervention at the earliest possible stage maximises the opportunity for meaningful choice to be exercised by the person with dementia. In situations where the person does not wish assistance, or actively refuses support, and housing staff have concerns about the tenant’s wellbeing, advice should be sought from a relevant professional, generally social work via the adult protection pathway.

All housing staff would benefit from a basic understanding of the design principles which can enhance the living circumstances and wellbeing of people with dementia. This will assist staff in understanding the need for alterations, and assist in communicating information and choices to the person with dementia. There are a number of helpful publications, including “Improving the design of housing to assist people with dementia” published by DSDC at the University of Stirling (which includes the “Top 10 Adaptations for People with Dementia”) and the 6 key principles of dementia design (from the National Dementia Strategy).
Specialist knowledge of “what works” is vital in redesigning internal and external environments to benefit people living with dementia. Housing staff should how to access expert advice on dementia friendly design interventions if required.

In the first instance, housing suitability assessments will determine the need for immediate improvements such as identifying and removing risk of slip and trip hazards, increasing light levels, and offering opportunities to differentiate objects and walls through use of colour and tone. Personal choices should be accommodated as far as possible. Housing staff can act as advocates for people with dementia in securing choice where appropriate/needed. Other forms of support such as assistive technology should also be identified at this stage.

Stage 3: How does a housing suitability assessment fit into integrated dementia care?

The housing suitability assessment should...

...be an essential component of an integrated approach to dementia care and should happen as soon as possible following diagnosis. The approach should be embedded in the 5 & 8 Pillars models.

If housing suitability assessments are delivered as soon as possible following diagnosis, this will help minimise trips or falls which can so often result in hospital admissions and the secondary complications these frequently bring for people with dementia.

The delivery of housing design changes and the provision of care services should be planned and commissioned in parallel to maximise benefits to the person with dementia. Housing staff should understand that this is a key feature of a holistic and integrated approach to dementia care, as set out in the 5 & 8 Pillars models. Housing staff encourage the involvement of partners such as local Care and Repair services at this stage in the dementia journey.

Stage 4: What is the process for commissioning, funding and delivery?

Housing staff should...

...takes the lead role in commissioning, funding and delivering property-related interventions and adaptations, with support from experts. Over time other services, such as health, may contribute where the interventions and adaptations result in savings to their budgets.

Housing staff should understand that the responsibility for delivering property-related interventions lies firmly with housing providers, following advice from experts in the field of dementia design (such as DSDC, specialist OT’s and architects). This could include delivery of aids and adaptations such as multi-tonal painting and see through cupboard doors.

Housing will generally have responsibility for funding the work, and may also be responsible for commissioning and coordinating the work. There may be potential to secure some funding from Health, given the potential savings to health budgets that preventative adaptations can offer.

Final Report  February 2017  29
Housing staff have a key role to play in the ongoing delivery of housing information, advice and tenancy sustainment support to people with dementia, their carers and families (probably based on the "5 & 8 pillar" models of dementia care). This role does not just relate to frontline housing officers but other ‘office-based’ staff, such as welfare rights officers, and also technical staff and tradespeople.

It is therefore important that housing staff 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. And equally important, support should include assisting in the process of obtaining necessary consents for intervention at various stages of the process. On this basis, all frontline housing and maintenance staff should attend basic dementia awareness training, to ensure staff have a good knowledge of the 5 Pillars and 8 Pillars models, and of basic design approaches.

### 4.2.3 Early assessment of housing suitability: the role for housing practitioners

Building on the practice guidance for staff in Pathway 2, the following profile sets out the role of housing staff in the early assessment of the housing suitability of a person with dementia. It focuses on understanding the importance of the environment in meeting the needs of people with dementia and the impact of design interventions in supporting independence.
4.2.4 Early assessment of housing suitability: knowledge and skill requirements

To enable each stage in Pathway 2 to be delivered effectively and to enable staff to undertake early assessments, housing practitioners should be equipped with the following knowledge requirements and skills:
## What should housing staff know?

1. Knowledge of the 5 & 8 Pillars models
2. The contribution of each agency and how each contributes to successful outcomes

## What should housing staff do?

1. Produce clear, unambiguous statements for service users and carers about the services provided
2. Develop effective protocols
3. Oversee the investment required to make appropriate changes in people’s homes

<table>
<thead>
<tr>
<th>What is the best mechanism for delivering an early housing suitability assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic knowledge of design that can enhance well being (staff don't need to be experts!)</td>
</tr>
<tr>
<td>2. SSSC training programme</td>
</tr>
<tr>
<td>3. Potential to extend housing options toolkit module (to include dementia)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the key elements of a housing suitability assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clear understanding of housing suitability assessment role and function</td>
</tr>
<tr>
<td>2. Clear understanding of how a housing suitability assessment fits with other components of integrated dementia care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How does a housing suitability assessment fit with integrated dementia care?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understanding of commissioning routes and the housing suitability appraisal process</td>
</tr>
<tr>
<td>2. Awareness of key specialists and expert advisors</td>
</tr>
<tr>
<td>3. Knowledge of assistive technology options</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is the process for commissioning, funding and delivery?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic dementia training for housing and maintenance staff</td>
</tr>
<tr>
<td>2. Extend training to external contractors, as appropriate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is housing’s role post-housing suitability assessment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Should not reinvent the wheel – use experts where appropriate</td>
</tr>
<tr>
<td>2. Accommodate tenants’ personal choice as far as possible</td>
</tr>
<tr>
<td>3. Identify opportunities to build-in assistive technology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Promote housing responsibility for delivering &amp; funding adaptations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Assess if health should contribute to funding, in line with health benefits</td>
</tr>
<tr>
<td>3. Include needs analysis and resource requirement within the LHS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Promote housing involvement in ongoing support within 5 &amp; 8 Pillars</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Further interventions to homes to be assessed on an on-going basis</td>
</tr>
<tr>
<td>3. New homes should be dementia-friendly</td>
</tr>
</tbody>
</table>
4.2.5 Early assessment of housing suitability: what does emerging practice look like?

Early assessment and adaptation of a home environment
Castle Rock Edinvar Housing Association

Social Work contacted the Association to say that Mr B was having severe difficulties with several aspects of his property due to dementia.

Following an assessment of Mr B's home, the Association took the decision to make some adaptations to the property to enable Mr B to remain safely at home safely. These adaptations included:

- Lights sensors, so that they came on when someone approached – this would be a huge benefit as Mr B was having difficulty switching on the light;
- Repainting - the entire property was re-painted to enhance the amount of light;
- Installation of grab rails; and
- A new entrance mat was provided - Mr B didn't want to leave the property because the entrance mat being a different colour so this was changed.

The association's very positive experience supporting Mr B to remain at home by adapting his property to include dementia-friendly design features, has resulting the decision to add other sites into the investment budget, in an attempt to "future proof" homes to support people living with dementia.

4.2.6 Practitioners guide: Early assessment of housing suitability

Housing practitioners play a key role in supporting the early assessment of housing suitability for people with dementia. Despite this, around half of staff do not have the knowledge, and two-fifths, do not have the skills to make an effective contribution to this key stage in the dementia journey.

What do housing staff need to consider most to maximise their contribution to Pathway 2?

There is not yet widespread awareness of the significant and potentially beneficial effects that early intervention on housing design and adaptations might bring.

Increasing awareness of 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”) could play an important part in supporting housing staff to understand their role and develop their confidence.

Housing staff should be assured of the huge benefits of supporting the delivery of housing suitability at the earliest stage possible (and ideally immediately following dementia diagnosis). Early action and the delivery of housing interventions offer greatest opportunities to enable people with dementia to continue with their daily lives and to live well.

Key practice materials or guidance to inform housing staff delivery of Pathway 2

Guide to positive language to use when speaking about dementia
SSSC training/DSDC ‘Top 10 Adaptations’
6 key principles of dementia design (from the National Dementia Strategy
Alzheimer’s Scotland 5 Pillars model of post-diagnostic support
Alzheimer’s Scotland 8 Pillars model of integrated dementia care
Principles of a housing options approach to information and advice
Principles of dementia friendly design
How to commission a housing suitability assessment
Alzheimer’s Scotland 5 Pillars model of post-diagnostic support
Alzheimer’s Scotland 8 Pillars model of integrated dementia care

4.2.7 Assessing whether a home environment is suitable: practice recommendations

A number of recommendations have been developed to promote the housing role in the early assessment of housing suitability. These are set out below.

The second dementia pathway examined by housing practitioners in the study focuses on the importance of the home environment in meeting the needs of people with dementia and the lead role played by housing professionals in commissioning, funding and delivering property-related adaptations. Key recommendations for housing practitioners are as follows:

- Promote the use of the housing options model to deliver positive outcomes for people with dementia, ensuring staff are fully trained and confident in its use;
- Develop and make widely available a statement which outlines the services and assistance provided to support people with dementia to live independently and well;
- Identify and promote appropriate service delivery options which deliver housing interventions to people with dementia who are home owners or private renters, including adaptations, repairs and support to maintain independent living;
- Develop and adopt planning and design guidance that supports dementia friendly adaptations in the wider housing environment and in new build private sector housing (see HAPPI guidance and DSDC (2013);
- Offer guidance on integrating proven dementia friendly housing design principles into housing investment programmes;
- Develop and make widely available a statement which outlines the services and assistance provided to support people with dementia to live independently and well;
- Seek a proactive and positive role within Health & Social Care Partnerships to promote the preventative benefits of early and ongoing housing design and support interventions for people with dementia.
4.3 Pathway 3: Enabling people with dementia to remain or return home quickly

The third dementia pathway examined by housing practitioners in the study, considered the interventions that can support people with dementia to live independently. It also looks at enabling effective hospital admission and discharge processes. The pathway focuses on the role played by housing practitioners and the ways in which they can work with partners to deliver positive outcomes.

4.3.1 Why is it important to enable people with dementia to remain or return home quickly, and why housing practitioners play a key role

The Dementia Services Development Centre at Stirling University offers very useful advice on the importance of being able to remain in at home or return home from hospital for people with dementia. The key messages are as follows:

**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**

Admission to hospital is often traumatic, and the longer the stay, the less likely it is that the person will return to their own home. Instead they are likely to be admitted to residential care.

**Because of this, it is vital that a person with dementia receives appropriate support when they are admitted to hospital, during their stay and when they are discharged home**

Therefore in order to play a positive and proactive role in assisting and supporting people with disabilities to remain/return home, housing practitioners need to be confident that they:

**Understand how to support people with dementia to remain at home at their highest functioning level by adapting the home environment, offering tenancy sustainment support and supporting social interaction**

**Understand the importance of good communication and collaboration between housing, care and health staff is essential if continuity of support is to be maintained when the person is both admitted to hospital or respite services and returned home**

**Recognise that housing staff, care staff and unpaid carers have an important role to play in sharing their knowledge of the person with dementia. It is vital that staff understand that they will become a very significant figure for the person as their dementia progresses**

Working with housing practitioners and partners from health, social care and dementia services; the housing role in supporting people to remain or return home was carefully defined. Chapter 5 outlines:

- What this role means for frontline housing practitioners;
- Recommended practice guidance on supporting people to remain or return home;
• Practice models or reference materials that could help frontline housing practitioners to support people to remain or return home;
• Key learning and development priorities for staff based on current knowledge and skills levels in the Scottish housing sector; and
• How to maximise the contribution of frontline housing staff in supporting people to remain or return home.

4.3.2 Enabling people with dementia to remain or return home quickly: what Pathway 3 means for housing staff

Pathway 3 focuses on enabling people with dementia to remain at home or return home from hospital. In order to define the role of frontline housing practitioners in Pathway 3, housing staff and partners systematically mapped out the key issues that define this stage, carefully considering where housing staff can make a positive and supportive contribution. This work concluded that the housing role in enabling people to remain or return home could be summarised as follows:

The mapping process was structured around a series of themes and key issues that were developed by CIH Scotland (building on Phase 1 of the Housing & Dementia programme), during interactive staff workshops and emerging from the literature review. Examining these issues in detail is key to defining the extent and nature of the housing role in each stage of the Pathway.

Key issues to consider and useful practice points for housing staff in each stage of Pathway 3 are defined as follows:

Stage 1: Enabling a person with dementia to remain at home by adapting their housing environment and what is housing’s role in this?

Housing staff should...

…have an understanding and basic awareness of the signs and impairments associated with dementia, as well an understand of the range of interventions to support a person with disabilities to live independently

There is both recognition and agreement that a well-coordinated and integrated approach to dementia care should include frontline housing staff.
In particular, health professionals should be encouraged to recognise the important role of the housing professional in delivering interventions to support independent living and secure greater involvement in support planning and management processes.

Information sharing processes and systems that enable collaboration are critical. A clear understanding of consent to share mechanisms across staff in housing, health and social work is therefore necessary. IT systems may need to be upgraded to enable greater joint working and collaboration. A system of named contacts across housing, health, social work and the third sector, to provide access and assistance for frontline staff, will be hugely beneficial for those working on dementia care.

Frontline housing staff should be supported through training, to increase their understanding of the interventions that can assist people with disabilities remain at home, and the range of assistive technologies that are available (and being developed), that can promote independence.

Housing staff should understand that it is not the role of the housing practitioner to monitor changes in health and behaviour of a person with dementia. However, it should be the role of a housing practitioner to be aware of changes in normal health and behaviour patterns that may indicate risk of health emergency or hospital admission and to communicate changes to those leading the care of the person with dementia (e.g. family, Care Manager, support worker).

Housing staff should understand the importance of reporting changes in behaviour to care managers, carers or families, helping to play a proactive role in preventing health emergencies or hospital admissions. Improvements in communication, processes and systems should be considered by housing services and partners to ensure an integrated approach to preventing hospital admissions across housing, health and care sectors. These include:

- named contacts for next of kin, with key contacts readily available; and
- awareness of any support plans in place and clarity over who coordinates this support plan.

The key housing interventions that can prevent a sudden escalation of symptoms and which could promote wellbeing and improvement in home safety are as follows:

- investment in aids and adaptations/knowledge of aids and adaptations in order to signpost family members or care managers into processes;
- information and advice on interventions to assist with physical and psychological impairment;
- safety advice e.g. fire risk assessment;
- planned capital investment: programme of capital works which consider dementia friendly design principles;
- new build design investment; and
• investment in assistive technology and other day to day products that can improve the wellbeing of a person living with dementia.

**Stage 3: Enabling effective hospital admission and continuity of care?**

Housing staff should…

…understand the range of health services available and how to access them, as well as ensuring that on admission; family members, health and social care staff have relevant contact details for housing leads to enable an early approach to discharge planning.

**The housing role in enabling access to hospital or respite care is generally a support (and not a leading) role** (although this principle may differ for housing support workers and frontline housing officers).

For unplanned admissions, frontline housing staff could be instrumental in providing emergency access to hospital or support services following crisis. On this basis, as well as arranging emergency support (e.g. ambulance or first aid care), the front line officer has an important role to play in coordinating communication to those who support the person with dementia. Housing staff must understand the importance of key questions to the person with dementia such as:

"Who is the person who knows you best?"

"Do have a family member or support worker who helps to look after you day to day?"

For planned admissions, housing may have a role in coordinating admission in collaboration with health or social work services (although it would not generally be expected that housing plays a lead role).

There is unlikely to be a significant housing role while the person is in hospital – however it is hugely important that housing staff lead on the communication and decision making associated with housing related issues. In particular, staff should set an expectation that housing services be informed of discharge planning and be involved in decision-making regarding the return to a home environment where possible. Information sharing with colleagues must be put in place to enable this.

Also of critical importance, is providing reassurance to the person with dementia that the tenancy will be managed in their absence and that their right to return home is maintained. Related to this a set of simple, robust tenancy management tasks must be sustained, including:

- ensuring that appropriate arrangements are in place to make rental payments in the persons absence;
- ensuring that the property is completely secure;
- ensuring the housing office knows who hold keys for the property and who should be contacted for access if necessary;
- checking whether repairs or planned maintenance is scheduled and rescheduling if required; and
- ensuring accurate contact details of the person’s next of kin are held.
The support planning for hospital discharge should take place on admission. Discharge planning will be led by a specialist – most likely an Occupational Therapist. The person who knows the person with dementia most closely should be actively involved in the planning process. It is key that there are joined up communication channels in place between health professionals, housing, occupational therapists and the person’s link worker or next of kin.

Housing's role in support planning for hospital discharge should be around the suitability of the person's property. This will involve activities such as more defining the options for adaptations, technology, housing support and/or the availability of specialist or more suitable accommodation. Housing options should be the approach used to identify and assess accommodation solutions (across housing tenures) and options to support independent living, where required.

Stage 4: Supporting effective hospital discharge for a person with dementia?

Housing staff should…

…network with other agencies such as health, social work and the person with disabilities’ link worker to assess the suitability of the individual’s property & define options for adaptations, technology, housing support or specialist housing

Stage 5: Post discharge, supporting a person with dementia to remain at home & to participate in their community?

Housing staff should…

…understand the links between dementia and social isolation & be aware of local opportunities for activity and involvement to inform signposting and referral. Housing staff should contribute to a person centred plan within integrated dementia care package

Housing staff should understand that the housing options model can play an important role in assisting the care planning of people with dementia returning home from hospital. Features of this approach include:

- diagnostic housing needs assessment which considers both housing and underlying needs;
- a person- centred approach to defining options and potential housing solutions;
- promoting customer empowerment and encouraging choice;
- considering all options across all housing tenures and providers;
- enabling the person to remain at home, wherever it is feasible to do so.

A key risk factor as dementia progresses is social isolation. Frontline housing staff often have operational opportunities to spot the signs of dementia and to assess whether the person living with dementia may struggle to live independently. Frontline housing staff should understand the links between dementia and social isolation, as well as the impact of encouraging engagement with social activity and wider community
participation. Service such as befriending groups and activity centres can be important in building confidence and trust to avoid isolation escalating.

4.3.3 Enabling people with dementia to remain or return home quickly: The role for housing practitioners

Building on the practice guidance for staff in Pathway 3, the following role profile sets out the boundaries of interaction with tenants and customers to support people with dementia to remain at, or return home quickly. It focuses on adapting their home environment to extend their independence, encourage communication and joint planning and support social connectivity.

Pathway 3: Enabling a person with dementia to remain or return home quickly

1. To play a positive and supportive role in an integrated approach to dementia care by ensuring that the full range of housing interventions to support independent living are considered and made available
2. To interact with occupational therapists, carers and the family of people with dementia to understand the impact of dementia on day to day living, identifying housing interventions to support independent living
3. To recognise the potential of assistive technology to enhance or complement adaptations to the home environment of a person with dementia
4. To encourage the development of processes and systems that enable a strong housing response within a collaborative approach to dementia care e.g. multi-agency protocols, named contacts, joint training
5. To recognise the range of resources and technological developments that can be used to support independent living, including options delivered through social work services and other resources
6. To deliver a robust approach to tenancy management should an emergency or unplanned admission take place, protecting the housing status of a person with dementia
7. To support hospital discharge planning through involvement in housing suitability appraisals, assessing options for adaptations, technology, housing support or specialist accommodation
8. To promote and encourage a housing options approach to discharge planning including the involvement of the people with dementia
9. To encourage engagement and participation in community activities to prevent social isolation for those living with dementia as part of a reablement approach to dementia care
4.4 Enabling people with dementia to remain or return home quickly: Knowledge and skill requirements

To enable each stage in Pathway 3 to be delivered effectively and to support housing staff to maximise their contribution to enable people with dementia to remain at or return home quickly, housing practitioners should be equipped with the following knowledge requirements and skills:

- **Enabling a PWD to remain at home by adapting their housing and what is housing’s role in this?**
  - Knowledge:
    1. Awareness of the signs, signals and impairments associated with dementia
    2. Understand the range of interventions that can be pursued and the processes for implementing
    3. Awareness of 5 Pillars model

- **Role of housing in preventing health emergencies & reducing hospital admissions?**
  - Knowledge:
    1. Awareness of signs & symptoms that indicate a PWD is at risk of a health emergency or hospital admission
    2. Awareness of housing interventions that can prevent sudden escalation of symptoms
  - Skills:
    1. Implement housing design changes, assistive technology and a holistic housing needs assessment
    2. Aim to have dementia friendly design features in new developments
    3. Communicate with other sectors, the PWD & family

- **How can housing staff enable effective hospital admission and continuity of care?**
  - Knowledge:
    1. Know and understand key questions that would help a PWD on admission
    2. Understand the range of health services available to provide support in a home environment and how to access them
  - Skills:
    1. Communicate changes in normal health & behaviour patterns to those leading care
    2. Signpost PWD to social groups & community networks to avoid isolation
    3. Implement adaptations & provide safety advice

- **How can the housing professional support effective hospital discharge for a PWD?**
  - Knowledge:
    1. Awareness of need to share contact details of housing leads with partners to support discharge planning
    2. Awareness of housing’s role in support planning for hospital discharge via housing suitability appraisal
  - Skills:
    1. Lead on the communication of housing issues
    2. Share housing contacts with health & social care to enable an early approach to discharge planning
    3. Protect housing status of a person admitted to hospital

- **Post discharge, role of housing in supporting a PWD to remain at home & to participate in their community?**
  - Knowledge:
    1. Know the links between dementia and social isolation
    2. Understand the local network of support services to encourage engagement
  - Skills:
    1. Ensure that the PWD’s property is suitable for return home by defining options for adaptations, housing support or the availability of more suitable accommodation
    2. Communicate with PWD and other relevant sectors
    3. Housing options approach to care planning
    4. Engage with Dementia Friendly initiatives to build basic awareness
    5. Encourage staff to undergo Promoting Excellence training
4.4.1 Enabling people with dementia to remain or return home quickly: what does emerging practice look like?

Enabling a person with dementia to remain in a home environment

Trust Housing Association

Mrs C’s application for sheltered housing noted her dementia diagnosis. She was a home owner and isolated in the community. Her family had submitted a sheltered housing application due to concerns about isolation and nutrition as she wasn’t eating well.

A home visit was conducted before Mrs C was offered a tenancy and a Personal Plan was completed with a Key Worker at the start of her tenancy, to address her specific support requirements, including a prompt to attend for meals, orientation of the building, etc. The 3-month review of Mrs C’s Personal Plan, it was identified that support was required with medication as Mrs C wasn’t managing to take it properly, and she mentioned that was struggling to shower. Some of the detailed actions from the Personal Plan review included:

- Support to prompt medication;
- Support with bathing;
- Signage to identify toilets, lift floors and dining room;
- Support and encouragement to attend dining room at meal times and to socialise in the lounge area during social groups to avoid isolation

Based a comprehensive and ongoing assessment of Mrs C’s changing support needs and the range of interventions put in place as an outcome; Mrs C has been enabled to live independently within sheltered housing with notable improvements in her health and wellbeing.

4.4.2 Practitioners guide: Enabling people with dementia to remain or return home quickly

The housing role in enabling a person with dementia to remain at/return home quickly focuses on the preventative role of the housing practitioner in assessing the need for and delivering housing interventions (e.g. adaptations, technology, support) which support independent living and prevent unplanned admissions to hospital or care. It acknowledges the role that housing can play in defining preventative solutions during admission, discharge and resettlement processes and encourages genuine collaboration with Health and Social Work colleagues to activate and realise this role.

Housing practitioners have a responsibility to understand the range of options available to enable a person with dementia to remain in their home environment, though understanding the appropriate property adaptations, the available assistive technology and support options.

Housing staff should be aware of the crucial importance of engaging and communicating with the person with dementia, and their families and carers to ensure that the appropriate care is put into place. By communicating effectively and

---

3 This practice example is drawn from the two conferences which were held to identify and share emerging practice in housing and dementia care; and to examine the role of housing providers in promoting greater awareness and acceptance of dementia. Full details of the Conference programme, those who participated and detailed validation outcomes for each activity are available in the following briefing paper: Appendix 7.1: Housing & Dementia Conference Briefing Paper.
working with technical and specialist colleagues and the person with dementia ensures that the housing interventions and adaptations are person-centred, effective and efficient.

Housing staff should consider using a housing options approach to enable a move to a more appropriate housing/specialist housing if appropriate. As working and supporting the person with dementia to ensure that their outcomes are optimised is a key responsibility of housing practitioners. This includes a robust approach to tenancy sustainment, watching for evidence of a deterioration in their ability to manage at home (condition of their home, accidents, and so on), and, as necessary, signposting to services such as Alzheimer Scotland’s Dementia Circle and local resources and community activities.

Housing practitioners understand how to support people with dementia to remain at home at their highest functioning level by:

- adapting the home environment to extend independence
- enabling more effective communication
- supporting the maintenance of social networks
- knowing what to watch for: changes in health and behaviour

### Key practice materials or guidance to inform housing staff delivery of Pathway 3

- Dementia diagnosis pathway
- Guide to positive language to use when speaking about dementia
- SSSC training or DSDC ‘Top 10 Adaptations’
- Alzheimer’s Scotland 5 Pillars model of post-diagnostic support
- Alzheimer’s Scotland 8 Pillars model of integrated dementia care
- Principles of a housing options approach to information and advice

### Staff learning & development priorities for Pathway 3

- Alzheimer’s Scotland 5 Pillars model of post-diagnostic support
- Alzheimer’s Scotland 8 Pillars model of integrated dementia care
- Local support services for newly diagnosed individuals
- Principles of design and the resources available, including assistive technology

### 4.4.3 Enabling people with dementia to remain/return home quickly: practice recommendations

A number of recommendations have been developed to promote the housing role in making early changes to the home environment enabling a person with dementia to remain at home or return home quickly following hospital admission. These are set out below:
The third dementia pathway examined by housing practitioners in the study, considered the interventions that can support people with disabilities to live independently. It also looks at enabling effective hospital admission and discharge processes. The pathway focuses on the role played by housing practitioners and the ways in which they can work with partners to deliver positive outcomes. Key recommendations for housing practitioners include:

- Deliver preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- Identify and deliver appropriate housing interventions to the majority of people with dementia, who do not live in social housing but are home owners or rent privately, including the timely provision of adaptations, repairs and support to maintain independent living;
- Recognise and promote the role of the housing professional in delivering preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- Develop and adopt the use of the housing options model to deliver positive outcomes for people with dementia, ensuring you/your team staff are fully trained and confident in its use;
- Develop and adopt clear process for sharing information about people with dementia;
- Improve awareness of dementia practice, particularly in relation to the Alzheimer’s Scotland 5 Pillar and 8 Pillar models of dementia care;
- Seek a proactive and positive role within Health & Social Care Partnerships to promote the preventative benefits of early and ongoing housing design and support interventions for people with dementia;
- Engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.

4.5 Pathway 4: Providing a holistic approach to supporting and assisting people with dementia

The last dementia pathway examined by housing practitioners in the study, focuses on promoting a holistic approach to all aspects of assistance and support as dementia progresses. This is a key interaction where housing practitioners can make a positive contribution to meeting the needs of people with dementia through engaging with agencies who coordinate dementia care and promoting the delivery of housing led interventions. It is also important for housing practitioners to encouraging acceptance of the role the housing sector has within dementia care.

4.5.1 Why housing’s role in supporting and assisting in a holistic approach for people with dementia is vital

The Dementia Services Development Centre at Stirling University offers very useful advice on how housing interventions makes a difference to individuals, their families and to the services (including housing providers) who are likely to be involved in supporting a person living with dementia. Key messages are as follows:

Effective housing interventions are likely to be crucial at every stage of the dementia journey, to ensure that choices and quality of life for people with dementia are optimised 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

Working with housing practitioners and partners from health, social care and dementia services; the housing role in providing a holistic approach to supporting and assisting people with dementia was carefully defined. Chapter 6 outlines:

- What this role means for frontline housing practitioners;
- Recommended practice guidance on providing holistic support to people with dementia;
- Practice models or reference materials that could help frontline housing practitioners to offer holistic assistance and support as dementia progresses;
- Key learning and development priorities for staff based on current knowledge and skills levels in the Scottish housing sector; and
- How to maximise the contribution of frontline housing staff in providing holistic support to people with dementia.

4.5.2 Ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what Pathway 4 means for housing staff

In order to define the role of frontline housing practitioners in Pathway 4, housing staff and partners systematically mapped out the key issues that define this stage in the dementia journey, carefully considering where housing staff can offer assistance and support as dementia progresses. This work concluded that the housing role in assisting and supporting in a holistic approach to dementia care could be summarised as follows:

The mapping process was structured around a series of themes and key issues that were developed by CIH Scotland (building on Phase 1 of the Housing & Dementia programme), during interactive staff workshops and emerging from the literature review. Examining these issues in detail is key to defining the extent and nature of the housing role in supporting and assisting in a holistic approach to dementia care.
Key issues to consider and useful practice points for housing staff in each stage of Pathway 4 are defined as follows:

**Stage 1: What do housing practitioners NEED to know about dementia?**

Housing organisations should…

…increase levels of dementia awareness and training across all housing staff, with enhanced levels for specialist staff, and create a role for a dementia champion to lead delivery of positive dementia practice.

In order to deliver holistic assistance and support as dementia progresses, all housing staff should possess a basic level of dementia awareness. The importance of widespread dementia awareness at every level in a housing organisation, is a key aspect of ensuring that staff can play an appropriate role within an integrated approach to dementia care.

In order to deliver holistic assistance and support as dementia progresses, housing staff should also understand the role of service standards and the need to ensure that that dementia issues are embedded within frontline policy and customer care standards.

**Stage 2: Key elements of a housing organisation’s training strategy for people with dementia?**

To encourage a person-centred approach to dementia care, housing organisations should…

…provide effective training to all staff, encourage regular engagement with people with disabilities & develop policies & processes which promote housing led interventions in integrated approach to dementia care.

Training delivery should focus on the principle that a basic level of dementia awareness is desirable for all housing staff. This includes all frontline workers across technical, estate management, support, regeneration or customer care roles.

Beyond this, higher levels of training are appropriate for specialist staff who have regular contact with people with dementia. In developing appropriate dementia training programmes, housing providers should consider the following key elements:

- training should be open to all staff i.e. tradesperson and external contractors;
- different levels of training for different staff members, a basic level of training to all staff such as Level 1 or ‘Dementia Friends’;
- emphasis on ‘promoting Excellence” with its 4 ascending levels of competence;
- creating a person centred approach to all training strategies to ensure that people with dementia receive the care that will help them and prolong their independence;
- staff should understand the importance of effective communication with the individual, families and other agencies to makes sure appropriate care is in place.
Appropriate learning materials should be available to all frontline housing staff enabling them to make a positive and effective contribution to meeting the needs of people with dementia. Key training resources and materials that should be made available to all housing practitioners include:

- **Dementia Friends Scotland**: online or face-to-face sessions [www.dementiafriendsscotland.org](http://www.dementiafriendsscotland.org); dementiafriends@alzscot.org;
- **Dementia Services Development Centre resources**: [http://dementia.stir.ac.uk/housing-dsdc/education-and-housing](http://dementia.stir.ac.uk/housing-dsdc/education-and-housing), including:
  - Dementia design audit tool;
  - Improving the design of housing to assist people with dementia;
- **Age Scotland resources**: [http://www.ageuk.org.uk/scotland/about-us/our-work/early-stage-dementia-project/raising-awareness-for-workplaces](http://www.ageuk.org.uk/scotland/about-us/our-work/early-stage-dementia-project/raising-awareness-for-workplaces);
- **Alzheimer’s Society material and practice guides including**:
  - How to become dementia friendly: quick tips for organisations and businesses;
  - How to help people with dementia, a guide to customer facing staff;
  - Dementia friendly technology;
  - Creating a dementia friendly workplace;
- **Dementia Friendly Communities**: Environmental assessment tool.

All housing practitioners should understand the concepts and benefits associated with an integrated approach to service planning and delivery for people with dementia. On this basis, housing staff should be aware of the principles of the Alzheimer’s Scotland 8 Pillars model. Housing providers should be ready to digest the evaluation findings on the 8 Pillars model (due for publication in 2017) and build opportunities to participate in implementation and roll out activity.
Given the one year guarantee of post diagnostic support, knowledge of the 5 Pillars approach should be widespread and common across the housing sector in Scotland. Housing staff should have a basic understanding of the 5 Pillars model and how to access information on named persons at a local level (i.e. the coordinators of post diagnostic support planning). Housing staff should have a sound working knowledge of the distinction between the 5 and 8 Pillar models of dementia practice.

All housing providers should be encouraged to develop a dementia strategy which is proportionate to the size of the organisation and to the customer group they serve. Key objectives of any housing and dementia strategy should focus on the benefits of an integrated approach to dementia care including partner collaboration, enhanced prevention, the promotion of independent living and a dementia sensitive approach to customer care.

Housing staff should be encouraged to consider how operational policies and procedures can be ‘dementia proofed’ as part of a wider dementia friendly agenda and how dementia friendly design principles can be considered within housing capital programmes, asset management strategies and office environments.

Staff should understand the key role of housing services in enabling independence for people with dementia, and ensure that a holistic approach to dementia care is achieved by collaborating with other agencies, building strong local networks and proactively engaging with people with dementia, their carers and support groups in service planning and delivery.

### 4.5.3 Ensuring holistic consideration of all aspects of assistance/support as dementia progresses: The role for housing practitioners

The following role profile sets out the role of housing staff in assisting and supporting a holistic approach to dementia care, setting out the importance of communication, training and dementia awareness.
Pathway 4: Housing role in ensuring holistic consideration of assistance & support as dementia progresses

1. To ensure basic dementia awareness and an understanding of the role of housing staff and services in meeting the needs of people with dementia is achieved at all levels within housing organisations.

2. To assess the training needs of housing staff and develop dementia training programmes tailored to technical, estate management, support, regeneration and customer care roles.

3. To develop dementia specific customer care standards.

4. To develop and implement effective organisational strategy and policies ensuring that housing support and intervention is part of an integrated approach to dementia care.

5. To proactively engage with and build positive working relationships with partners involved in the delivery of integrated dementia care including health, social work and dementia services.

6. To promote the role of housing options within an integrated approach to dementia care, i.e. comprehensive, person centred information and advice to achieve positive housing outcomes.

7. To improve awareness of the 5 Pillars and 8 Pillars models and housing’s role in supporting an integrated approach to dementia care within the sector.

8. To assemble and share good practice of housing’s role in meeting the needs of people with dementia across the housing sector and dementia partners.

4.5.4 Ensuring holistic consideration of all aspects of assistance/support as dementia progresses: Knowledge and skill requirements

To enable each stage in the Pathway 4 journey to be delivered effectively and to support housing staff to maximise their contribution to assisting and supporting a holistic approach to dementia care, housing practitioners should be equipped with the following knowledge requirements and skills:
CIH Scotland
Dementia Pathways – Housing’s Role

What should housing staff know?

1. Greater level of general dementia awareness & training across all housing staff
2. Specialist staff should have higher levels of dementia awareness & training

What should housing staff do?

1. Housing organisations should create a role for a dementia champion to set an example for others in the organisation to follow

What do housing practitioners NEED to know about dementia?

1. Basic dementia awareness training which focuses on customer care should be provided to all staff
2. Promoting Excellence training should also be encouraged

What should be the key elements of a housing organisation’s training strategy for PWD?

1. Where to access learning materials & resources
2. DSOD, Alzheimer Scotland & Age Scotland learning materials
3. Ability to engage with dementia support units in hospitals when required

Principles & learning materials to assist staff in delivering a holistic approach to PWD?

1. Understand distinction between “5 & 8 Pillar” Models & housing role within this
2. Awareness of guaranteed 1 year post-diagnostic support that comes with “5 Pillars” Model

How useful are “5 & 8 Pillar” approaches to support PWD?

1. Importance of organisational strategy & policies to support PWD
2. Operational policies & procedures to promote positive housing outcomes in meeting the needs of PWD

Components of effective strategy to deliver holistic approach to PWD as condition progresses

1. Effective training, early intervention, regularly engaging with PWD & implementing housing interventions
2. Understand & engage with “8 Pillars” Model of integrated dementia care

1. Promote & implement housing options approach in integrated approach to dementia care
2. Refer to the National Dementia Strategy

1. Promote the benefits of an integrated approach to dementia care & housing role within this
2. Retain the principles & objectives of the DPC

1. Work in partnership to promote housing options
2. Establish robust data on the scale of issues associated with H&D
3. Strategic links with capital programmes & asset management strategies
4.5.5 Ensuring holistic consideration of all aspects of assistance/support as dementia progresses: what does emerging practice look like?

Playing a positive and supportive role in an integrative approach to dementia care with other professionals, family and carers

Trust Housing Association

Mr F had applied for long term care as he was struggling to cope in his home. However, a social work assessment confirmed he did not meet the criteria required for long term care and health colleagues felt that due to his dementia the best option would be for him to remain in his home where there is familiarity. A Housing Options Project Officer arranged a casework conference with his family and all the partners involved. As a consequence, a number of measures were put in place to support Mr F, including an application to Scottish Welfare Fund to replace furnishings and fittings damaged in a recent fire; and adaptations to address his disabilities.

There is a plan that Mr F will move on to sheltered housing, but this has been put on hold as he is currently thriving in his home environment alongside the package of Housing Support he is receiving. A number of agencies have been involved in delivering an integrated approach to Mr F’s dementia care:

- Housing Options for Older People Project Officer
- Registered Social Landlord colleagues
- Health colleagues
- Social Worker
- Scottish Welfare Fund

4.5.6 Practitioner Guide: Ensuring holistic consideration of all aspects of assistance/support as dementia progresses

Pathway 4 focuses on the housing role in promoting a holistic approach to dementia care across all aspects of assistance and support and as dementia progresses. It focuses on the resources needed by housing staff to make a positive contribution to dementia care and the need for housing organisations to invest in staff awareness, training, operational policy and joint working partnerships.

This includes engagement with agencies who coordinate dementia care and people with dementia themselves. It also involves promoting the delivery of housing-led interventions and encouraging acceptance of the preventative impact of housing’s role within dementia care across the range of partner involved in delivering support.

Housing practitioners should understand the importance of basic awareness (and where necessary functional knowledge) of dementia at every level within housing organisations, in order to promote a proactive housing role within an integrated approach to dementia care. Aligned to this, staff would be aware of the growing body of housing and dementia learning materials under development and feel empowered to use them to continuously develop and improve practice.

Staff should also be conscious of and contribute to ongoing engagement with people with dementia, their carers and families in order to develop frontline

---

4 This practice example is drawn from the two conferences which were held to identify and share emerging practice in housing and dementia care; and to examine the role of housing providers in promoting greater awareness and acceptance of dementia. Full details of the Conference programme, those who participated and detailed validation outcomes for each activity are available in the following briefing paper: Appendix 7.1: Housing & Dementia Conference Briefing Paper.
policies and processes that promote the delivery of housing led interventions within dementia care. At a wider level, housing providers should recognise the need to address the limited awareness of the 5 and 8 Pillars models of dementia care across the housing workforce and encourage joint working and training with local partners who lead and coordinate an integrated approach to dementia care.

Finally, staff should be assured of the benefits associated with housing organisations developing dementia strategies which encourage collaboration, stimulate prevention, promote independent living and develop frontline practice. On this basis, they should become proactively involved in the delivery of dementia strategies at an operational level.

### 4.5.7 Ensuring holistic consideration of all aspects of assistance/support as dementia progresses: practice recommendations

A number of recommendations have been developed to promote the housing role in assisting and supporting a holistic and integrated approach to dementia care. These are set out below:

**Key practice materials or guidance to inform housing staff delivery of Pathway 1**

National Dementia Strategy & wider Scottish policy framework on dementia
Alzheimer’s Scotland 5 Pillars & 8 Pillars models
Dementia Services Development Centre resources: [http://dementia.stir.ac.uk/housing-dsdc/education-and-housing](http://dementia.stir.ac.uk/housing-dsdc/education-and-housing)
Alzheimer’s Society material and practice guides including:
Dementia Friendly Communities: Environmental assessment tool

**Staff learning & development priorities for Pathway 1**

Housing & dementia training options including Promoting Excellence, SVQ’s and DSDC courses
Alzheimer’s Scotland 5 & 8 Pillars models
Learning and best practice materials on dementia care including those by DSDC, Alzheimer’s Scotland, Age Scotland & Alzheimer’s Society

**Recommendations for Pathway 4**

The last dementia pathway examined by housing practitioners in the study, focuses on promoting a holistic approach to all aspects of assistance and support as dementia progresses. Key recommendations for housing practitioners include:
• Prioritise dementia awareness, training and skills development, across every aspect of housing services to enable frontline, support, managerial and leadership staff to play a proactive role in dementia care for example through SSSC Promoting Excellence resources;

• Engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services;

• Develop and adopt a clear process for sharing information about people with dementia across public services and the third and voluntary sectors involved in dementia care;

• Improve awareness of dementia practice, particularly in relation to the Alzheimer’s Scotland 5 Pillar and 8 Pillar models of dementia care;

• Develop and make widely available a statement which outlines the services and assistance provided to support people with dementia to live independently and well;

• Raise awareness of dementia friendly communities through community engagement activity;

• Engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.

4.6 Reviewing housing and dementia pathways: the health and social work view

The successful definition of housing’s role across four key dementia pathways involved detailed analysis of what housing professionals need to know, understand and consider in order to connect with the other professional disciplines to deliver successful interventions to people with dementia. Issues of professional boundaries, consent, data protection and case management arrangements were examined in details across each pathway workshop.

In order to test the credibility of the role profiles established and to validate that the defined role for housing is not overstated within the boundaries of health and social care roles, Arneil Johnston engaged with a number of specialist (and crucially non-housing) partners to examine the workshop outcomes. On this basis, a mix of face to face meetings and telephone interviews were held with the following stakeholders who agreed to ‘road test’ workshop maps and validate the proposed role for housing:

• Jill O’Boyle, Senior Officer, Adult Services HTC North Lanarkshire;

• Ann-Marie Clarke, Occupational Therapist, Motherwell locality;

• Claire Farrans, Senior Officer, Younger Adults, North Lanarkshire Council;

• Jill Pritchard Occupational Therapist & Business Change Consultant; and

• Ellen Thompson Community Occupational Therapist East Renfrewshire Health and Social Care Partnership Rehabilitation & Enablement Service.

Across each of the four pathways, the proposed role for housing professionals in meeting the needs of people with dementia was validated as making a positive contribution to an integrated approach to dementia care. No fundamental revision or amendment to any of the role profiles was suggested.

Over and above this, Health and Social Work colleagues offered useful feedback on the aspects of each role perceived to be of most impact and importance, as well as highlighting some issues which could be considered if roles were to be implemented. Feedback on the housing role in each dementia pathway is as follows:
4.6.1 Pathway 1: Assisting and supporting someone to seek a diagnosis

- Given the opportunity to access and interact with people in their home environment, housing professionals have a unique opportunity to identify the early signs of dementia and encourage action and dialogue on diagnosis;
- Having said this, hosting sensitive conversations on the need for dementia diagnosis could be a daunting prospect for frontline staff. Despite that, this activity should be strongly encouraged as housing staff could make a significant difference to early diagnosis;
- The principle that housing staff encourage customers to take action on diagnosis themselves is crucially important;
- The pathway to diagnosis via GP referral needs to be clearly defined and widely shared across the housing sector.

4.6.2 Pathway 2: Early assessment of the suitability of someone’s home

- An adaptations training module is being developed as part of the ‘adapting for change’ pilots. This should be made available to staff in the context of improving knowledge on dementia friendly design principles;
- There is scepticism that even if preventative savings were well-evidenced health services would contribute to spending on adaptations!
- Basic training and awareness of housing-led interventions which promote independent living for people with dementia are essential;
- Strong recognition that in their position as a trusted (and perhaps more importantly, impartial) advocate, housing professionals can enable effective communication across and between agencies delivering support to people with dementia.

4.6.3 Pathway 3: Identifying appropriate changes to enable the person with dementia to remain at home/be returned home quickly

- It is of huge importance that housing professionals are reminded that consistency and familiarity of the home environment is key to delivering effective adaptations which promote independent living;
- It was agreed that a system of named contacts across housing, health, social work and the third sector would be hugely beneficial to collaborative working on dementia care;
- In assessing the risk of a health emergency, housing professionals should be reminded that speed of intervention is key in supporting a person with dementia to avoid admission;
- Colleagues strongly agreed with the importance of housing staff understanding the range of health services available to provide support in a home environment, and how to access them for a person with dementia;
- Early engagement with the person with dementia in assessing solutions to promote independent living is crucial.

4.6.4 Pathway 4: Ensuring holistic consideration of all aspects of assistance/support as dementia progresses

- The importance of training, early intervention, assistive technology and communication with people with dementia across housing services will be instrumental in building the housing role in dementia care;
Training delivery should focus on the principle that a basic level of dementia awareness is desirable for all housing staff but higher levels are appropriate for specialist colleagues who have regular contact with people with dementia.

4.7 Learning Outcomes

A key aspect of Phase 2 of the Housing and Dementia Programme, and central to defining the role of the housing professional in meeting the needs of people with dementia, was the delivery of stakeholder engagement workshops to analyse and define the links, relationships and pathways associated with four key stages of the dementia journey.

This process was successful in building a role profile for each dementia pathway and in identifying the related knowledge, skills and partnership arrangements to deliver this role effectively. Each role was then validated by colleagues in Health and Social Work to test professional boundaries and perceived impact. Across each of the four pathways, the proposed role for housing professionals in meeting the needs of people with dementia was validated as making a positive contribution to an integrated approach to dementia care.

The delivery of four housing role profiles for each stage of the dementia journey is a key aspect of defining the contribution of the sector in delivering positive outcomes for people with dementia. Key findings for each role profile are as follows:

1. **Pathway 1 Housing Role:** The housing role profile for assisting and supporting early dementia diagnosis, focuses on measuring changes in the normal patterns of behaviour of housing customers and encouraging engagement with services that support positive health and well-being. The role profile acknowledges the unique opportunities afforded by proactive tenancy management to spot and act on the early signs that dementia might be an issue. On this basis, housing professionals should understand and be assured of the impact that early action and preventative housing interventions can deliver to independent living.

2. **Pathway 2 Housing Role:** The housing role profile for supporting early assessment of housing suitability focuses on the importance of the home environment in meeting the needs of a person with dementia and the lead role played by housing professionals in commissioning, funding and delivering property-related adaptations. Over and above this, the role profile encourages housing participation in the assessment and planning stages, acknowledging the opportunities that a housing options approach to suitability appraisals could deliver in terms of preventative solutions and customer empowerment.

3. **Pathway 3 Housing Role:** The housing role profile for enabling a person with dementia to remain at/return home quickly focuses on the preventative role of the housing professional in assessing the need for and delivering housing interventions (e.g. adaptations, technology, support) which support independent living and prevent unplanned admissions to hospital or care. It acknowledges the role that housing can play in defining preventative solutions during admission, discharge and resettlement processes and encourages genuine collaboration with Health and Social Work colleagues to activate and realise this role.

4. **Pathway 4 Housing Role:** The housing role profile for promoting a holistic approach to dementia care focuses on the need for housing organisations to invest in staff awareness, training, operational policy and partnerships to improve housing sector practice and contribution to meeting the needs of people with dementia. This includes engagement with agencies who coordinate dementia care and people with dementia themselves. It also involves promoting the delivery of housing-led interventions and encouraging acceptance of the preventative impact of housing’s role within dementia care.
5 Testing the requirements for skills and knowledge

Following the successful definition of a housing role profile for each of the four pathways of the dementia journey; a further round of stakeholder engagement events were hosted to examine and test the boundaries of each role. The second round of stakeholder workshops therefore focused on validating the dementia roles, skills and knowledge requirements with housing professionals across Scotland. To achieve this, stakeholder engagement sessions were delivered throughout September 2016, and across the following regions:

1. 5\textsuperscript{th} September 2016, Tweed Horizons Centre, Newton St. Boswells (South East Scotland);
2. 6\textsuperscript{th} September 2016, Dalziel Building, Motherwell (West of Scotland);
3. 13\textsuperscript{th} September 2016, Lasswade Centre, Midlothian (East Scotland); and
4. 20\textsuperscript{th} September 2016, Elgin Town Hall, Moray (Northern Scotland).

Full details of each workshop programme, those who participated and detailed validation outcomes for each pathway are available in the following briefing paper:

- Appendix 5.1: Roles, Skills & Competency Validation Workshop Briefing Paper.

5.1 What do housing staff think of proposed dementia care roles?

Housing practitioners in each engagement workshop were split into working groups to focus specifically on each one of the housing and dementia pathways. Each group was asked to examine housing’s proposed role in the dementia pathway and to assess if this role was reasonable in the context of current housing policy and practice in Scotland. Furthermore, each group was asked to consider the extent to which each pathway was relevant to staff across a range of housing operation and support roles as follows:

\textbf{In each pathway, what is the role, knowledge requirements and skills for…}

\begin{itemize}
\item \textbf{Generic frontline housing staff}: Housing officers, housing assistants, maintenance officers, housing advice workers
\item \textbf{Specialist frontline housing staff}: Sheltered housing officers or wardens, housing support workers, Care & Repair staff
\item \textbf{Leaders and managers}: Housing managers, Head of (Housing) Service, RSL Directors, Board/ elected members
\item \textbf{Policy & strategy staff}: Housing policy officers, commissioning officers
\end{itemize}

Each working group was directed to a ‘pathway workstation’, with the following materials available to stimulate scrutiny and debate:
In assessing each pathway, participants were asked to examine the proposed elements of the housing role and answer the following questions:

1. Is this the extent and nature of housing’s role in this pathway, i.e. is this the extent and nature of involvement that housing professionals should support in meeting the needs of people with dementia?
2. Are there other aspects of the role (in terms of function or responsibility) that need to be included?
3. Is there any aspect of this proposed role that is not a housing role and should be delivered by partners in health, social work or dementia services?

Secondly, after each working group validated that each housing role was reasonable, housing staff were then asked to identify which elements of the role were the responsibility of specific functional staff i.e. frontline operational, frontline specialist, leadership and management and planning and strategy staff. Based on this, each working group considered what housing staff in each functional category would (i) need to know to perform the role (by reviewing knowledge requirements); and (ii) need to be able to do to perform the role (by reviewing the skills list).

On this basis, frontline housing staff from across Scotland, scrutinised the proposed housing role for each dementia pathway assessing the extent to which staff from across the sector need to be equipped with the relevant knowledge and skills to perform each role. The outcomes of this process therefore provide assurance that the proposed four roles for housing in dementia care are relevant and credible in the context of housing policy and practice in Scotland. Outcomes also validate the credibility of the knowledge and skill requirements associated with each role.

Detailed outcomes for the housing role defined for each dementia pathway are set out in summary form below.

### 5.2 Housing’s role in assisting and supporting dementia diagnosis

Across all of the stakeholder engagement events, participants felt that the proposed role profile for housing in dementia pathway 1 was accurate. The only profile which was questioned was “to share information on the benefits of regular health screening…” as participants were unsure of the boundaries associated with this and the extent to which this was a major role for housing, i.e. perhaps a greater role for health and social work.

In terms of additional aspects of the role, participants felt that there should be a role for housing in relation to understanding a person’s capacity to make decisions and in the context of advising on and liaising with a relevant Power of Attorney where required.
Generally speaking, there was consensus that both frontline operational and frontline specialist staff should be involved in almost all aspects of the role profile for housing, with the exception being the use of Housing Contribution Statements to promote housing's role in dementia care, where it was suggested that managers and strategy staff should have a greater level of responsibility for this aspect of the role.

In order to establish, which functional housing staff were most involved in delivery, the proportion of the total score assigned to each staff group was calculated and then ranked in order. The rankings have been colour coded using a simple traffic light system and applied to each staff category.\(^5\)

Whilst all categories of staff have a role to play in assisting and supporting early diagnosis, it was recognised that this role was most relevant to frontline staff (both generic and specialist). This was on the basis that operational staff would be most involved in interacting with customers, assessing symptoms and encouraging action. Generally leaders and strategy staff have a role to play in supporting effective frontline practice through robust operational management and the delivery of frontline policy and procedures.

5.3 Housing's role in assessing whether a home environment is suitable

Across all of the stakeholder engagement events, participants felt that the proposed role profile for housing in assessing the home environment was accurate, with no amendments noted by any participants.

\(^5\) Rankings have been applied on the following basis: 1 = highest % of total score; 4 = lowest % of total score. Colour coding reflects ranking as follows: 1 = green; 2/3 = amber; 4 = red. Please note, staff groups are consistently listed as follows: frontline operational staff, frontline specialist staff, leaders and managers, and strategy & planning staff. This does not reflect ranking.
Participants identified two potential additions to the proposed role profile, namely:

- The need for housing adaptations to be identified and implemented by housing organisations at the earliest possible stage; and
- The need for a supporting role in relation to multi-disciplinary planning.

In terms of which functional staff should be involved in the delivery of the pathway 2 role, there was strong consensus that all functional staff had a role to play as follows:

- operational staff in partnership working to carry out home suitability assessments;
- managers in budget approval; and
- strategy staff in planning and commissioning

Clearly, there are some aspects of the role profile where managers and strategy staff having greater functional responsibility, all of which have a focus on either strategy development or funding processes.

### 5.4 Housing’s role in enabling a person with dementia to remain at home/be returned home

Across all of the stakeholder engagement events, although it was agreed that generally the proposed role profile for pathway 3 was accurate, some of the participants felt that “to interact with occupational therapists…” should also include interactions with colleagues in health services more generally. Participants also noted that in relation to “supporting hospital discharge planning”, it should (and in fact is) clearly acknowledged that housing has a supporting role to play whilst colleagues in health and social work services have a lead role to play.

In terms of which functional staff should be involved in the delivery of the pathway 3 role, there was strong consensus that all functional staff had a role to play, with specialist staff often playing a key role. However, a divide in functional responsibility is evident in relation to two aspects of the role profile, namely:
5.5 Housing’s role in considering all aspects of assistance/support as dementia progresses

Although participants felt that the proposed role profile for housing in relation to pathway 4 was accurate, two potential amendments were identified, namely:

- “To develop dementia specific customer care standards” should change to “dementia friendly standards”; and
- In addition to the organisational strategies and policies outlined in role profile 4, participants noted that “policies which provide clarity on housing’s role in an integrated approach” should also be included.

In terms of additional aspects of the role profile that should be included, participants also felt that there should be a process for sharing information and concerns about people with dementia across services.

Given the strategic nature of pathway 4, it is perhaps not a surprise that leaders and managers were assumed to play the key role in relation to service and practice development.

Some aspects of the role were simply not deemed to have an operational focus e.g. “To integrate proven dementia friendly housing design features into housing investment programmes”.

Pathway 3: Enable a PWD to remain at/be returned home quickly – Ranking which housing staff deliver this role?

Pathway 4: Considering all aspects of assistance and support as dementia progresses – Ranking which housing staff deliver this role?
The responsibility of this aspect of the role profile was assigned to specialist staff, strategy staff and managers, given the links with financial and asset management strategies.

5.6 Learning outcomes

The second round of housing and dementia workshops were designed to validate the role of housing professionals in each dementia pathway, whilst defining the potential contributions of operational, specialist, managerial and strategic staff in dementia care. The workshops also provided a useful validation of the proposed knowledge and skill requirements associated with executing each role. Key learning outcomes include:

1. Frontline housing staff from across Scotland, scrutinised the proposed housing role for each dementia pathway assessing the extent to which staff need to be equipped with the relevant knowledge and skills to perform each role. In every case, the outcomes of validation process provide assurance that the proposed pathway roles for housing in dementia care are relevant and credible in the context of housing policy and practice in Scotland. Only a few minor amendments were suggested as follows:

2. The only element of the role profile which was consistently questioned by housing staff related to pathway 1, and the requirement to “share information on the benefits of regular health screening”. This reflects general uncertainty by housing staff on the professional boundaries of housing workers in signposting to health or clinical services. Development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services could usefully be placed on the agenda of Integrated Joint Boards;

3. Workshop outcomes also validated the credibility of proposed knowledge requirements for each role. There was clear consensus across all of the events that specified knowledge requirements were reasonable within housing policy and practice and could support the delivery of each dementia pathway by housing workers;

4. Furthermore, there was consensus across all of the events that the proposed skill requirements were reasonable within housing policy and practice and could support the delivery of each dementia pathway by housing workers;

5. Whilst all functional housing staff have a role to play in each dementia pathway, operational staff led the way in pathways 1-3, with managers and strategy staff leading in pathway 4. These outcomes demonstrate the importance of ensuring that dementia awareness, training and skills development is prioritised across every aspect of a housing service to enable both frontline and support staff to play a proactive role in dementia care;

6. With regards to the boundaries of operational, specialist, managerial and strategic roles, generally, where the roles have a direct customer focus, there was consensus that the functional responsibility should lie with frontline operational and specialist housing staff. In contrast, where the roles have a more strategic or financial focus, there was consensus that the functional responsibility should lie with managers and strategic staff.

Overall, the findings from the skills and competencies workshops show that the proposed role profiles, knowledge and skill requirements for each dementia pathway are accurate and could provide the foundation for testing knowledge and skill competencies with housing staff across the sector.
6 Housing and dementia: knowledge and skills survey

Following an extensive engagement programme to map, assess and then validate the housing role across four dementia pathways, and to define the knowledge and skills required to deliver each role; a key element of the Phase 2 research programme focused on assessing whether dementia skills and knowledge are present or developing across the Scottish housing workforce.

Using the knowledge and skill requirements defined for each dementia pathway, a diagnostic survey was developed to test the confidence levels of housing staff in relation to core knowledge requirements and dementia competencies. Testing dementia knowledge and workforce capability across housing in Scotland is a key aspect of assessing the capacity of the sector to play a proactive role within an integrated approach to dementia care. It also provides valuable intelligence of the extent and nature of training requirements across the profession.

Arneil Johnston developed a diagnostic knowledge and skills matrix using an easy to complete, survey monkey format and circulated this questionnaire to CIH members and contacts across Scotland. In addition, the survey was disseminated to staff across the housing sector in Scotland in order to maximise engagement. In total, the survey was open for 6 weeks from mid October to early December 2016.

During this time, 385 fully completed survey responses were achieved providing detailed information on the extent and nature of dementia knowledge and competency levels across housing staff in Scotland. The results of this survey, including details of the survey population, analysis of knowledge present and required, analysis of skills present and required; plus attitudes of staff to dementia practice are presented in the following chapter.

Full details of the survey programme, those who participated and detailed analysis of survey outcomes are available in the following briefing paper:

- Appendix 6.1: Housing & dementia diagnostic skills and knowledge matrix briefing paper.

6.1 Survey Population Profile

In order to understand the nature of the survey population by job profile, respondents were presented with a list of functional housing roles and asked to identify which described their day to day role. The graph opposite shows that the vast majority of respondents work in a frontline role (68%) with 42% working in a generic frontline role and 26% working for a specialist housing organisation. Just 5% of the survey population work in a housing policy or strategy role.

Participants were asked to disclose whether or not they had any qualifications or training in dementia issues or related related services, including the following options:

- Promoting Excellence: Dementia - Informed Practice Level;
- Promoting Excellence: Dementia - Skilled Practice Level;
- Promoting Excellence: Dementia - Enhanced Practice Level;
• Promoting Excellence: Dementia - Expertise Practice Level;
• Dementia Friends training; and
• No qualifications but I have had training for my role.

Of the majority (41%) who noted that they had no qualifications or training, almost two thirds (60%) are frontline housing workers. At the other end of the scale, almost a quarter (22%) had attained ‘Promoting Excellence’ dementia training.

Of the latter respondents, a relatively similar proportion had either completed ‘Informed Practice Level’ (10%) or ‘Skilled Practice Level Dementia Excellence training’ (9%) with a smaller proportion having completed advanced levels, i.e. ‘Enhanced’ (2%) and ‘Expertise’ (1%).

Of those who had completed some level of Promoting Excellence training, the majority were specialist frontline housing workers (54%), followed by leaders and managers (24%).

The survey also asked participants to note how frequently they interacted with people with dementia or their family and carers.

More than half of those who responded (54%) noted that they didn’t interact with people with dementia often or at all. Of these respondents, over half (52%) were frontline housing workers. Conversely, almost one quarter of participants (23%) had daily interactions with PWD or their family/carers, with the majority being specialist frontline housing workers (56%).

The following diagram offers a summary of the extent of qualifications and training and frequency of interactions with people with dementia, by housing role.
Whilst it is hardly surprising that staff who have most interaction and most access to training are those in a specialist housing role, what is surprising is the proportion of frontline staff (60%) and policy and strategy staff (59%) who have had no training on dementia related issues. Basic dementia awareness training would therefore be beneficial to developing an understanding of the scale and impact of dementia as an issue, as well as the contribution that housing professionals can make to dementia care.

### 6.2 Are core knowledge requirements present in the housing sector?

Across each of the four key dementia pathways, the survey assessed the extent to which the core knowledge requirements are in place across the sector. Detailed results across each knowledge element of each dementia pathway are presented in Appendix 6.1. Based on survey outcomes, analysis was performed to assess overall confidence levels relating to the knowledge required to support delivery of each dementia pathway. These results have been summarised in the following table, to provide a measure of the overall distribution of confidence in housing and dementia issues on a pathway by pathway basis:

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Very confident</th>
<th>Confident</th>
<th>Fairly confident</th>
<th>Not very confident</th>
<th>Not at all confident</th>
<th>Not relevant to my post</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathway 1</td>
<td>12%</td>
<td>22%</td>
<td>23%</td>
<td>22%</td>
<td>16%</td>
<td>5%</td>
<td>100%</td>
</tr>
<tr>
<td>Pathway 2</td>
<td>6%</td>
<td>13%</td>
<td>18%</td>
<td>30%</td>
<td>22%</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Pathway 3</td>
<td>8%</td>
<td>16%</td>
<td>20%</td>
<td>26%</td>
<td>20%</td>
<td>9%</td>
<td>100%</td>
</tr>
<tr>
<td>Pathway 4</td>
<td>8%</td>
<td>17%</td>
<td>20%</td>
<td>27%</td>
<td>21%</td>
<td>7%</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>9%</td>
<td>17%</td>
<td>21%</td>
<td>26%</td>
<td>20%</td>
<td>8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Table 6.1: Overall distribution of knowledge confidence across each dementia pathway (Knowledge & Skills survey, December 2016)**

As shown in the table above, overall respondents were most confident about the knowledge required to support the delivery of Pathway 1 (i.e. assisting and supporting someone to seek a diagnosis) and least confident about the knowledge required to support the delivery of pathway 2 (i.e. early assessment of the suitability of someone’s home).
These outcomes are interesting given that Pathway 2 offers a lead (and not supporting) role for housing in the commissioning, funding and delivery of property related adaptations. Despite this, knowledge levels associated with assessing the suitability of the home environment of a person with dementia are particularly low, with one in two housing staff stating they have little or no confidence in this area.

Overall, core knowledge requirements across dementia pathways are underdeveloped in Scotland, with almost one in two (46%) stating they have little or no confidence levels in the required knowledge for each pathway. The ability of the housing profession in Scotland to play a more proactive role in an integrated approach to dementia care will undoubtedly be held back by the level of awareness of dementia issues.

The top three knowledge elements both present and required in relation to Housing & Dementia Pathway 1 (assisting and supporting someone to seek a diagnosis) can be summarised as follows:

- Most Confident:
  1. Understanding of natural ageing process and how it affects older people (54%)
  2. Understanding of dementia & how it affects daily living (inc challenges to housing status (47%)
  3. Awareness of the benefits of early diagnosis in enabling a PWD to make decisions about housing, support & care (47%)

- Least Confident:
  1. The principles and practice of the 5 Pillars Model of post diagnostic support (66%)
  2. Awareness of 4 key pathways to diagnosis (63%)
  3. Awareness of local support services for newly diagnosed individuals (51%)

In terms of pathway 1, top knowledge levels are reasonably widespread with roughly 1 in 2 housing staff showing confident knowledge of dementia as a condition, how it affects behaviour, and the benefits of early diagnosis.

Knowledge gaps are most pronounced in relation to specific dementia practice models such as the 5 Pillars model or dementia diagnosis pathways.

The top three knowledge elements both present and required in Housing & Dementia Pathway 2 (early assessment of the suitability of someone’s home) can be summarised as follows:
In terms of Pathway 2, top knowledge levels are significantly lower than pathway 1; with (at best) roughly 1 in 3 showing knowledge of housing layout and design factors that promote wellbeing and enhance home safety.

Knowledge gaps are most pronounced in relation to the key adaptations to the home environment that can support people living with dementia.

The top three knowledge elements both present and required in Housing & Dementia Pathway 3 (enabling a person with dementia to remain at home/return home quickly) can be summarised as follows:

In relation to Pathway 3, around 1 in 3 respondents showed knowledge of the signs associated with dementia, links to social isolation and the benefits of sharing housing information on admission.

Gaps in the knowledge of housing staff are most pronounced in relation to specific practice models such as the 8 Pillars model and the role of housing and the environment in an integrated approach to dementia care.

The top three knowledge elements both present and required in Housing & Dementia Pathway 4 can be summarised as follows:
In terms of Pathway 4, around 1 in 3 respondents showed knowledge of the signs associated with dementia and the importance of early intervention and organisational strategies to support people with dementia. Knowledge gaps are most pronounced in relation to specific practice models (such as the 8 Pillars model) as well as housing and dementia training and best practice materials.

Survey respondents were also asked to consider the overall level of knowledge needed to engage with dementia issues and to select which one of the following statements was most applicable to them.

I feel I have...

- **ALL** of the knowledge I need;
- **MOST** of the knowledge I need;
- **SOME** of the knowledge I need;
- **LITTLE** of the knowledge I need.

The following table outlines the extent of overall knowledge levels stated by housing respondents, and stratified by housing role.

<table>
<thead>
<tr>
<th>Extent of knowledge</th>
<th>Frontline housing worker</th>
<th>Specialist housing worker</th>
<th>Leaders &amp; managers</th>
<th>Policy &amp; strategy staff</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL of the knowledge I need</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>7%</td>
<td>0%</td>
</tr>
<tr>
<td>MOST of the knowledge I need</td>
<td>7%</td>
<td>37%</td>
<td>29%</td>
<td>25%</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>SOME of the knowledge I need</td>
<td>36%</td>
<td>49%</td>
<td>40%</td>
<td>40%</td>
<td>30%</td>
<td>67%</td>
</tr>
<tr>
<td>LITTLE of the knowledge I need</td>
<td>55%</td>
<td>10%</td>
<td>23%</td>
<td>35%</td>
<td>32%</td>
<td>17%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 6.2: Extent of overall knowledge by housing role (Knowledge & Skills Survey, December 2016)

Table 6.2 above shows that the housing staff who have the largest proportion of respondents with all or most of the knowledge they need to engage with dementia issues are specialist frontline housing staff (40%). This is compared with (9%) of front line housing workers who have all or most of the knowledge they need.

Taking the findings into account, key priorities for developing stronger dementia knowledge across the housing sector in Scotland can be summarised as follows:
Taking topline survey results into account, key priorities for developing housing and dementia knowledge generally focus on raising awareness of appropriate changes to the home environment to encourage independent living, e.g. adaptations, assistive technology. These priorities are aligned with Pathway 2; where respondents have the most limited confidence in dementia knowledge.

In addition to this, increasing awareness of both the 5 & 8 Pillar Models of dementia care and other dementia policy and practice frameworks for housing, must be a priority moving forward. The final priority relates to raising awareness of available training and learning materials for housing staff to support positive practice in meeting the needs of people with dementia.

6.3 Are core skills present in the housing sector?

Across each of the four key dementia pathways, the survey assessed the extent to which dementia skills are in place across the sector. Detailed results across the competency elements of each dementia pathway are presented in Appendix 6.1. Based on survey outcomes, analysis was performed to assess overall confidence levels relating to the skills required to support delivery of each dementia pathway. These results have been summarised in the following table, to provide a measure of the overall distribution of confidence in housing and dementia issues on a pathway by pathway basis:
As shown in Table 6.3, overall respondents were most confident about the skills required to support the delivery of Pathway 1 (i.e. assisting and supporting someone to seek a diagnosis) and Pathway 3 (i.e. enabling a person with dementia to remain at/return home quickly). Both of these pathways relate well to the core frontline housing skills associated with tenancy sustainment, customer needs analysis and risk assessment and partnership working.

Housing staff were least confident about the skills required to support the delivery of Pathway 4 (i.e. ensuring holistic consideration of all aspects of assistance/support as dementia progresses). In particular, the skills required to ‘dementia proof’ housing policy and practice are limited. Again, ability to develop both the strategic and operational infrastructure required to develop housing’s role in dementia care could be a barrier to improving practice.

Overall, skills development would be beneficial across the housing sector in Scotland and across all dementia pathways given that 30-40% of housing staff state they have little or no confidence levels in required competencies. Whilst dementia skills levels are more developed than knowledge levels (where 50% have limited confidence in basic requirements), the ability of the housing profession in Scotland to play a more proactive role in an integrated approach to dementia care will undoubtedly be hindered by these limitations in workforce competency.

The top three skills both present and required in Housing & Dementia Pathway 1 can be summarised as follows:
In relation to Pathway 1, between 30-40% of housing staff are confident in their ability to share information with other professionals, and in their ability to build confidence and trust in dementia dialogue.

Confidence levels are least developed in relation to the development of integrated protocols (49% have little or no competence although this may be aligned to the job role of respondents). Interestingly for Pathway 1, almost one in 2 housing staff have no confidence in their ability to promote the role of housing in post diagnostic support, which is key to preventative and integrated dementia planning. On this basis, it is unlikely that housing staff will be able to make a contribution to integrated dementia care or to offer early and preventative housing options and solutions which may enable a person with dementia to live well at home for longer.

The top three skills both present and required in Housing & Dementia Pathway 2 can be summarised as follows:

**Pathway 2 Skill Requirements: Confidence Levels**

<table>
<thead>
<tr>
<th>Most Confident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Recognise &amp; address common hazards in home environment within integrated approach to dementia care (33%)</td>
</tr>
<tr>
<td>2. Understand why environments matter in dementia care and range of housing interventions that can adapt the home environment (32%)</td>
</tr>
<tr>
<td>3. Advocate customer choice in defining options within the housing suitability appraisal (29%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Least Confident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Asset management planning that promotes dementia friendly design principles (51%)</td>
</tr>
<tr>
<td>2. Evidence needs and resource requirements for investment in dementia related adaptations within HCS &amp; LHS (49%)</td>
</tr>
<tr>
<td>3. Ability to commission housing suitability &amp; dementia friendly design appraisals (48%)</td>
</tr>
</tbody>
</table>

Up to a third of housing staff are confident in their ability and understanding of the common hazards at home and the housing interventions associated with adapting the home environment to meet the needs of people with dementia.

At the other end of the spectrum, competency in aligning dementia issues with strategic planning is low both in terms of LHS and HCS’s but in relation to asset management processes. Most interesting is the outcome which suggests that one in two housing professionals would not know how to commission a housing suitability assessment for a person with dementia — a key aspect in housing contribution to dementia care.

The top three skills both present and required in Housing & Dementia Pathway 3 can be summarised as follows:

<table>
<thead>
<tr>
<th>Most Confident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand consent to share within diagnosis pathway &amp; right of individual to provide /withhold info (45%)</td>
</tr>
<tr>
<td>2. Ability to build confidence and trust so early dialogue on wellbeing &amp; dementia is possible (38%)</td>
</tr>
<tr>
<td>3. Can encourage awareness &amp; acceptance of dementia to reduce the stigma associated with talking about dementia (35%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Least Confident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Can develop ‘Housing Contribution Statements’ inc integrated protocols between housing, health, social work and dementia services (49%)</td>
</tr>
<tr>
<td>2. Promote role of housing in post diagnostic support planning, inc preventative impact of housing interventions (46%)</td>
</tr>
<tr>
<td>3. In post diagnosis environment support co-production of decision making on housing options (39%)</td>
</tr>
</tbody>
</table>
Up to 40% of housing staff are confident in their ability to share information, assess the risk of a health emergency and develop partnership relationships to meet the needs of people with dementia. All of these competencies relate well to the core frontline housing skills associated with tenancy sustainment, customer needs analysis and risk assessment and partnership working.

On the other hand, up to 40% cannot advice on preventative support services, define relevant housing options associated with discharge planning or deliver appropriate housing options advice; all key aspects of housing role in effective dementia care.

The top three skills both present and required in Housing & Dementia Pathway 4 can be summarised as follows:

Survey respondents were also asked to consider the overall level of skills in engaging with dementia issues and to select which one of the following statements which was most applicable to them.

**I feel I have...**

- ALL of the skills I need;
- MOST of the skills I need;
- **SOME** of the skills I need;
- **FEW** of the skills I need.

The following table outlines the extent of overall skill levels noted by respondents, by housing role.

<table>
<thead>
<tr>
<th>Extent of skills</th>
<th>Frontline housing worker</th>
<th>Specialist frontline housing worker</th>
<th>Leaders &amp; managers</th>
<th>Policy &amp; strategy staff</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL of the skills I need</td>
<td>3%</td>
<td>7%</td>
<td>9%</td>
<td>5%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>MOST of the skills I need</td>
<td>9%</td>
<td>29%</td>
<td>30%</td>
<td>30%</td>
<td>29%</td>
<td>17%</td>
</tr>
<tr>
<td>SOME of the skills I need</td>
<td>34%</td>
<td>56%</td>
<td>39%</td>
<td>40%</td>
<td>29%</td>
<td>83%</td>
</tr>
<tr>
<td>FEW of the skills I need</td>
<td>54%</td>
<td>8%</td>
<td>22%</td>
<td>25%</td>
<td>32%</td>
<td>0%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 6.4: Extent of overall skills by housing role (Knowledge & Skills Survey, December 2016)

As shown Table 6.4, the housing staff who have the largest proportion of respondents expressing that they had all or most of the skills needed were ‘Others’ (40%); Leaders and Managers (39%); Specialist frontline staff (35%); and Policy and Strategy staff (35%). This is in sharp contrast to the 12% of frontline housing workers who feel they have all or most of the skills they need. In contrast, 54% of frontline housing workers stated that they have few of the skills they need.

Taking topline survey results into account, key priorities for developing housing and dementia skills generally focus on improved planning (at a strategic level and at an individual support level). In addition, the ability to engage with housing suitability assessment or discharge processes are notable gaps for housing staff. Limited competency to develop dementia strategies align to Pathway 4; where respondents expressed least confident in having the required skills.

Taking the findings into account, key priorities for developing stronger dementia competencies across the housing sector in Scotland can be summarised as follows:
In addition to this, there needs to be an increased understanding of the network of local resources to allow housing staff to provide comprehensive information and advice to support people with dementia.

Two key areas for skills development relate to promoting the role for housing in diagnostic support planning and more generally, in an integrated approach to dementia care. The ability of the housing profession to make a contribution to dementia care will be held back by a lack of workforce capacity to engage in basic models of dementia practice.

6.4 Housing & Dementia: Staff Attitudes

Following the assessment of the core knowledge and skill requirements across each of the four dementia pathways, respondents were then asked to consider five statements in order to gauge attitudes towards dementia. The following diagram outlines the proportion of respondents who agreed with each of the statements presented.
As shown in the diagram above, the majority of respondents agreed that housing workers have an important role to play in relation to people with dementia (78%) including recognising changes in behavior (81%), early assessment of the suitability of someone’s home (64%) and ensuring holistic consideration of all aspects of assistance as dementia progresses (70%).

Just 3% of respondents noted that they do not think housing has a key role to play in relation to people with dementia. Further analysis was performed to gauge staff attitudes by housing role and across all of the statements. There was no major difference in attitude across functional job roles despite very diverse levels of training and interaction with people with dementia.

6.5 Learning Outcomes

The Housing & Dementia Knowledge and Skills Survey assessed the key dementia knowledge and skill requirements were present or developing across the housing workforce in Scotland.

Testing dementia knowledge and workforce competence across housing in Scotland is a key aspect of assessing the capacity of the sector to play a proactive role within an integrated approach to dementia care. It also provides valuable intelligence of the extent and nature of training requirements across the profession.

Key learning outcomes include:

1. Of the 41% of housing staff stated that they had no qualifications or training in dementia related issues or practice, almost two thirds (60%) are frontline housing workers;

2. In conntast, almost a quarter of housing staff (22%) had attained ‘Promoting Excellence’ dementia training, with 45% of specialist housing workers trained to this level;

3. Overall, core knowledge requirements across dementia pathways are under developed in Scotland, with almost one in two (46%) stating they have little or no confidence levels in the required knowledge for each pathway. 55% of frontline housing staff say they have little of the knowledge required. For other housing roles this figures ranges between 23% and 35%, though few specialist front line staff (10%) feel they have little knowledge. The ability of the housing profession in Scotland to play a more proactive role in an integrated approach to dementia care will undoubtedly be held back by this general lack of knowledge and awareness of dementia issues;
4. Key priorities for developing housing and dementia knowledge generally focus on improving knowledge of housing role in adapting the home environment of a person with dementia to encourage independent living, e.g. adaptations, assistive technology;

5. In addition, increasing awareness of both the 5 & 8 Pillar Models of dementia care and other dementia policy and practice frameworks for housing, must be a priority moving forward;

6. Skills development would be beneficial across the housing sector in Scotland and across all dementia pathways given that 30-40% of housing staff state they have little or no confidence levels in required competencies. 54% of frontline housing staff say they have few of the skills required. For other housing roles this figures ranges between 22% and 32%, though few specialist front line staff (8%) feel they have few of the skills;

7. Whilst dementia skills levels are more developed than knowledge levels (where 50% have limited confidence in basic requirements), the ability of the housing profession in Scotland to play a more proactive role in an integrated approach to dementia care will undoubtedly be hindered by these limitations in workforce competency;

8. Key priorities for developing housing and dementia skills generally focus on improved planning, at a strategic level and at an individual support level, with the ability to engage with housing suitability assessments or discharge processes notable gaps for housing staff; and

9. Two key areas for skills development relate to promoting the role for housing in diagnostic support planning and more generally, in an integrated approach to dementia care. The ability of the housing profession to make a contribution to dementia care will be seriously hindered by a lack of workforce capacity to engage in basic models of dementia practice.
7 Housing & Dementia conference events

Building on all Phase 2 research outcomes, Arneil Johnston delivered two Housing & Dementia Conferences to identify and share best practice in housing and dementia care; and to examine the role of housing providers in promoting greater awareness and acceptance of dementia. These conferences were a key aspect of finalising the research programme and were aimed at frontline housing professionals in November 2016 at the following events:

1. 22nd November 2016, Royal Society of Edinburgh, Edinburgh
2. 23rd November 2016, The Teacher Building, Glasgow

The objectives of each Housing & Dementia Conference were as follows:

1. To provide housing professionals with a briefing of the research findings from Phase 2 of the CIH’s Housing & Dementia Programme including outcomes from the research and literature review, dementia mapping workshops and skills and knowledge diagnostic;
2. To identify good practice housing and dementia examples that can be replicated across the sector to improve the customer experience of people with dementia;
3. To explore the potential for housing organisations to become dementia friendly businesses and major drivers in developing dementia friendly communities.

Full details of the Conference programme, those who participated and detailed validation outcomes for each activity are available in the following briefing paper:

- Appendix 7.1: Housing & Dementia Conference Briefing Paper.

Across both conference events, 75 professionals (predominately from the social housing sector in Scotland) participated in the programme; with 34 in Edinburgh and 41 in Glasgow.

Chapter 7 presents the stakeholder engagement outcomes delivered by:

- Activity 1: Housing & dementia best practice exchange session;
- Activity 2a: The focus group on ‘Housing organisations becoming dementia friendly businesses’;
- Activity 2b: The focus group on ‘Housing organisations promoting dementia friendly communities’;
- Activity 3: The voting session on attitudes to ‘Housing’s role in meeting the needs of people living with dementia’.

7.1 Dementia Practice Exchange

The aim of the Activity 1 was to define the key strengths of each partner in meeting the needs of people with dementia, defining good practice elements that can be replicated and developed across the social housing sector in Scotland.

In order to identify and examine positive practice or ‘strengths in action’, participants were asked to provide an example of successful frontline practice in the form of a case study example. To capture positive examples, case study proformas were sent to participants in advance of each conference to give them time to reflect on what (if any) good practice could be highlighted and shared from their organisation. Participants were asked to complete the proforma and bring it to the conference to share as part of a best practice exchange. Additional proformas were available at each conference for those who didn’t complete the task in advance so that case studies could be captured. The proforma was designed to capture case study details including:
The customer pathway into the service;
The nature of the service or support delivered to the customer; and
The key factors that were critical in delivering a successful outcome for the customer;

Each participant was asked to reflect on their case study to identify positive practice elements or 'strengths in action' that could be shared and promoted across the housing sector in Scotland. To do this, participants were asked to consider, which of the following strengths reflect the case study provided:

<table>
<thead>
<tr>
<th>The main strength of my service in providing housing services to people with dementia is:</th>
</tr>
</thead>
<tbody>
<tr>
<td>We can spot the triggers which suggest diagnosis may be beneficial &amp; signposting to services which enable this.</td>
</tr>
<tr>
<td>We understand the importance of housing layout and dementia friendly design in meeting the needs of PWD.</td>
</tr>
<tr>
<td>We support and enable people with dementia to remain at home by adapting their home environment.</td>
</tr>
<tr>
<td>We assess the need for interventions that can enable a person with dementia to remain at home including adaptations, technology, support or housing advice.</td>
</tr>
<tr>
<td>We give person centred housing options advice to people with dementia and promote the availability of this.</td>
</tr>
<tr>
<td>We support people with dementia to develop successful independent living skills.</td>
</tr>
<tr>
<td>We play a positive and supportive role in an integrated approach to dementia care with other professionals, family and carers.</td>
</tr>
<tr>
<td>We encourage people with dementia to play a part in their communities to avoid isolation.</td>
</tr>
</tbody>
</table>

Participants were provided with two stickers each; one labelled “strength” and the other with “could do better”. They were then asked to write their name and organisation on each sticker, and place each of their stickers on the most appropriate posters, i.e. to identify the main strength of their organisation and the key area of improvement in providing housing services to people with dementia. The following analysis outlines the extent and nature of responses including the level of interest in each aspect of practice plus the frequency of strengths and areas where practice improvement should be focused.

7.1.1 Practice Exchange Outcomes: Strengths & Areas for Improvement

Participants were asked to provide a positive example of frontline line practice in meeting the needs of people with dementia. Whilst aspects of each case study could potentially relate to more than one ‘strength in action’, participants categorised their case studies as follows:
The greatest volume of positive housing and dementia case studies relate to the capacity of housing providers to work in partnership with other professionals, family and carers as part of an integrated approach to dementia care. It is perhaps no surprise that housing professionals focused on collaboration to meet the housing needs of people with dementia, acknowledging the key roles played by health, social work and other household members in delivering positive customer outcomes.

One in four conference delegates defined their key strength in meeting the needs of people with dementia as playing a positive and supportive role in an integrated approach to dementia care.

This finding may reinforce earlier research outcomes which suggest that across many aspects of housing and dementia practice, the sector plays a supporting not a leading role in meeting the needs of customers.

Other ‘strengths’ relate to the housing sector’s unique opportunity to spot the early signs that dementia diagnosis may be beneficial (18%) linked to the extent of interaction afforded by frontline housing management. Other areas of positive practice relate to (i) understanding dementia friendly design (13%), (ii) defining the appropriate interventions that can enable a person with dementia to remain at home (13%); (iii) encouraging people with dementia to avoid social isolation (13%).

Given the prominence of housing options and tenancy sustainment in the housing policy and practice agenda in Scotland, it is very surprising that so few positive examples emerged in the context of dementia care. Just 3% of participants could offer a positive example of a housing options approach to dementia related information and advice. Given the recognition, that the core philosophy and principles of the housing options model could be applied very successfully to meet
the needs of people with dementia, this is perhaps an area of practice which should be prioritised from a learning and development perspective.

As well as defining positive practice examples of ‘strengths in action’, participants also categorised their key priority for practice improvement, as follows:

- **28 (38%)**: We understand the importance of housing layout & dementia friendly design in meeting the needs of PWD
- **16 (22%)**: We give person-centred housing options advice to people with dementia & promote the availability of this
- **16 (22%)**: We support people with dementia to develop successful independent living skills
- **5 (7%)**: We spot the triggers which suggest diagnosis may be beneficial & signposting to services which enable this
- **4 (5%)**: We encourage people with dementia to play a part in their communities to avoid isolation
- **2 (3%)**: We support and enable people with dementia to remain at home by adapting their home environment
- **1 (1%)**: We play a positive & supportive role in an integrated approach to dementia care with professionals, family & carers
- **1 (1%)**: We assess the need for interventions that can enable a person with dementia to remain at home inc adaptations, technology, support or advice

The second and third ranking priorities for improvement (i) we give person-centred housing options advice to people with dementia, and (ii) we support people with dementia to develop successful independent living skills; are in inverse proportion to the strengths in action (i.e. both were low ranking strengths). It therefore makes sense, that housing professionals would define a need for practice development in this regard. The same is true of the lowest ranking priorities (i.e. supporting an integrated approach to dementia care and defining interventions to enable a person with dementia to remain at home), which were high ranking options in relation to positive practice.

The top ranking priority for practice improvement; “we understand the importance of housing layout and dementia friendly design”, also emerged as a high ranking aspect of positive dementia practice. Whilst these findings would suggest that there is a generally high level of interest in the dementia friendly design agenda, it is also an obvious area for promoting practice exchange across social housing providers in Scotland.
7.2 Housing & Dementia Good Practice Case Studies

As well as defining positive examples of housing and dementia practice, conference delegates were encouraged to discuss and exchange case studies with a focus on defining the key elements of practice that were important in providing a positive outcome for the customer. The aim of this activity was to define good practice elements that should be replicated and developed across the social housing sector in Scotland.

Case study proformas asked participants to consider the following:

![Case Study Proformas]

- The customer pathway into the service
- The nature of the service provided, e.g. information, advice, support, practical assistance
- The critical success factors in delivering an effective response

The following best practice case studies (one for each practice area) outline the extent and nature of frontline housing practice associated with delivering positive housing outcomes for people with dementia.
Strength 1: We can spot the triggers which suggest diagnosis may be beneficial & signposting to services which enable this

<table>
<thead>
<tr>
<th>Name</th>
<th>Wilma Overend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>South Lanarkshire Council</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD – Mainstream social rented</td>
</tr>
</tbody>
</table>

What was the client’s pathway into the service?

Mrs A was housebound in an upper flat due to complex medical needs (including poor mobility and obesity) and was applying for sheltered housing.

What was the nature of the service provided?

A Sheltered Housing Officer completed a Support Needs Assessment with Mrs Y and her daughter. The Sheltered Housing Officer noticed signs of dementia (i.e. Mrs A was repeating parts of discussion, looking to daughter for prompt/answers etc.) and discussed these symptoms with Mrs Y’s daughter as part of the assessment.

Following the assessment, Mrs Y’s daughter was given advice on support services and medical pathways in relation to dementia.

Mrs A was subsequently housed in a sheltered housing development with access to day care services, social activities and health care services which have had a positive impact on her general wellbeing. With these interventions it has been possible for Mrs Y to avoid a residential care setting.

What were the critical success factors in delivering an effective outcome?

| Basic dementia awareness & spotting the triggers which suggest diagnosis may be beneficial | Promoting the availability of housing information, advice & practical assistance to people with dementia |
| Understand importance of housing layout & dementia friendly design in housing suitability assessments | Integration of dementia friendly design features into home improvement & new build programmes |
| Promoting the availability of housing information, advice & practical assistance to people with dementia | Person centred housing options advice to people with dementia |
| Supporting people with dementia to develop successful independent living skills | Positive & supportive role in an integrated approach to dementia care with other professionals, family & carers |
| Strong partner networks to support an integrated approach to meeting the needs of people with dementia | Encouraging people with dementia to play a part in their communities to avoid isolation |
Strength 2: We understand the importance of housing layout & dementia friendly design in meeting the needs of PWD

<table>
<thead>
<tr>
<th>Name</th>
<th>Caroline Keir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Castle Rock Edinvar Housing Association</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD – Mainstream &amp; specialist accommodation</td>
</tr>
</tbody>
</table>

What was the client’s pathway into the service?
The good practice example applies to a recent development in Edinburgh.

What was the nature of the service provided?
Castle Rock Edinvar HA took an innovative approach to a recent development at Fortune Place in Edinburgh, which was built to “dementia friendly” standards with a view to people being able to stay in their own home for longer. The building incorporates features that make it recognisably easier for people with dementia and other people with memory/cognitive impairments and higher support needs to use. We currently have an older person’s project there, in partnership with Places for People Care & Support Scotland. Some features of the development include:

- Flush thresholds to avoid tripping/Contrasting walls and light switches/plug points
- Access to outside space/Large windows to maximise light/Open plan layout
- Coloured front doors to make it easier to find the flats
- Plain, non-slip and non-reflective flooring in the bathroom and kitchen
- Clear view of the en-suite from bed
- Wide, short corridors to avoid confusion and to minimise clutter
- Same carpet colour throughout, either natural grey or brown
- Light switches placed by bed so that lights could be turned off from the bed
- No bedside lamps due to the risk of cables
- Contrasting door frames and skirtings from colour of walls
- Cupboards in kitchen have clear glass so it’s obvious what is in them
- Different colour toilet seats/Large bathrooms with walk in shower or wet floor shower

Funding from the National Lottery means that the scheme also benefits from community facilities in the form of a well-equipped garden room and a community worker dedicated to building a sense of mutual support in the scheme, reducing social isolation and extending capacity. The design results in accommodation that can be utilised by people with high support needs and memory problems and the tenancy management is underpinned with a high caliber advice and assistance service.

What were the critical success factors in delivering an effective outcome?

| Understand importance of housing layout & dementia friendly design in housing suitability assessments | Support & enable people with dementia to remain at home by adapting their home environment |
| Assess the need for interventions that can enable a person with dementia to remain at home including adaptations, technology, support or housing advice | Integration of dementia friendly design features into home improvement & new build programmes |

*Treating the development as a project, planning for a higher needs client group from inception and carrying on the build features into management and support services that are also of maximum benefit to the service users. Obtaining buy in and funding to develop innovations were also vital to success.*
Strength 3: We support and enable people with dementia to remain at home by adapting their home environment

<table>
<thead>
<tr>
<th>Name</th>
<th>Brooke McGee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Castle Rock Edinvar Housing Association</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD – Mainstream social rented</td>
</tr>
</tbody>
</table>

What was the client’s pathway into the service?

Received a referral from Social Work to say that Mr B was having severe difficulties with several aspects of his property due to dementia.

What was the nature of the service provided?

Following an assessment of the suitability of Mr B’s home, the Association took the decision to make some adaptations to the property to allow Mr B to remain at home safely. A range of adaptations were implemented including the following:

- Mr B had issues with turning on lights so sensors were installed so that they came on when the tenant approached them;
- The colours in the property were too dark so the entire property was re-painted to enhance the amount of light;
- Grab rails were installed in the bathroom and were made a contrasting colour to the walls; and
- Mr B didn’t want to leave the property due to the entrance mat being a different colour so this was changed.

As a result of our experience in supporting Mr B to remain at home by adapting his property to include dementia friendly design features, CREHA has made the decision to add other sites into the investment budget, in an attempt to “future proof” assets to support people living with dementia.

What were the critical success factors in delivering an effective outcome?

| Understand importance of housing layout & dementia friendly design in housing suitability assessments | Supporting & enabling people with dementia to remain at home by adapting their home environment |
| Assess the need for interventions that can enable a person with dementia to remain at home including adaptations, technology, support or housing advice | |
Strength 4: We assess the need for interventions that can enable a person with dementia to remain at home including adaptations, technology, support or housing advice

Name | Elspeth Ward  
---|---  
Organisation | Trust Housing Association  
Client Group Category | PWD – Specialist accommodation  
What was the client's pathway into the service? | Dementia diagnosis detailed on customer’s sheltered housing application form so a home visit was conducted prior to the offer of a tenancy.  
What was the nature of the service provided? | Mrs C was a home owner and isolated in the community. Her family submitted a sheltered housing application due to concerns about isolation and nutrition as she wasn’t eating well. At the start of her tenancy, a Personal Plan was completed with a Key Worker to address these specific support requirements including a prompt to attend for meals, orientation of the building, etc. At the 3-month review of Mrs C’s Personal Plan, it was identified that support was required with medication as Mrs C wasn’t administering appropriately. The tenant also told staff that she was struggling to shower. Some of the detailed actions from the Personal Plan review included:  
- Support in place to prompt medication;  
- Support with bathing;  
- Stage 3 adaptation conducted so the property could be fitted with an automatic door opener;  
- Signage displayed to identify toilets, lift floors and dining room; and  
- Tenant prompted by staff to attend dining room at meal times and to attend lounge area during social groups to avoid isolation (tenant has “buddied up” with another tenant who regularly sit together in the garden after lunch).  
Based a comprehensive and ongoing assessment of Mrs C’s changing support needs and the range of interventions put in place as an outcome; Mrs C has been enabled to live independently within sheltered housing with notable improvements in her health and wellbeing  
What were the critical success factors in delivering an effective outcome? | Understand importance of housing layout & dementia friendly design in housing suitability assessments | Support & enable people with dementia to remain at home by adapting their home environment  
Assess the need for interventions that can enable a person with dementia to remain at home including adaptations, technology, support or housing advice | Person centred housing options advice to people with dementia  
Supporting people with dementia to develop successful independent living skills | Positive & supportive role in an integrated approach to dementia care with other professionals, family & carers  
Strong partner networks to support an integrated approach to meeting the needs of people with dementia | Encouraging people with dementia to play a part in their communities to avoid isolation  
All Trust HA staff are training in Dementia Excellence Informed Level in order to effectively support people with dementia
**Strength 5: We give person centred housing options advice to people with dementia & promote the availability of this**

<table>
<thead>
<tr>
<th>Name</th>
<th>Susan Morris</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>South Ayrshire Council</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD – Mainstream social rented</td>
</tr>
</tbody>
</table>

**What was the client’s pathway into the service?**

Mrs D had mobility problems and her family had applied to the Council’s aids and adaptations team for a grant to install a stair lift as the bedroom and bathroom were both upstairs.

The Occupational Therapist came to assess the application and it became clear that a stair lift would be unsafe as Mrs D didn’t have sufficient capacity to use it safely. The Occupational Therapist suggested the family make an application to the Council for ground floor accommodation.

Although initially reluctant for Mrs D to move, the family were eventually satisfied that no appropriate (and cost effective) adaptation could be made that would allow her to remain at home and that they should consider alternative housing options.

**What was the nature of the service provided?**

The aids and adaptations team provided the family with details of the Council’s sheltered accommodation and suggested the family go and visit the schemes to reassure themselves that the location, amenities, etc. were suitable.

Following this, a joint meeting between Social Work and housing operations was convened and Mrs D was given “priority medical” status (effectively jumping to the top of the waiting list) and offered ground floor accommodation within one of the Council’s sheltered housing schemes.

While the sheltered housing doesn’t meet her care needs, a care package is in place to provide the necessary care and support. The accommodation is much more suited to her physical needs and the family has a good relationship with the sheltered warden.

**What were the critical success factors in delivering an effective outcome?**

| Understand importance of housing layout & dementia friendly design in housing suitability assessments | Promoting the availability of housing information, advice & practical assistance to people with dementia |
| Person centred housing options advice to people with dementia | Strong partner networks to support an integrated approach to meeting the needs of people with dementia |
Strength 6: We support people with dementia to develop successful independent living skills

<table>
<thead>
<tr>
<th>Name</th>
<th>Alice Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Trust Housing Association</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD Mainstream social rented</td>
</tr>
</tbody>
</table>

What was the client’s pathway into the service?

The customer was referred via West Lothian Council

What was the nature of the service provided?

Mr E was admitted to a housing with care development with a diagnosis of dementia having previously lived in a rural village in a house which was very unsuitable for his needs (no central heating or shower facilities). Mr E now requires assistance with care needs.

Information was gathered from the social worker who was assigned to Mr E prior to the start of the tenancy, development staff were also able to meet with Mr E and his family to ascertain his support needs and to become familiar with his likes, dislikes, past hobbies and life history. This information gave staff a basis to encourage conversation and help to get to know Mr E.

It was agreed with the social worker involved that the tenant’s current befriender would continue in their supporting role and initially provide additional visits to help Mr E to settle into his new environment, this was particularly helpful as the befriender was familiar with Mr E and she was able to pass on how she had supported him in the past for example - using notes to remind him of visits etc. Staff within the development were able to then work with Mr E, the befriender and family members and introduced notes and a diary to remind him of his new address, when staff would be visiting and what time meals would be served. Initially Mr E required prompting and guidance to attend the dining room but is now able to attend independently.

Tenants family were encouraged to furnish the flat with items that were familiar to Mr E including furniture, ornaments, family photographs, this not only appeared to help Mr E to settle into his new home but gave the staff prompts to talk about his life and to establish relationships with him.

All the staff in the development have attended dementia skilled level training. The organisation now has a dementia evaluation form that is completed during home visits to potential tenants; this form allows staff to gather information on the needs of the person living with dementia and any current support from other professionals.

Managers within the organisation have attended a tour of the Dementia Design and Technology Department at Stirling University and a Dementia Environmental Self-Assessment and Action Plan has been put in place.

Recent Redecoration of the development has included improved lighting, contrasting colours and new signage which is placed at an appropriate height. This has been helpful not only for tenants within the development but also for visitors who are living with dementia.

What were the critical success factors in delivering an effective outcome?

| Supporting people with dementia to develop successful independent living skills | Positive and supportive role in an integrated approach to dementia care with other professionals, family and carers. |
### Strength 7: We play a positive and supportive role in an integrated approach to dementia care with other professionals, family and carers

<table>
<thead>
<tr>
<th>Name</th>
<th>Lynn Armstrong</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Queens Cross HA</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD Mainstream social rented</td>
</tr>
</tbody>
</table>

**What was the client’s pathway into the service?**

Referred from North West Older People’s Social Work

**What was the nature of the service provided?**

A 79-year-old tenant (Mr F) was in hospital following a house fire. The customer suffers from dementia and had left food in the oven and forgot about it. The fire resulted in significant damage to the kitchen and smoke damage to the rest of the property. Due to the smoke inhalation Mr F was admitted to hospital. Mr F had no support package in place. Initially Mr F’s family initially wanted him to move into care however they then decided they wanted him to move to sheltered accommodation closer to them. However, Mr F lacked capacity and there was no Power of Attorney in place.

A Housing Options Project Officer arranged a case conference with the family and all the partners involved. A Social Work assessment confirmed that Mr F did not meet the criteria required for long term care. Health colleagues felt that due to his dementia the best option would be for him to return home to where there is familiarity. The Project Officer submitted an application to Scottish Welfare Fund and was successful in getting flooring, white goods, a new bed, chair and other furniture. The Project Officer also liaised with Scottish Welfare Fund and Mr. F’s family who were willing to pay for vinyl flooring in the kitchen and in the bathroom to ensure this was installed at the same time as all the other repairs and adaptations. The Project Officer also applied to the Registered Social Landlord’s recycling project and was successful in obtaining other items of furniture, liaising with SWF, hospital and family to all works were successfully completed prior to discharge. Mr F was able to return home from hospital with a Housing Support package. This was on the understanding that the family would apply for guardianship and then to explore a planned move to sheltered housing. However, since then, Mr F’s capacity has since returned and Health colleagues feel that this is in part due to him thriving in his home environment alongside the package of Housing Support he is receiving. The following range of agencies were involved in delivering an integrated approach to Mr F’s dementia care:

- Housing Options for Older People Project Officer
- Registered Social Landlord colleagues
- Health colleagues
- Social Worker
- Scottish Welfare Fund

**What were the critical success factors in delivering an effective outcome?**

| Supporting people with dementia to develop successful independent living skills | Person centred housing options advice to people with dementia |
| Strong partner networks to support an integrated approach to meeting the needs of people with dementia | Positive & supportive role in an integrated approach to dementia care with other professionals, family & carers |
Strength 8: We encourage people with dementia to play a part in their communities to avoid isolation

<table>
<thead>
<tr>
<th>Name</th>
<th>L. White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation</td>
<td>Abbeyfield Scotland Ltd</td>
</tr>
<tr>
<td>Client Group Category</td>
<td>PWD – Mainstream social rented</td>
</tr>
</tbody>
</table>

What was the client’s pathway into the service?
Through Social Work, hospital discharge team, family or self-referral.

What was the nature of the service provided?
Bringing in outside local agencies and charity groups into housing:
- Dementia friendly Cafes
- Musical Groups
- Men’s Football
- Alzheimer Scotland Group
- Meal Service- bringing in outside dietitians to assist with menu planning and specific requirements.

What were the critical success factors in delivering an effective outcome?

| Basic dementia awareness and can spot the triggers which suggest diagnosis may be beneficial | Promote the benefits of early dementia diagnosis and signpost to services that improve wellbeing |
| Assess the need for interventions that can enable a person with dementia to remain at home including adaptions, technology, support or housing advice | Positive & supportive role in an integrated approach to dementia care with other professionals, family and carers |
| Supporting people with dementia to develop successful independent living skills | Strong partner networks to support an integrated approach to meeting the needs of people with dementia |
| Encouraging people with dementia to play a part in their communities to avoid isolation | |

- *Housing Support plan – To promote independence for the individual within their own personal limits.*
- *Prevention of social isolation – outside agencies connecting individuals within their local community.*
Whilst the housing and dementia best practice exchange has been successful in developing a bank of case study material that can be used as the basis of improving frontline service outcomes and inter-sector engagement; it has also been successful in defining the areas of practice that are of most interest either as a result of practice development or a need for practice improvement.

Overall, the top three practice areas which stimulate interest either in terms of current service development or perceived service improvement are as follows:

<table>
<thead>
<tr>
<th>Priorities for practice development</th>
<th>Effective practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>27% interest in</td>
<td>14% interest in</td>
</tr>
<tr>
<td>Housing &amp; dementia practice</td>
<td>We understand the</td>
</tr>
<tr>
<td>priorities</td>
<td>importance of</td>
</tr>
<tr>
<td></td>
<td>housing layout &amp;</td>
</tr>
<tr>
<td></td>
<td>dementia friendly</td>
</tr>
<tr>
<td></td>
<td>design in meeting</td>
</tr>
<tr>
<td></td>
<td>the needs of PWD</td>
</tr>
<tr>
<td></td>
<td>14% interest in</td>
</tr>
<tr>
<td></td>
<td>We support people</td>
</tr>
<tr>
<td></td>
<td>with dementia to</td>
</tr>
<tr>
<td></td>
<td>develop successful</td>
</tr>
<tr>
<td></td>
<td>independent living</td>
</tr>
<tr>
<td>14% interest in</td>
<td>14% interest in</td>
</tr>
</tbody>
</table>
|                                   | We play a positive &
|                                   | supportive role in |
|                                   | an integrated approach to |
|                                   | dementia care |

Best practice exchange analysis therefore suggests that housing and dementia practice in the sector is likely to focus on (i) dementia friendly housing design and (ii) supporting people with dementia to live independently.

### 7.3 Housing organisations becoming Dementia Friendly businesses

As well as focusing on the identification and sharing of positive dementia practice, a key aspect of the Housing & Dementia Conference programme focused on the extent to which housing providers can and should become dementia friendly organisations and actively promote the development of dementia friendly communities.

The Alzheimer’s Society (UK) are currently running an Dementia Friendly Business pilot looking at how to create dementia friendly businesses that fit into the national dementia friendly communities programme. In Scotland, businesses are supported to become dementia friendly within the context of the dementia friendly communities programme. West Lothian Housing Partnership achieved dementia friendly status in June 2016.

The required process and practical examples of attaining dementia friendly status were shared in a plenary session led by Alzheimer Scotland, prior to focus group discussion. Conference delegates were then asked to consider the following questions in a facilitated focus group:

| To what extent can & should the issue of dementia be prioritised by housing organisations? | What are the barriers to housing organisations becoming dementia friendly businesses? | What are the opportunities for housing organisations becoming dementia friendly businesses? | How would being a dementia friendly business change how housing organisations operate & how would this benefit customers? |

The key outcomes from each focus group discussions were as follows.
To what extent can & should the issue of dementia be prioritised by housing organisations?

Across both conferences and every group, conference delegates agreed that the issue of dementia can and should become a greater priority for housing providers. Key themes include:

- **Stakeholders felt that due to demographic changes (people living longer increasing the incidence of dementia) that accepting and managing dementia should receive a higher level of strategy and frontline priority from housing organisations, particularly in the context of the age profile of the social housing sector in Scotland.**

- **Prioritisation of dementia is also a societal issue and could be assisted and supported by educating young people in schools and colleges. There could be real advantages in bringing older PWD together with younger people with similar interests (example of St Mirren Football club bringing together younger people with older men to share memories of the football team’s achievements);**

- **It was agreed that as housing providers, we need better understanding of changing demographics and the likely increase in the incidence of dementia across the communities and customer base that we service. Better understanding of the extent and nature of dementia as a business and community issue is key to targeting and improving services, investment and training.**

- **Ownership of the dementia agenda needs to be shared at every level within housing organisations from leadership and management to frontline responses. To achieve this, training to improve dementia awareness is key.**

> “It is vital that the gaps in awareness and training of all frontline staff is addressed as dementia needs to be everyone’s priority”

- The benefits of embracing dementia as an issue should be identified and promoted across housing organisations to encourage engagement with the issue. As a sector, housing is experienced in embracing
the challenges associated with meeting particular housing needs. The capacity to make a strong contribution to meeting the needs of people with dementia is evident.

“Dementia should be given the same level of priority as the “barrier free agenda” was given 20 years ago. At the time that seemed like a huge challenge for mainstream housing providers but we adapted our design, service delivery and outlook to meet the needs of people with physical disabilities. Our new big challenge should be dementia, we need to take the same approach!”

What are the barriers to housing organisations becoming dementia friendly businesses?

Across both conferences and every group, a consistent pattern emerged in terms of the likely barriers to housing providers becoming more dementia friendly as business. Key barriers include:

The first major barrier to housing providers becoming more dementia friendly is a lack of general awareness and understanding of dementia issues - the issue of dementia isn’t high enough up on business or service development agenda of social landlords. There is a general lack of understanding and awareness/knowledge of what dementia means and the potential contribution housing can make to meet the needs of people with dementia.

“Investing in knowledge and awareness is critical - time needs to be allocated to allow staff to enhance their knowledge of dementia”

“There is no understanding of “who is responsible for starting the process for becoming a dementia friendly business”

A lack of awareness is linked to the second barrier to housing providers becoming more dementia friendly – there is a general lack of policy development on dementia issues across the housing sector and in most frontline housing services. Dementia as an issue needs to be pushed up the strategic housing agenda for it to truly influence policy and practice.

“There is currently no compulsion for housing/public sector organisations to undertake policy development work for PWD – no legal duties or imperatives. It’s getting missed as a policy issue”

The third and fourth barriers relates to time and resources. The role of housing providers is increasingly stretched to meet the housing and underlying needs of a wide range of client groups in order to prevent housing crisis. Balancing a huge diversity of particular housing needs is increasingly challenging in terms of time both in relation to policy and service development but in terms of the capacity of frontline officers to deliver person centered responses.
“There is a great interest in dementia friendly resources, however there is a lack of time allocated to staff to engage with these resources to enhance their awareness and knowledge”

Increasingly reduced staff numbers in the context of wider financial challenges means simply that prioritising specific issues (like dementia) beyond core business activity is going to be challenging.

Without question, people constraints is a barrier to housing providers engaging with dementia. Quite simply, financial cutbacks means there is less staff available to carry out new tasks or develop new agendas”

Finally, there are physical and environmental barriers to housing providers becoming more dementia friendly. Generally, housing offices are not designed to conform to dementia friendly design principles which could in itself be a barrier to engaging well with people with dementia and encouraging their participation in housing activities.

What are the opportunities for housing organisations becoming dementia friendly businesses?

Across both conferences and every group, a consistent pattern emerged in terms of the potential opportunities to housing providers becoming more dementia friendly as business. Key opportunities include:

There is a strong basis in Scottish public policy for pushing the dementia friendly business agenda forward, we just need to further develop and maintain momentum across the housing sector in Scotland. The publication of the 3rd national Dementia Strategy in 2017, is a perfect opportunity to encourage housing providers to become more dementia aware and friendly.

Having said this, there is increasing knowledge of dementia and its impact across the housing sector in Scotland through initiatives such as the CIH housing and dementia programme and the work of the Scottish Social Service Council in delivering Promoting Excellence training. There is clearly an opportunity to build on this growing agenda and encourage engagement in dementia related policy and practice work.

Aligned to this policy opportunity, is the clear opportunity for housing providers to take advantage of growing availability of resources to increase staff awareness and improve training in relation to dementia. This could result in more housing organisations becoming dementia friendly businesses. Becoming a dementia friendly business would enable housing providers to monitor the impact of dementia friendly policy and practice on business, customer and community outcomes.

“There is potential within housing organisations to dementia proof all of its policies and plans. Housing organisations could also devise a “Dementia Strategy” to monitor and compare performance with others”
Conference delegates were clear that the ethos and values of the social housing sector in Scotland offered a clear opportunity to embrace the dementia agenda. The people centred and public ethos which many housing organisations hold is likely to be conducive to the development of dementia friendly businesses.

“We are good at supporting vulnerable people and focusing on where we can add value to our communities. Becoming dementia friendly would be a natural fit to this. It would give us opportunities to promote social inclusion, improve wellbeing and reduce the incidence of loneliness among vulnerable people.”

Finally, there are clear business improvement opportunities associated with housing providers becoming more dementia friendly through early action to promote independence at home and reducing the risk of tenancy failure. Housing providers often have a unique opportunity to spot the initial signs of dementia and encourage early action. Enabling people with dementia to live at home, delivers a substantial housing contribution to the integration agenda for health & social care in Scotland.

How would being a dementia friendly business change how organisations operate and how would this benefit customers?

Across both conferences and every group, conference delegates agreed that becoming more dementia friendly would change the business and customer outcomes delivered by housing providers. Key benefits of this change:

Unanimously conference delegates agreed that becoming a dementia friendly business could “future proof” the business activities of housing providers. Becoming more dementia friendly could enable social landlords to proactively manage the needs of people with dementia by focusing on early action and offering service and design interventions that enable housing sustainment. The savings that could be generated by preventing the tenancy failure of people with dementia are likely to be substantial (and not just for housing providers but for a range of frontline public services). For housing providers, acting in a preventative manner could produce better outcomes for people with dementia and reduce the need for future spending.

**Housing organisations becoming dementia friendly businesses would result in better sustainment outcomes for both individuals** (i.e. making simple changes to the home environment to allow PWD to remain at home) **and organisations** (i.e. implementing simple changes means a PWD is less likely to leave their home and result in positive tenancy sustainment outcomes);

**Implementing dementia friendly designs across an organisation’s stock allows them to “future proof” properties in the event of a dementia diagnosis. This would be of financial benefit to organisations as it avoids the need for adaptations at a later date, and also benefit individuals by preventing crisis, i.e. “prevention rather than intervention”;**
Housing organisations becoming dementia friendly businesses could also result in an opportunity to “build networks with other organisations” in the local area to provide an integrated approach to supporting people with dementia. Better collaboration and partnership as part of an integrated approach to dementia care can enable social landlords to access specialist resources and expertise. Capacity can also be developed through skills and knowledge transfer and better communication.

In delivering landlord and factoring services across the country, “the social housing sector in Scotland has a huge reach”. If housing organisations become dementia friendly businesses the potential to deliver benefit to thousands of people across Scotland, through service development and improvement is significant.

An increase the number of housing providers becoming dementia friendly businesses will undoubtedly help to promote a better understanding and tolerance of dementia, helping to remove any stigma which may be associated with the condition.

7.4 Housing organisations promoting dementia friendly communities

After discussing the potential for housing organisations to become dementia friendly businesses, participants were then asked to consider four questions in relation to the role of housing organisations in promoting dementia friendly communities, namely:

RSLs have long served as community anchors. How can this community credibility be used to encourage a better understanding & acceptance of dementia issues?

Across both conferences and every group, conference delegates agreed that social housing providers have a credibility and status that places them in a good position to encourage a better understanding and acceptance of dementia at a community level. Key suggestions for how this credibility can be used to influence communities include:
In particular, an extensive community based housing association movement in Scotland creates particular opportunities for the sector to play a proactive role in promoting better awareness and acceptance of dementia. The history and ethos of the movement in driving social change for community benefit has established an acceptance of a ‘wider role’ beyond purely housing issues. Dementia is a good example of a wider role issue that merits attention given the significant community impact it does and will create in the future.

The (usually) small scale of community based RSLs and their local influence and credibility makes them ideal vehicles to promote dementia friendly communities.

“RSLs are trusted by local communities and can act as opinion formers and leaders in promoting dementia friendly communities.”

“At a local level, if community based housing associations and co-operatives promoted a better understanding and acceptance of dementia, this would filter throughout the whole community.”

Delegates also acknowledged that housing providers (both RSLs and local authorities) have well established customer and community engagement networks that can be used to deliver information and promote better awareness of dementia issues ranging from newsletters to tenant conferences, community panels and community led interest groups. Housing providers have the potential to use regular scheduled events to promote awareness and understanding of dementia in the context of independent living.

In addition, local authorities in particular, have strong links to wider partnership networks that could be influential in promoting dementia awareness at a community level. These range from an increasing influence in Health & Social Care partnerships to the network of Older People Forums across the country.

Is the development of “dementia friendly communities” a legitimate “wider action” role for RSLs? What benefits can be delivered to housing organisations from the promotion of dementia friendly communities?

Across both conferences and every group, conference delegates agreed that promoting dementia friendly communities was a legitimate wider role for housing providers and that a wide range of benefit could be identified to justify this role. Key benefits include:
One of the key benefits associated with developing a dementia agenda within the wider role of housing providers is the potential to build partnership and collaborations with a wide range of agencies involved in the delivery of an integrated approach to dementia care. On this basis, not only can housing providers focus on their area of expertise (i.e. accommodation based issues), they can access skills and resources that can enhance the impact of housing interventions.

Aligned to this, housing providers can enhance partner understanding of the sector’s role in meeting the needs of people with dementia. At a professional level, this will enhance the ability of housing providers to address the professional barriers that limit the sector’s involvement in early planning and preventative work.

At a community level, housing providers will be better able to represent and promote the rights of people with dementia at all stages of the condition. Building networks with agencies and wider businesses in the local community could be of significant benefit to housing providers, where established relationships improve the quality of information, advice and active signposting into services that could assist a person with dementia.

The benefits of promoting dementia friendly communities also include:

**Preventative benefits** - Tenancy sustainment outcomes could be enhanced if people with dementia are able to live safely at home for longer (although we need to be aware of the cost and human resources required especially in initial stages of development work);

**Social benefits** - Community cohesion could be enhanced as better acceptance of dementia as an issue is promoted including the importance of encouraging positive interaction with people with dementia as part of an integrated approach to dementia care

**Strategic benefits** - The delivery of dementia friendly communities should help develop an evidence base of improved outcomes which would help justify and promote future investment in preventative dementia activity;

**Attitudinal benefits** – The promotion of dementia friendly communities would assist in addressing issues of low tolerance to dementia. Housing providers have the potential to improve community awareness and to “breakdown the stigma” associated with the condition.
Who are the key partners that RSLs would need to work with to make “dementia friendly communities” a reality? What benefits can be delivered to housing organisations from building this network?

Across both conferences and every group, conference delegates identified a number of key partners who would be instrumental in the delivery of dementia friendly communities and the benefits this could offer in a housing context. Key partnership include:

- People with dementia, as well as their families and carers;
- Dementia experts and agencies such as DSDC at Stirling University, Alzheimer’s Scotland, Age Scotland;
- Integrated Joint Board/Local Health and Social Care Partnerships;
- Local services focused on community safety such as Police, Fire Service, Council services);
- Third and voluntary sectors (good example from Barrhead HA of using Impact Arts to engage with PWD);
- Local businesses to improve tolerance, understanding and service access (good example of North Ayrshire Council working in partnership with ASDA to promote dementia awareness).

Specifically, what can housing organisations do to create a better awareness and acceptance of dementia at a community level?
Across both conferences and every group, conference delegates identified a number of specific interventions that could make a difference to the promotion of dementia friendly communities. Key interventions included:

![Diagram](image)

### Awareness raising through communication & engagement

Specifically, what can housing organisations do to create a better awareness and acceptance of dementia at a community level?

A key housing led intervention to promote dementia friendly communities focuses on awareness raising through community engagement activity. Housing providers have well established communication and engagement networks that could be used to promote positive dialogue about dementia. Encouraging conversations about dementia, its impact and what housing can do to enable people with dementia to live independently is key to challenging stereotypes, reducing fear and addressing stigma.

Housing providers should work with communities to enhance dementia awareness and acceptance through the provision of training, resources and information. This could include encouraging positive social interactions with people with dementia, their families and carers.

> “Sheltered housing developments could introduce “Let’s Meet” sessions to encourage people with and without dementia to interact with each other. This could potentially breakdown stigmas associated with dementia”.

Whilst a key intervention in promoting dementia friendly communities will focus on the training of all frontline housing staff and the development of Dementia Ambassadors, this should extend across the community networks supported by housing providers. Housing providers should extend offers of training, awareness raising and support to tenant and community groups.

> “We should use the influence we have with tenant networks to promote wider awareness of dementia in local communities. Tenant representatives could be brilliant Dementia Ambassadors”

Housing providers should prepare strategies for providing advice and information on dementia, including the delivery of a simple statement of services for people with dementia (which would also be of huge benefit to partner agencies). Housing providers should build on well-established communication and engagement mechanisms to promote dementia awareness, develop dementia friendly information resources and then monitor implementation and outcomes with people with dementia.

### 7.5 Housing role in meeting the needs of people with dementia

At the end of the Housing and Dementia Conference, all participants came together for a short round up session which aimed to gauge attitudinal shift across the day. In order to gauge attitudes, the participants were given interactive voting pads to express their views on a series of questions.

Key headlines from the interactive voting session on attitudes to dementia are as follows:
Whilst the role of the housing professional in meeting the needs of people with dementia is widely accepted (96% agreed with this principle), less than half of housing delegates (44%) had been equipped with adequate training to enable them to perform this role. A major priority in promoting the housing and dementia agenda must focus on the training and development of frontline housing staff.

Equally, whilst the benefits of housing organisations becoming dementia friendly businesses is clear (96% agreed), confidence that the sector will achieve this status drops when questions focus on implementation (85% think housing providers will become dementia friendly). This may be aligned to questions about internal capacity and resources (71% felt housing providers have sufficient capacity to achieve dementia friendly status). Nonetheless, the high proportion of housing stakeholders who could see the benefits and potential of housing providers to embrace the dementia agenda would suggest strong potential for implementation.

7.6 Learning Outcomes

In November 2016, Arneil Johnston delivered two Housing & Dementia Conferences to identify and share best practice in housing and dementia care; and to examine the role of housing providers in promoting greater awareness and acceptance of dementia. These conferences were a key aspect of finalising the research programme and were aimed at frontline housing professionals.

Key findings from the Housing & Dementia conference programme include:

1. **One in four conference delegates defined their key strength in meeting the needs of people with dementia as playing a positive and supportive role in an integrated approach to dementia care.** Other ‘strengths’ relate to the housing sector’s unique opportunity to spot the early signs that dementia diagnosis may be beneficial (18%) linked to the interaction afforded by frontline housing management;

2. **Just 3% of participants could offer a positive example of a housing options approach to dementia related information and advice.** Given the recognition, that the core philosophy and principles of the housing options model could be applied very successfully to meet the needs of people with dementia, this is perhaps an area of practice which should be prioritised from a learning and development perspective;
3 The top ranking priority for practice improvement is “we understand the importance of housing layout and dementia friendly design”. These outcomes reinforce the findings of the diagnostic skills survey which revealed that staff were least confident in their ability to adapt the home environment of a person with dementia;

4 The housing and dementia best practice exchange has been successful in developing a bank of case study material that can be used as the basis of improving frontline service outcomes and encouraging inter-sector engagement. Best practice exchange analysis therefore suggests that housing and dementia practice in the sector is likely to focus on (i) dementia friendly housing design and (ii) supporting people with dementia to live independently.

5 Conference delegates agreed that the issue of dementia can and should become a greater priority for housing providers. Stakeholders felt that as a result of demographic change (people living longer increasing the incidence of dementia) that accepting and managing dementia should receive a higher level of strategic and frontline priority from housing organisations, particularly in the context of the age profile of the social housing sector in Scotland.

6 Delegates agreed that becoming more dementia friendly would change business and customer outcomes delivered by housing providers with key benefits relating to preventative savings, greater partnership and collaboration, better awareness and acceptance of dementia issues;

7 Conference delegates agreed that social housing providers have a credibility and status that places them in a good position to encourage a better understanding and acceptance of dementia at a community level;

8 The benefits of promoting dementia friendly communities for housing providers include:

   - Preventative benefits - Tenancy sustainment outcomes could be enhanced if people with dementia are able to live safely at home for longer (although we need to be aware of the cost and human resources required especially in initial stages of development work);
   - Social benefits - Community cohesion could be enhanced as better acceptance of dementia as an issue is promoted including the importance of encouraging positive interaction with people with dementia as part of an integrated approach to dementia care
   - Strategic benefits - The delivery of dementia friendly communities should help develop an evidence base of improved outcomes which would help justify and promote future investment in preventative dementia activity;
   - Attitudinal benefits – The promotion of dementia friendly communities would assist in addressing issues of low tolerance to dementia. Housing providers have the potential to improve community awareness and to “breakdown the stigma” associated with the condition.

9 A key housing led intervention to promote dementia friendly communities focuses on awareness raising through community engagement activity. Housing providers have well established communication and engagement networks that could be used to promote positive dialogue about dementia. Encouraging conversations about dementia, its impact and what housing can do to enable people with dementia to live independently is key to challenging stereotypes, reducing fear and addressing stigma.
8 Housing & Dementia learning outcomes

Arneil Johnston was commissioned by the CIH Scotland in May 2016, to support the delivery of the second phase of their successful Housing & Dementia Programme. Phase 1 of the programme completed in 2015 and focused on measuring housing sector engagement in dementia care and the production of a dementia friendly housing design guide. The scope of Phase 2 of the programme focused on improving the links between housing organisations and partners in health, social care and the third sector; with a specific emphasis on the role of the housing professional in meeting the needs of those living with dementia.

The research methodology has deliver a number of important learning outcomes to guide the development and acceptance of the housing role in an integrated approach to dementia care in Scotland. The learning outcomes associated with each aspect of Phase 2 activity are as follows:

8.1 Learning outcomes: best practice & literature review

The literature and best review focused on housing and dementia care highlighting key issues of public policy, empowerment and choice, design, service delivery arrangements, technology and partnerships; as well as best practice examples and implications for front-line housing delivery. Key learning outcomes include:

1. In order to encourage proactive policy and practice responses there is a need for better awareness of the growing impact of dementia as an issue for society, community and public services. More specifically, there is a need for training across frontline housing professionals on dementia as a condition, related behaviours and good practice models (such as 8 Pillars model);

2. There is a well-developed national policy framework for dementia which is closely aligned to the integration of health and social care services. Housing’s contribution to the strategy is acknowledged and focuses on a broad goal of enabling people to live independently at home and in the community. Despite this, the housing role in dementia practice tends to be aligned with physical and home environments. The role of housing in enabling independence from a wider perspective (including care, support and community participation) could be more widely acknowledged;

3. Key best practice concepts that should influence housing policy and practice as it relates to meeting the needs of people with dementia include:

   a. The need to promote practice which encourages participation in decision making such as co-production, ‘personal outcomes’ and ‘housing options’ approaches; is key in delivering positive outcomes for people with dementia;

   b. The importance of implementing dementia friendly design principles in adapting the home environment of people with dementia is key to promoting independence, well-being, safety and to ensuring a sense of connectedness and familiarity;

   c. Dementia care models should integrate housing’s contribution (adaptations, aids, design, technology, tenancy management/support) into wider health, care and support interventions;

   d. The benefits of integrating technology into the home environment of a person with dementia need to be mainstreamed and not focused on specialist provision;

   e. The importance of partnership and joint working in meeting the housing and underlying needs of people with dementia is critical. The extent to which housing providers are acknowledged and accepted as core partners perhaps needs to be enhanced;

4. There is a need to acknowledge and build appropriate service delivery options to meet the needs of the majority of people with dementia who are home owners including housing interventions such as adaptations, repairs and support to maintain independent living;

5. Alternatives to care home provision, such as specialist dementia care settings or housing projects are less developed in Scotland than in the UK and Europe. Ensuring a diversity of housing options are
available to meet the needs of people with dementia should be considered within the context of the national Dementia Strategy.

8.2 Learning outcomes: pathway mapping events

The delivery of four housing role profiles for each stage of the dementia journey is a key aspect of defining the contribution of the sector in delivering positive outcomes for people with dementia. Key findings for each role profile are as follows:

1. The housing role profile for assisting and supporting early dementia diagnosis, focuses on measuring changes in the normal patterns of behaviour of housing customers and encouraging engagement with services that support positive health and well-being. The role profile acknowledges the unique opportunities afforded by proactive tenancy management to spot and act on the early signs that dementia might be an issue. On this basis, housing professionals should understand and be assured of the impact that early action and preventative housing interventions can deliver to independent living.

2. The housing role profile for supporting early assessment of housing suitability focuses on the importance of home environment in meeting the needs of a person with dementia and the lead role played by housing professionals in commissioning, funding and delivering property related adaptations. Over and above this, the role profile encourages housing participation in the assessment and planning stages, acknowledging the opportunities that a housing options approach to suitability appraisals could deliver in terms of preventative solutions and customer empowerment.

3. The housing role profile for enabling a person with dementia to remain at/return home quickly focuses on the preventative role of the housing professional in assessing the need for and delivering housing interventions (e.g. adaptation, technology, support) which support independent living and prevent unplanned admissions to hospital or care. It acknowledges the role that housing can play in defining preventative solutions during admission, discharge and resettlement processes and encourages genuine collaboration with Health & Social Work colleagues to activate and realise this role.

4. The housing role profile for promoting a holistic approach to dementia care focuses on the need for housing organisations to invest in staff awareness, training, operational policy and partnerships to improve housing sector practice and contribution to meeting the needs of people with dementia. This includes engagement with agencies who coordinate dementia care and people with dementia themselves. It also involves promoting the delivery of housing led interventions and encouraging acceptance of the preventative impact of housing’s role within dementia care.

8.3 Learning outcomes testing the requirements for skills & knowledge

The second round of housing and dementia workshops were designed to validate the role of housing professionals in each dementia pathway, whilst defining the potential contributions of operational, specialist, managerial and strategic staff in dementia care. The workshops also provided a useful validation of the proposed knowledge and skill requirements associated with executing each role. Key learning outcomes include:

1. Frontline housing staff from across Scotland, scrutinised the proposed housing role for each dementia pathway assessing the extent to which staff need to be equipped with the relevant knowledge and skills to perform each role. In every case, the outcomes of validation process provide assurance that the proposed pathways roles for housing in dementia care are relevant and credible in the context of housing policy and practice in Scotland. Only a few minor amendments were suggested as follows:

2. The only element of the role profile which was consistently questioned by housing staff related to pathway 1, and the requirement to “share information on the benefits of regular health screening”. This reflects general uncertainty by housing staff on the professional boundaries of housing workers in
signposting to health or clinical services. Development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services could usefully be placed on the agenda of Integrated Joint Boards;

3. Workshop outcomes also validated the credibility of proposed knowledge requirements for each role. There was clear **consensus across all of the events that specified knowledge requirements were reasonable** within housing policy and practice and could support the delivery of each dementia pathway by housing workers;

4. Furthermore, there was **consensus across all of the events that the proposed skill requirements were reasonable within were reasonable** within housing policy and practice and could support the delivery of each dementia pathway by housing workers;

5. Whilst all functional housing staff have a role to play in each dementia pathway, operational staff led the way in pathways 1-3, with managers and strategy staff leading in pathway 4. These outcomes demonstrate the importance of ensuring that dementia awareness, training and skills development is prioritised across every aspect of a housing service to enable both frontline and support staff to play a proactive role in dementia care;

6. With regards to the boundaries of operational, specialist, managerial and strategic roles, generally, **where the roles have a direct customer focus, there was consensus that the functional responsibility should lie with frontline operational and specialist housing staff**. In contrast, where the roles have a more strategic or financial focus, there was consensus that the functional responsibility should lie with managers and strategic staff.

### 8.4 Learning Outcomes: Knowledge & Skills Survey

Testing dementia knowledge and workforce competence across housing in Scotland is a key aspect of assessing the capacity of the sector to play a proactive role within an integrated approach to dementia care. It also provides valuable intelligence of the extent and nature of training requirements across the profession. Key learning outcomes include:

1. Of the 41% of housing staff stated that they had **no qualifications or training** in dementia related issues or practice, almost two thirds (60%) are frontline housing workers;

2. In contrast, almost a quarter of housing staff (22%) had attained ‘Promoting Excellence’ dementia training, with 45% of specialist housing workers trained to this level;

3. Overall, core knowledge requirements across dementia pathways are under developed in Scotland, with almost one in two (46%) stating they have little or no confidence levels in the required knowledge for each pathway. 55% of frontline housing staff say they have little of the knowledge required. For other housing roles this figures ranges between 23% and 35%, though few specialist front line staff (10%) feel they have little knowledge. The ability of the housing profession in Scotland to play a more proactive role in an integrated approach to dementia care will undoubtedly be held back by this general lack of knowledge and awareness of dementia issues;

4. Key priorities for developing housing and dementia knowledge generally focus on **improving knowledge of housing role in adapting the home environment of a person with dementia** to encourage independent living, e.g. adaptations, assistive technology;

5. In addition, increasing **awareness of both the 5 & 8 Pillar Models** of dementia care and other dementia policy and practice frameworks for housing, must be a priority moving forward;

6. Skills development would be beneficial across the housing sector in Scotland and across all dementia pathways given that 30-40% of housing staff state they have little or no confidence levels in required competencies. 54% of frontline housing staff say they have few of the skills required. For other housing roles this figures ranges between 22% and 32%, though few specialist front line staff (8%) feel they have few of the skills;
Whilst dementia skills levels are more developed than knowledge levels (where 50% have limited confidence in basic requirements), the ability of the housing profession in Scotland to play a more proactive role in an integrated approach to dementia care will undoubtedly be hindered by these limitations in workforce competency;

Key priorities for developing housing and dementia skills generally focus on improved planning, at a strategic level and at an individual support level, with the ability to engage with housing suitability assessments or discharge processes notable gaps for housing staff; and

Two key areas for skills development relate to promoting the role for housing in diagnostic support planning and more generally, in an integrated approach to dementia care. The ability of the housing profession to make a contribution to dementia care will be seriously hindered by a lack of workforce capacity to engage in basic models of dementia practice.

8.5 Learning Outcomes: Housing & Dementia Conference

In November 2016, Arneil Johnston delivered two Housing & Dementia Conferences to identify and share best practice in housing and dementia care; and to examine the role of housing providers in promoting greater awareness and acceptance of dementia. These conferences were a key aspect of finalising the research programme and were aimed at frontline housing professionals. Key findings from the Housing & Dementia conference programme include:

One in four conference delegates defined their key strength in meeting the needs of people with dementia as playing a positive and supportive role in an integrated approach to dementia care. Other 'strengths' relate to the housing sector's unique opportunity to spot the early signs that dementia diagnosis may be beneficial (18%) linked to the interaction afforded by frontline housing management;

Just 3% of participants could offer a positive example of a housing options approach to dementia related information and advice. Given the recognition, that the core philosophy and principles of the housing options model could be applied very successfully to meet the needs of people with dementia, this is perhaps an area of practice which should be prioritised from a learning and development perspective;

The top ranking priority for practice improvement is “we understand the importance of housing layout and dementia friendly design”. These outcomes reinforce the findings of the diagnostic skills survey which reveal that staff were least confident in their ability to adapt the home environment of a person with dementia;

The housing and dementia best practice exchange has been successful in developing a bank of case study material that can be used as the basis of improving frontline service outcomes and encouraging inter-sector engagement. Best practice exchange analysis therefore suggests that housing and dementia practice in the sector is likely to focus on (i) dementia friendly housing design and (ii) supporting people with dementia to live independently.

Conference delegates agreed that the issue of dementia can and should become a greater priority for housing providers. Stakeholders felt that as a result of demographic change (people living longer increasing the incidence of dementia) that accepting and managing dementia should receive a higher level of strategic and frontline priority from housing organisations, particularly in the context of the age profile of the social housing sector in Scotland.

Delegates agreed that becoming more dementia friendly would change business and customer outcomes delivered by housing providers with key benefits relating to preventative savings, greater partnership and collaboration, better awareness and acceptance of dementia issues;

Conference delegates agreed that social housing providers have a credibility and status that places them in a good position to encourage a better understanding and acceptance of dementia at a community level;

The benefits of promoting dementia friendly communities for housing providers include:
- **Preventative benefits** - Tenancy sustainment outcomes could be enhanced if people with dementia are able to live safely at home for longer (although we need to be aware of the cost and human resources required especially in initial stages of development work);

- **Social benefits** - Community cohesion could be enhanced as better acceptance of dementia as an issue is promoted including the importance of encouraging positive interaction with people with dementia as part of an integrated approach to dementia care;

- **Strategic benefits** - The delivery of dementia friendly communities should help develop an evidence base of improved outcomes which would help justify and promote future investment in preventative dementia activity;

- **Attitudinal benefits** – The promotion of dementia friendly communities would assist in addressing issues of low tolerance to dementia. Housing providers have the potential to improve community awareness and to “breakdown the stigma” associated with the condition.

9 A key housing led intervention to promote dementia friendly communities focuses on awareness raising through community engagement activity. Housing providers have well established communication and engagement networks that could be used to promote positive dialogue about dementia. Encouraging conversations about dementia, its impact and what housing can do to enable people with dementia to live independently is key to challenging stereotypes, reducing fear and addressing stigma.

8.6 **Stakeholder recommendations**

Aligned to the learning outcomes arising from each stage of the Housing and Dementia Programme Phase 2, a number of recommendations have been developed to promote recognition and delivery of the housing role in supporting people with dementia to live well and independently. Recommendations have been for a range of stakeholders who will be instrumental in promoting and developing the housing role in dementia care, as follows:

**To promote and develop the Housing sector role in dementia care**

**The Scottish Government (through the national Dementia Strategy) should...**

- promote the role of the housing professional in delivering preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;

- offer guidance on integrating proven dementia friendly housing design principles into housing investment programmes;

- identify appropriate service delivery options which deliver housing interventions to the majority of people with dementia, who do not live in social housing but are home owners or rent privately, including the timely provision of adaptations, repairs and support to maintain independent living;

- The national Dementia Strategy (and Housing Investment Programme) should offer mechanisms to fund and test specialist dementia care settings or housing projects to
ensure a diversity of housing options are available to meet the needs of people with dementia.

Local authorities in Scotland should...

- recognise and promote the role of the housing professional in delivering preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- encourage and pursue the consideration of dementia as an issue within the ‘supporting independence’ aspect of the Local Housing Strategy;
- ensure that dementia awareness, training and skills development is prioritised across every aspect of housing services to enable both frontline, support, managerial and leadership staff to play a proactive role in dementia care for example through SSSC Promoting Excellence resources;
- promote the use of the housing options model to deliver positive outcomes for people with dementia, ensuring staff are fully trained and confident in its use;
- develop planning and design guidance that supports dementia friendly adaptations in the wider housing environment and in new build private sector housing (see HAPPI guidance and DSDC (2013));
- develop a process and protocol for sharing information about people with dementia across public services and the third and voluntary sectors involved in dementia care;
- engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services.
Housing providers in Scotland should...

- recognise and promote the role of the housing professional in delivering preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- ensure that dementia awareness, training and skills development is prioritised across every aspect of housing services to enable frontline, support, managerial and leadership staff to play a proactive role in dementia care, for example through SSSC Promoting Excellence resources;
- promote a major expansion of knowledge levels associated with assessing the suitability of the home environment of a person with dementia;
- improve awareness of dementia practice, particularly in relation to the Alzheimer’s Scotland 5 Pillar and 8 Pillar models of dementia care;
- develop and make widely available a statement which outlines the services and assistance provided to support people with dementia to live independently and well;
- encourage co-production in the development of housing and services for people with dementia;
- integrate proven dementia friendly design principles within asset management strategies and policies for delivering aids and adaptations;
- work towards attaining dementia friendly status, acknowledging the benefits arising from preventative savings, greater partnership and collaboration, and better awareness and acceptance of dementia issues;
- promote the development of dementia friendly communities by raising awareness through community engagement activity;
- seek a proactive and positive role within Health & Social Care Partnerships to promote the preventative benefits of early and ongoing housing design and support interventions for people with dementia.
• recognise and promote the role of the housing professional in delivering preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;

• consider how the housing role within the dementia care framework can be developed beyond property and environmental issues to active engagement in supporting independent living, enabling effective admission, discharge and resettlement and encouraging community participation;

• identify appropriate service delivery options which deliver housing interventions to people with dementia who are home owners or private renters, including adaptations, repairs and support to maintain independent living;

• develop a process and protocol for sharing information about people with dementia across public services and the third and voluntary sectors involved in dementia care;

• strengthen interactions and relationships between housing and the range of relevant health and non-statutory support services involved in dementia care;

• engage in development work between housing and health sectors on the role of the housing worker in signposting customers into preventative health services;

• improve awareness of dementia practice, particularly in relation to the Alzheimer’s Scotland 5 Pillar and 8 Pillar models of dementia care.
- recognise and promote the role of the housing professional in delivering preventative solutions to people with dementia which encourage early action; improve housing suitability; support effective admission, discharge and resettlement; and enable independent living;
- raise awareness of dementia and improve knowledge of dementia practice (including Alzheimer’s Scotland 5 Pillar and 8 Pillar models of dementia care) across the housing sector in Scotland;
- prioritise dementia as a training issue within the learning & development programme for the housing sector;
- encourage practice exchange and inter-sector networking building on the bank of housing and dementia good practice examples developed within Phase 2 of the Housing & Dementia Programme;
- recognise and promote the role of the housing professional in delivering preventative solutions to people with dementia through training and awareness raising with private sector landlords and letting agents.