

Dementia: housing at the crossroads

Housing – providing solutions for people with dementia

In recent years we have begun to improve our understanding of what it means to live with dementia and the ways in which people can be supported to live independently. Most people with dementia say they would prefer to live in their own homes for as long as possible. If someone is diagnosed early, and has access to the necessary advice and support, they can build on their existing support networks and make the changes that may be necessary to their home they can decrease their risk of institutionalisation.

Housing staff may be in a position to identify when someone is showing signs of dementia and help them to get a diagnosis rather than someone being without support until they reach crisis point. They provide a range of services such as floating support, equipment and home adaptations, telecare or return to home services.

For people with dementia such services are can provide a bridge between an admission to hospital and a successful and safe return home.

Housing and related services, together with other interventions, can improve the quality of someone's life and reduce their need for care. Through a combination of changing behaviour, home adaptation and support, someone can achieve a higher quality of life in the time available to them. This can also reduce the need for more costly institutional forms of care. Specialist housing can ensure that someone's home is care ready. However, examples of well designed specialist housing schemes are still the exception rather than the norm.

This briefing is designed to be of use to those responsible for providing and commissioning housing and housing related services for people with dementia. It has been distilled from the work HACT has been doing with the Dementia Services Development Centre at the University of Stirling through its programme "Dementia : Housing at the Crossroads". It is intended to support debate and discussion around the ways in which housing and housing related services can play a full role in service redesign and improving the lives of people living with dementia.

- **It is estimated that 40% of hospital beds are occupied by people with dementia.**
- **Housing staff can help to ensure that problems are resolved before they reach crisis point.**
- **Specialist housing can ensure that someone's home is 'care ready', responding flexibly to their changing needs.**
- **A third of people with dementia waited longer than a year to go to their GP.**

- **Currently 60% of people with dementia enter hospital from their own home, but just 36% return home after discharge.**
- **Two-thirds of people with dementia live in their own homes or specialist housing.**
- **Early provision of support at home can decrease institutionalisation by 22%.**

Key Questions

We have developed a number of questions that will assure board members and managers that the services they are providing are of the appropriate quality and delivering their desired outcomes. Against each of these what an inadequate answer might look like – typically one that is reliant on the development of process – and what a more considered answer to these questions might be that could be monitored to provide assurance.

Key questions	Basic answers	Better answers
What steps are we taking to raise awareness of dementia with tenants, to steer them towards diagnosis and advice about long-term planning?	We display and circulate information about our local Alzheimer's organisation in reception and in newsletters. Our neighbourhood officers have done dementia awareness training. We believe that people should go to their GP if they are concerned	Our staff are trained to recognise any rapid change in someone's cognition – and where appropriate this alerts a call to the GP. We hold neighbourhood events about dementia and the benefits of seeking early diagnosis. Staff and residents are offered training on what the early signs of dementia are, where to go for local help and how to respond to the behaviours that someone with dementia might display.
Is there a plan for the delivery of care and support for tenants with dementia?	All staff are dementia aware and signpost people to their GP who refers them to the local memory clinic. We rely on the GPs to signpost people. We encourage GPs to include us in any case conferences and care planning.	Tenant support staff know who the local GPs are with a special interest in dementia and have developed a partnership with them. We are involved in case management and an integrated approach to someone's care and support. Staff know the commonest reasons are for hospital admission and able to identify these.
Have we developed a structured approach to the design of specialist accommodation and home adaptation?	People are provided with information on how to make their homes dementia friendly. We make them aware of the need to improve the quality of light, the signage and to introduce assistive technology.	Accommodation has been accredited as being dementia friendly. General needs tenants receive assistance with retro fitting adaptations. Dementia friendly design is part of our standard package and new build and refurbishment programmes include this as standard.
Do we ensure consistency of support and care between home, primary care and any hospital stay?	We ensure that we are on the list of the people with whom the GP and the hospital are liaising. Falls checks are undertaken prior to someone returning home following an acute admission.	We are part of the planning of someone's discharge from day one. Any aids and adaptations required are installed quickly.

Appropriate interventions for different populations

Appropriate responses to dementia will depend on the advancement of the condition. The following table gives an indication of the actions necessary for different population groups.

General Population	At-risk population	Mild cognitive impairment	People with Dementia
<p>Education and awareness raising.</p> <p>Take statins and blood pressure medication.</p> <p>Be as active as possible and maintain connection to friends and neighbours.</p> <p>Dementia friendly neighbourhoods are created.</p>	<p>Take regular exercise</p> <p>Learn new skills</p> <p>Drink right things – small amounts of red wine, green tea</p> <p>Get power of attorney in place</p>	<p>More exercise</p> <p>Make home modifications</p> <p>Consider installing assistive technology e.g. magi-plugs</p>	<p>Coordination of health and social provision</p> <p>Be involved with local groups and identify sources of support</p> <p>Support for carers</p>

Housing associations and dementia: maturity matrix

How do we assure ourselves that:	Best Practice	Better Practice	Advanced Practice
Dementia is central to the vision and strategic objectives of the organisation	The association is responding to the challenge of dementia by using evidence based interventions to support independent living and well designed environments. This is evidenced in corporate strategies and there are measurable objectives and targeted actions in place.	Our planning process is supported by evidence that plans to improve dementia care are being delivered. Strategies are refreshed to take note of emerging better practice and new evidence in relation to dementia care.	Delivery of strategy has led to improved outcomes for tenants with dementia leading to higher rates of diagnosis and greater levels of independent living than the average.
Dementia services are high performing.	Association knows levels of dementia diagnosis and levels of need in our areas of operation, we have developed a clear service offer and have implemented dementia friendly design principles.	Gap analysis and design audit has informed service improvement plans. Quality impact assessments are used to inform decision making. System of outcome monitoring informs planning and delivery of services.	Efficiency and effectiveness of services are benchmarked internationally.
People with dementia and their carers are central to our organisation's decision-making.	People with dementia and their carers are recognised as a resource to design and deliver service and environmental improvements.	People with dementia and / or their carers confirm association effectively engages with them both verbally and in writing. Association can evidence a link to better outcomes for people with dementia – including tenant / resident reported outcomes.	Organisation recognised as a national leader in effective engagement with people with dementia and related stakeholders.
Dementia is Embedded into the Organisation's Governance Arrangements	The Board and senior leadership show a strong commitment to dementia services. Board can demonstrate that it is providing effective scrutiny of plans and strategies to improve services and environments for people	The Board Assurance Framework can demonstrate that it has successfully controlled the risks to the delivery of strategies and plans for people with dementia.	Board is knowledgeable about dementia services, and has assurance that services continuously exceed national best practice. There are year on year improvements in the length of time people with dementia can choose

	with dementia and receives active assurance.		to live independently.
We have the required skills and capabilities.	The Workforce Development Plan has in place measures that will ensure that all staff have the right skills and capacity to deliver services and understand the interventions that will improve the quality of life for people with dementia.	Organisational capacity has been developed and staff are actively engaged and working alongside local communities to deliver safe and effective community services for people with dementia.	Organisation supports service innovation and adopts new technological developments and is an acknowledged beacon of best practice and is sought out by other organisations seeking to improve.

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