Improving Housing and Housing Services for People with Dementia

Housing and Dementia Survey

Survey Feedback Report
CIH Scotland

The Chartered Institute of Housing (CIH) is the professional body for people involved in housing and communities. CIH is a registered charity and not-for-profit organisation with a diverse and growing membership of over 2,600 people in Scotland (more than 22,000 worldwide). CIH members work in local authorities, housing associations, housing cooperatives, Scottish Government and its agencies, voluntary organisations, the private sector, and educational institutions. The CIH aims to ensure members are equipped to do their job by working to improve practice and delivery, thus maximising the contribution that housing professionals make to the wellbeing of communities. We also represent the interests of our members in the development of strategic and national housing policy.

Our work is rooted in three core objectives – learn, improve and influence. We provide opportunities for learning and improving and we champion housing to influence the direction of policy. www.cih.org/scotland

Dementia Services Development Centre

DSDC staff, of academics, health and social care professionals, researchers and event organisers, provide comprehensive dementia education and training, consultancy and research services. The Centre’s flagship Iris Murdoch Building at Stirling University is a model for dementia friendly design. This open and welcoming environment provides inspiration for the team’s work in designing and remodelling care homes for people with dementia. Research into understanding the needs of people and how to support them is central to the work of the Centre. The Research Group are members of the University of Stirling and conduct research into understanding dementia and related matters. Their research projects help to improve the quality of life and services for people with dementia and their carers. www.dementia.stir.ac.uk

Joint Improvement Team

The Joint Improvement Team (JIT) is uniquely co-sponsored by, and has shared accountability to NHS Scotland, the Convention of Scottish Local Authorities and the Scottish Government, in strategic partnership with the Third and Independent Sectors, and is governed by the Joint Improvement Partnership Board as set up by a Memorandum of Understanding between the National Partners. The JIT provides a range of practical improvement support and challenge including knowledge exchange, developmental innovation and improvement capacity and direct practical support to local health, housing and social care partnerships across Scotland. The JIT champions the identification, development, evaluation, spread and adoption of good practice to accelerate the pace of improvement towards the Scottish Government’s vision for 2020; a vision that includes the aims that each of us is able to lead a longer, healthier life at home or in our own choice of setting in an integrated health and social care environment – which includes an increasing focus on prevention, anticipation and supported self-management. www.jitscotland.org.uk
1. Introduction and Background 3
2. Overview of Survey 5
2.1 Methodology 5
2.2 Numbers responding 6
2.3 Level within organisation 6
2.4 Job role 7
3. Knowledge and Awareness of Dementia 10
3.1 Involvement with older people 10
3.2 Health and social care qualifications 10
3.3 Experience of dementia 10
3.4 Current knowledge of dementia 11
4. Housing Services and Dementia 13
4.1 Knowing what to do 13
4.2 Housing involvement in dementia 14
4.3 Referral to other services 14
5. Housing Design and Adaptation 17
5.1 Involvement in design/adaptation projects 17
5.2 Practical issues with projects 18
6. Dementia Training 20
6.1 Training on dementia 21
6.2 Methods for delivery of learning 21
6.3 Awareness of key dementia initiatives 22
7. Practice Examples 25
8. Summary and Conclusion 28
1. Introduction and Background

Dementia is increasingly becoming a mainstream housing issue in both development and housing management terms. In recognition of this the Scottish Government Joint Improvement Team (JIT) has sponsored the project ‘Improving Housing and Housing Services for People with Dementia’. The housing and dementia project is being delivered by CIH Scotland and the Dementia Services Development Centre (DSDC).

The following issues were identified by the JIT prior to the project:

- There is limited awareness and understanding amongst housing staff of the needs of people with dementia, and how best to support them
- There are differing views about the contribution that sheltered and very sheltered housing can make and the extent to which it can offer a home for life for people with dementia
- The opportunities during upgrading, improvement and area regeneration to create physical environments suitable for people with dementia are not sufficiently realised
- Design standards for modernisation, improvement and adaptation, which enhance independence for people with dementia, need to be more clearly articulated.

The housing and dementia project has therefore centred on the following three key areas:

**Awareness raising** - As a frontline service, housing professionals work with people who have dementia, most likely in the early, sometimes undiagnosed, stage but also as the illness progresses. Housing professionals will also be involved where a person with dementia may be able to return home after a period in a health or social care setting following a period of crisis. There are therefore housing staff who work with tenants who would benefit from an understanding of what dementia is, how to identify the signs and what to do next in terms of referral and/or discussion with health or social work colleagues. Technical staff are included in the target group as repairs and maintenance front-line staff are often those who have most direct access to tenants in their own homes.

**Design practice guidelines** - There is an existing body of evidence on appropriate design for people with dementia but this has focused on new building and on care homes. Guidance which assists social landlords, and private sector housing teams, in cost effective adaptation of existing housing has not been made available separately, meaning that there is a gap in materials for the sector.

**Partnership support and development** - The final component of the project is to work with local partnerships to support systems and workforce development to ensure that the housing needs of people with dementia are addressed as part of a whole system response. This element of the project to quantify is still under discussion with the JIT/Scottish Government project team.
CIH Scotland is leading on the awareness raising element of the project and the DSDC on the design practice guidance. Both are working on the partnership support part of the project.

The awareness raising work by CIH Scotland included an on-line Housing and Dementia survey to ascertain current levels of awareness about dementia within housing and need for further support and information.

The survey took place during late September/early October 2012. The majority of respondents were from either a local authority or Registered Social Landlord (RSL). This report feeds back on the full results from the survey. Commentary is provided on any significant issues by local authority/RSL sector where there appears to be something noteworthy. The report also highlights survey results by job role and level of staff responding, where these deviate in any significant way from the overall findings. It indicates where further action can be taken to ensure housing staff have the appropriate awareness, knowledge and skills to help them play an appropriate, positive and supportive role when someone has dementia.
2. **Overview of Survey**

This section covers:

- Details of the survey methodology
- Information on the numbers responding
- A profile of respondents

2.1 **Methodology**

An on-line survey was drafted, discussed and tested during August to ensure it covered all key areas. The aim of the survey was to find out the levels of awareness about dementia amongst housing staff and their current levels of training (and any unmet need). As the project includes developing design guidance, respondents were also asked about their involvement in the design or adaptation of housing for people with dementia. There were also questions on referral issues, where other services such as GPs surgeries and health or social care may need to be involved. Respondents were also asked to give details of projects and initiatives being undertaken by their organisation which they thought were evidence of good practice. Finally, they were asked if they wanted to be kept in touch with the project as it progresses.

One objective of the survey was to have the highest numbers possible responding. Information on the survey and the on-line link was therefore sent out via a wide range of CIH communication methods in the week beginning 10 September 2012. These included a targeted email to all CIH members and a similar email communication to all local authority and RSL heads of housing, CEOs and senior officers. Attendees of previous CIH conferences aimed at technical staff and older people were also sent details of the survey. It was promoted in a CIH weekly email to 6500 on its database (around 2500 CIH Scotland members were in this number). A press release about the survey launch was also covered by the daily e-newsletter *Scottish Housing News*.

By 24 September around 194 responses had been received. The decision was then taken to extend the closing deadline to 8 October so that there could be a final push to increase the numbers responding. When the survey closed on 8 October, the number had increased to 276 fully completed surveys.

A similar CIH Scotland survey in 2008 on learning needs in the housing sector achieved a response rate of 499. Although the numbers responding to the housing and dementia survey is just over 10% of CIH membership (and a small percentage of the overall numbers communicated with) they are significant for a topic which is still seen as specialist by many housing practitioners. Where the survey allowed for it, there were a number of comments given by respondents. This was also encouraging and shows a high degree of interest from those taking part. When asked if they wanted to be kept up to date with the housing and dementia project, 167 people said that they did (68% of the 244 people who answered that question). Again, this is a reflection of the interest respondents had in the issue. These
respondents have now been added to a CIH dementia database and will be kept informed of progress on the project.

The spread by type of organisation and level of staff was encouraging in that it means that the findings give some useful insights into what is happening in the sector.

2.2 Numbers responding

Of the 276 people responding, 54% (150) said that they worked for an RSL and 38% (104) a local authority. Fourteen people (5%) said they worked for a voluntary organisation. Two people worked for a representative body and 2 for the private sector. Of the 4 who said ‘other’, 2 worked for a care and repair project, 1 for the Scottish Government and 1 for the Scottish Housing Regulator.

Chart 1 (No. of respondents = 276)

2.3 Level within organisation

When asked about the level at which they were working, there was a reasonably even split between senior managers, middle managers and front-line staff, as shown in Chart 2. Those who responded ‘other’ had mostly responded by describing their function rather than their job level.

When analysed by local authority/RSL, those working in local authorities were more likely to be middle managers (48% or 50 out of 104 respondents). Only 15% (16) local authority
respondents said they were working in senior management. A quarter (26) said they were front-line staff.

For RSLs there was a more even split across job levels with the highest proportion overall (35%) defining themselves as senior management (53 out of 150 respondents); 32% (48) of RSL respondents reporting they were front-line staff and 28% (42) defining themselves as middle managers.

Chart 2 (No. respondents = 276)

2.4 Job role

The final question on job profile asked respondents to choose the primary area covered by their job. A number of options were given and this resulted in a wide range of responses as shown in Table 1. As can be seen here, the category which came out highest was housing management at 24% followed in descending order by strategy and policy (14%), housing support (13%) and sheltered housing/very sheltered housing/extra care housing (11%).

The 35 people in the ‘other’ category included 8 senior staff (mostly directors) who had a mixed role and 5 people who worked in social care. Adaptations, welfare rights, community safety and housing support were other roles mentioned.

There has been some discussion about the wider role of technical staff in respect of a number of housing management and related issues. For example, technical staff in (addition to housing officers) can be ‘the eyes and ears’ of the service when tenants may require help or where other services should be alerted (e.g. in relation to the protection of children).
had therefore targeted contacts in technical services to find out what these staff had to say on housing and dementia. As Table 1 shows only 5 people responding defined themselves as working in technical services which is insufficient to allow us to draw firm conclusions from the survey results. Other avenues for feedback from this group are being sought.

When we looked that the breakdown of those working in housing strategy/policy by local authority/RSL split, 23% of the local authority respondents said they worked in strategy or policy (24 out of the 104 people responding). 20% (21) of local authority respondents said they worked in housing management.

For RSLs, 31% (46 out of the 150 responding) said that they worked mostly in housing management, with a combined 25% working in either housing support or sheltered housing/very sheltered housing/extra care housing. Of the local authority respondents, only 17% worked in either housing support/sheltered housing/very sheltered housing or extra care housing. In contrast, only 11% (16 people) from RSLs said that they worked in housing strategy/policy. There will therefore be some differences in the responses to the survey by sector. These will be highlighted in this report where useful.

<table>
<thead>
<tr>
<th>Table 1</th>
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</table>

| I would describe myself as working mostly in the area of (please tick ONE option as appropriate to indicate the primary area covered by your job): |
|---|---|---|
| Answer Options | Response Percent | Response Count |
| Housing management | 24.3% | 67 |
| Housing strategy/policy | 14.5% | 40 |
| Housing support | 12.7% | 35 |
| Sheltered housing/very sheltered housing/extra care housing | 11.2% | 31 |
| Housing development | 4.3% | 12 |
| Repairs and maintenance | 4.0% | 11 |
| Homelessness and/or housing advice | 3.3% | 9 |
| Allocations and lettings | 3.3% | 9 |
| Administration | 2.9% | 8 |
| Tenant participation | 1.8% | 5 |
| Estate management | 1.8% | 5 |
| Technical services | 1.8% | 5 |
| Regeneration | 0.4% | 1 |
| HR/learning and development | 0.4% | 1 |
| Not applicable | 0.4% | 1 |
| Other | 13.0% | 35 |

answered question 276
Summary of key points

There was a positive response overall to the survey.

There was good representation by local authority/RSL sector and also across different job roles and level of job.

A high proportion of respondents wanted to be kept up to date with the project.
3. **Knowledge and Awareness of Dementia**

This section covers:

- Working with older people
- Extent of health and social care qualifications
- Experience of dementia at work

### 3.1 Involvement with older people

We asked respondents if they worked with older people on a regular basis. 54% (149 out of 276) said that they did. RSL staff were slightly more likely to work with older people than those working for a local authority (57% of RSL staff as opposed to 45% of local authority staff).

When looked at by job level, the highest proportion of staff working with older people were those who defined themselves as being front-line staff 79% (65 out of 82 respondents).

### 3.2 Health and social care qualifications

Staff can acquire the skills and knowledge required for their role through a number of ways. There is ‘on the job’ experience, there may be training sessions provided by the employer, there may be access to formal or informal networks, mentoring, job shadowing etc. Qualifications can be a focussed and useful way to help embed both knowledge and skills. Additionally, care staff (such as housing support workers and sheltered housing staff) are subject to registration with the Scottish Social Services Council (SSSC) and need to attain a prescribed level of qualification depending on their role.

Fewer than 1 in 5 people completing the survey had a health or social care qualification (23% or 63 out of the 276 respondents). However, 37% of those who said they worked with older people on a regular basis were more likely to have a qualification (55 of the 149 respondents).

### 3.3 Experience of dementia

The survey included a set of statements aimed at finding out more about the experience respondents had of dementia and of people diagnosed with the condition. One hundred and fifty nine people (58% of respondents) said that they sometimes come across someone with dementia in the course of their work and 68 people (25%) said that they regularly work with people with dementia.

Those working with older people were (unsurprisingly) more likely to work on a regular basis with people with dementia (43% or 64 out of the 149 responding) and least likely to report never coming across someone with dementia (only 3 people gave this response). They were
better informed, with 66% (99 people) agreeing with the statement ‘I am aware of the various types of dementia’.

Exactly half of all those responding (138 people) said that they would like to know more about dementia. This rose to 56% of the staff who work with older people.

Table 2

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am aware of the various types of dementia</td>
<td>55.1%</td>
<td>152</td>
</tr>
<tr>
<td>I know someone who has dementia</td>
<td>62.0%</td>
<td>171</td>
</tr>
<tr>
<td>I work on a regular basis with people who may have dementia</td>
<td>24.6%</td>
<td>68</td>
</tr>
<tr>
<td>I would like to know more about dementia</td>
<td>50.0%</td>
<td>138</td>
</tr>
<tr>
<td>In my day to day work I SOMETIMES come across tenants/customers/clients who may have dementia</td>
<td>57.6%</td>
<td>159</td>
</tr>
<tr>
<td>In my day to day work I OFTEN come across tenants/customers/clients who may have dementia</td>
<td>18.8%</td>
<td>52</td>
</tr>
<tr>
<td>In my day to day work I NEVER come across tenants/customers/clients who may have dementia</td>
<td>12.3%</td>
<td>34</td>
</tr>
</tbody>
</table>

*answered question 276*

3.4 Current knowledge of dementia

The survey also included a series of statements to test current knowledge about dementia. Most people (91% or 251 of the 276 respondents) were aware that there are different kinds of dementia. 60% (167 out of the 276 responding) were aware that it is a disease affecting the brain. There was also awareness that there may be some link between being mentally active and reducing the incidence of dementia, with 65% (180 people responding) thinking that keeping the brain active can reduce the risk of dementia developing. Twenty two people (8% of the 276 responding) thought that dementia was part of the normal ageing process. Only one person thought it could be cured.
### Table 3

Thinking about your current knowledge of dementia, which of the statements below do you think are TRUE? (Please tick all that apply)

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are different kinds of dementia</td>
<td>90.9%</td>
<td>251</td>
</tr>
<tr>
<td>There are drug treatments which can help with dementia</td>
<td>73.6%</td>
<td>203</td>
</tr>
<tr>
<td>Keeping your brain active can reduce the risk of dementia</td>
<td>65.2%</td>
<td>180</td>
</tr>
<tr>
<td>Dementia is a disease of the brain</td>
<td>60.5%</td>
<td>167</td>
</tr>
<tr>
<td>Dementia is another term for Alzheimer's disease</td>
<td>34.8%</td>
<td>96</td>
</tr>
<tr>
<td>People who eat well and exercise are less likely to get dementia</td>
<td>32.6%</td>
<td>90</td>
</tr>
<tr>
<td>Dementia is a mental illness</td>
<td>21.0%</td>
<td>58</td>
</tr>
<tr>
<td>Dementia is part of the normal process of ageing</td>
<td>8.0%</td>
<td>22</td>
</tr>
<tr>
<td>Dementia can be cured</td>
<td>0.4%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 276

### Summary of key points

Around 1 in 5 people responding to the survey had a housing or social care qualification.

Respondents working with older people on a regular basis appeared better informed and more qualified.

Knowledge and awareness of dementia varied according to job role and the extent to which people encountered dementia in day to day work.
4. Housing Services and Dementia

This section covers:

- Dealing with dementia in the course of work
- Housing involvement in dementia
- Referral to other services – including issues or difficulties

4.1 Knowing what to do

When asked if they knew what to do if they came across someone they thought might have dementia in the course of their work, 159 people (58% of the 276 responding) said that they would know what to do.

The 149 respondents who said they worked with older people were much more likely to be confident about taking action if someone had dementia – 72% (107 of the 149) said they would know what to do. Senior managers were least likely to know what to do – only 52% answered ‘yes’ to this question, with a further 26% responding that it was not applicable to their role.

Chart 3 (No. of respondents = 276)
4.2 Housing involvement in dementia

The responses to the set of statements in the next question show a high degree of support for housing involvement in dementia issues. 76% of respondents (211 out of the 276 responding) thought that there is a role for housing staff in working with people with dementia. Less people thought that housing services should be involved in helping people with dementia (150 or 54%). 60% of respondents felt confident enough to agree with the statement ‘I would know which service to refer someone to if I thought they had dementia’. This indicates a high degree of agreement for individual housing staff involvement but less enthusiasm for housing services overall to play a part.

60% of respondents stated that they would know which service to refer someone to if they thought the person had dementia. This question was important to ask because of the emphasis being placed on early diagnosis of the condition as, the sooner a diagnosis can be given the earlier support can be given to that person. The follow on question probed for more detail.

Chart 4 (No. of respondents = 276)

![Chart](image)

Which of the statements below do you AGREE with? (Please tick all that apply)

- I think that housing services should be more involved in helping people with dementia
- I think there is a role for housing staff in working with people with dementia
- I would know which service to refer someone to if I thought they had dementia

4.3 Referral to other services

We wanted to find out if respondents knew how to refer people with dementia to specific services. Of the 275 people responding to the statement ‘I know how to refer people with dementia to the following services’, 68% (188 respondents) stated that they knew how to refer to social care services. This was followed by 46% of respondents (128 respondents) who reported that they knew how to refer people to a GP surgery. There was less awareness of how to refer to health care services generally or occupational therapists.
Thirteen people responded ‘other’ to this question. Of these, 7 mentioned Alzheimer Scotland, dementia helpline or dementia worker. Those working for a local authority seemed overall to be more confident about referral to all the services mentioned, as did those working with older people.

**Chart 5 (No. respondents = 275)**

The survey asked the follow up question ‘If you have had any difficulties referring people with dementia to other services, please give details’.

A number of comments were given in response including:

*The difficulty comes when the person doesn’t wish to accept the diagnosis, fearing it and the preconception of ending up in a care home.*

*It can be difficult to get people linked up with the appropriate services especially when they do not recognise there is an issue themselves.*

*I was advised by social work that only a family member or GP could refer a client who may be suffering from dementia.*

*Assessment and formal diagnosis takes far too long. Support is sporadic.*

*I would not be clear on who I would contact in the first instance.*
These comments are a snapshot but highlight issues of difficulty in referring at times, in particular to GPs, lack of clarity about who to refer to (and how) and resource issues which can lead to delays in the process. Additionally, there may be a reluctance by the person themselves to be referred to a service.

**Summary of key points**

There was a high degree of support for housing staff having a role to play when someone has dementia.

Most people knew how to refer to social care, but were less confident about other services.

There were some reoccurring issues highlighted where respondents were asked about problems they had come across.
5. Housing Design and Adaptation

This section covers:

- Involvement in design/adaptations
- Practical issues with projects

5.1 Involvement in design/adaptation projects

Dementia friendly design can help keep someone in their own home for longer, with a potential cost saving to health and other budgets if a move to more high level care accommodation can be avoided. There is also clearly less disruption for the person themselves.

When asked if they were interested in finding out more about how the design and adaptation of existing housing can assist people with dementia, 85% of respondents (233 out of the 274 people answering this question) said that they were. Of these, 18% said that they had been involved in the design and/or adaptation of existing housing to assist people with dementia. This proportion was higher for RSLs (20% of respondents) and lower for local authorities (with only 12% of respondents stating that they had been involved in this way).

We were interested in finding out what types of projects people had been involved in. Forty six people responded with examples. Several of these related to new build or conversion of sheltered or very sheltered housing. Other respondents mentioned specific dementia friendly changes or adaptations which had been made to individual properties or groups of properties. Those mentioned included reviewing use of flooring, lighting, signage, door monitors, use of colour, level access showers, handrails and appropriate cooking facilities. A few respondents mentioned redesign of common areas in sheltered housing. Several people had attended courses with the DSDC to learn more about dementia and design.

One respondent reported that they had been able to access money from the Change Fund programme to deliver design improvements across their sheltered housing complexes. Another pointed out those simple things that can make a difference, such as putting up helpful signage or rearranging furniture. They emphasised that any changes must always be ‘totally sympathetic to the tenant’s emotional condition’.

5.2 Practical issues with projects

We were interested in finding out about practical issues or problems respondents had encountered in design projects. Twenty eight people responded to this question. As might be expected, several of these mentioned that the costs and funding of adaptations and redesign were an issue. A difficulty in working in partnership with others was mentioned. This may include other residents where works are being carried out in common areas. One respondent mentioned trying to create a dementia friendly environment in a common room whilst taking ‘a balanced approach to avoid imposing on other services users’.
Other comments included:

**Working in partnership with health and social work - strategic agencies being clear about what housing can and can't do.**

In "high rise" property, the problems are more practical. These include over flowing baths/sinks. Hostility from less patient neighbours. Hostility towards those who report the problem and are blamed if person is removed from their abode. Lack of resources to effectively handle the problems related to multi tenancy properties.

We had difficulty getting tenant to understand that social work requested a level access shower for her (as she wasn’t using bath) and so it needed to be installed.

Overall, tenants and staff have been very supportive of incorporating design changes which will enable people with a memory problem to stay at home for longer. There have been some small hurdles to overcome in generating awareness of how good design can make a significant impact amongst a small number of tenants and staff alike. Similarly, there has also been some reluctance encountered by some, who view such changes with suspicion as leading directly to a change of service provision, where all tenants in the future will have high levels of assessed needs.

The tenant would agree then forget, then not allow the work to start, because she wanted sheltered housing (she’d forget she didn’t qualify for sheltered housing). Access for work to start was very difficult. The first attempt to start work was aborted as tenant was abusive (also physically) to contractors requesting access to start. Contractors refused to return to work which eventually led to arranging a full week day centre care with Alzheimer Scotland via social work. Contractors had to arrive after she had left and finish work before she returned home. When work was finished, it was again difficult for tenant to understand the concept of ‘wet floor’ shower as she refused to use it as she thought the water was running into the hall from bathroom. Once screens were installed her queries were alleviated.

If the tenant is distressed by change, no matter how logical it may seem, the benefits would not be gained, in fact it may be detrimental or unwise to pursue.

These comments show a range of difficulties which can occur from difficulties with other tenants to the person themselves becoming an obstacle to the improvements which could help them. The last point is a salient one given the degree of distress inherent in dementia as condition.
Summary of Key Points

There was a high level of interest from respondents in hearing more about dementia friendly design.

Those who had been involved in design and adaptations gave some detailed examples of the barriers and difficulties they had faced.
6. **Dementia Training**

This section covers:

- Training issues, including delivery methods
- Wider awareness of key dementia initiatives

6.1 **Training on dementia**

The next section of the survey focussed on training respondents had received on dementia as part of their role.

Overall, only 28% of those responding had been given any training (74 out of the 265 people responding to this question). Staff who said they work with older people on a regular basis were the most likely to have had training, but this was still less than half (45% or 64 of the 143 who responded to this question).

Unsurprisingly, given the numbers who had not yet had training input on this issue, a high number of those responding were interested in training in dementia. 74% of the 265 people responding to the statement ‘I would be interested in training on dementia as part of my role’ answered ‘yes’.

There were some variations by job level, with frontline staff most interested in receiving training (89% or 70 out of the 79 who responded). The percentages for middle and senior managers were smaller but still show significant interest (70% of senior managers and 66% middle managers were interested in training.) Respondents who worked with older people on a regular basis also showed a high degree of interest in training – 86% (or 123 out of the 143 people answering this question) said they would be interested in training.

**Chart 7 (No. respondents = 265)**

![Chart showing training interest](chart.png)
When asked which training providers had been used for any training they had, 40% (28 out of the 70 responding) mentioned Alzheimer Scotland. 29% (20 out of the 70 responding) said the DSDC. Of those who responded ‘other’, an additional 4 mentioned the DSDC, 2 mentioned training linked to Promoting Excellence and 2 mentioned training accessed through the local health board/NHS.

Table 3

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-house provided by staff in own organisation</td>
<td>45.7%</td>
<td>32</td>
</tr>
<tr>
<td>Alzheimer Scotland</td>
<td>40.0%</td>
<td>28</td>
</tr>
<tr>
<td>Dementia Services Development Centre</td>
<td>28.6%</td>
<td>20</td>
</tr>
<tr>
<td>Other (please give details below)</td>
<td>25.7%</td>
<td>18</td>
</tr>
<tr>
<td>For 'Other' please give details below</td>
<td></td>
<td>23</td>
</tr>
</tbody>
</table>

*answered question 70*

6.2 Methods for delivery of learning

We were interested in finding out the most popular choices for how people wanted to learn, i.e. the method of delivery. Respondents to the survey were asked to indicate their top three preferences for the way in which they receive learning.

The chart below shows that the most common methods of learning are traditional face to face delivery – i.e. workshops, external training, in-house training. Networking meetings to share practice are also popular. In line with trends towards more virtual learning, on-line delivery also scores well. There is some interest in formal awards for learning but little enthusiasm for on-line discussion forums.
6.3 Awareness of key dementia initiatives

In relation to dementia, three key documents have been published in the last few years:

- **National Dementia Strategy** – this was published in 2010 and sets out the overall aims of the government for dementia care
- **Promoting Excellence** – a Scottish Social Services Council (SSSC)/NHS Education Scotland (NES) joint publication setting out the level to which various health and social care practitioners should be trained when dealing with people with dementia (and their family and carers)
- **Standards for Care for Dementia in Scotland** – a set of standards which people with dementia should expect their care to be in line with.

Within all of these documents there is emphasis on improving the general service response to dementia, improving staff skills and knowledge, and ensuring integrated support for local change and improved services. However, the focus has been on health and social care professionals and the interventions they make with people with dementia. It is anticipated that housing may have a higher profile in the second national strategy which will be launched in 2013.

Housing workers who are delivering housing support services (such as wardens in sheltered housing) are already subject to registration with the SSSC and are required to obtain qualifications which are matched against the National Occupational Standards (NOS) for
Health and Social Care, as opposed to the NOS for housing. This will mean that there is some awareness of key initiatives amongst these staff, if less so amongst others.

**Promoting Excellence** is the key document for training staff who are working with or around people with dementia. It defines the training required at three levels:

**Dementia informed practice level** – the baseline knowledge and skills required by all staff working in health and social care settings including a person’s own home.

**Dementia Skilled Practice Level** - the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia and their families and carers.

**Enhanced Dementia Practice Level** - the knowledge and skills required by health and social services staff that have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services.

**Expertise in Dementia Practice Level** - the knowledge and skills required for health and social care staff who by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia.

For most housing staff, informed practice level will be appropriate. For those staff who have more prolonged contact with people with dementia, skilled practice level will be more appropriate. Those housing organisations with staff who are managing care homes or sheltered/very sheltered housing may require to be at enhanced or expertise level.

Given that there is applicability to the resources outlined above, even if they are not housing specific, we wanted to find out how aware people responding to the survey were of the materials mentioned above as well as more general guidance available on dementia friendly design.

The chart below shows that overall, over half of the people responding to this question were unaware of any of these key resources (52% of the 265 people who answered this question).
When looked at by local authority/RSL split, local authority staff were more likely to be aware than RSL staff, with those who worked with older people even more knowledgeable. However, the numbers reporting no awareness still remained high – 46% for local authority respondents and 45% for those working with older people. If awareness is this low amongst a group of people which is interested in dementia, it suggests that there is some work to be done across the whole of the housing sector.

When looked at by level of staff, it was middle managers who appeared least well informed with 63% (49 out of 79 responding) reporting that they had no awareness of anything referred to. Only 27% of middle managers were aware of the *National Dementia Strategy* compared to 37% of senior managers and 36% of frontline staff. However, when looking at *Promoting Excellence*, 26% of frontline staff, 23% of middle managers and 19% of senior managers were aware of this. This may reflect the greater exposure for frontline staff to the social care agenda.

**Summary of Key Points**

There is work to be done in raising awareness of the national key initiatives and strategies.

There was evidence of an overall lack of training, even amongst those staff working with older people (including amongst them those with dementia).

Face to face delivery of training was preferred above other methods such as on-line delivery.
7. Practice Examples

Towards the close of the survey, respondents were asked for details of anything they thought their organisation did well in relation to working with people with dementia.

Forty eight people answered this question. The responses plus other information gathered during the project are being used to develop illustrative case studies.

Several themes emerged from the information given:

- The need to train staff – to be able to spot symptoms and know what to do next
- Use of telecare, adaptations, smart technology
- The development of good links with health and social care services
- Good knowledge of tenants – to allow difficulties to be spotted at an early stage
- Developing networks/partnership working across the relevant services
- Use of Change Fund money for integrated projects and partnership working
- Following dementia design guidelines in new build and adaptation of properties

Additionally, the following words reoccurred throughout as respondents told us about projects and initiatives:

<table>
<thead>
<tr>
<th>Care</th>
<th>Understanding</th>
<th>Kindness</th>
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<tr>
<td>Knowledge</td>
<td>Patience</td>
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<td>Training</td>
<td>Specialist services</td>
<td>Advice</td>
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<td>Support</td>
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Some detailed examples are given below:

**Support for people with dementia**

*The staff in our sheltered housing support service help many tenants with dementia to continue to live independently in their homes because they have established a relationship of trust with them and work closely with their carers and family.*

*Within sheltered housing we have managed to integrate people with dementia into the complex and keeping a balanced environment and welcoming to all.*

*Our very sheltered developments provide 24 hour staffing as well as meals service which allows dementia sufferers to remain in their own home longer.*

*As an organisation we have developed a data bank of vulnerable tenants, which includes details of their specific needs, any assistance they receive and all relevant contact details.*
Recent service developments include the appointment of 2 Dementia Liaison Nurses (supporting care homes), a dementia training officer, and a post-diagnosis dementia nurse (supporting people with a new diagnosis). We have supported the development of specialised dementia-friendly housing and have introduced dementia-friendly design elements at some sheltered housing complexes.

Training

We have a dementia best practice network which is attended by all providers and commissioners. We have trainers across the sector to train in raising awareness. We have dementia strategy for the area. We have a clear training strategy. We are in the process of developing multi-agency specialist dementia teams. We have one member of staff with an MSc in dementia and are funding another 3 to undertake this. We are part funding a member of staff to undertake a PhD around Younger People with Dementia.

Information and awareness

We are running dementia road shows to raise awareness.

Design

Implementation of principles learned from the DSDC with design of buildings being adapted to suit the care needs of people with dementia.

Partnership working

Housing Services have worked on a number of projects to enhance the accessibility and quality of housing services for people with dementia. Much of this work has been delivered jointly with social work services and our other planning partners, which include health and voluntary sector organisations. We see housing as a key resource for all community planning partners in enabling this change.

It is also important to highlight that housing is fully embedded in the locality planning structures across North Lanarkshire, which means that front line housing professionals meet with other front line professionals in health and social care to plan specifically to meet the needs of older people with complex needs, many of whom have dementia. They also focus on mapping and planning preventative and anticipatory services for service users across their respective localities and use these structures to ensure local needs are being met in the most appropriate ways.

Funding

The Change Fund programme has provided some opportunity for us as a housing provider to make a number of significant improvements and design enhancements to improve the accessibility and sustainability of housing for people with dementia or other memory impairments. These improvements are being completed across mainstream and specialist
older persons housing stock, to ensure a range of appropriate housing options are available to support older people with dementia in the community. This work has focussed specifically on some relatively straight forward design improvements based on 'dementia friendly design' principles, and a number of other projects which seek to increase the provision of low level preventative community supports, such as provision of community space for social activities and specific support services, and technology enhancements which ensure specialist older persons housing has the capacity to meet the increased support needs associated with the projected increase amongst older population groups whilst financial resources are constrained.
8. Summary and Conclusion

There was a very encouraging response to the survey with a good cross section of staff from across the housing sector taking part. Staff responding were also represented at different levels within organisations and across a number of job roles and functions. The high percentage of people wishing to be kept in touch with the project (68% of those responding) shows that there is a desire within the sector to find out more and be kept up to date. This may reflect the increasing age of tenants within the social rented housing, in mainstream housing and specialist provision, which means that housing staff are more likely to interact with people with dementia.

As would be expected, respondents who worked with older people were more likely to be better informed about dementia and know what to do if they came across someone with signs of the condition. There was a high degree of support for housing staff playing more of a role when someone has dementia but mixed responses about what could be done at times, including when wishing to refer individuals to social work or GP services.

A number of organisations have already taken on board the principles of dementia friendly design. Several of those giving examples of design initiatives showed awareness of being ‘person-centred’ and ensuring the least distress possible to the person with dementia.

The survey had been carried out in part to assess training needs within the sector. It seemed clear from the responses to the survey that there is unmet need. 74% of those responding were interested in training. Even amongst those who worked with older people, with 83% stated they were interested in receiving training.

There was overall a low level of awareness about national initiatives and strategies, including the Scottish Government’s National Dementia Strategy. If housing is going to play a greater part and have a ‘seat at the table’ when decisions are being made about the overall direction dementia services take (including resourcing) then understanding the national Scottish Government agenda will be increasingly important.

Finally, there were a number of very useful examples put forward which gave more details of what is currently happening in practice within organisations. A sample of these is currently being written up in more detail for separate website publication.