

Housing Learning & Improvement Network

Care Services Improvement Partnership 

Health and Social Care
Change Agent Team

Dignity in Housing

This report and accompanying checklist takes a detailed look at policy and practice in relation to achieving dignity in a housing setting

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Acknowledgements

Grateful thanks to the residents and/or staff of the following organisations for their assistance, information and views

AIMS
Alternative Futures
Anchor Trust
Bristol Care and Repair
CD Associates
Centre for Sheltered Housing Studies
Change Agent Team, CSIP
Chelmer Housing Partnership
Endeavour Housing Association
Hanover Housing Association
Harpur Trust
Hereward Housing Association
Housing 21
Kent County Council
Leicester City Council
Methodist Homes Housing Association
Northamptonshire County Council
Notting Hill Housing Group
Sheffield University
Spire Homes
St Helens Borough Council
Trident Housing Association
Wales and West Housing Association

Contents

Introduction	4
About this Report	4
Definitions	5
Policy Framework	7
A Human Rights Perspective	7
Legislation, Policy and Regulation	7
From Policy to Practice	9
Standards	9
Achieving Dignity in the Housing Sector	10
Facets of Dignity	10
Housing Domains	10
Individual housing domains	11
Building Design and Physical Environment	11
Assistive Technology	12
Charters, Codes of Practice, Ethos and Culture	13
Housing Management and Support – Policies, Procedures and Systems	14
Housing Management and Support – Attitudes and Practice of Staff	19
Opportunities for Inclusion, Human Contact, Self-Fulfilment and Fun	20
Information	22
Legal and Financial Status	23
Resource Allocation and Service Type	24
Contradictions and Conundrums	25
Dignity and Homelessness	26
Dignity and Dementia	27
Dignity and Protection of Vulnerable Adults	28
Dignity and End of Life Care in Housing	29
Conclusion	29
References	31
Appendix 1: Dignity in Housing – Practice Matrix	33

Introduction

Dignity in care is a stated priority in the Department of Health's White Paper, "Our Health, Our Care, Our Say: a New Direction for Community Services" (2006)¹. Following publication of the White Paper, the Minister for Care Services, Ivan Lewis, launched an online survey to hear directly from the public about their own experiences of being treated with dignity in care services, or about care they had seen provided to others.

The issues which people felt helped ensure dignity in care included:

- Putting the individual receiving care at the centre of that care by asking them what their specific wants and needs are and how they want their care to be provided
- Being patient
- Not patronising the person receiving care.
- Helping people feel they can rest and relax in a safe environment
- Making sure people are not left in pain
- Ensuring people do not feel isolated or alone
- Respecting basic human rights, such as giving people privacy and encouraging independence.
- Taking into account people's cultural and religious needs
- Services made up of smaller, more specialised teams who have the time to get to know people individually

About this Report

While the Dignity in Care programme is primarily focused on providers of care, there are also measures that providers of housing and housing-related support can apply in the way they design, manage and deliver services.

This report, and the accompanying checklist, is directed at the wide range of organisations that provide such services. Its main purpose is to give practical examples and guidelines on how organisations in this sector can promote the dignity of their service users. However, it begins by setting these in context by exploring the meaning of "dignity" and outlining the wider policy framework.

The emphasis of this report is on older people. Nevertheless, the principles apply irrespective of age, making it applicable to all adult groups. Furthermore, older people are not a homogeneous group. They have the same diversity of needs and characteristics as younger adults, making all the examples relevant to them.

The Social Care Institute for Excellence (SCIE) will shortly be publishing a report entitled "Dignity and the Care of Older People"². It will provide a descriptive account of selected research, inspection, policy and practice documents which relate to dignity in care. It aims to offer a window onto some of the issues and debates. This "Dignity in Housing" report and SCIE report complement one another.

Definitions

“Human dignity is inviolable. It must be respected and protected.”

So says Article 1 of the European Charter of Fundamental Rights³. But, what do we mean by dignity?

The Department of Health, in a document entitled “The Essence of Care”⁴ puts forward the following definitions which are extremely attractive in their simplicity:

Dignity = Being worthy of respect
Privacy = Freedom from intrusion
Modesty = Not being embarrassed

Other definitions suggest that dignity derives from the intrinsic value of being human, or human worth: “Menschenwurde”. Researchers at Cardiff University undertaking a European funded project on “Dignity and Older Europeans”⁵, describe three universal human characteristics:

- Firstly, human beings are embodied, and in the course of their physical and psychological development, they gain control of physical functions. The loss of these functions, through incontinence for example, is a source of loss of dignity.
- Secondly, human beings are unique within the animal world for telling stories. Fundamental to being human is the capacity to build and shape an identity and understand oneself through the development of meaningful stories about our lives. Illness and ageing, for example dementia, may threaten some people’s ability to construct a story and make sense of their lives, thus threatening their sense of identity.
- Thirdly, as social animals, humans require self-respect. This comes from being recognised by others as being worthy of respect, and from having meaningful roles to fulfil.

These then underpin three categories of dignity:

- **Dignity of Merit**
 - Often, dignity and social status are ascribed to people because of the role they play in society (for example a judge or hospital consultant) or what they have achieved (a successful athlete or scientist). Especially in capitalist societies, a person’s status depends on their economic and social position. These may change during a person’s lifetime and an older person who no longer works, and becomes excluded from wider involvement in society, may experience a loss of dignity. This is exacerbated in an ageist culture that stereotypes and provides negative images of older people.
 - Most older people have contributed a lot to their families and society at large and have accumulated a degree of wisdom from their life experiences. This is a form of dignity of merit and is recognised as such in some cultures which revere their older members. In western cultures the respect for older people has become increasingly eroded.

- **Dignity of Moral Stature**

- Dignity is associated with how people behave. It is important for people's dignity, that they are able to live according to their own moral code, thereby reinforcing their integrity and upholding their moral autonomy. Dignity is undermined if people are prevented from exercising and applying the values, principles and standards they believe to be right. This applies equally to those providing services as to those receiving them.

- **Dignity of Personal Identity**

- This form of dignity reflects an individual's identity as a person. Central elements include a sense of self, one's physical identity, the roles one fulfils, being part of something, being responsible for oneself, and making sense of one's life. Through this comes self-respect. Loss, challenges to, or interference with any of these can result in a loss of self-respect and dignity.

As people age, a number of factors can contribute to undermining their sense of self-respect and worth – a reduction in useful roles; loss of meaningful relationships; infirmity resulting in increasing isolation, and exclusion from people and things that matter; and mental or physical frailty and illness eroding autonomy, control and identity.

A range of disadvantages and disabilities can have similar effects on people of any age, in that they may face barriers to achieving these sources of meaning and dignity in the first place.

Friends, relatives, staff and society can either mitigate these effects – or accelerate and exaggerate them – through their attitudes, actions or failure to act.

Thus, this model of dignity sets out a clear framework for understanding how individuals and society can promote or undermine people's dignity; as such, it sets the context for this report.

The following views of residents and staff in housing for older people describe what dignity means to them.

“Dignity for me is not being treated as a non-entity” (Extra care tenant)

“It's nice to know someone cares. When you're seventy you're more or less put on the shelf” (Sheltered housing tenant)

“Dignity means being accepted as I am” (Sheltered housing tenant)

“A lot comes down to respect. I treat tenants with respect and I get respect back” (Scheme manager)

“Once you're old or disabled people often treat you as incapable, as though you haven't got a mind any more” (Extra Care tenant)

“Dignity means not being patronised” (Sheltered Housing tenant).

Policy Framework

A Human Rights Perspective

Article 3 of The European Convention on Human Rights⁶ states that “no-one should be subjected to torture or to inhuman or degrading treatment or punishment”. This has been incorporated in the UK Human Rights Act 1998⁷ along with the right to respect for private and family life, freedom of thought, conscience and religion and the prohibition of discrimination.

Article 25 of the European Charter of Fundamental Rights³, based on the Convention reads: “The Union recognises and respects the rights of the elderly to lead a life of dignity and independence and to participate in social and cultural life”.

Legislation, Policy and Regulation

Many UK government policy documents have recognised that dignity and well-being of older people are intrinsic to policy formation and practice development:

- A key theme of the “National Service Framework for Older People”⁸ is about respecting the individual in the context of “widespread infringement of dignity and unfair discrimination in older people’s access to care”
- Standard 1 of the NSF pledges to root out age discrimination from NHS and social care services whilst Standard 2 focuses on person-centred care; treating people as individuals and enabling them to make choices about their own care. The NSF has recently been followed up by “A New Ambition for Old Age: Next Steps in Implementing the NSF for older People”⁹ which introduces two programmes under the banner of dignity – “Dignity in Care”, and “Dignity at the End of Life”. A commitment is made to strengthening activities in a number of areas, including nutrition and the physical environment, workforce skills, competence and leadership, equalities and human rights, assuring quality, and ensuring dignity for those with mental health problems and at the end of their lives.
- The social care Green Paper issued by the Department of Health, “Independence, Well-Being and Choice”¹⁰ says that services should be “person-centred, seamless and proactive. They should support independence.....and treat people with respect and dignity and support them in overcoming barriers to inclusion.” The Green paper emphasises prevention, independence, empowerment and choice, and introduces a number of new policy initiatives to support these including self assessments and individualised budgets. It makes reference to the role that housing-related services can play in prevention and enablement. These themes are developed in the joint health and social care White Paper, “Our Health, Our Care, Our Say”¹.

It is not only the Department of Health trying to move policy and regulation in the direction of protecting and promoting dignity.

- In “Opportunity Age”¹¹, the Department for Work and Pensions says that “all older people are entitled to dignity and respect at all stages of their lives. That means protecting the vulnerable from abuse and setting high standards for services...We will work for the most excluded”, ensuring that services are

“respectful, flexible and culturally appropriate”.

- A report issued by the Office of the Deputy Prime Minister (ODPM - now the Department of Communities and Local Government – DCLG) in March 2005 entitled “Excluded Older People”¹² was followed by the introduction of the “Sure Start to Later Life”¹³ programme currently being piloted. It is designed to improve participation and prevention. It aims to provide a single accessible gateway to services; “Proactive, preventative housing, health and social care services can offer economic benefits” “Happier, healthier older people can make a huge contribution to society.” “Physical and social activity are protective of health and can directly improve well-being.” (Luke O’Shea – Social Exclusion Unit)
- The ODPM’s, ambitious five year plan, “Homes for All” announced in February 2005 outlines a raft of measures designed to create a “fairer society where everyone has the chance of a decent home.” It reinforces the Decent Homes targets to be met by 2010 for social housing. In the “Housing, Health and Safety Rating System Guidance”¹⁴ published in February 2006, not only the physical harm, but also the social and mental health effects of the 29 hazards have been included. Areas of focus include “crowding and space” and “entry by intruders”.
- “No Secrets” government guidance for protecting vulnerable adults, the new Safeguarding Vulnerable Groups Bill, the Mental Capacity Act, and a range of anti-discriminatory legislation, all seek to protect vulnerable groups from abuse.
- With the introduction of Supporting People (SP) in 2003, the quality of housing related services was brought into focus. The core service objectives of the SP Quality Assessment Framework are all relevant to protecting or promoting service users’ dignity: individualised needs and risk assessment and support planning; protecting security, health and safety; protection from abuse; fair access, diversity and inclusion; and complaints.
- The Housing Corporation Regulatory Code includes aspects which serve to promote dignity, for example “being responsive to the individual characteristics and circumstances of residents” as well as issuing a range of good practice guidance. The Housing Inspectorate and Audit Commission are responsible for inspections to assess compliance.
- The 1999 DH and DETR document, “Better Care, Higher Standards – A Charter for Long Term Care”¹⁵ spells out the values and standards which people can expect from “local housing, health or social services”, including “treating you with courtesy, honesty and respecting your dignity”, as well as helping to achieve maximum independence, to make informed choices and to give views.
- The Commission for Social Care Inspection (CSCI) is responsible for regulating care providers within the framework of the Care Standards Act and National Minimum Standards for residential and domiciliary care to ensure minimum standards are achieved. A range of empowering legislation enables authorities to act to help older people, e.g. the NHS and Community Care Act 1990.

From Policy to Practice

All of these provide the official framework for maintaining and promoting dignity; yet we know that in practice there is a long way to go, and there are strong counter-currents at play which prevent the fulfilment of the aspirations and outcomes identified.

It is up to every sector and every individual within each sector to play their part. So how can the housing sector contribute effectively to this agenda?

Much has been written about promoting dignity in the context of health and social care. There is less to be found about promoting dignity specifically in the housing sector. Having set out the wider context, this report will focus on how the housing sector can uphold dignity amongst the people it serves.

Standards

In “The Essence of care: Patient-Focused Benchmarking for Health Care Practitioners”⁴, the Department of Health has developed a set of standards or benchmarks for best practice. Some of these could perhaps be adapted for the housing sector as follows:

Benchmark of dire practice		Benchmark of best practice
1) Attitudes and behaviours		
Older people experience deliberate negative and offensive attitudes and behaviour directly from staff, or from neighbours in a culture which tolerates abusive attitudes.	→	Older people feel all the time that they are important and valued by staff, and that staff will seek to engender a culture which promotes tolerance, understanding and respect.
2) Personal world and personal identity		
The older person’s values, beliefs, history and personal relationships are ignored.	→	Older people experience services delivered in such a way as to take into account their individual identity and wishes.
3) Personal boundaries and space		
The older person’s personal boundaries and space are deliberately invaded.	→	The older person’s boundaries and space are provided for, protected and respected.
4) Communication		
The older person is totally ignored, talked over or talked at.	→	Communication with the older person takes place in a manner tailored to the individual’s own identity and circumstances, and is a genuine exchange involving listening as much as conveying information.
5) Confidentiality		
Information about the older person is shared with people who have no right or need to know, without the individual’s consent.	→	Information about the older person is shared on a need to know basis with the informed consent of the individual, applying Caldicott

		principles, and within information sharing protocols.
6) Privacy, dignity and modesty		
An older person's privacy, dignity and modesty are mocked or not considered at all.	→	Building design and service provision actively promote privacy and dignity, and protect the older person's modesty.

Achieving Dignity in the Housing Sector

Facets of Dignity

It could be said then that someone's dignity is promoted if the service, framework or environment:

- **Maximises privacy and protects an individual's modesty**
- **Enables maximum independence, choice and control over his or her own life**
- **Creates a sense of worth, visibility and significance in the individual – "I matter" or "I count". "I am not ignored or treated like a non-entity"**
- **Boosts confidence, self-esteem and self-respect including sense of safety and security**
- **Provides a sense of belonging – of being part of something**

These are of course interlinked with the promotion of one supporting another. For example, promoting independence and control, and making individuals feel that they matter and belong, will all contribute to boosting confidence and self-esteem. The converse is true too. The above will be called collectively the "Facets of Dignity".

Housing Domains

"The fulcrum for the independence of the vast majority of older people is, of course, their home. Its type of tenure, its design, its scope and limitations, the services which may be provided in it or to it – all these combine to assist or to impede the older person's quest for a decent and reasonable life." From "Redefining Old Age: Living at Home. Centre for Policy on Ageing. 1987"¹⁶

Promoting dignity within social housing and private sectors encompasses a wide range of domains which provide many opportunities to succeed – or fail. These will be explored one-by-one with examples and case studies. The domains have been broken down into:

- **Building design and physical environment**
- **Assistive technology**
- **Ethos and culture**
- **Housing management and support – policies and procedures**

- **Housing management and support – attitudes and practice**
- **Opportunities for inclusion**
- **Information**
- **Legal and financial status of individual**
- **Resource allocation – organisation’s priorities and macro commissioning decisions**
- **Service type – what services are or are not available**

Whilst domiciliary care is of course of vital importance to people living in their own homes and one or two examples may encompass care, the thrust of this article is on how a housing environment, housing organisations, housing staff and housing-related services can promote or undermine dignity. The contribution of care provision, when and how it is delivered, is critical to people’s dignity, but is not the primary focus of this paper.

Appendix 1 on page 33 is a matrix of good practice and barriers to promoting dignity. It identifies examples within each housing domain for each of the “Facets of Dignity”.

Individual Housing Domains

Building Design and Physical Environment

“It is true of course that elderly people need fewer rooms, but it is not true as architects and planners seem to interpret it: that elderly people need ‘smaller rooms’. Indeed many have to ditch lifetime treasured possessions to fit into the cubicle offered them. Shoving us in these places emphasizes our diminishing use to the community and our families. It is contrary to the very dignity of the aged” (Sheltered housing tenant.)

Buildings which serve the dignity of people are those which are designed to affirm and enhance the worth of their occupants. They do this by facilitating the comfort, safety, convenience, aesthetic nature and privacy of people. Buildings and the physical environment can actively promote and enable dignity or they can undermine it, making residents dependent, exposed and embarrassed, or isolated. Space standards, design, use of colours, choice of surfaces, private or shared facilities, accessibility and signage all play a part. A downstairs toilet can prolong independent living; an en-suite bathroom promotes privacy; a door chain and spy hole can enhance self-confidence when living alone; if you’re wheelchair reliant, living at the top of steep stairs can result in a sense of exclusion and isolation; and so on.

Examples

The following example illustrates a determination to make the physical environment as facilitative and disability-friendly as possible. The housing provider’s whole ethos is about maximising independence and this is reflected in a wide range of “outputs”, from colourways and choice of furniture to literature and information for tenants.

A Holistic Approach

When undertaking improvements to their sheltered housing stock, great thought was given to how improvements should be made which would maximise residents’ choice, independence and dignity. The approach adopted by Leicester is a holistic and thoughtful one, covering environment, staff training, and

resident empowerment, amongst others.

For example, with the help of the Royal National Institute for the Blind, the council made a range of improvements to the physical environment of sheltered housing in order to maximise independent movement around the schemes for those with poor sight or dementia:

- The lighting in the corridors was changed to meet the RNIB specification
- The open brick walls were plastered over to change the rough texture
- Each level was a different colour, with walls being light, and doors, rails and carpets being dark
- The floors were carpeted, and different textures were introduced to warn of impending changes, so for example at the top of the stairs, at entrances and so on
- Handrails were put up
- Doors to communal areas were painted a different colour to front doors

Leicester is now working towards the RNID Louder than Words accreditation which includes:

- Staff training
- Flashing beacons if the fire alarm goes off
- Availability of vibrating pillows for those who can't hear the fire alarm
- Loop system in communal lounge plus portable loop system

See 'Information' aspects of this case study under "INFORMATION" on page 22

Says Jean Denyer, Leicester Service Manager: *"Thinking about how to maximise independence is part of everything we do, whether it is making sure that new chairs contrast properly with the carpet so that they can be seen, bringing information in to the scheme in an interesting way, or subtly advocating on behalf of older people by requesting leaflets in bigger print."*

Leicester City Council

The following case study demonstrates how effective consultation and respect for the service users' wishes determined the outcome in terms of building design.

Lateral Thinking Provides a Solution

Mrs D. has severe arthritis and lives with her husband. The community O.T. recommended that a section of the living room should be converted into a ground floor W.C. to be funded by a DFG.

Mr and Mrs D were very upset at the prospect of reduced living space as the room in question is where they keep their computer and desk, and where they entertain their lively grandchildren on their regular visits.

Care and Repair drew up alternative plans to convert the existing outbuilding instead. The difference in cost was about £1,000 which Mrs. D's family met. The new W.C. room has space for a level access shower if required at a future date.

Bristol Care and Repair

Assistive Technology

Assistive technology is being lauded as a key method of promoting independence and control. However, as with much technological advancement, assistive technology itself is neutral. It can either promote or undermine dignity, depending on how it is used. And sometimes, it can represent the lesser of the "evils"; for example a movement or property exit detector may be less restricting and undermining than a move to a secure care home.

Ideally, use of a particular device should be dependent upon individual need; the individual should understand what is involved and give informed, pressure-free consent; it should be of benefit to the individual not just convenient to staff; and

protocols around its use should be in place. In these circumstances it is arguably more likely to support than undermine dignity.

Case Study

Enuresis Monitor

Mrs J

Mrs J is a resident of an Extra Care scheme. Over the past few months carers have noticed an increase in incontinence. This is uncomfortable for Mrs J. The current approach is for carers to enter her room at night and feel her bed to see if she has soiled herself. This is unsatisfactory for all.

What Mrs J wants:

- Privacy and dignity
- Not to be disturbed when sleeping
- To be assisted as soon as possible when incontinent
- To be continent

Solution:

- An enuresis pad is fitted which issues an alert if Mrs J is incontinent.

Benefits for Mrs J:

- Mrs J is treated with more respect and dignity.
- Carers now only enter her room when an incident occurs.
- If she is incontinent she is toileted and bedclothes are changed straight away.

Promoting Continence:

Carers can (with permission) examine records of alerts. They can see that a pattern of incontinence has developed between 2.00 – 3.00 am. Using this information carers can toilet Mrs J at 1.30 and build up a pattern of continence.

Hanover Smart Choice

For another example of the use of assistive technology, see under Dignity and Dementia on page 27.

Charters, Codes of Practice, Ethos and Culture

There is no doubt that the culture or ethos in a housing complex can either promote or undermine an individual's confidence, self-respect and privacy. Prevailing attitudes in an entire scheme, even amongst the residents, are often shaped by the site manager; for example, is discrimination against residents with dementia or a disability tolerated, or is it nipped in the bud firmly but discreetly?

The ethos in individual housing schemes is likely to reflect the culture of the managing organisation, which in turn should mirror the organisation's values and principles as enshrined in a charter or code of practice. In the best organisations, these are clearly written and widely disseminated, with policies and procedures flowing from them, and staff who are trained to reflect them in the way they practise. In other words values, policy and practice are genuinely aligned.

The Centre for Sheltered Housing Studies has developed a code of practice¹⁷ in which providers of sheltered housing are encouraged to work towards accreditation. To comply with the code, sheltered housing providers are required to provide evidence that they have in place a range of appropriate policies relating to their sheltered housing service, as well as demonstrating that these policies are put into practice within the service. Those who achieve the code may be "passported"

through the Supporting People Quality Assessment Framework. See p 15 for the CSHS standards.

The Association of Retirement Housing Managers has developed a Code of Practice¹⁸ applying to private retirement housing, which all their members are expected to comply with. It aims to promote best practice in the Management of leasehold residential properties.

Endeavour Housing Association has tailored its charter for individuals with learning difficulties through the use of images and simple language. See p 16.

Housing Management and Support – Policies, Procedures and Systems

Like all the other housing domains in this paper, the policies and procedures of housing organisations can either support or obstruct practices and operations which promote dignity in all its forms. A whole range of policies, procedures, processes and systems have implications for the dignity of service users.

These include Health and Safety, Equal Opportunities, Confidentiality, Anti-Social Behaviour and Protection of Vulnerable Adults, Whistle-blowing, Complaints and Consultation. Recording processes, computer-held information, and administrative and financial systems support these policies and procedures and can, in their own right serve or detract from the interests of dignity.

Questions to consider:

- Is there a Health and Safety policy which safeguards against undue risk but doesn't unnecessarily mollycoddle?
- Is the complaints procedure understandable and not intimidatingly bureaucratic?
- Is the option of mediation part of the Anti-Social Behaviour policy?
- Does the Protection of Vulnerable Adults policy place too much emphasis on process and too little on the victim or outcome?
- Does the needs and risk assessment and support planning under Supporting People link with the Single Assessment Process to avoid duplication?
- Are there inter-agency protocols facilitating effective co-ordination and seamless provision?
- Are records kept of why people are moving away, so that trends can be identified and issues addressed?
- How are rent accounts and arrears processed?

Good induction and training programmes are fundamental to ensuring that staff understand and implement company policies and procedures. Equally, service users need to be made aware of their access into those of direct relevance to them, as well as given the opportunity to shape them. Some of the principles of meaningful resident participation and examples are given in the section on "Opportunities for Inclusion".

The Wales and West Housing Association has developed a "Privacy and Dignity Policy" specifically drawing together all policies and procedures which relate to promoting or protecting privacy and dignity. This can be seen on pages 17 and 18.

Centre for Sheltered Housing Studies Code of Practice

The 10 Standards within the Code of Practice, and their objectives:

- Standard 1 Service delivery, review and continuous improvement**
To demonstrate the organisation's commitment to quality assurance and to continuous improvement through clear performance indicators for the sheltered housing/related support services, regular service reviews, and the monitoring of consistency of delivery across the sheltered housing/related support service
- Standard 2 Policy and Legislation**
To demonstrate that the organisation has addressed key legislation and/or external guidance relating to the sheltered housing service and which underpins key areas of service delivery; to demonstrate that policies and procedures relating to these areas are clearly stated, regularly reviewed in the light of new legislation/guidance and clearly understood by staff
- Standard 3 Equality of opportunity and diversity**
To demonstrate that the organisation is fully committed to the promotion of equality of opportunity and to diversity in terms of the workforce within and clients of sheltered housing
- Standard 4 Rights and responsibilities**
To demonstrate that the organisation is committed to promoting service users rights, shown by their commitment to principles of consultation, participation, choice, & service users involvement
- Standard 5 Confidentiality and Privacy**
To demonstrate that the organisation is committed to client confidentiality, and that scheme staff respect confidentiality of knowledge and information
- Standard 6 Independence and empowerment**
To demonstrate the organisation's commitment to the promotion of independence, and to empowering residents to participate, direct their own lives and engage in the wider community
- Standard 7 Professional role and responsibilities**
To demonstrate that staff are clear about their roles, responsibilities and boundaries, and are aware of the service ethos and philosophy
- Standard 8 Collaboration and Community Development**
To demonstrate that staff at all levels within the service are committed to collaborative working with other professionals, and to promoting and developing links between the service users and the wider community
- Standard 9 Trained and supported staff**
To demonstrate that staff are trained, supported and supervised, and that within these processes the needs of a dispersed workforce are met
- Standard 10 Physical Environment**
To demonstrate that the physical environment is appropriate for the needs of service users, and meets requirements for independence, privacy and dignity

TENANTS CHARTER

Tenants in any of Endeavours Supported Housing Projects have certain rights. Each tenant should have the right to the following standards of service:



✓ **PRIVACY**

- I have the right to be free from unnecessary intrusion into my life and to have my own privacy



✓ **RESPECT**

- I have the right to be treated equally and respectfully.



✓ **INDEPENDENCE**

- I have the right to have control over my body and life.



✓ **CHOICE**

- I have the right to my individual identity, beliefs and that my choices are acknowledged and respected.



✓ **CONSULTATION AND PARTICIPATION**

- I have the right to be asked what I want from services and for my ideas to be listened to and taken seriously.



✓ **REASONED RESPONSES**

- I have the right to be understood and to have my individual needs met for my health, well being, self expression and self esteem.



✓ **COMPLAINTS PROCEDURE**

- I have the right to be protected from discrimination, abuse and other forms of unfair treatment.



✓ **SECURITY**

- I have the right to feel safe, secure and supported.



✓ **INFORMATION**

- I have the right to look at Endeavour's Policies and Procedures and to help and develop these.

✓ **GOOD QUALITY ACCOMMODATION AND SERVICES**

- I have the right to live in safe and clean accommodation and to experience opportunities to learn new skills and grow in confidence.

Endeavour Housing Association expects all their staff and services to work in positive ways which enable our Tenants to experience and enjoy these rights.

WALES AND WEST HOUSING ASSOCIATION

PRIVACY AND DIGNITY POLICY

PRIVACY AND DIGNITY POLICY

1.0 Introduction

Wales & West Housing Association is committed to providing a high quality service to our residents. The aim of this policy is to outline how we respect and promote privacy and dignity as an integral part of our service delivery.

For the purpose of this policy:

Privacy refers to freedom from intrusion and relates to all information that is personal or sensitive in nature to the individual.

Dignity is being worth of respect.

2.0 How the Association respects and promotes privacy and dignity

Provision of Information

It is important to us that residents receive information concerning our services. We do this in a number of ways including

- a comprehensive set of service standards
- the residents newsletter
- a range of leaflets and our residents handbook
- our website
- conferences and fundays
- our annual report

We give residents the opportunity to receive information in their chosen language and format.

Taking residents views into account

Our resident's views are important to us –we always consult residents if we are considering changes in our housing management or maintenance service. We carry out a comprehensive resident satisfaction survey once every three years and a number of smaller surveys throughout the year focussing on specific service areas. These surveys are used when planning new services or reviewing established ones. Resident's views are sought in many different ways including residents conferences and informally at our site surgeries.

Involvement

We want to give our residents every opportunity to be involved and provide a range of ways that this can happen from formal association-wide meetings, through local groups to being involved via email. Residents have the choice to be involved at a level that suits them or not at all.

Customer care

We treat all residents as individuals. Our customer care service standard states that we will 'treat all queries with respect and confidentiality' and staff will be 'polite and approachable at all times'. The service standard commits the Association to deal with queries within certain timescales.

Complaints

We have a formal complaints procedure. Residents are able to make a complaint using a variety of methods. Every complaint is taken seriously and investigated. A written response is always provided. Complaints are used to inform improvements to service delivery.

Working in our communities

It is our policy that front line staff, for example, housing officers and asset management officers should spend the majority of their working time in the communities in which we operate. Many of these staff have bases on our housing schemes. We like to go out to our residents rather than expecting residents to come to us. We work together for the benefit of the wider community.

Privacy

We have a 'Confidentiality and Access to Information' Policy and Procedure which covers a range of issues including

- The provision of private interview rooms
- Keeping files and notes confidential
- Guidelines concerning the disclosure of information
- The rights of residents to view and challenge information held on them by the Association

We promote residents rights to 'peacefully enjoy their home' by including appropriate clauses in our tenancy agreements. We also have clear policies for dealing with anti social behaviour, domestic abuse and racial harassment.

Support and Independent Living

Where possible we will ensure that residents receive an appropriate level of support to enable them to maintain their tenancy and live independently, if this is what they want. This can range from low level support such as assistance with budgeting, through support provided by our scheme managers to older persons in sheltered schemes, to working in partnership with specialist agencies which can provide more intensive support.

The Association has a 'Protection of Vulnerable Adults' Policy which aims to reach a balance between 'risk' and 'protection' and recognises that where an individual chooses to accept a risk, 'their wishes should be respected within the context of their capacity to anticipate and understand the risk'.

Respecting Diversity

The Associations Equal Opportunity Policy states that we are 'committed to ensuring that everyone is treated fairly, has equal access to services and is not discriminated against'. We demonstrate this commitment by developing strategies and action plans which contain practical measures to take forward equality and diversity issues within our organisation. When developing a new policy we consider equality and diversity implications.

3.0 Equality/Diversity Implications

This policy recognises the importance of respecting all residents whatever their background and the need to provide different or enhanced services to enable equal access.

4.0 Resident Participation Implications

Enabling residents to participate in the way they choose promotes privacy and dignity.

5.0 Legal Implications

Residents with a secure tenancy have a legal right to information and to be consulted, we extend this to all our residents. The right to a peaceful enjoyment of a home is a statutory right which applies to all residential tenancies. Disclosure of and access to information is regulated by data protection legislation. Equality legislation impacts on the equality and diversity work undertaken by the Association.

6.0 Financial Implications

There are no specific financial implications however how we deliver our services will always result in varying costs.

7.0 Health and Safety Implications

This policy refers to the provision of support which enables independent living and the protection of vulnerable adults.

8.0 Welsh Language Implications

This policy states the Association provide information and communicate with residents in their chosen language and format wherever possible.

9.0 Review

This policy was introduced in June 2006.

Housing Management and Support – Attitudes and Practice of Staff

“If policies and procedures were put into practice at all times it would be fine” Sheltered tenant

Whilst charters, codes of practice, policies, procedures, and training should underpin and shape practice, in the end it is the way in which staff relate to individuals through face-to-face contact or other means which display their attitude and approach.

Questions to consider:

- Do staff treat the individual with respect?
- Do they listen to what he or she has to say?
- Do they encourage inclusion and friendliness amongst residents?
- Do they recognise and support the individual's right to make decisions and act independently?

Good policies and procedures are essential, but insufficient on their own. It is how these are implemented which ultimately makes the difference between individuals having a sense of worth and dignity, and individuals feeling they count for nothing – or worse.

Good Practice Example

The following example relates to a small Extra Care scheme for people with dementia. The holistic and individualistic approach applied there is one which should be applied to all service users.

Portland House, St Helens

Portland House is a small 8 unit Extra Care scheme for people with dementia.

At Portland House staff recognise the intrinsic value of tenants, their uniqueness and their personal needs. Individuals' views are respected and accepted, providing the rights of other tenants are not infringed.

Staff take time to get to know individual tenants in order to understand their needs and gain knowledge of each person's previous lifestyle, their likes and dislikes. Care and support is agreed with each tenant and provided on that basis. A staff ratio of 1 to 4 and a flexible staffing structure make this person-centred approach possible.

Staff take on the role of 'enablers' in order to promote independence in all aspects of daily living and personal care. This in turn preserves dignity and encourages feelings of self worth.

Staff support tenants to develop and maintain links with local facilities, thus promoting social inclusion.

The combination of the physical environment, philosophy and person-centred practice at Portland House has enabled the 8 tenants to maintain their skills, build confidence in their own abilities and boosted self-respect.

Methodist Home Housing Association

Case Study

The following case study is an example of how a change in physical environment and staff attitudes and practice had a profound effect on the well-being and dignity of a middle aged women with complex needs.

Zoe's Story

Zoe is a woman in her late 40s who has moderate learning disabilities and enduring mental health problems. Two and a half years ago she lived in a small, dingy dwelling in general needs housing stock, with no personal effects to make it feel like home. The approach adopted by staff was to control what Zoe could and could not do, and when.

She displayed extremely aggressive and challenging behaviour, including destroying windows and furniture. She was frequently incontinent, apparently using incontinence to defy staff.

Staff did not want to work with her and consequently a high level of agency staffing was used. Frequent incidents occurred, many of which were only reported verbally from one staff member to another. There were no plans in place to guide the staff as to how to manage the challenging behaviour, and recording was poor.

Zoe moved to a 2 bedroomed semi-detached bungalow managed by a specialist provider. Zoe chose the furnishings and there are more personal effects in evidence.

There is now a person-centred plan in place, with policies and procedures to guide staff, accurate recording and staff continuity. Zoe has much greater choice and control over what she does and when she does it.

The improved environment and staff practice has improved Zoe's sense of well-being and independence. As a consequence, she is no longer incontinent and manifests far fewer, and less extreme aggressive and challenging outbursts.

Alternative Futures

Opportunities for Inclusion, Human Contact, Self-fulfilment and Fun

Housing providers are often in a good position to create opportunities for inclusion.

They can do this through their housing function, for example by meeting the housing needs of some of the most excluded in our society or through residents' associations and representatives, and via surveys and consultations.

There are certain principles which should apply to resident participation and consultation if residents are not to feel patronised and undermined. For example, there should be:

- A range of structures and opportunities for participation, both formal and informal
- Openness, and residents should have access to the same information as the organisation needs to consider issues – e.g. performance, costs, drivers for change, the regulatory framework, possible options
- Clarity around the scope of influence – what is negotiable and what is not – and ensuring that there are genuine opportunities for influence
- Genuinely listening to what residents have to say
- A real dialogue
- Easy access to the organisation for follow-up comments or enquiries
- Re-shaping of plans or proposals in the light of residents' views
- Implementation of what has been agreed
- Regular feedback on progress – or lack of it

In addition, housing providers can facilitate involvement opportunities for social and well-being purposes: for example employing activities co-ordinators who focus not only on group activities but also on enabling individuals to pursue personal interests.

Good Practice Examples

Tenant forum enables fun, confidence and influence

A tenant in an Extra Care scheme felt that the scheme social committee was taking on responsibilities beyond its remit and that the wider group of tenants needed a voice. He resigned from the regional tenants' forum and with support from other tenants and Anchor, Trust a scheme-specific forum was set up. It has a constitution, a chairperson and a secretary, but no committee, and all tenants are encouraged to attend meetings and contribute. They requested that the scheme manager attend only the end of the meeting so as not to inhibit participation - a request to which he willingly agreed.

The chairperson encourages reticent people to speak and the forum gives people a chance to air their views. People are now willing to talk and positively enjoy the meetings. Now, when one of the more senior managers attends meetings, tenants have gained the experience and confidence to make a contribution. The warden is very supportive and through local pressure, the tenants have managed to have recycling facilities at the scheme and to get a wall constructed to create a bit of privacy for the guest room.

Anchor Trust

The following are gentle examples of how one provider's scheme managers promoted the dignity of individual residents by facilitating their inclusion:

Social Involvement Sheltered Schemes

1. Support Need Identified

2. Outcome

3. How dignity was promoted

1. New tenant wished to be involved in calling bingo but was very softly spoken
2. Purchased a microphone and had a rehearsal before the big night
3. Boosting confidence and self-esteem; having significance

1. Deaf and dumb tenant could not communicate at meetings
2. Signing person now attends meetings
3. Feeling significant and sense of belonging

1. New tenant very shy and didn't know anybody
2. Tenant invited to look after the plants at the scheme which helped her to interact with other tenants. She now attends social functions and has a small group of friends
3. Having a role to play and sense of belonging

Housing can also limit opportunities for, and a sense of, inclusion. Location of buildings or individual properties can militate against a feeling of inclusion and belonging. Facilities for group activities may be limited and housing providers may view this role as beyond their remit. The culture and practice of the organisation may

be patronising or paternalistic with comments and suggestions regarded as unwelcome interference.

Information

Information is power. Good information enables people to act autonomously, empowering them to make informed choices. The importance of good information is one of the messages that consistently comes back from consultation with members of the public on how to improve services in any given area. Information has to be clear and accurate, readily accessible, in a medium and format suited to the intended audience, and as comprehensive, as its purpose dictates.

Good Practice Example

The following case study demonstrates a variety of methods of empowering people through information.

A holistic approach

Written Information

- Easy to follow information about the scheme, the organisation and local services is provided in an A4 welcome pack
- A colourful brochure provides information on city council sheltered schemes
- Quarterly newsletters update tenants on a range of developments and facts which may be of use

Sessions from Local Organisations

- A whole host of local organisations have been invited to schemes to share information with tenants – for example, the Red Cross to introduce tenants to the range of aids available for hire; local diabetes, deaf and stroke societies on the services available. Families are also invited to attend.
- The service manager took the view that if the information was made available to the whole tenant group, individual embarrassment would be avoided, and tenants could choose whether to follow up services of relevance to them.
- The presentations can be used by staff and residents as a reference point during six monthly individual needs assessments.

Residents' Forum

- At the Residents' Forum this year, a range of organisations which help older people to retain independence by making grants available will be attending, along with Age Concern about their telephone befriending service, and Hanover Housing Association about the new Extra Care scheme. Each will be making a fifteen minute presentation about their service and will have a stand providing information. All residents have been invited, and the council will pay for transport to enable them to attend.

Leicester City Council

“It's the not knowing what's going on.....”

Where people have been consulted, made a complaint or reported a fault, being kept informed of progress demonstrates that they have been taken seriously and have not been forgotten, yet all too often, people find themselves expecting something to happen without being kept informed as to why it isn't.

Legal and Financial Status

“Security of tenure should be enshrined in law. If you know you are secure the fear of being thrown on the street is removed” (Representative of St Helen’s Senior Voice Forum)

“It’s lovely to have your own front door key because then you can choose when to come and go” (Extra Care tenant)

It could be argued that it should be easier to support and promote dignity within housing than in residential care, because of the legal and financial framework.

In many models of permanent housing, residents have security of tenure in the form of home ownership, lease or assured tenancy. This gives them the right to control who crosses their threshold, whereas a licence arrangement arguably removes this legal right, leaving it down to the staff implementing – or failing to implement - good practice.

For those people reliant on benefits, the disposable income left to those in housing is generally greater than the personal allowance care home residents are left with. Having a higher level of disposable income enables greater choice and self-determination.

Thus, housing settings should be empowering, and if they are not, there is less excuse than in a residential care setting. Yet the vulnerability of some people by virtue of mental or physical ill health and frailty, or learning difficulties, reduces their ability to exercise these powers, and it becomes all the more important for staff and systems to work particularly hard to ensure those individuals’ dignity is supported and promoted, despite reduced capacity.

“As tenants or leaseholders people are in their own homes and have the right and power to dictate what happens there. They feel empowered to complain about things that take place in their own home, whereas in residential care people feel like guests or visitors” (Housing with Care Manager)

Case Study

It doesn’t always work that way for tenants and leaseholders. The following is a case study of someone for whom it does. He has experienced both living under a licence agreement in a care home, and with a tenancy in an Extra Care scheme.

Paul’s story

Paul Jones is a middle aged man with a physical disability and mental health problems. He has spent most of his adult life living in nursing homes, but just over a year ago moved into a newly built Extra Care scheme.

“I suffered a lot of abuse at the nursing homes. I have intelligence which they don’t like”

Paul described how staff in the last nursing home would sweep into his bedroom without knocking and pull the bed covers off exposing his naked body, his physical condition necessitating his sleeping unclothed. Staff would come straight into the bathroom whilst he was using the toilet to give him his medication, neither knocking nor waiting till he had finished.

“In a nursing home, you’re a non-entity because of the power and control that the staff have over you...when you can go to the toilet; when you get up or go to bed; when you have your meals..”

Paul says of the move to Extra Care: *"It is 100% different here. Staff knock before entering. They treat me with respect and dignity. Dignity means being able to go to the loo and close the door; dignity means when you have a bath, not having fun poked at your body."*

He has no restrictions on him – he can choose when to get up or go to bed. Any concerns that he has raised have received a positive response. *"Nobody's out to get me. Staff do not carry grudges."* Paul is now a member of the housing association's Board.

Is the contrast simply a matter of poor vs good practice, or is some of Paul's experience intrinsic to the respective models of residential care vs housing?

Paul's view is that having a tenancy and his own front door gives him choice and control. *"The tenancy is 101% part of it. Staff can come in – it is a choice that I make. Choice is a precious thing in life"*

Paul's sense of well-being and mental health have improved immeasurably. Moving to Extra Care has given him a new lease of life.

"The reason my mental health is helped here is because I'm treated as a human being. I am respected as Paul. People, staff, respect my views and respect me as a person."

Methodist Homes Housing Association

Resource Allocation and Service Type

"Especially when there's not much time your dignity goes a bit. You feel you are treated as a lump" (Extra Care scheme tenant)

Decisions about resource allocation at a macro level will have a profound impact on the ability of the housing sector, as with the social and health care sectors, to promote dignity in all its aspects.

Adequate resourcing is fundamental to a well-trained, competent and motivated workforce, and adequate staffing levels undoubtedly facilitate treating people with respect and dignity, by allowing time for more than the most basic essentials.

A more costly service is not necessarily a more suitable service, but sometimes it is. Faced with tight budgets with huge demands upon them, decisions may be made on the basis of what can be afforded, and not what service would best respect individual choice and promote dignity; for example, someone being offered assistance to strip-wash rather than a level access shower.

Such decisions may be complicated because of separate budgets and funding streams, and may sometimes prove to be a false economy, quite apart from the impact of the decision on the dignity and well-being of the individual concerned. The problem may be compounded if staff do not inform service users of the options for making their own private arrangements, e.g. renting a device or purchasing a service.

Whilst budgetary considerations have to be taken into account, it is important that decision makers recognise the potential impact of these decisions on fulfilling the aspiration of promoting dignity.

In addition to resourcing issues, services which are best suited to the needs of an individual do not always exist: for example, a housing option rather than residential care; culturally tailored services whose language and general approach enables individuals from a given community to benefit and feel comfortable with them; or disability-friendly services or facilities.

Good Practice Example

The following example demonstrates the approach Trident Housing has adopted to tailoring its service to the needs of a minority ethnic community, thereby promoting self-confidence and independence and engendering a sense of inclusion.

CHINESE SCHEMES

Examples of Supporting Programme:

- **Language** is the main support provided at Cherish House. This includes daily translations of letters and all correspondence, liaison with external agencies such as G.P, Hospital Consultants, utility providers and other day to day life issues.
- **English/Chinese Class:** Basic daily practical English with Chinese translation is taught to enable and encourage residents to communicate with their local community with confidence and increase their independence after consultation with the residents.

We took the “students” on a bus trip to Bullring for a treat of cakes and coffee where they can practice their English.

- **Library Service:** offers a wide range of Chinese movies & drama, music, magazines and books to our residents.

The Library Service was set up upon request from the residents’ meetings. Support workers are trying to request contribution of unwanted videos and looking for sponsorship with the Chinese video renting shops.

The residents are running the video library.

- **Special Festive Luncheons:** There are four main festivals we celebrate with the residents all residents – Chinese New Year, Dragon Boat Festival, Mid- autumn Festival and Christmas. All residents participated in deciding the luncheon menu and the residents committee contributed their ideas towards the programme for the day.
- **Special Events – Mahjong Competitions:** This is one of the most popular special events with the highest turn out each time. The aim of this event is to raise funds for our residents. Chinese chess is also an additon to the programme.
- **News Update:** Main news headlines from the Far East are posted on the notice board every day to update all residents with news and gossip.

We have news reading with our residents in the reception in afternoon for those who are interested in updates of gossips.

Trident Housing

Contradictions and Conundrums

Even aspects which on superficial viewing represent good practice may in some instances be seen as bad practice from another perspective: for example use of the medication carousel means that the medication is no longer in its original container. Also, features which in most instances are likely to promote dignity may in some circumstances undermine it – for example the separate cubicle for the WC in an assisted bathroom may not be large enough to accommodate the hoist if needed; a splendid, high spec building can feel intimidating to some people. Which is more demeaning – evicting a tenant for non-payment of rent or agreeing with him to have benefit payments made direct to the housing provider?

There are occasions when the greater good or longer term considerations may be at odds with allowing individual or current residents' choice. The following research by the Joseph Rowntree Foundation illustrates this point.

Balancing Choice with Other Considerations

The Joseph Rowntree Foundation undertook some research into the approach of six housing associations to home improvements following the transfer of previously council-owned stock. The Decent Homes Standards set government targets, but the standards do not specifically include any requirements about the accessibility of properties.

Some of the findings included:

- One housing association reported that a group of tenants in a low-rise block wanted the lift removed because the maintenance charge increased the rent. The housing association as a consequence removed the lift.
- The communal doors closed automatically for safety, but this also meant that they could be quite difficult to push open.
- Tenant choice of colours and fittings may have an adverse effect on accessibility. When choosing items tenants are not informed if that particular choice reduces access, such as tonal/colour contrast and kitchen layout/design. In satisfying current tenant choice the accessibility requirements of future tenants are discounted. While redecoration to change paint colours may be relatively simple at a later date, altering the layout of the kitchen, or retiling, may be more difficult to achieve.

From: Implementing Decent Home Standards: How Housing Associations are Addressing Accessibility Issues. Marcus Ormerod and Pam Thomas. Joseph Rowntree Foundation¹⁹

Thus each situation needs to be considered on its merits – where individual decisions are an option, the pros and cons should be considered on an individual basis. Where flexibility and individual tailoring is not possible, for example in building design, decisions need to be made on the benefits to the majority of people likely to use that facility.

There are also areas where, if we are not very careful, there may be a risk of tipping over into paternalism at the expense of dignity, self-responsibility and control. These may be seen, for example, in aspects of health and safety precautions and protection of vulnerable adults.

- Which risks are acceptable if an individual wishes to take them, and which are not?
- Do you stop an older person with failing sight from using his buggy outdoors?
- Do you insist on referring a case of suspected financial abuse to the authorities against the individual's wishes?

Again this comes down to judgements based upon individual circumstances, balancing the duty of care and other statutory responsibilities with an individual's right to decide – assessing what will be gained against what will be lost.

Dignity and Homelessness

“Becoming homeless is a dire condition and if protracted highly damaging to an individual's identity, self-worth, morale and physical and mental health. The experience stigmatises not only the individual but also the society that permits (or fails to prevent) the occurrence.” From “SISA's “Building Homelessness Practice”²⁰

Becoming homeless is one of the most fundamental degrading and demeaning experiences that people can be faced with. It is also the one area where the housing sector arguably has the lead responsibility, not only for resolution, but also prevention. In many cases, becoming homeless could be avoided as the work undertaken by Sheffield University on page 30 illustrates.

Dignity and Dementia

Systems and tools intended to promote independence and control for most people, may undermine the dignity of people who do not have the capacity to understand and use them. So, for example, a door entry system which relies on entering a code could be humiliating and frustrating to a person who is unable to remember the number sequence. A self-contained flat some distance from communal facilities may promote the privacy of one person, but trigger a sense of insecurity and panic for someone whose sense of equilibrium is dependent on being with, or able to see, others at all times.

It can be particularly challenging to uphold the dignity of people who suffer from dementia and whose behaviour may appear dependent and child-like. It can be easy to forget that the person is an adult whose confidence and self-respect may be ebbing away as their mental abilities decline, and it is all too easy to treat him or her as a child – even a naughty child – thus totally reinforcing the humiliation and lack of confidence the person with dementia may already be feeling. Staff in the housing sector will have a lot of contact with people who have dementia, and their attitudes and practices can make a significant difference to those individuals' sense of well-being and dignity – or lack of it.

Assistive technology can be invaluable in maintaining the independence and self-respect of someone whose memory is declining, from a calendar clock and heat detector to a device which raises an alert if someone leaves their home and doesn't return within a given time.

However, in order to ensure that dignity is promoted rather than undermined, the individual has to understand, and be able to use or benefit from, the device. For example, an unfamiliar voice talking out of a machine is more likely to cause distress than assist and reassure. Furthermore, protocols must be applied to ensure ethical considerations are met and informed consent is obtained wherever possible from the individual, or failing that their family. It is these which safeguard the dignity of the person who has dementia.

Case Study

Assistive technology enables Mrs Green, who has dementia, to continue living at home.

Mrs Green's Story

Mrs Mary Green was 82 years of age at the time of referral. She lived alone after being widowed five years earlier. She lived in a large detached house. Her son and daughter both lived nearby and provided daily support and practical assistance.

Though Mrs Green lived alone she enjoyed the companionship of her pet cat, and spent much of her time reading newspapers, completing puzzle books, watching television and listening to the radio. She took some pride in her garden which she managed to maintain with family help.

Mrs Green was becoming increasingly forgetful. She could no longer remember the day of the week and

when going out she experienced some difficulty finding her way home. She was forgetful in her use of her gas stove, was finding it difficult to remember how to use her telephone and was having specific problems in remembering sequences of numbers even though they were written into an address book. This situation was said to be causing her some distress.

In Mrs Green's case, informed consent was possible because she had some recognition of dangers arising from her memory loss, understood that technological devices might help and was willing to accept them in her home - although she remained very anxious about changes that might be entailed as a result.

Following a thorough "Safe at Home" assessment Mrs Green's daughter-in-law took her out for the day to reduce her anxiety while the agreed devices were installed. This involved a number of other people being present and took place over approximately three hours during the morning period.

A gas sensor and cut-off valve, lifeline unit, radio smoke detector and the door alert system for the back door were installed.

To help Mrs Green keep in touch with others by telephone a picture phone with programmed memory buttons was also installed, so rather than remembering a sequence of numbers, all Mrs Green needed to do was to press a large button onto which was superimposed a picture of the person she wanted to call. She was also given a calendar clock to help identify the day of the week.

A medication 'carousel' dispenser was left and brought into use later when problems arose with the existing system of pill organisers.

Other concerns were confirmed by the technology that has been installed by the project. For example, her cooking sometimes set off the smoke detector and resulted in the introduction of outside help with carers at lunchtimes.

Northamptonshire County Council

Dignity and the Protection of Vulnerable Adults

The Supporting People Quality Assessment Framework highlights the role of housing-related support providers in having effective policies and procedures for detecting and responding to situations where vulnerable adults are being abused. The framework also requires raising awareness of the signs of abuse, not only amongst staff but also amongst service users. It is essential that in protecting a vulnerable adult from harm, the victim is empowered to make choices about the way forward, but there are circumstances in which the imperatives of protection need to override individual choice.

There is a critical balance to be achieved between intervening to protect a vulnerable adult from abuse and promoting his or her right to autonomy, self-determination and choice. It is a judgement which will vary from one situation to another. Err on the side of dispensing with consent to take a particular action, and arguably you are undermining the individual's dignity, by removing responsibility for self. Err on the side of respecting a decision not to take a given action and the individual may be exposed to undue risk of a range of harmful consequences.

The following is an excerpt from the Introduction of Hanover Housing Association's Protection of Vulnerable Adult policies and procedures.

Protection of Vulnerable Adults – Operational Guidance, Policies and Supporting Information²¹

"The whole thrust of the "Protection of Vulnerable Adults (POVA)" guidance, as with other forms of anti-social behaviour, is to put the victim at the centre of the process, involve them appropriately and enable them to make choices and decisions in so far as they are capable. Protection does not necessarily mean disempowerment."

Hanover Housing Association

Dignity and End of Life Care in Housing

In addition to focusing upon dignity in the provision of care services generally, the Department of Health is promoting work on dignity at the end of life. Even in this area, housing has a role to play. Many people would prefer to die within the familiar surroundings of their own home. This is something which has been recognised in “A New Ambition for Old Age”, with three models for end of life care being identified for further development and implementation, all of which include dying at home.

Continuing care is 100% NHS funded and free to the individual at the point of delivery, which can be in the person’s own home. However, lack of clarity in relation to continuing care criteria, as well as funding pressures and efficiency drivers, can result in individual’s preferences not being respected. Housing providers may need to act as advocates on behalf of the terminally ill resident.

Case Study

The following case study from Housing 21’s longitudinal study²² exploring the contribution of Extra Care Housing to the care and support of older people with dementia illustrates the issues involved.

Hospice or Palliative Care at Home?

An 87 year old woman moved into a part sheltered part extra care court in February 2005. She was diagnosed with dementia prior to the move.

She was recently diagnosed as terminally ill from cancer. At the time of reporting she was thought to have only a few weeks to live. The local authority which funded her care was keen from this point to refer her to a hospice so that she would no longer be funded from social care budgets but should transfer to “continuing care”. As continuing care should be available at home, there appeared to be some confusion over the application of that policy.

The resident’s GP, the court manager and her family all felt that an enforced move was against her best interests and were fighting to maintain her in the court until her death. Though her physical health had declined rapidly, her mental state and quality of life had improved since she moved in. She did not display awareness of her illness and became agitated and distressed if she had to go off-site, preferring to be at home as much as possible. Moving would cause unnecessary upheaval at an already distressing time for everybody.

Palliative care was on standby from Macmillan nurses at the time of writing. The GP, family and court staff were all hopeful that she would be able to live out the rest of her life in the extra care court she considered home.

Housing 21

Conclusion

In order to promote dignity in housing, the commitment to doing so has to pervade every single aspect of service and facility provision, right through from design and development to policy and practice. Furthermore, as far as possible all of these must be shaped by, and tailored to, the individual – not the individual as “disabled older person with dementia”, but Mrs Green with the totality of all that makes her who she is: her personality, her life experience, her like and dislikes, her abilities and disabilities, and most importantly, her wishes and aspirations.

Sheffield University Study - Preventing homelessness

The Sheffield Institute for Studies on Ageing (SISA) at Sheffield University has undertaken a range of research into homelessness. They recently undertook a study on the causes of homelessness among older people and based on this research, together with consultation with a range of stakeholders, they developed some good practice guidance on preventing homelessness.

The Research

The research involved interviewing 131 people in a number of English cities who had become homeless during the previous two years, and were aged 50 or more years when they became homeless.

They found that most cases of homelessness had multiple causes and that a large minority were associated with vulnerabilities and pathways that could have been identified and averted. For example, one of the problems identified in this study was the poor response of housing providers to older people who got into rent arrears. Some had poor coping skills and did not know how to pay rent after their parents died, while some got into arrears because of housing benefit mix-ups. A number were illiterate. Others did not know what they were entitled to. Instead of finding out the reasons for the arrears, older people were evicted by local authorities and housing associations, and they ended up homeless. In some cases, the arrears had been allowed to build for a few years before they were evicted.

The research identified three pathways to homelessness which included a high percentage of apparently avoidable cases:

- Homelessness following bereavement
- Homelessness associated with mobility or functioning difficulties derived from physical and mental health problems and
- Homelessness prompted by rent arrears due to Housing Benefit claims, renewals or payment delays

These findings triggered the questions: What could be done to 'case find' people at risk of becoming homeless in these ways? How could service providers respond more effectively to the needs of these people?

A series of workshops were arranged to discuss these issues. They included staff from housing providers, social services, tenancy support teams, advice centres, primary health care services, and one specifically with older people who had become homeless. They pulled together some good practice guidance.

Principles of Good Practice

The following principles of good practice were identified for housing and allied service providers to implement:

- The provision to new tenants of information and advice on their responsibilities and their entitlements to social security benefits in ways that are tailored to the abilities and attitudes of the individual; comprehensibility and accessibility are key
- The routine monitoring of rent payments and any signs of embryonic problems, combined with follow-up interventions including individualised assessments, advice and interventions
- Providing a 'reach-out' service that offers advice to people with housing problems who do not seek help
- Providing specialist projects with intensive support for people with challenging or disruptive behaviour
- Working collaboratively with other agencies and organisations to identify and address the support needs of prospective and current tenants

The report concluded that two best practice roles for hard-pressed housing staff were the provision of advice as described in the first bullet point, and monitoring of rent payments to identify potentially vulnerable people. Beyond that they envisaged tenancy support services playing an important role.

The report identifies three principles of good practice for tenancy support services.

- Target tenancy support services at those at high risk of losing their accommodation
- Work flexibly and persistently to meet the diverse needs of people
- Work collaboratively with other professional and specialist agencies

In order to target effectively, services need to:

- Define vulnerability and its thresholds
- Develop operational indicators of these concepts
- Measure change in vulnerability and when the risk has diminished
- Manage the withdrawal of the service
- Manage the deployment of staff to a constantly changing client list

Skilful individual assessments and the accumulation of learnt experience are important to providing effective support.

Building Homelessness Prevention Practice: Combining Research Evidence and Professional Knowledge.²⁰
SISA, Sheffield University

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Dignity In Housing – Practice Matrix

The housing sector can make an enormous difference to the dignity of its service users. It can help to promote and maintain dignity. It can also undermine it.

The following two grids illustrate this by giving practical examples. The first grid gives good practice examples. The second contains examples of barriers to dignity. Good practice is not always cut and dried but this matrix provides a good starting point.

Down the left hand side are a range of housing domains which can have an impact on dignity:

- Building design and physical environment
- Assistive technology
- Ethos and culture
- Housing management and support – policies and procedures
- Housing management and support – attitudes and practice
- Opportunities for inclusion
- Information
- Legal and financial status of individual
- Resource allocation – organisation’s priorities and macro commissioning decisions
- Service type – what services are or are not available

Across the top are different facets of dignity:

- Privacy and modesty
- Maximum independence, choice and control
- A sense of worth, visibility and significance – “I matter” or “I count”. “I am not ignored or treated like a non-entity”
- Self-confidence, self-esteem and self-respect including sense of safety and security
- A sense of belonging – of being part of something

Within each housing domain, examples are give of how aspects of practice in that domain can affect each of these inter-related facets of dignity – either positively or negatively. The list makes no claims to being comprehensive.

GOOD PRACTICE EXAMPLES

FACETS OF DIGNITY					
HOUSING-RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
BUILDING DESIGN AND PHYSICAL ENVIRONMENT	<ul style="list-style-type: none"> • Own en suite facilities • Grab rails adjacent to WC • Modesty screen or separate WC and dressing room in assisted bathroom • Bath seat facing the door • Where individual housing units are combined in a single building with communal facilities open to the wider public, progressive privacy • Adequate sound-proofing between properties • Separate access to the WC from hall, not only from bedroom • Adequate space to enable privacy 	<ul style="list-style-type: none"> • Own cooking facilities • Level access shower – unless it is an adaptation in which case it only promotes control if the individual is given the choice • Wheelchair mobility standards • Wheelchair charging and storage facilities • Separate bedroom and living room • Use of key fob rather than yale or mortice key • Clear signage in a building to aid orientation which also uses symbols or pictures for those who are illiterate or don't speak English • Use of design, colourways, and decor to aid orientation • Inclusion of washing and sleeping facilities downstairs can prolong independent living • Location close to shops and other facilities 	<ul style="list-style-type: none"> • Being involved in design/planning of accommodation and shared areas, either prior to building or during renovations and refurbishments 	<ul style="list-style-type: none"> • Building and entry systems which offer security from intruders • Good and comprehensible signage • Buildings in good state of repair and decoration 	<ul style="list-style-type: none"> • Having an outlook which enables an individual to see people as they go about their business • Especially for people with dementia or anxiety problems, building design which minimises physical or visual barriers and a sense of isolation
ASSISTIVE TECHNOLOGY	<ul style="list-style-type: none"> • An enuresis monitor, for example, may strike as undignified, but may be preferable to remaining wet or having someone prodding and probing. • Devices which are as unobtrusive as possible 	<ul style="list-style-type: none"> • A range of technologies from aids and adaptations to sophisticated telecare which enables people to take more responsibility for themselves and do more without assistance, for example, medicine carousel, rails and stairlifts, and environmental control/home automation systems such as remote door and curtain opening 	<ul style="list-style-type: none"> • Technology especially selected and tailored to meet an individual's need in a way which is meaningful to the individual – e.g. relevance to condition and risk factors; size and colour of device; language and voice 	<ul style="list-style-type: none"> • Access to a community alarm service via handset or pendant can be reassuring • Devices such as bed occupancy detectors with associated light control can boost confidence 	<ul style="list-style-type: none"> • The right equipment can make the difference between getting there and being part of something and remaining isolated, whether in the form of mobility aids or prompts

GOOD PRACTICE EXAMPLES

FACETS OF DIGNITY					
HOUSING-RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
ETHOS AND CULTURE	<ul style="list-style-type: none"> Ethos enshrined in charter or code of practice, and apparent in ambience and practice, that genuinely respects individuals' privacy, dignity and modesty Recruitment, training and staff development programmes which ensure staff understand what is expected and equip them to deliver 	<ul style="list-style-type: none"> Ethos enshrined in charter or code of practice, and apparent in ambience and practice, that genuinely promotes independence, choice and control Recruitment, training and staff development programmes which ensure staff understand what is expected and equip them to deliver 	<ul style="list-style-type: none"> Ethos enshrined in charter or code of practice, and apparent in ambience and practice, that genuinely makes people feel that they matter as individuals. Recruitment, training and staff development programmes which ensure staff understand what is expected and equip them to deliver 	<ul style="list-style-type: none"> Ethos enshrined in charter or code of practice, and apparent in ambience and practice, that genuinely facilitates retention or growth of confidence, self-respect and self-esteem Recruitment, training and staff development programmes which ensure staff understand what is expected and equip them to deliver 	<ul style="list-style-type: none"> Ethos enshrined in charter or code of practice, and apparent in ambience and practice, that is genuinely inclusive Recruitment, training and staff development programmes which ensure staff understand what is expected and equip them to deliver
HOUSING MANAGEMENT AND SUPPORT - POLICIES AND PROCEDURES	<ul style="list-style-type: none"> Confidentiality policies Information and forms available in range of languages to avoid having to use a stranger translator Master key policies which respect privacy – never used just for access. Written consent to be given unless emergency. 	<ul style="list-style-type: none"> Policies and procedures which achieve a balance between individual rights and responsibilities e.g. allowing individuals to opt out of morning check provided safeguards and provisos are in place, e.g. checking if not seen for a day or two and resident saying if away for a few days Lettings and allocation policies which promote choice Protection of Vulnerable Adult policies which focus on outcome rather than process and protect vulnerable adults from harm whilst keeping victims centre-stage and in control as far as possible Inter-agency policies and protocols which ensure co-ordination between housing and other services (e.g. care) so that the individual receives a seamless service and feels in control 	<ul style="list-style-type: none"> Complaints procedures that facilitate genuine listening and enable mediation in preference to confrontation Complaints procedures that are accessible, fair and effective – therefore taking into account that people may have barriers to access such as disability, language, illiteracy etc Proper protocols for the use of assistive technology such as movement detectors Mechanisms for genuinely consulting and involving people in policies, practices and developments that affect them, and being clear and up-front about the boundaries from the outset Person centred risk and needs assessments and support planning procedures Pet-friendly policies so residents can have a treasured pet if they wish to 	<ul style="list-style-type: none"> Providing opportunities for residents to contribute to where they live; for example taking on responsibility for gardening, running the shop, organising activities – with appropriate safeguards to ensure that all residents have equal opportunity and a “mafia” are not allowed to emerge Anti-social behaviour policies and procedures which are person-centred for both victim and perpetrator Good health and safety risk assessment procedures 	<ul style="list-style-type: none"> Policies and procedures which not only pay lip service to consultation and involvement but are also implemented

GOOD PRACTICE EXAMPLES

FACETS OF DIGNITY					
HOUSING-RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
<p>HOUSING MANAGEMENT AND SUPPORT – ATTITUDES AND PRACTICE</p>	<ul style="list-style-type: none"> • Care staff treating individuals with respect for their modesty in the way they deliver care • Staff remaining constantly aware that their work can sometimes involve close contact with people and that they must treat the person with dignity and respect and never dehumanise • Keeping shared facilities, in particular shared bathrooms hygienic and clean 	<ul style="list-style-type: none"> • Recognising that this is an individual's own home so, for example, ringing the doorbell or knocking, and awaiting reply before entering • Putting things back where the individual wants or keeps them however illogical or inconvenient. • Delivering a service in such a way that the individual is enabled and encouraged to do as much as possible for him/herself rather than being "done unto" • Dealing with neighbour disputes by assisting and facilitating rather than taking control 	<ul style="list-style-type: none"> • Staff who provide opportunities for residents to give their views, and listen to them • Taking views, wishes and preferences into account • Leaving a property in a good state following works • Assessments which genuinely take into account the individual's wishes, needs and characteristics • Asking the individual how s/he would prefer to be addressed and then complying 	<ul style="list-style-type: none"> • Staff treating the individual with respect • Asking permission to start work in someone's property • Not treating self-funders differently from those on benefits 	<ul style="list-style-type: none"> • Inviting individual views on activities in a housing scheme, and facilitating a range of activities to meet different people's tastes and interests, rather than always going with the majority or the easy option • Introducing new residents to one another, encouraging participation and neighbours calling in to collect individuals. These can help overcome shyness and isolation, especially if newly arrived
<p>OPPORTUNITIES FOR INCLUSION</p>	<ul style="list-style-type: none"> • Providing information pictorially and aurally for those people who may be illiterate or don't understand English 	<ul style="list-style-type: none"> • Ensuring individuals know what is available and then have the choice whether to join in or not 	<ul style="list-style-type: none"> • Opportunities for inter-generational participation • Genuine consultation of service users, explaining the boundaries of influence from the outset and taking the views into account • Activities facilitators who cater not only to the majority, but also to the interests of individual residents with minority tastes 	<ul style="list-style-type: none"> • Opportunities for activities which stimulate interest and are fulfilling – will depend on resident group and individuals within it 	<ul style="list-style-type: none"> • Access to transport • Implementing opportunities for inclusion in such a way that people with different interests, abilities, disabilities, and language feel catered for and welcome • Providing information in formats and places that reach a range of individuals with different needs, abilities • Facilitating community integration through, for example, scheme naming competitions involving local schools, harvest festivals in

GOOD PRACTICE EXAMPLES

FACETS OF DIGNITY					
HOUSING-RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
					housing schemes etc <ul style="list-style-type: none"> Involving the local learning disability consortium in providing services to residents, for example gardening, running a café or shop
INFORMATION	<ul style="list-style-type: none"> Making general information widely available and accessible means individuals do not feel singled out if they need a particular service 	<ul style="list-style-type: none"> Objective information about the service, leaving the individual to make a choice One-stop shop for information Good information about other services, e.g. mediation, Action on Elder Abuse, Age Concern, Benefits advice 	<ul style="list-style-type: none"> Tailoring information for specific target groups – the way in which it is packaged and presented – will make a valuable contribution to individuals feeling that they matter 	<ul style="list-style-type: none"> Having accurate information upon which an individual can rely and act is likely to boost self-confidence 	<ul style="list-style-type: none"> Ensuring that information reaches everybody who needs it, in a way which is meaningful to them helps to make them feel part of something.
LEGAL AND FINANCIAL STATUS (individual perspective)		<ul style="list-style-type: none"> Having security of tenure empowers individuals to exercise choice and control Having a reasonable disposable income – e.g. housing benefits etc rather than residential care personal allowance - enables individuals to buy things they want and need enabling choice and control and reducing dependency 		<ul style="list-style-type: none"> Access to a reasonable income empowers individuals thereby boosting self-confidence 	<ul style="list-style-type: none"> Access to a reasonable income enables people to join interest groups etc
RESOURCE ALLOCATION (Macro perspective)	<ul style="list-style-type: none"> Investing in services and facilities which protect privacy and modesty 	<ul style="list-style-type: none"> Investment in services which promote independence and well-being 	<ul style="list-style-type: none"> Investing in services which are flexible enough to respond to individual difference 	<ul style="list-style-type: none"> Investing in services which value and respect individuals 	<ul style="list-style-type: none"> Investment in services which reach out and promote inclusion
SERVICE TYPE (as distinct from how staff deliver it)	<ul style="list-style-type: none"> Availability of assistive technology which minimises the need for the intrusion of carers, if that is what the individual would prefer – and vice versa. 	<ul style="list-style-type: none"> Availability of low level services which support living independently, e.g. help with changing light bulbs, cleaning, obtaining aids and adaptations A <u>range</u> of services to offer choice and the provision of a service which suits an 	<ul style="list-style-type: none"> A range of services which are flexible, shaped and timed to suit the individual rather than the organisation, for example help to go to bed late enough to enable individual to participate in evening activity 	<ul style="list-style-type: none"> A range of services which enable choice, independence, control or a sense of belonging are likely to foster confidence and self-esteem 	

GOOD PRACTICE EXAMPLES

FACETS OF DIGNITY					
HOUSING-RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
		individual rather than the individual making do with something less than ideal, for example Extra Care rather than only residential care; floating support rather than only tenure tied support			

EXAMPLES OF BARRIERS TO DIGNITY

FACETS OF DIGNITY					
HOUSING–RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
BUILDING DESIGN AND PHYSICAL ENVIRONMENT	<ul style="list-style-type: none"> • Shared bathrooms • Poor sound-proofing • Overcrowding and poor space standards 	<ul style="list-style-type: none"> • Appliance controls, switches, windows etc that are out of reach or too complex to understand • Flooring which is wheelchair or walking frame-unfriendly • When refurbishing to Decent Homes standards, not taking into account accessibility issues, so, for example fitting new doors which are heavy and the doorways not wide enough 	<ul style="list-style-type: none"> • Failing to consult on communal furnishings etc and purchasing inappropriate ones for the target group e.g. height of furniture; cups that are fiddly to lift 	<ul style="list-style-type: none"> • House in poor state of repair • Garden growing wild 	<ul style="list-style-type: none"> • Having an outlook which feels very remote – like looking out on a brick wall
ASSISTIVE TECHNOLOGY	<ul style="list-style-type: none"> • Applying tags indiscriminately to devices for remote monitoring without having a good reason, and without informed consent, could provide quite intrusive information to those monitoring e.g. the number of times someone has been hoisted onto the toilet 	<ul style="list-style-type: none"> • The imposition of any assistive technology device without individuals' willing consent will undermine their sense of control and freedom of choice, however well-intentioned 	<ul style="list-style-type: none"> • Moving into the house and fitting devices with little reference to the householder can make him/her feel insignificant and incidental. 	<ul style="list-style-type: none"> • Foisting remote monitoring onto someone, e.g. obesity monitoring could undermine self-esteem 	<ul style="list-style-type: none"> • Excessive reliance on technology to the exclusion of human contact can make individuals feel they are not part of humanity.
ETHOS AND CULTURE	<ul style="list-style-type: none"> • A culture where lip-service may be paid to protecting modesty and privacy but a blind eye is turned to practice which falls short, e.g. going into flats without knocking or discussing service users within earshot 	<ul style="list-style-type: none"> • An organisation where, even if charters and codes of practice are in place, people's self-determination and choice are infringed e.g. allowing family and doctor to decide to move the tenant to a care home without advocating on the tenant's behalf 	<ul style="list-style-type: none"> • Organisations which don't possess charters or codes of practice, or whose ethos and culture are unclear, ambiguous, or overtly one thing and covertly another. For example, claiming to treat service users as individuals and listen to their views, but react defensively if a complaint is made. 	<ul style="list-style-type: none"> • Organisations with a paternalistic or patronising ethos 	<ul style="list-style-type: none"> • An ethos or culture, whether organisation-wide or scheme based, which allows people who are different to be ostracised or excluded

EXAMPLES OF BARRIERS TO DIGNITY

	FACETS OF DIGNITY				
HOUSING–RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
HOUSING MANAGEMENT AND SUPPORT - POLICIES AND PROCEDURES	<ul style="list-style-type: none"> • Policies and procedures which allow access to individual's accommodation without permission or clear boundaries 		<ul style="list-style-type: none"> • Consultation policies and procedures which feel tokenistic and ignore the views expressed 	<ul style="list-style-type: none"> • Assured shorthold "probationary" tenancies are not appropriate for older people. Inviting to view and looking into previous tenancies may be preferable 	
HOUSING MANAGEMENT AND SUPPORT – ATTITUDES AND PRACTICE	<ul style="list-style-type: none"> • Imposing a separate support and SAP assessment and service planning process infringes people's privacy 	<ul style="list-style-type: none"> • Making assumptions that take the choice away from people, for example assuming they will only want aids and adaptations provided by the state, rather than explaining the range of options available, including private rent or purchase 	<ul style="list-style-type: none"> • Ignoring the individual • Talking across an individual as though she/he isn't there • Evicting people who have got into arrears without exploring the reasons why, or taking the issue up when it first arises, rather than letting the arrears build up 	<ul style="list-style-type: none"> • Young staff members addressing somebody by their first name, "dear", or "sweetheart", without permission may well be experienced as demeaning and disrespectful. 	<ul style="list-style-type: none"> • Excluding individuals whose disability may impair their level of engagement in the activity rather than exploring ways to compensate
OPPORTUNITIES FOR INCLUSION			<ul style="list-style-type: none"> • Lack of access to activities of interest • Lack of opportunities to influence policy and practice 	<ul style="list-style-type: none"> • Residents not encouraged to make a contribution 	<ul style="list-style-type: none"> • Providing activities without reference to users' about what they would prefer
INFORMATION	<ul style="list-style-type: none"> • Not being proactive in providing information that could promote privacy and modesty, e.g. that a pendant is available along with the pull-cord for someone prone to falls 	<ul style="list-style-type: none"> • Lack of information or inaccurate information reduces individual's capacity to exercise choice and control e.g. the impact of certain style choices on functionality 	<ul style="list-style-type: none"> • Not keeping service users informed if they have reported a repair, requested a service, made a complaint, and nothing seems to be happening 	<ul style="list-style-type: none"> • Inadequate or misleading information, or information which is incomprehensible to its recipient will undermine confidence and self-esteem. 	<ul style="list-style-type: none"> • Not providing information on activities and other opportunities for inclusion
LEGAL AND FINANCIAL STATUS (Individual Perspective)		<ul style="list-style-type: none"> • Insecure tenures and licence to occupy agreements such as those in care homes reduce individuals choice and control – e.g. over who comes across the threshold • An inadequate disposable income limits people's 	<ul style="list-style-type: none"> • Insecure tenures may inhibit service users from putting their head above the parapet and voicing their views • Inadequate disposable income – for arguments sake, the personal allowance left to individuals in 	<ul style="list-style-type: none"> • Inadequate disposable income – for arguments sake, the personal allowance left to individuals in residential care – limits people's ability maintain self-respect and self-esteem 	<ul style="list-style-type: none"> • Inadequate disposable income – for arguments sake, the personal allowance left to individuals in residential care – limits people's ability to join in

EXAMPLES OF BARRIERS TO DIGNITY

		FACETS OF DIGNITY			
HOUSING-RELATED DOMAIN	PRIVACY AND MODESTY	INDEPENDENCE AND CONTROL	HAVING SIGNIFICANCE	CONFIDENCE AND SELF ESTEEM	SENSE OF BELONGING
		choices and opportunities for self-determination and control	residential care – limits people's willingness to embark on a lengthy complaint or get legal advice		
RESOURCE ALLOCATION (Macro perspective)	<ul style="list-style-type: none"> Providing insufficient staff to be able to help with an incontinence episode when it occurs 	<ul style="list-style-type: none"> Help provided to strip wash rather than being recommended for a level access shower. Long delays in installing urgent independence promoting equipment, e.g. stairlift 	<ul style="list-style-type: none"> No assistance with mending fundamental equipment, e.g. heating and hot water boiler Providing insufficient staff or resources to address more than the most basic and urgent individual needs and ensure individuals feel that they matter 	<ul style="list-style-type: none"> Investing in insufficient staff to give people, for example those with dementia or anxiety, the time and personal attention they need 	<ul style="list-style-type: none"> Investing in insufficient staff to enable them to make individuals feel welcome
SERVICE TYPE (as distinct from how staff deliver it)	<ul style="list-style-type: none"> Service-led rather than individual-led provision for example, providing domiciliary care rather than a level access shower which would mean that individual could be in private. 	<ul style="list-style-type: none"> Service-led rather than individual-led provision, so for example providing residential care rather than services to support individual at home even if that's what they would prefer. 	<ul style="list-style-type: none"> Service-led rather than individual-led provision, so for example providing meals on wheels rather than assistance to prepare or attend at a lunch club 	<ul style="list-style-type: none"> Providing a service which fosters dependence when an alternative would promote independence, even when the service user would prefer the latter, e.g. domiciliary care rather than a telephone prompting service. 	

Other Housing LIN publications available in this format:

Housing LIN Reports available at www.cat.csip.org.uk/housing :

- **Extra Care Housing Training & Workforce Competencies (Report and Executive Summary)**
- **Yorkshire & the Humber Region - Extra Care Housing Regional Assessment Study (Report and Executive Summary)**
- **Preventative Care: the Role of Sheltered/Retirement Housing**
- **Developing Extra Care Housing for BME Elders**
- **New Initiatives for People with Learning Disabilities: extra care housing models and similar provision**

Factsheet no.1:	Extra Care Housing - What is it?
Factsheet no.2:	Commissioning and Funding Extra Care Housing
Factsheet no.3:	New Provisions for Older People with Learning Disabilities
Factsheet no.4:	Models of Extra Care Housing and Retirement Communities
Factsheet no.5:	Assistive Technology in Extra Care Housing
Factsheet no.6:	Design Principles for Extra Care
Factsheet no.7:	Private Sector Provision of Extra Care Housing
Factsheet no.8:	User Involvement in Extra Care Housing
Factsheet no.9:	Workforce Issues in Extra Care Housing
Factsheet no.10:	Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care
Factsheet no.11:	An Introduction to Extra Care Housing and Intermediate Care
Factsheet no.12:	An Introduction to Extra Care Housing in Rural Areas
Factsheet no.13:	Eco Housing: Taking Extra Care with environmentally friendly design
Factsheet no.14:	Supporting People with Dementia in Extra Care Housing: an introduction to the the issues
Factsheet no.15:	Extra Care Housing Options for Older People with Functional Mental Health Problems
Factsheet no.16:	Extra Care Housing Models and Older Homeless people
Factsheet no.17:	The Potential for Independent Care Home Providers to develop Extra Care Housing
Factsheet no.18:	Delivering End of Life Care in Housing with Care Setting
Case Study Report:	Achieving Success in the Development of Extra Care Schemes for Older People
Technical Brief no.1	Care in Extra Care Housing
Technical Brief no.2	Funding Extra Care Housing
Technical Brief no.3	Mixed Tenure in Extra Care Housing

Published by:
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