

# MAKING A START

## Dementia – Skilling The General Needs Housing Workforce

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On behalf of the Dementia and Housing Working Group

MAY 2014

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## DEMENTIA – SKILLING THE GENERAL NEEDS HOUSING WORKFORCE

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# FOREWORD

I welcome the opportunity to introduce this timely report and Resource Pack. Dementia is now recognised as a national priority, with the number of those affected growing all the time, at great cost to individuals, families, communities and businesses. Most people in the country will be touched by dementia either directly or indirectly at some point in our lives. We all have a responsibility as citizens and employees to act in ways that minimise the difficulties faced by people with dementia trying to live their lives.

As a member of the Prime Minister's Challenge on Dementia Health and Social Care Champions Group, I draw attention to the important role that the housing sector plays in the health and social care economy; from the way we design our homes and shape our communities to the delivery of housing and housing-related care and support services.

The steps being taken to raise awareness and create dementia-friendly communities are making some progress, but much remains to be done. Raising awareness is a good start, but it needs to go beyond that. We need workforces that are competent and responsive; it's about learning and improvement.

This report and Resource Pack is an important start for the housing sector in its journey along this road. It outlines why the housing sector should work towards ensuring it has a skilled, dementia-aware workforce. It also provides advice on the approaches that could be taken, as well as information on possible training content and external sources of expertise, making this an invaluable resource for the sector.



**JEREMY PORTEUS**

Director

Housing Learning and Improvement Network

## **ABOUT THE DEMENTIA AND HOUSING WORKING GROUP**

The Dementia and Housing Working Group was set up by the National Housing Federation and the Department for Communities and Local Government to:

- Improve the integration of housing in health and social care policy on the issue of dementia
- Raise the profile of housing with central and local government and among key dementia stakeholders, highlighting good practice in the housing, care and support sector in meeting the needs of people living with dementia
- Provide a platform to promote innovation and research from other organisations on housing and dementia.

The Dementia and Housing Working Group had a number of sub-groups one of which has focused on workforce skills. Some members of this group and the funding organisations became the steering group for this specific piece of work. They were:

Roger Keller – Chartered Institute of Housing

Jake Eliot – National Housing Federation NHF

Sarah Davis – Chartered Institute of Housing

Anna Dowrick – Alzheimer’s Society

Denise Brennan – Guinness Care and Support

Vivien Lyons – Hanover Housing Association

Sarah Clee – Midland Heart

Lindsay Gibbins – Gentoo

Vicky Harwood and Angela Rankin – Orbit Independent Living

Jane Mindar – Riverside

In addition to undertaking this work in my independent capacity, I am a member of the Dementia and Housing Working Group representing the Housing Learning and Improvement Network (LIN).

## **ACKNOWLEDGEMENTS**

Many thanks to the funders specifically for giving me the opportunity to undertake this worthwhile project: Guinness, Gentoo, Midland Heart, Hanover and Orbit. I hope it proves useful to providers.

Grateful thanks to members of the steering group, as well as various others who contributed information or views for the report: housing providers, training providers, Jeremy Porteus of the Housing LIN, Diane Buddery and James Cross from Skills for Care.

Last but not least, thank you to all who disseminated the call for information including Rebecca Mollart from Erosh.

***SUE GARWOOD***

# MAKING A START

## DEMENTIA – SKILLING THE GENERAL NEEDS HOUSING WORKFORCE

# TEN KEY POINTS

This report and Resource Pack, written on behalf of the Dementia and Housing Working Group, and funded by five housing associations, considers: why general needs housing providers need to equip their workforce to work effectively with people who have dementia; what they would be advised to do; and how they might go about doing it.

- 1** The number of people developing dementia in the UK is increasing significantly as the population ages. Most of these live in mainstream housing. Responding to the dementia challenge, therefore, will increasingly become part of a mainstream challenge to housing management and community services.
- 2** To create a society and communities that are dementia-friendly – a key national policy – all organisations have a responsibility within the scope of their own remit to maximise the wellbeing of people living with dementia.
- 3** Both through their staff and their role in creating and managing neighbourhoods and the built environment, general needs housing providers are well placed to act as early responders and active partners for improving our society's response to dementia. To do this, their workforce requires knowledge, understanding and skills.
- 4** In addition to improving the wellbeing of customers (tenants, leaseholders and others receiving services), there is a good business case for being dementia friendly: the potential for more effective and efficient asset management and housing services, which enhance reputation and competitive edge, and reduce the risk of litigation and safeguarding issues.
- 5** A practical first step, applicable to the widest range of housing providers, is to raise awareness of dementia amongst the workforce, board, and possibly also customers, and provide relevant training.
- 6** The specific content and depth of awareness-raising or training sessions needed will depend on the staff member's particular role, and their level of contact with customers at significant risk of developing dementia. Three categories of staff have been identified based on this criterion: no or minimal contact; some contact; and significant contact.

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It is preferable for the content of sessions to be tailored to both the housing context and specific organisation: for example, its ethos, service offers, customer base and core training provisions. It is also beneficial for people with dementia and their carers to contribute to the design and delivery of training. The training framework outlined in the Resource Pack as part of this project provides a starting point.

8

General needs providers can adopt different approaches to build up the necessary knowledge and skills of their staff, ranging from sending staff to off-the-shelf awareness-raising at one end of the spectrum, to employing a specialist trainer at the other, and a range of options in-between. The accompanying Resource Pack provides details of some external sources of dementia awareness-raising and training to assist in the process.

9

Proportionate training is necessary but not sufficient to ensure a skilled workforce. Staff need reinforcement and reminders as well as support in line with their particular roles. Relevant qualifications would help to embed the learning.

10

To make an effective contribution, skilled staff need to work within a dementia-friendly organisation: one which provides leadership and whose ethos, policies, procedures, practices, services and buildings are dementia-friendly rather than disabling. Starting with knowledge of their customer profile and the needs of the workforce for dementia awareness-raising and training, organisations could develop dementia strategies which are proportionate, incremental and tailored.

# MAKING A START

## DEMENTIA – SKILLING THE GENERAL NEEDS HOUSING WORKFORCE

# EXECUTIVE SUMMARY

## INTRODUCTION

This report and Resource Pack was written on behalf of the Dementia and Housing Working Group, and funded by five housing associations. Its aim is to highlight the importance of ensuring that the general needs housing workforce has the necessary knowledge, skills and understanding to work effectively with the growing number of their customers<sup>1</sup> who live with dementia.

The report and Resource Pack outline:

- why the general needs housing workforce should have an awareness and understanding of dementia
- suggested levels and topics of awareness-raising and training sessions, aligned to different categories of staff
- some good practice examples
- external sources of learning for the workforce

Targeted primarily at housing providers, the work focuses on the workforce as a practical first step to becoming dementia-friendly organisations.

## WHY WILL HOUSING PROVIDERS NEED TO THINK ABOUT DEMENTIA?

A growing number of people in the United Kingdom have dementia, two-thirds of whom live in their own homes in the community, mostly in mainstream housing. The number is predicted to continue to grow as the UK population ages, reaching one million by 2021. The financial cost to the country is currently estimated to be £23 billion, yet people with dementia and their carers report feeling inadequately supported, and many people end up in hospitals and care homes because of it.

The 2009 national dementia strategy, the Prime Minister's Challenge in 2012, and the establishment of the Dementia Action Alliance have all served to raise the profile of dementia: the importance of all organisation's playing their part in enabling people with dementia with whom they work to exercise as much choice and control as possible over their lives, and live well with dementia. This requires organisations and communities to have an improved understanding of dementia and the outcomes people with dementia say they want.

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<sup>1</sup> The term "customers" is used to cover tenants and leaseholders in providers' properties and non-residents who receive services from the Provider

Through the Dementia Action Alliance (DAA)<sup>2</sup> people with dementia and their family carers have described seven outcomes<sup>3</sup> they would like to see in their lives:

1. I have personal choice and control or influence over decisions about me
2. I know that services are designed around me and my needs
3. I have support that helps me live my life
4. I have the knowledge and know-how to get what I need
5. I live in an enabling and supportive environment where I feel valued and understood
6. I have a sense of belonging and of being a valued part of family, community and civic life
7. I know there is research going on which delivers a better life for me now and hope for the future

Evidence strongly suggests that most people with dementia and their carers would prefer to be supported in their own homes, with 83% of the 1,436 respondents to an Alzheimer's Society questionnaire (family carers and people with dementia) saying that being able to live in their own home was very important to the person with dementia.<sup>4</sup> This means that the general needs housing workforce has a key role to play in making this possible for their customers. Timely diagnosis and early intervention are key to planning for the future and obtaining support which may prevent the need for more expensive formal care options. Thus, it is vital that housing staff are alert to signs that may indicate someone is developing dementia – for example, uncharacteristic disruption or ringing head office repeatedly with the same query – and knowing what steps to take within the remit of their role.

An organisation which is dementia-friendly, responding appropriately to a customer with dementia, will not only improve outcomes for the individual and family carers concerned. It also makes good business sense by improving its reputation and competitive edge amongst potential partners, reducing the risk of litigation and safeguarding issues, and also potentially reducing costs in key areas.

## CATEGORIES OF STAFF

Staff members will require different levels of knowledge and skills depending on their role within the organisation. The general needs workforce may be divided into three categories:

1. Those who have no or minimal contact with customers (category 1)
2. Those who have some contact (category 2)
  - a) Some direct contact (face-to-face, by telephone or e-mail) with a wide range of customers, some of whom may have dementia
  - b) Staff responsible for line-managing staff who have some direct contact with customers
  - c) Staff responsible for developing / implementing strategies, policies and procedures for this staff group, or services for customers
3. Those who have significant contact (category 3)
  - a) Significant direct contact especially with older people and those with learning difficulties
  - b) Staff responsible for line-managing staff who have significant direct contact with these customers
  - c) Staff responsible for developing / implementing strategies, policies and procedures for this staff group, or services for these customers.

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2 [www.dementiaaction.org.uk](http://www.dementiaaction.org.uk)

3 DAA National Dementia Declaration: Desired Outcomes for people with dementia and their carers

4 Alzheimer's Society (2011) Support Stay Save



## SUGGESTED TRAINING LEVELS AND APPROACH

For these three categories, levels of awareness-raising and training are suggested as follows:

1. *Level 1: Awareness raising* – a one-to-two hour session for all staff and board members, preferably tailored to the housing sector in order to: provide an understanding of why dementia-awareness is an important part of the organisation's ethos and culture; give staff permission to raise with managers any issues with dementia they may be personally experiencing which may impact on their work, e.g. caring responsibilities; and enable staff to be a bit more dementia-savvy as citizens. Ideally this should be part of every staff member's induction.

The Alzheimer's Society leads short sessions of awareness-raising under the Dementia Friends programme.<sup>5</sup> Taking part in Dementia Friends' session would be a good start but is essentially voluntary. Customers would benefit too from being invited to these sessions.

2. *Level 2: Foundation Level* – Ideally at least a day's session for staff in category 2 to enable them to understand and play their own part confidently and effectively in enabling customers with dementia and their carers to live as well as possible by: recognising and supporting timely diagnosis and intervention; improved understanding leading to better practice; and improved inter-agency working.
3. *Level 3: Extra topic-based sessions* – Extra targeted sessions for staff in category 3, depending on their particular role. For example: The Mental Capacity Act and Equalities legislation for those developing policies and procedures relevant to older people and those with learning difficulties; dementia design and decor for architects, surveyors, maintenance and development staff; providing leadership and staff support for managers; and communication skills for sheltered and extra care managers.

A detailed training framework based on the above staff categories and training levels has been developed as a starting point for providers. It is included in a Resource Pack which forms part of this work.

Equipping the general needs workforce in dementia requires more than the imparting of a few facts. Key misconceptions need to be dispelled, stigma reduced, the complexities of working with people with dementia genuinely understood, and skills developed in areas such as communication and person-centred approaches. For this reason, face-to-face sessions which allow for discussion and interaction are best, especially for those who have direct or indirect contact with customers. People with dementia and their carers can make a valuable contribution to the design and delivery of awareness-raising and training sessions. In addition, sessions tailored to a housing setting, and preferably also to the particular organisation, are better than generic sessions.

Depending on service offers, customer profile and preferences, providers can adopt a number of approaches to skilling their workforce ranging from sending staff to off-the-shelf sessions at one end of the spectrum to employing a trainer at the other, and a range of options in-between. External sources of awareness-raising and training vary in what they offer and charge. The detailed list in the Resource Pack, while not comprehensive, contains free offers, on-line courses, local offers, a range of dementia-specific trainers, many of whom have experience of the housing sector, and others.

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<sup>5</sup> For more information on these sessions see page 28 of the Resource Pack or the Dementia Friends website: [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)

## BEYOND FORMAL TRAINING

Apart from formal training, staff would benefit from reminders and reinforcement of key messages, as well as support in their work with people with dementia. In addition to managers providing support and/or peer support, newsletters, the intranet, a dementia resources file, and dementia champions within the organisation are all useful mechanisms for keeping motivation and commitment alive. A number of general needs housing providers concentrate their dementia expertise in their supported housing team which is made available as a resource to staff in the whole organisation.

## BECOMING A DEMENTIA-FRIENDLY ORGANISATION

In addition to a skilled workforce, it is best if organisations can provide the right backup and environment for staff to be effective: the organisation's ethos, policies, procedures, practices and services would all benefit from being dementia-aware, and promoting inclusion. Leadership within the organisation is fundamental, however it is provided. Signing up to the DAA Dementia Declaration aimed at delivering the seven outcomes, and joining the Dementia Action Alliance, can help organisations on the road to becoming dementia-friendly.

A number of good practice examples demonstrate what some providers are already doing, and also the individuality of approaches. These may be found in the Resource Pack, as well as in summary form in the body of the main report.

Other bodies have an important part to play in facilitating the development of knowledge and skills amongst the general needs housing workforce. These will be followed up separately by the Dementia and Housing Working Group.

## RECOMMENDATIONS

General needs housing providers are unlikely to be in a position to introduce all the steps to skilling their workforce and becoming dementia-friendly organisations straight away. An incremental approach is perfectly reasonable.

Housing providers could build the effectiveness of staff and board members in working with people with dementia by:

1. Encouraging staff and customers to take advantage of free Alzheimer's Society Dementia Friends sessions and supporting those willing to go on to become Dementia Friends Champions
2. Making dementia awareness a core element of induction for all staff
3. Developing a dementia-awareness and training offer that suits their organisation's approach and customer base, and in line with the different staff categories outlined in this report, using external resources as necessary
4. Involving people with dementia and their carers where possible
5. Supplementing training with other sources of information to reinforce key messages
6. Supplementing training with support and guidance appropriate to the staff member's role
7. Gearing up the Human Resources department to respond to those who come forward with personal experience of dementia

Starting with knowledge of their customer profile and the needs of the workforce for dementia awareness-raising and training, organisations could also develop dementia strategies which are proportionate, incremental and tailored.

# MAKING A START

## DEMENTIA – SKILLING THE GENERAL NEEDS HOUSING WORKFORCE

# I

# INTRODUCTION

## 1.1. PURPOSE

This report and Resource Pack was written on behalf of the Dementia and Housing Working Group, and funded by five housing associations. Its aim is to highlight the importance of ensuring that the general needs housing workforce has the necessary knowledge, skills and understanding to work effectively with the growing number of their customers<sup>6</sup> who live with dementia.

This report and Resource Pack outline:

- why the general needs housing workforce should have awareness and understanding of dementia
- suggested levels and topics of awareness-raising and training sessions, aligned to the roles and functions of different categories of staff
- some good practice examples
- external sources of learning for the workforce

Targeted primarily at housing providers, the work focuses on the workforce as a practical first step to becoming dementia-friendly organisations.

## 1.2. WHY WILL HOUSING PROVIDERS NEED TO THINK ABOUT DEMENTIA?

### 1.2.1 INTRODUCTION

A growing number of people in the United Kingdom have dementia. Most of these live in their own homes in the community. There are some stark facts and figures:

- There are 800,000 people living with dementia in the United Kingdom, excluding Scotland, 665,065 of whom live in England. The UK figure is expected to rise to 1 million by 2021.<sup>7</sup>

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6 The term “customers” is used as it covers tenants and leaseholders in providers’ properties and non-residents who receive services from the Provider

7 Alzheimer’s Society Infographic (2013) [www.alzheimers.org.uk/site/scripts/download\\_info.php?fileID=1409](http://www.alzheimers.org.uk/site/scripts/download_info.php?fileID=1409)

- On average, 58% of people with dementia in England do not have a diagnosis.<sup>8</sup>
- Two-thirds of people with dementia live in their own homes<sup>9</sup> mainly in mainstream housing
- Around 50% of these live on their own.<sup>10</sup> The majority of these say they feel lonely.<sup>11</sup>
- Of 1,436 carers and people with dementia who responded to an Alzheimer's Society questionnaire, 83% said that being able to live in their own home was very important to the person with dementia.<sup>12</sup>
- In 2011, people with dementia and their carers reported that they were not getting enough support, and services were often of a poor standard and fragmented.<sup>13</sup>
- At least a quarter of hospital beds are occupied by people with dementia at any one time<sup>14</sup> but in a national audit, only 21% were diagnosed with the condition prior to admission.<sup>15</sup>
- In 2009, 60% of people with dementia in hospital were admitted from their own homes and only 36% returned after discharge.<sup>16</sup>
- The financial cost to the country is estimated by the Alzheimer's Society to be £23 billion a year, including an estimated £8bn covering work undertaken by family and informal carers.<sup>17</sup>
- Dementia is said to cost more than cancer, heart disease and stroke combined, with the cost of care accounting for a large part of the total expenditure.<sup>18</sup>
- 51% of dementia carers are in paid employment or self-employed and the toll on the health of many is likely to indirectly affect productivity.<sup>19</sup>
- 12% of dementia carers have to adjust their working patterns by reducing their employment hours, taking on fewer responsibilities at work, or doing some form of flexible working. A total of 9% have to quit their job altogether.<sup>20</sup>
- In total English businesses lose out on £1.6bn per year based on the value of these workers' wages.<sup>21</sup>

The situation may have improved in some respects since some of these statistics were gathered, but not sufficiently, and not consistently; averages mask significant differences across the country, and the number of people affected will continue to grow. So the scale of the challenge is great. Having recognised it, we all need to work together to address it, not only because of the economic imperatives, but also to help people with dementia and their carers live a much improved quality of life.

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8 DH 2012 Prime Minister's Challenge on Dementia

9 Alzheimer's Society (2012) Home Truths

10 Alzheimer's Society Infographic (2013)

11 Alzheimer's Society Infographic (2013)

12 Alzheimer's Society (2011) Support Stay Save

13 Alzheimer's Society (2011) Support Stay Save

14 DH 2012 Prime Minister's Challenge on Dementia

15 Royal College of Psychiatrists (2011) Report of the National Audit of Dementia Care in General Hospitals

16 Alzheimer's Society (2009) Counting the Cost: Caring for people with dementia on Hospital wards

17 Alzheimer's Society Infographic (2013)

18 Lluengo-Fernandez R, Leal J, Gray A (2010), Dementia 2010

19 Centre for Economics and Business Research (2014) Cost of Dementia to English Businesses

20 Centre for Economics and Business Research (2014) Cost of Dementia to English Businesses

21 Centre for Economics and Business Research (2014) Cost of Dementia to English Businesses

Through the Dementia Action Alliance (DAA)<sup>22</sup> people with dementia and their family carers have described seven outcomes<sup>23</sup> they would like to see in their lives:

1. I have personal choice and control or influence over decisions about me
2. I know that services are designed around me and my needs
3. I have support that helps me live my life
4. I have the knowledge and know-how to get what I need
5. I live in an enabling and supportive environment where I feel valued and understood
6. I have a sense of belonging and of being a valued part of family, community and civic life
7. I know there is research going on which delivers a better life for me now and hope for the future

## 1.2.2 NATIONAL POLICY CONTEXT

Dementia is now firmly established as a priority for action in the UK. In 2009, the Department of Health published *Living Well with Dementia*, the national dementia strategy, which set out 17 objectives for improving the lives of people with dementia and their carers. These included: improving public and professional awareness and understanding; good quality early diagnosis and intervention; improved information; access to care support and advice; improved care and support generally; an informed and effective workforce; and a housing-specific objective. In March 2012, the Prime Minister's Challenge on Dementia was launched to build on the 2009 strategy, advancing progress by 2015 in three broad areas: Improving health and care; creating dementia-friendly communities; and better research.

Current national policy on dementia emphasises:

- Developing dementia-friendly communities, where: all services are adapted to recognise and meet the needs of people with dementia; local networks include them; physical environments are dementia-friendly; and people are aware and understanding.
- Increased levels of timely diagnosis and early intervention so that people with dementia can gain access to advice, information and support; this enables them to plan for the future and may prevent or delay the need for intensive and more expensive services
- Improving the availability and quality of health and care services including support which is person-centred and tailored to the individual
- Improving information for people with dementia

In addition, the Care Bill, which is expected to receive Royal assent in Mid-May 2014, with Part 1 due to be implemented from April 2015, introduces or highlights local authorities' responsibility for:

- Promoting individual wellbeing
- Preventing or delaying the need for care services by
  - Ensuring the availability of advice and information to all
  - Enabling greater use of mainstream and universal services, and improved community capacity
  - Co-operation across sectors and integrated working

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<sup>22</sup> [www.dementiaaction.org.uk](http://www.dementiaaction.org.uk)

<sup>23</sup> DAA National Dementia Declaration: Desired Outcomes for people with dementia and their carers

In 2013, the National Institute for Health and Care Excellence (NICE) issued service standards for supporting people to live well with dementia.<sup>24</sup> Many of these standards have relevance to housing-related services, for example: discussing concerns about possible dementia (1); choice and control in decisions (2); maintaining and developing relationships (5); physical and mental wellbeing (6); planning and evaluating services (8); involvement and contribution to the community (10); and specifically, design and adaptation of housing which “helps people with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety” (7) .

### 1.2.3 DEMENTIA AND HOUSING

Evidence strongly suggests that most people with dementia and their carers want to be supported in their own homes in the community.<sup>25</sup> To remain independent and maintain their tenancy or lease, the majority of people who live with dementia will require understanding and support at various points in their journey, with good networks and relationships being fundamental.

Given that the majority of people with dementia do not live in specialist housing, a growing proportion of residents in general needs housing stock are likely to develop dementia. This means that general needs housing sector staff are increasingly likely to come into contact with people who have the condition.

Housing providers who do not have a care or support function may be sceptical about the value they can bring to people with dementia. They may also be concerned that by developing an organisational approach to dementia they will be unwittingly volunteering their organisation to take a bigger, riskier role in supporting people with a complex and sometimes challenging long-term condition. This is completely understandable. However, it is not the intention of this report to seek to extend the role of housing organisations beyond their core functions, but rather to help them to be as effective as possible within their chosen remit.

What we know about dementia suggests that:

- Increasing prevalence of dementia will make this a key issue affecting all community-based services
- Our existing network of statutory health and care services are not fully equipped to cope with the challenges of dementia. Indeed, knowledge of the condition does not equate to an understanding of how to manage it. To achieve this we need to weave together expertise from across health and care with the wider practical experience of community support. This is an area where housing management staff bring a great deal of experience.

General needs housing providers often have a strong local presence and a commitment to the wellbeing of the communities within which they work. Therefore, if they are dementia-aware they can make the physical environments they control as dementia-friendly as possible. As importantly, they are in a good position to be part of, and contribute to, the wider community becoming dementia-friendly.

Developing dementia friendly communities will require staff from a number of sectors to take on new knowledge and awareness within existing capacity and during times of considerable organisational and service change. To achieve this, sectors will need to develop time-efficient ways of sharing practice, learning, approaches and skills in ways that are genuinely collaborative and feasible to implement. A multi-sector and community-wide approach is needed.

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24 NICE Quality Standard 30 (2013) Quality Standard for supporting people to live well with dementia

25 Alzheimer’s Society (2012) Home Truths

It may also be the case that what general needs housing might currently identify as care or support needs could in fact be met through wellbeing or housing services that are their core concern and not something to be passed on. Similarly a more genuinely supportive and accepting physical and social environment could prevent or delay these needs from arising in the first place.

So we can see that the housing sector is in a position to contribute positively to some of the priorities and outcomes described above, working with others. To do so, staff need to be aware of dementia, alert to the signs and symptoms that should trigger closer scrutiny, and know what steps to take so that the customer does not remain undiagnosed and unsupported. Those steps will differ depending on the role of the staff member but at a minimum may involve informing someone else within the organisation of concerns, e.g. a housing support officer or line manager.

What might a member of staff notice? A tenant falling into arrears, overpayment, or erratic payment patterns after years of calling in to pay their rent promptly; a hitherto clean and tidy home becoming chaotic, disorganised and in a state of poor upkeep; an individual ringing the office repeatedly with the same query, or appearing anxious and distressed; uncharacteristic nuisance and disruption such as entering someone else's property; a resident agreeing to having works done by an unknown trader that are unnecessary; being muddled or confused – e.g. convinced they've paid for a service when they haven't. These issues may have an impact not only on an individual's own wellbeing, but potentially that of neighbours too.

The consequences when these signs are overlooked can be dramatic and severe for the individual: someone having to move into institutional care; falling prey to financial or other abuse; misery, isolation and ostracism experienced by the individual; a crisis such as a fall catapulting the person into hospital; financial affairs in disarray; deteriorating physical and mental health of both cared-for and carer.

Appropriately trained and supported housing sector staff who are alert to the signs can play an important part in improving diagnosis rates and the quality of someone's life. They can be more alert to risks to property, wellbeing or disruption if they know someone has declining cognition, and take pre-emptive action: arrange adaptations to the home; explore assistive technology; arrange a different rent payment regime; provide information, signposting, advice, support or advocacy; talk to neighbours; act as brokers; do small jobs that make the home habitable and safe; and liaise with a range of professionals. *Dementia: Finding Housing Solutions*<sup>26</sup> includes a range of examples where housing associations and home improvement agencies are doing these things. All these potential contributions rely on having a skilled and informed workforce.

## **ABBEYFIELD IMPROVES PRACTICE THROUGH TRAINING**

Abbeyfield is a specialist housing provider for older people. They run dementia training sessions for all their housing staff. Before attending the training, Agnes was labelled as aggressive and agitated, and her medication was increased to "solve this problem behaviour". Following training, staff monitored the times when she got agitated. "When she got agitated she would hold her skirt and we soon realised this was because Agnes needed the toilet. Once we understood this, Agnes calmed within only a couple of days"

For the full text of this case study and more information about Abbeyfield's approach to training, see p9 of the Resource Pack.

## 1.2.4 THE BUSINESS CASE

The case for improved customer and community outcomes if organisations are dementia-aware and dementia-friendly is clear. But what about the business case? What benefits accrue to housing providers?

- It can save housing providers money by:
  - understanding the cause of an issue early and tackling it appropriately, so reducing expenditure on dealing with complaints – e.g. disruptive behaviour that may require a safeguarding or care and support route rather than being dealt with as anti-social behaviour
  - avoiding missed appointments
  - dealing more appropriately with risks to health and safety
  - reducing the risk and cost of litigation
  - reducing the rate of property turnover and the cost of voids
  - avoiding or reducing decorating and repairs to properties damaged by incidents that could have been prevented e.g. flooding, and deterioration in the condition of a property through neglect
- Being perceived by potential partners as dementia-friendly is likely to be good for the reputation and improve chances in new business opportunities in a competitive climate
- It can help avoid damage to reputation, e.g. if death of a tenant with dementia through neglect or abuse leads to a Safeguarding Adult Review
- It may result in access to partners' training resources – e.g. local authorities
- As many staff may be part of the "sandwich generation" with caring responsibilities for both children and elderly parents, it creates a climate where staff feel more able to share their personal experience of dementia, and may enable planned absences rather than the person taking sick leave if they have caring responsibilities
- It could improve job satisfaction and staff retention if staff feel better equipped to deal with issues arising from someone's dementia

### UNDETECTED LEAKS IN GENTOO PROPERTIES

Gentoo is a general needs housing provider in Sunderland. It has 29,200 properties in management of which 194 are sheltered and 49 extra care. In this case study, a longstanding leak in one sheltered housing property remained undetected until the fire alarm was triggered in the property below as a result of water flooding the wiring. The leak had not been reported by either occupant as one had short-term memory problems and the other vascular dementia. As a result, fairly extensive damage was done to the properties, resulting in disruption to the customers and a cost of £183 to put right. Had the issue been identified sooner through more regular checks and prompt repair, both cost and inconvenience would have been reduced.

For the full details of this case study, See Resource Pack 14



# 2

## STAFF FUNCTIONS IN GENERAL NEEDS HOUSING

### 2.1. INTRODUCTION

What should be expected of particular staff members in relation to customers with dementia will differ, depending on a number of factors. This section breaks the workforce down into different categories based upon their function within the organisation in order to suggest the level and range of dementia knowledge and skills needed by each. It also identifies other factors which play a part in determining this.

### 2.2. CATEGORIES OF STAFF

In any workforce the level of skills needed will vary according to the staff member's role. Functions have been categorised on the basis of a) the level of likely direct contact with customers ; b) line management responsibilities for staff who have direct contact; or c) their responsibility within the organisation for developing strategies, policies, procedures or services which need to take into account that customers may have dementia. This categorisation is based on the premise that managers need at least the same understanding of dementia as the staff they supervise. Similarly those developing policies, procedures, strategies and new services need to understand as much about the possible end user as those at the front-line applying or delivering these to customers.

#### 1. No or minimal contact with customers (Category 1)

#### 2. Some contact with customers (including those with indirect contact) (Category 2):

- a) Some direct contact (face-to-face, by telephone or e-mail) with a wide range of customers, some of whom may have dementia
- b) Staff responsible for managing staff who have some direct contact with customers
- c) Staff responsible for developing / implementing strategies, policies and procedures for this staff group, or services for customers

#### 3. Significant contact with customers (including those with indirect contact) (Category 3):

- a) Significant direct contact especially with older people and those with learning difficulties
- b) Staff responsible for managing staff who have significant direct contact with these customers
- c) Staff responsible for developing / implementing strategies, policies and procedures for this staff group, or services for these customers

The following allocations to these categories (indicated by the number in brackets) are just a guide. Organisations will need to make a judgement within the context of:

- the organisation's own staff roles and job descriptions
- the settings where these functions take place
- customer groups with which particular staff are concerned either directly or indirectly

- Finance officers and accountants (1)
- Caterers (Probably 1 or 2. Maybe 3 in specialist settings)
- Board members (1 or 2 – will ratify strategies and policies but unlikely to actually develop them)
- Administrators (1 or 2)
- Grounds maintenance (1, 2 or 3)
- Human resources ( 2)
- Telephone and call centre operators, and receptionists – customer services staff (2 )
- Specialist complaints team (2)
- Communications, Public Relations (2)
- Sales and marketing (2)
- IT/digital inclusion (probably 2)
- Business improvement/assurance (H&S, E&D, legal etc) (2)
- Trades (plumbers, joiners, electricians) (2 or 3)
- Learning and development/Training (probably 2, maybe 3)
- Domestic staff, cleaners (2 or 3)
- Scheme managers, caretakers and concierge (2 or 3)
- Night porters and night staff (2 or 3)
- Security staff including CCTV monitoring staff (1,2 or 3)
- Repairs, maintenance, energy advisers and handypersons (2 or 3)
- Customer engagement staff (probably 3, possibly 2)
- Allocations and lettings staff (3 or 2)
- Housing officers, arrears recovery, tenancy sustainment, benefits advice (2 or 3)
- Anti-social behaviour teams (2 or 3)
- Surveyors, architects, and development staff (2 or 3)
- Community regeneration (2 or 3)
- Middle and senior managers of front-line, public-facing staff (2 or preferably 3 because of additional leadership skills needed)
- Chief Executive (2 or 3)

- Research staff (2 or 3)
- Policy and strategy officers (1, 2 or 3)
- Dementia champion (2 or 3 depending on what the job entails)
- Careline monitoring and response staff (3)
- Support (floating) and case workers (HIAs) (3)
- Sheltered or extra care scheme managers (3)

In addition, housing providers will have contractors whom they may require to have a level of dementia awareness commensurate with their function. This applies particularly to contractors who are working in residents' homes or spending a lot of time directly with customers.

Providers may also wish to include self-employed staff (e.g. hairdressers and caterers in supported housing schemes), volunteers and customers themselves in measures taken to raise awareness of dementia.

Consideration should also be given to apprentices, trainees on placement or work experience, agency staff etc.

## **STAFFORDSHIRE HOUSING ASSOCIATION TARGETS A WIDE RANGE OF STAFF**

Staffordshire Housing provides homes for rent and sale for a wide range of customers. 2,400 are general needs properties, 500 for over 55s non-sheltered, 486 properties in sheltered schemes and extra care villages.

As part of their Ageing Well Strategy, Staffordshire Housing Association staff are currently undertaking half-day dementia awareness training. In addition to staff employed in their sheltered and Extra Care accommodation, staff working in other departments who were booked on the training in early February included:-

- Housing Officers
- Technical Officers
- Handyman
- Caretakers & Cleaners
- Case workers in the home improvement agency.
- Front line staff dealing with customers
- Customer Involvement officers
- Also the self employed fitness instructor ( at Extra Care Village)
- The hair salon staff ( own business not employed by SHA) ( at sheltered and Extra Care village)
- Restaurant staff ( employed by contract caterer at Extra Care Village)
- Beauty Therapist ( self employed)

# 3

## SUGGESTED TRAINING TOPICS AND LEVELS

### 3.1. INTRODUCTION

There are various misconceptions about dementia: that it is a normal part of ageing; that nothing can be done so there's no point in having a diagnosis; that it is just about memory loss; and that all the behaviour seen in people with dementia is the result of their dementia. These notions lead to some simplistic ideas about dementia training and awareness-raising.

Firstly, people with dementia can experience a range of symptoms apart from memory loss, commonly, for example, impaired ability to understand; impaired thinking and reasoning; impaired judgement and decision-making; impaired perception; problems recognising people and things; loss of communication skills; disorientation in time and place; difficulty performing everyday tasks; and mood changes. These differ from person to person and have an impact on the way they experience the world around them and behave. However, these are not the only things influencing the way someone with dementia interprets what is happening to them and responds. There are likely to be any combination of a range of interacting triggers apart from the effects of the brain damage: personality; previous life experiences; values and culture; physical and mental health; sensory impairment(s); and current environment, both physical and social.

These complexities need to be recognised when thinking how best to ensure the general needs housing workforce is properly skilled. It is not simply about absorbing information. Staff need the opportunity to ask questions, and “unpick” situations and incidents they have encountered. The setting in which the incident occurred is also important as this may influence potential “remedies”. There is no one-size-fits-all solution to the issues staff may face. This means that training which is bespoke to the setting and delivered face-to-face, allowing for discussion, is likely to be more valuable to staff than e-learning or straight didactic sessions. Moreover, managers of staff dealing with these situations ideally need both training to the equivalent level of those they line-manage, and additional skills and knowledge to support and guide the staff member to work through the situation as befitting the housing context.

**“Attendees who are inexperienced often need some time in order to describe examples and receive support and reassurance regarding their actions and thoughts – or it may take time to set them on the right track if they have had a ‘bad’ experience”**

*(Dementia trainer in specialist housing association)*

## 3.2. SKILLING STAFF ACROSS SECTORS – COMMON AND DISTINCTIVE ASPECTS

Certain aspects of dementia knowledge and skills are common and relevant across housing, health and social care. Others are specific to the type of services the organisation provides. Skills for Care, Skills for Health and the Department of Health have published a guide to training the social care and health workforce entitled *Common Core Principles for Supporting People with Dementia*.<sup>27</sup>

Much of this guide is equally applicable to the housing workforce. The eight principles are:

1. Know the early signs of dementia
2. Early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage
3. Communicate sensitively to support meaningful interaction
4. Promote independence and encourage activity
5. Recognise the signs of distress resulting from confusion and respond by diffusing a person's anxiety and supporting their understanding of the events they experience
6. Family members and other carers are valued, respected and supported just like those they care for and are helped to gain access to dementia care advice
7. Managers need to take responsibility to ensure members of their team are trained and well supported to meet the needs of people with dementia
8. Work as part of a multi-agency team to support the person with dementia

While all these apply to housing sector staff, some of the signs which alert staff to issues may, as suggested earlier, be quite housing-specific, and potential approaches in one setting may be unsuitable in a different one. Most housing sector staff do not provide hands on care (although they may provide support) so will need to understand the scope and limits of their role. They also need to know which other agencies to work alongside and direct people towards, and what their powers and responsibilities are. Contrary to common belief, much of the Mental Capacity Act will apply to housing staff in the same way it applies to care staff, but there are certain elements, such as the “Deprivation of Liberty Safeguards” which currently apply only to residential and hospital settings.<sup>28</sup> This means that if someone needs to be deprived of their liberty for their own wellbeing, potential avenues – and the issues for housing policy and practice – are different. In addition, some housing sector staff are likely to be able to control or influence the design of the physical environment within which people live in a way that does not apply to health and social care staff.

Building on the common core principles and the DAA outcomes, but bearing in mind the housing setting and different staff groups, specific outcomes and suggested training content have been developed as part of this piece of work. They have the over-arching aim of improving the wellbeing of people with dementia and family carers with whom staff come into contact.

**“The training increased our understanding of what dementia is and how we can support residents in sheltered housing. It gave us real case studies from within our organisation that we could directly relate to and this, coupled with the skills and knowledge of the trainers, helped us look past the dementia and see the person instead.”**

*(Abbeyfield staff member)*

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<sup>27</sup> [www.skillsforcare.org.uk/Skills/Dementia/Dementia.aspx](http://www.skillsforcare.org.uk/Skills/Dementia/Dementia.aspx)

<sup>28</sup> This may change in the future as one of the recommendations of the House of Lords post-legislative scrutiny report is to extend DOLS to supported housing settings (Recommendation 20) [www.parliament.uk/business/committees/committees-a-z/lords-select/mental-capacity-act-2005/news/mca-press-release---13-march-2014/](http://www.parliament.uk/business/committees/committees-a-z/lords-select/mental-capacity-act-2005/news/mca-press-release---13-march-2014/)

## **3.3. SUGGESTED TRAINING FRAMEWORK FOR GENERAL NEEDS HOUSING STAFF**

### **3.3.1. INTRODUCTION**

The suggested training framework (page 3 of the Resource Pack) is just intended to be a guideline or starting point for organisations, since specific requirements will depend on the profile of the customer base, training elements already in place, and the range of services offered and functions fulfilled. In addition, different trainers will have their own approaches and views.

The training framework has been divided into:

Level 1 – Basic awareness raising

Level 2 – Foundation level

Level 3 – Extra topic-based sessions

These levels broadly align with the three staff categories outlined earlier, based on the level of direct or indirect contact with customers generally and those at risk of developing dementia specifically. The key caveat to this is that some staff members may have significant direct or indirect contact with people with dementia (i.e. category 3), but if the level 2 training is tailored to their specific role (e.g. repairs staff, development staff), that may suffice.

For most general needs housing staff, either awareness-raising only (level 1), or level 2 training will probably be sufficient, based on whether or not they are public-facing. Depending both on the customer base and particular role, a small number would benefit from a little extra – Level 3. Those who provide or manage care, or undertake specialist dementia roles would benefit from more specialist training, but few general needs housing providers are likely to employ such staff and so are beyond the scope of this report.

On p.3 of the Resources Pack, the training framework outlines for each level:

- the staff likely to require that level of awareness-raising or training
- the outcomes to be achieved
- suggested focuses of the session(s)
- links with other core training topics

### **3.3.2. LEVEL 1: DEMENTIA AWARENESS RAISING**

All staff members should take part in a dementia-awareness raising session as part of their induction. Board members too would benefit from this exposure and residents could be encouraged to take part.

Suggested outcomes include:

- An understanding of why dementia-awareness is an important part of the organisation's ethos and culture
- "Giving staff permission" to raise with managers any issues with dementia they may be personally experiencing which may impact on their work, e.g. caring responsibilities
- Enabling staff to be a bit more dementia-savvy as citizens:
  - Identify signs which may signify dementia

- Understand the benefits and issues of early diagnosis and intervention
- Improve understanding of, and empathy for, the individual with dementia and his/her carer, resulting in reduced prejudice and stigma
- Improve confidence in communicating with person with dementia

### **KNOWSLEY HOUSING TRUST RAISES STAFF AWARENESS OF DEMENTIA**

Knowsley Housing Trust (KHT) has approximately 13,200 general needs lettings, 13 supported lettings and 699 sheltered housing lettings. A couple of extra care schemes are in the pipeline.

In partnership with the Liverpool House of Memories KHT has rolled out dementia awareness training to all front line facing members of staff, 109 in all. They now plan to roll out in-house awareness training to every other member of staff in the business. They believe it is important that even if it doesn't benefit a resident directly, if a member of staff who has a relative with dementia can feel confident at dealing with this, and has the correct support, then their work output will increase which will benefit residents.

For the full good practice example, see p20 of the Resource Pack.

#### **3.3.3. LEVEL 2: FOUNDATION LEVEL**

A one day level 2 training is suggested for all public-facing staff, whether they have face-to face, telephonic or written contact with customers and members of the public, plus those who manage them, where their role would be limited to responding appropriately and signposting to someone else, possibly within the organisation.

Suggested Outcomes include:

1. Staff who are able to play their part confidently and effectively in enabling customers with dementia and their carers to live as well as possible
  - a) Timely diagnosis and support – improved knowledge
    - Staff able to identify signs which may signify dementia
    - Improved understanding of the benefits and issues of early diagnosis and intervention
    - Improved ability to provide relevant information, advice and signposting
  - b) Improved understanding and practice
    - Reduced stigma and prejudice through improved understanding of the person with dementia
    - Practise in a way which promotes autonomy, choice and control and protects individual's rights, including sustaining occupancy
    - Improved ability to assess, minimise (not eliminate) and manage risks to safety and security

- Improved confidence and ability to communicate with person and respond appropriately in difficult situations
  - Improved understanding of how the physical environment can affect independence and wellbeing of the person with dementia
- c) Improved inter-agency working
- Understand responsibilities and limits of own role generally and in the context of mental capacity and safeguarding
  - Understand the responsibilities and limits of staff working in other agencies, e.g. adult social care and mental health services

### **3.3.4. LEVEL 3: EXTRA TOPIC-BASED SESSIONS**

Non-care staff who are likely to have more frequent and direct contact with older people, people with dementia or learning difficulties, and those who manage them would ideally benefit from additional knowledge and skills. While learning on these topics may involve formal training sessions, some topics lend themselves to other formats including conferences, self-study, coaching or mentoring.

Suggested Level 3 outcomes are the same as those in Level 2 but there will be additional ones to be achieved based on the particular staff role. These have been outlined in the detailed training framework from page 6 of the Resource Pack.

### **3.3.5. LEARNING PATHWAYS AND QUALIFICATIONS**

There is a good case to be made for a learning pathway, particularly for those in category 3, who have significant contact with susceptible groups. While dementia awareness as part of induction should happen soon after the staff member joins the organisation, there may be merit in waiting to take part in Level 2 training until the staff member has encountered situations involving people with dementia, followed by additional selected focuses at a later date.

These different levels of training represent a professional development path, but no attempt has been made to link them to specific qualifications. Nevertheless, there is a strong case for arguing that qualifications would help to embed dementia knowledge and understanding within organisations. They would close the gap between training and understanding because employees would have to demonstrate understanding in a tangible way via assessment. This provides the organisation with the opportunity to justifiably state that staff members understand dementia and the organisation can demonstrate this.

Skills for care has developed a qualification framework of awards, certificates and diplomas, which include a number of dementia-specific units and levels. These may be of interest to some general needs employers. A number of the providers listed in the Resource Pack also offer specific qualifications. However, at present none of these appears to have been tailored for the housing sector or endorsed or promoted by the industry.



## **ABBIEFIELD DEVELOPS A TEAM OF TRAINERS**

Specialist provider Abbeyfield has launched a learning and training matrix that highlights recommended and essential training for each job role within the organisation. Dementia awareness is compulsory for all staff and strongly recommended for volunteers. They have recently started to develop a team of trainers all trained to Level 3 on OCN accredited courses and have developed two dementia-specific courses: a one day Dementia Awareness programme which for some staff is followed by a further day with more advanced learning.

For the content of these programmes, see p10 in the Resource Pack.

## **HEANTUN HOUSING ASSOCIATION'S RECENT TRAINING INITIATIVE**

Heantun Housing Association is a small to medium sized Registered Social Landlord which provides 1,200 properties, a mix of general needs housing and specialist supported housing. It provides a diverse range of services including support services, domiciliary care and nursing home care in the Black Country and Staffordshire.

The association worked with Worcester Association for Dementia Studies to deliver dementia training to more than 100 staff who were involved in delivering services to older people (from directors to front line staff). The training was tailored to the individual's role and there were 3 levels of training:

- 1 day introduction – basic awareness for staff not involved directly with care or support (76 staff) – reception staff, repairs staff, etc. attended this one
- 6 day specialist practitioner course – those directly involved with care or support (22 staff)
- 2 day leadership course – for senior managers responsible for delivering care or support (9 staff)
- A briefing for the Board

For full text of example see p17 of the Resource Pack

### **3.3.6. BEYOND FORMAL TRAINING**

Training sessions do not need to take up precious time conveying basic information which could be conveyed in other ways. For example, information on local networks and resources could be obtained from lists, on-line searches and talking to colleagues. As part of training, a list could be provided of relevant topics not being covered, and a “dementia resources” file could be developed which contains key information about local systems and resources, information sheets on specific topic areas, and other sources of information.

For most outcomes, training sessions alone are not sufficient, and all staff will need reinforcement, refreshers and reminders from time to time. Paradoxically, this may be more important for staff who

have scant contact with people who have dementia than those who have more. These could take the form of information in newsletters or on the intranet, or refresher sessions.

In addition, it is ideal to support staff working directly or indirectly with people who have dementia with opportunities for reflecting on what they are doing and exchanging experiences and ideas, whether in one-to-ones or group discussions. Organisations also need to be geared up to support staff who come forward with personal experiences of dementia, for whom the awareness-raising or training has acted as a catalyst. This may be the first opportunity they have had to raise these issues and it can be highly emotional. Carers UK have published a report which may be helpful in this regard entitled Supporting Employees who are Caring for Someone with Dementia.<sup>29</sup>

Sustainability is also important. For this reason, having dementia champions within an organisation is a distinct advantage.

### **TAUNTON AND DEANE BOROUGH COUNCIL – SUSTAINABILITY IS KEY**

In order to make dementia-awareness a cost-effective and sustainable reality across the workforce serving their 5,000 general needs properties, and 1,000 sheltered and extra care units, the council is developing a pathway approach to skilling their workforce. They are making good use of the free Alzheimer’s Society Dementia Friends and Dementia Friends Champions initiatives to build up expertise within the organisation. These are being coupled with one-day formal awareness training for key front-line staff, and four-day train-the-trainers courses for a selected few to make the programme sustainable over a period of time.

See Taunton and Dean good practice example on p25 of the Resource Pack and p29 for information on the Dementia Friends initiative.

### **LONGHURST GROUP – TRAINING MANAGER PROVIDES LEADERSHIP**

In May 2013, the Training Manager of the Longhurst Group was trained as a Dementia Friends Champion and has been doing information sessions with staff on dementia. The Group has an information area on their own intranet specifically for this subject and will be starting road shows and information sessions to encourage not only staff but tenants themselves to take an interest and be involved. To date they have over 160 staff also signed up as Dementia Friends in line with the government’s initiative.

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<sup>29</sup> [www.carersuk.org/professionals/resources/research-library/item/3472-supporting-employees-who-are-caring-for-someone-with-dementia](http://www.carersuk.org/professionals/resources/research-library/item/3472-supporting-employees-who-are-caring-for-someone-with-dementia)

## 3.4. TRAINING TOPICS

### 3.4.1. INTRODUCTION

Whoever provides the training, and irrespective of which level, the following features should characterise it.

- It should be tailored to housing settings wherever possible with relevant examples and case studies, and recognition of how setting affects what is appropriate
- It should adopt a psycho-social, person and relationship-focused approach as distinct from a medical model. It should
  - encourage focus on each person as an individual with assets as well as needs
  - emphasise the individual experience of dementia and the range of factors that may influence behaviour
  - encourage staff to try and look at the world from the perspective of the person with dementia
- Wherever possible, it should directly involve those living with dementia in the design and delivery of sessions

#### GENERAL TOPICS

1. **Dementia Action Alliance outcomes** have been co-produced with people who have dementia and list seven outcomes that people with dementia want to achieve. Learning needs to be grounded in outcomes for people living with dementia.
2. **National and local context** (very brief coverage)
  - a) prevalence (ideally including organisation's own figures for number of at-risk customers) so that people understand the scale of the challenge
  - b) policy: key elements of the national policy such as early diagnosis and intervention as well as the priority given to it, why it is important, and why it is relevant to the general needs housing sector.
3. **Understanding dementia** – staff need to be informed of the features of dementia, what it is, what it is not, what it can be confused with and the effect of different types. This needs to be coupled with what is perhaps the most important thing for anyone to learn about people with dementia. They are not a composite of symptoms. Each individual is a person with a personality, life experiences, values and culture, current life circumstances and environment, and possibly a range of health issues unrelated to dementia; it is these, coupled with brain damage from dementia that shape an individual's experience of their world and how they behave.
  - a) What is dementia?
  - b) Common signs and symptoms
  - c) Dispelling misconceptions
  - d) Types of dementia
  - e) The experience of dementia – Tom Kitwood's person-centred approach and Dawn Brooker VIP framework <http://carefitforvips.co.uk>
  - f) Concurrent conditions e.g. sensory impairment
  - g) Dementia, depression and delirium

4. **Front-line practice** – the depth to which these elements can be covered will depend on which level of training staff are participating in. Not all topics will be important to all staff.
  - a) Principles of person-and-relationship centred approach and language with examples – designed to promote empathy and understanding
  - b) Spotting signs of dementia with housing-related examples where possible
  - c) Communicating with people with dementia – there are certain guidelines and tools that can assist
  - d) Understanding and responding to “challenging behaviour” – furthering understanding of behaviour as communication and the need to try and identify what has triggered the behaviour. Case examples.
  - e) Signs of ill-being and well-being – when people have lost the ability to explain how they feel, these can be helpful to staff.
  - f) Local systems and resources for people with dementia; for example who should be approached to help the person get a diagnosis; can the older people’s mental health team be contacted directly for support? What can be expected of the different professionals and agencies?
  - g) Safeguarding and positive risk taking – To some degree this will be relevant to all staff who have contact with residents, both from the perspective of physical safety, and from the perspective of increased vulnerability and risk, as cognitive functioning declines and mental capacity to take certain actions and make certain decisions may be questionable. The balance between protection and autonomy has to be individually assessed.
  - h) Mental Capacity Act & Equalities legislation as they apply in housing setting. It is very important that all public-facing housing sector staff understand the key provisions of the Mental Capacity Act, in particular the concept of mental capacity, and what applies to them.
5. **Physical aspects**
  - a) Dementia-friendly design and decor – this will be particularly relevant to development staff but all home visiting staff would benefit from familiarity with some fundamental principles. It also helps for staff to understand how common items can be mis-perceived; for example an image of self in mirror, TV or window being perceived as a stranger in the room.
  - b) Assistive technology as part of individualised support plan. Would assistive technology help and how can it be obtained?
6. **Housing-specific issues and case studies** – e.g. weighing up which is likely to benefit an individual more: familiarity of surroundings and layout of home, or an adaptation; responsibilities and limits of housing staff roles.
7. **Other** – depth of coverage will depend on which staff. In level 2 can probably only touch on these, but can provide handouts:
  - a) Carers’ perspective – the importance of supporting carers, and working with others to achieve
  - b) Cultural issues – ethnicity, language, spirituality, sexuality – how these may impact on the individual’s experience of dementia
  - c) Features of dementia-friendly organisations (quite general)
  - d) Features of dementia-friendly communities (quite general)

### TOPICS FOR MORE DETAILED ATTENTION – LEVEL 3

More depth on some of the above plus a number of the following elements as relevant to role:

- **Mental Capacity Act (MCA)** (Managers, scheme managers, support staff) – This Act is both about empowerment and safeguarding. Staff who have more regular contact with older people or those with learning difficulties really need to understand how the MCA applies to them; also what they can expect from other professionals in this regard so they are empowered to challenge and question. It is particularly important that this is tailored to a housing setting and enables discussion as there is a lot of misunderstanding of the MCA and how it applies to housing.
- **Implications for ethos, policies and procedures** (Middle and senior managers) – Declining capacity in customers has potential implications for a range of policies and procedures; e.g. safeguarding; rent arrears; signing tenancy agreements.
- **Providing leadership and staff support** (Middle and senior managers) – Doing this effectively is important for front-line staff members' effectiveness and wellbeing. The Kotter model is well accepted.
- **Dementia design and decor** (Surveyors and other home-visiting staff) – This component is particularly relevant to staff who either visit people in their own homes and may be involved in health and safety risk assessments or adaptations OR have some role to play in developing new or re-modelled buildings.
- **Meaningful activity and activities toolbox** (Sheltered scheme managers, support and activities staff) – Meaningful occupation and taking part in community life are as important to people with dementia as anyone else. People who are bored and unoccupied may become agitated and frustrated. Particularly relevant to any staff responsible for supporting customers in developing activities, whether group or individual.
- **Life story work** (Sheltered scheme managers, support and activity staff) – Working with individuals and others who know them to record their life story with photos and other memorabilia; and how to use the information to understand them better and improve their living experience. Would combine well with person-centred support.
- **Person-centred support and support planning** (Support providers) – more in depth focus for those who are involved in working with people who have dementia in understanding and supporting person and developing support plans with the person – and possibly their carer.
- **Assistive technology & adaptations** (Home visiting staff) – Awareness of the range of options to support someone with dementia needs to be balanced with a person-centred assessment of the suitability of a given adaptation or device. Does the value of a potential solution outweigh the risk of something unfamiliar unsettling this particular person? Staff also need to know how to access assistive technology and adaptations.
- **Safeguarding and positive risk taking** (Managers, scheme managers, support staff, policy officers) – Probably part of safeguarding training. Might be combined with MCA session.
- **Cultural competence** (Category 2 and 3 staff in areas of significant ethnic diversity, e.g. South Asian Community) Attitudes to dementia in some communities can really compound issues for those living with dementia and their families.

### 3.5. CROSSOVERS

There are potential crossovers with various other core training areas. These include:

- Safeguarding
- Anti-social behaviour / Challenging behaviour
- Equality and diversity / Cultural competence
- Health and safety
- Mental health awareness
- Domestic violence
- Customer engagement / involvement

Some aspects of dementia training could be covered in these sessions instead of – or as well as – dementia-specific sessions. In addition, ideally each of these should include a dementia aspect.

# 4

# GENERAL APPROACHES TO TRAINING

## 4.1. TAILORING TO INDIVIDUAL ORGANISATIONS

General awareness-raising delivered, for example, through the Alzheimer’s Dementia Friends programme (see S 5.2 of this report and p29 of the Resource Pack) is a good start. However, ideally the training should be tailored both to the housing setting and to the particular organisation in which it is being delivered. How the learning elements are configured to fit alongside other areas of training, and the methods and formats of the training, have to be decided on an organisation by organisation basis. For this reason, as well as individual trainers’ different emphases and approaches, the content suggested in this report can only be seen as a guideline. If developing in-house training, the training organiser needs to discuss with the dementia trainer dementia-specific training in the light of aspects covered in other learning elements within the organisation. Coming up with the optimum awareness-raising and training package for an organisation may be an iterative process.

On page 17 of the Skills for Care Common Core Principles, “Reviewing Your Workplace” outlines questions to be considered when planning the training and development needed to make services dementia-friendly. This may be useful to housing providers.

## 4.2. MIX OF ATTENDEES

There are advantages and disadvantages to having a mix of roles and functions taking part in the same training sessions. For levels 1 and 2, a mix of roles could be beneficial to engender mutual understanding. On the other hand the training can be more focused if attended by staff with similar functions. Level 3 sessions are more specialist, and therefore are likely to be targeted at staff with a particular function, for example architects and surveyors on designing for dementia, managers on staff support and leadership, and policy staff, managers and sheltered scheme managers on the Mental Capacity Act.

## **NORTH TYNESIDE COUNCIL MAKES DEMENTIA AWARENESS COURSE WIDELY AVAILABLE**

The Council delivers a one day awareness course which some of their housing staff have accessed and also a Level 2 Award in Dementia, which is being accessed by a whole range of staff, including wardens and social workers, and other front line workers. The mix of the cohort has been highlighted as an area of good practice by the Awarding body Edexcel.

### **4.3. OPTIONS AVAILABLE TO HOUSING PROVIDERS**

Housing providers may adopt different approaches to skilling their workforce in dementia depending on their service offers, the profile of the people they serve, and a range of other considerations. Options include:

- Sending staff on external awareness raising and off-the-shelf training sessions
- Providing incentives, opportunities, support and recognition to work through an on-line package
- Working with an external training provider to develop a bespoke training offer to be delivered to staff in-house
- Employing a well trained dementia specialist who can provide leadership, support and bespoke training to the workforce
- Collaborating with other housing providers in the locality to commission suitable awareness-raising and training for their staff

It can be a mixture of these depending on the professional development needs of the individual staff member and organisation.

Some organisations adopt a cascade approach, and various training providers offer train-the-trainers packages specifically designed for this.

## **SHELTERED OR SUPPORTED HOUSING TEAMS TAKE THE LEAD**

Two general needs providers, one a housing association (Axiom), the other a local authority (Taunton Deane Borough Council), have taken the decision to concentrate their dementia expertise in their supported housing teams. These staff members have received more training and act as the main sources of advice, support and leadership for the rest of the staff members on issues relating to dementia. In Axiom, one sheltered scheme manager acts as dementia champion, and four scheme managers are currently undertaking the NCFE Certificate in the principles of dementia care, 7 modules over 14 weeks.

For further information on how these two organisations are raising dementia awareness, see Resource Pack pages 12 and 25



## 4.4. FORMATS, LEARNING TOOLS AND MATERIALS

Trainers adopt a wide range of methods in their training sessions and in most cases a combination is used. It is up to each organisation to select trainers whose approach most matches the organisations' ethos and vision. Methods used include: presentations; group exercise, discussion, feedback and action planning; videos; case studies; quizzes; talks by people who have direct experience of dementia; workbooks with or without access to tutors; drama; role play; virtual dementia tour; co-produced creative events; games; experiential interactive exercises; demonstrations of technology.

Skilling the workforce in dementia in most general needs housing organisations is likely to combine formal and informal learning opportunities. Formats might involve face-to-face training sessions and guided discussions with a tutor, distance learning, workshops, e-learning and self-study, provision of written information, use of intranet and newsletters etc.

E-learning has the advantage of offering flexibility as to when and where it is done. It can impart information and some understanding to motivated learners and can have a beneficial effect on attitudes and practice. However, interaction with a tutor and others is needed to gain an in-depth understanding of how the learning applies to their own particular setting and experience.

A mix-and-match blended approach depending on their particular role and learning needs could be of benefit for staff in Category 3 in particular. Whatever minimum requirements are agreed, organisations do need to ensure that relevant staff have gone through the process and the benefits evaluated.

### MHA'S APPROACH TO TRAINING

MHA now have a new training programme in place which is, to date, receiving very positive feedback from the teams. All staff who work in their care homes and housing with care schemes at present do the same level of training, regardless of role. This focuses on positive communication; life story work; redefining challenging behaviour; engaging in positive activities; expressing sexuality and understanding care planning and person centred planning. They have a session on each topic and a workbook for each in which they complete assessments and reflect on learning. These are then used as part of one-to-one sessions and each person keeps a diary to chart how they have used their learning, and situations they have come across. Some of the most positive changes and feedback have been with maintenance workers who have regular contact – "Some great light bulb moments for them." They have also fed back that this has improved confidence in communications with others who do not have dementia.

# 5

## EXTERNAL SOURCES OF TRAINING

### 5.1. BUILDING A LIST OF TRAINING SOURCES

It was not possible to get a comprehensive overview of all the possible sources of dementia-awareness raising and training available in the country. All known dementia centres, independent dementia trainers and other sources of training were contacted. The editor of the Journal of Dementia Care, the Alzheimers' Society and the Dementia Action Alliance were also contacted to see if they could suggest key trainers who were not on the original list. In all, 36 possible training sources were individually invited to complete and return a proforma seeking the following information:

- Name and contact details
- Training offer:
  - Broad approach to dementia
  - Location of training
  - Off-the shelf or bespoke
  - Sessions or modules available – length, aims and broad content
  - Materials
  - Training format
- Dementia training credentials – expertise, track record in dementia training, referees
- Housing aspect – Experience of training within the housing sector? Sessions tailored specifically for housing or not?
- Charges / fee structure
- Additional information

Because those contacted ranged from small individual trainers to large dementia centres, the latter had a particular challenge in completing the proforma. All were invited to submit brief additional information if they wished to.

The trainers' completed proformas are included in the Resource Pack starting on page 27.

There will be many more organisations, not on the list, who offer general awareness raising and dementia

training. It is definitely worth contacting the local authority. For example, purely by coincidence, it was discovered that the Hull Dementia Academy offers free training to people who live and work in Hull, while Reading council offers free on-line training and North Tyneside offers off-the-shelf places at a relatively modest cost. The local Alzheimer's Society, Age Concern or even the local older persons' mental health team may also offer training locally.

## 5.2. THE TRAINING ORGANISATIONS

The organisations in the Resource Pack are very varied in size and what they offer.

- **Basic awareness raising** – The Dementia Friends initiative run by the Alzheimer's Society aims to inspire and raise general public awareness, and gain the commitment of participants to take action, including in some cases spreading the word by becoming Dementia Friends Champions. While staff can be supported and encouraged to attend one of these sessions, it needs to be voluntary and may well not cover key topics sufficiently for housing staff. However, if staff go on to do the Dementia Friends Champions training, they can then provide awareness-raising sessions to staff and customers within their own organisations and use their own knowledge of the housing context to set what is presented in that context. These initiatives are a cost-effective and valuable first step for individuals and organisations in the journey to becoming dementia-aware.

There are other sources of basic awareness-raising available, most of which are likely to charge, but which may tailor sessions for housing sector staff.

- **Dementia specialist and niche trainers** – There are a number of independent dementia trainers who employ a range of different approaches and have a track record in delivering training to housing sector staff.
- **Dementia centres** – These too may have a track record of training staff within the housing sector and appear to offer an extensive range of courses with different focuses and depths, many leading to specific qualifications.
- **Voluntary sector, housing and non-dementia specialist organisations** – A number of trade and general training organisations offer dementia training. It is not necessarily the case, that because the training is offered by a housing sector organisation, it is bespoke to the housing setting.
- **E-learning sources** – There are a number of free on-line e-learning resources covering a range of topics of which the SCIE open dementia programme is probably most closely aligned to the content in Level 2. There are also a number of paid-for e-learning options. They range from basic awareness-raising sessions to more detailed focus on specific areas which would cover many of the understanding and practice aspects of the Level 2 training content.
- **Local** – A number of locally based dementia training offers were identified that were either free or modest in price. Included here are the North Tyneside and Hull academy offers. There are likely to be more of these. Some local authorities and Clinical Commissioning Groups have arrangements with on-line providers which they may be willing to make available to staff in the housing sector.
- **Other sources of dementia learning and information** – There are many websites providing information on dementia which are a valuable supplement to more formal learning options. Some of these have been listed on page 61 of the Resource Pack

As far as could be ascertained, none of the free awareness-raising and on-line options had a housing sector focus, so whilst they fulfil a useful function in raising awareness and understanding, housing-

specific examples and issues would need to be found in other ways. This could include: self-study for staff who are motivated, for example, using the Housing LIN website<sup>30</sup>; sending staff on conferences and seminars about housing and dementia arranged by housing organisations; inviting someone from the local Alzheimer's Society, Older People's Mental Health Team or someone with dementia and/or carer to come and talk to groups of staff to have a mutual exchange; one-to-ones with managers.

## DEMENTIA FRIENDS IN THE GUINNESS PARTNERSHIP

The Dementia Friends initiative aims to help people living with dementia to feel included in their communities and to raise awareness. The target is to get one million Dementia Friends across England by 2015.

Friends' information sessions aim to convey five key messages:

- Dementia is not a natural part of the ageing process.
- Dementia is caused by diseases of the brain.
- It is not just about losing your memory.
- It's possible to live well with it.
- There is more to the person than the dementia.

Following the development of Guinness Care and Support's Dementia Strategy and Plan, they began to actively promote Dementia Friends to their staff and customers across The Guinness Partnership in January 2013. They set a target of reaching at least 100 staff and 100 customers and so far have recorded 156 customers, Board members and staff becoming Dementia Friends and have both a customer and staff members trained as Dementia Friend Champions. The customer who is a Dementia Friend Champion has provided Dementia Friend briefings to staff, customers and Board members.

Guinness is very clear that becoming a Dementia Friend is voluntary and not part of training for staff but the real impact of promoting this initiative has been to significantly raise awareness of dementia across the whole organisation, even for those who have not become Dementia Friends. This in turn has really supported the implementation of the dementia plan; for example, recognition of the impact the environment has on people with dementia, and therefore the need to include dementia-friendly aspects in the design and maintenance of their buildings. They have also commissioned research into looking at the way in which their provision of housing and services to people with dementia can be improved to enable people to live independently in their own homes.<sup>31</sup>

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30 [www.housinglin.org.uk/dementia](http://www.housinglin.org.uk/dementia)

31 A recently produced Skills for Care/Housing LIN video about the workforce at a Guinness Trust housing with care scheme highlights the importance of training in dementia amongst other areas for the staff working there. [www.housinglin.org.uk/Topics/type/resource/?cid=9133](http://www.housinglin.org.uk/Topics/type/resource/?cid=9133)

# 6

## BECOMING A DEMENTIA-FRIENDLY ORGANISATION

As outlined, raising awareness of dementia and dementia training are fundamental first steps, but are not in themselves sufficient to skill up the general needs workforce. Similarly, skilling up the workforce is necessary but not sufficient to becoming a dementia-friendly organisation.

Using knowledge of the needs and assets of their customer base, high level decisions need to be made about how to respond proportionately and effectively to the dementia challenge, based on the likely impact of dementia on customers, communities and services. Some providers have developed a dementia strategy to work towards meeting this challenge and making all aspects of their organisation dementia-friendly. Recognising that dementia is a mainstream housing issue, and approaching the needs of the workforce for awareness raising and training presents a practical starting point for a strategy.

### MIDLAND HEART'S HOLISTIC APPROACH TOWARDS BECOMING DEMENTIA-FRIENDLY

Midland Heart provides and maintains 32,000 homes and is committed to making a difference to people through a mix of general needs and specialist housing, and support and care services. The organisation has taken an holistic approach to being dementia-friendly: developing a dementia strategy; raising awareness amongst staff, residents and communities through imaginative events; developing roadshows with its customer panel. It has employed external trainers for specialist staff and is now exploring the potential for a partnership approach to training and supporting staff with Worcester University's Association of Dementia Studies. It also makes use of a 1950s dementia pod<sup>32</sup> to stimulate memories and conversations; and is looking to train staff in 'design and build' principles via Stirling University.

For a fuller description of what Midland Heart is doing, as well as a case study illustrating the importance of understanding the life story of an individual and how the pod helped, see p21 of the Resource Pack.

<sup>32</sup> It should not be assumed that 1950s decor will strike a chord with everyone who has dementia. It will depend, amongst other things, on the age and background of the individual

In addition to ongoing support for front-line staff members and opportunities to refresh and build on their knowledge and skills, a dementia strategy could consider the inclusion of various other steps to becoming dementia-friendly. For example, a range of studies have highlighted the importance of providing leadership within organisations, and strategies may include ways of achieving this, perhaps by appointing someone as a dementia champion. The culture and value base is also important: an ethos which is genuinely committed to the wellbeing of its diverse customers; a safeguarding culture which recognises that some customers are vulnerable to abuse; and an inclusive approach to customer involvement. This culture needs to be embedded in the organisation from board level right through to front-line and back office staff.

### **B3 LIVING'S DEMENTIA CHAMPION**

This local provider's tenancy support team were receiving a significant number of referrals for people experiencing memory loss. They recognised the need to skill up staff in this area and advertised internally for a staff member to act as a dementia champion. The successful applicant attended a training course called "advanced dementia pathway" and is now undertaking a PTLLS course in order to deliver training to front-line staff. She is already acting in an advisory capacity.

For more information on B3's approach see p13 of the Resource Pack.

Policies, procedures and practice need to recognise that some customers may have, or may develop dementia, and may lack or lose mental capacity to take certain actions or make particular decisions. Services should be capable of being delivered in an individually tailored and culturally appropriate way. In addition, housing providers are in an excellent position to make the physical environments they control as dementia-friendly as possible.

Developing ways of raising awareness and understanding amongst residents can result in less discord and greater mutual support, sympathy and harmony, while enabling family carers' support groups can also pay dividends in terms of maintaining tenancies, and reducing disruption and disharmony. Some organisations arrange dementia roadshows enabling residents across their properties to learn about dementia.

### **GENTOO'S MEMORY ROADSHOW**

Gentoo is a large housing association based in Sunderland. The organisation is underpinned by a strong vision and ethos. It is taking various steps to become dementia-friendly.

Gentoo is working in partnership with the Alzheimer's Society to take Memory Roadshows across all five locality areas and has allocated £5,000 towards them. The Alzheimer's Society devotes time and staff resource to the event, and volunteers who live with dementia and are happy to talk about their experiences. The roadshow delivers workshops which:

- Raise awareness and understanding of dementia
- Tackle the stigma which is associated with dementia
- Help people plan for the future
- Show that you can live well with dementia

- Deliver a Dementia Friends Session

So far these roadshows have proved a great success. Residents have enjoyed the events, learnt about dementia and report taking actions which will help people living with dementia.

For more information on how Gentoo is becoming dementia-friendly, see p 14 of the Resource Pack

Orbit Charitable Trust has just published a guide<sup>33</sup>, *Working with smaller housing organisations to create dementia friendly organisations*. It is primarily aimed at small housing associations, but is equally useful for all housing providers. It looks at how social landlords can work with care, charity and community partners to improve support for older people living with dementia to improve their quality of life and maintain their independence for longer. It also provides useful guidance on creating an action plan to become a 'dementia friendly' organisation and offers best practice examples of successful initiatives piloted by housing providers across the country. One of its recommendations is to join a/the Dementia Action Alliance.

The Dementia Action Alliance brings together over 900 organisations who have signed up to delivering the National Dementia Declaration, the common set of seven outcomes informed by people with dementia and their family carers (outlined in 1.2.1 of this report). The Declaration provides an ambitious but achievable vision of how people with dementia and their families can be supported by society to live well with the condition. Alliance members work towards delivering this vision through committing to actions within their organisation and undertaking joint programmes of work, for instance in care, housing and schools. Joining the Alliance is a good way of progressing on a path towards becoming dementia-friendly and a growing number of housing providers, including general needs providers have joined either the national DAA or their local one.

Importantly, housing providers need to be linked in to local systems, services and networks. By joining a local Alliance housing providers can work together with others to make the community in which they work as dementia-friendly as possible. For more information on dementia-friendly communities see: [www.housinglin.org.uk/Topics/browse/HousingandDementia/DementiaFriendlyCommunities/](http://www.housinglin.org.uk/Topics/browse/HousingandDementia/DementiaFriendlyCommunities/)

Finally, while this report concentrates on dementia, the skills gained by staff, and many aspects of becoming more dementia-friendly, are likely to be more widely beneficial. Customers generally, as well as a range of vulnerable groups and people with other – or even co-existing – conditions, such as sight loss, functional mental illness or stroke are likely to benefit from the resulting improved services and physical environment.

## **RIVERSIDE JOINS THE DAA WITH TEN-POINT ACTION PLAN**

Riverside, one of the largest housing association groups in the country joined the National Dementia Alliance with a broad-based ten-point action plan. This includes tenant and staff awareness raising and training, incorporating a conference for tenants; testing of the King's Fund "Is your Housing Dementia Friendly?" and working with an assistive technology provider to identify ways of using technology for people with dementia in general needs housing.

For more information see p23 in the Resource Pack

33 [www.housinglin.org.uk/pagefinder.cfm?cid=9106](http://www.housinglin.org.uk/pagefinder.cfm?cid=9106)

# 7

## RECOMMENDATIONS

General needs housing providers are unlikely to be in a position to introduce all the steps to skilling their workforce and becoming dementia-friendly organisations straight away. In working towards implementing these recommendations, a proportionate and incremental approach is perfectly reasonable. Housing providers could consider:

### **1. Building the effectiveness of staff and board members in working with people with dementia by:**

- a) Encouraging staff and customers to take advantage of free Alzheimer's Society Dementia Friends sessions and supporting those willing to go on to become Dementia Friends Champions
- b) Making dementia awareness a core element of induction for all staff
- c) Developing a dementia-awareness and training offer that suits their organisation's approach and customer base, and in line with the different staff categories outlined in this report, using external resources as necessary
- d) Involving people with dementia and their carers in the design and delivery of training where possible
- e) Supplementing training with other sources of information to reinforce key messages
- f) Supplementing training with support and guidance appropriate to the staff member's role
- g) Gearing up the Human Resources department to respond to those who come forward with personal experience of dementia

### **2. Working towards becoming dementia-friendly organisations by:**

- a) Gathering learning and insights on how dementia may be affecting current and future customers, and what this means for services, staff and offers in order to aid targeting and forward planning
- b) Developing a dementia strategy which is proportionate, incremental and tailored, using knowledge of the customer-base and workforce needs as a practical starting point



- c) Ensuring their ethos is inclusive and dementia-friendly
- d) Finding ways of providing leadership in being dementia-friendly
- e) Undertaking a review of key policies, procedures, practices and services to assess what needs to be done to make them dementia-friendly and making adjustments accordingly, involving those who live with dementia where possible
- f) Considering how the built environment can be made as dementia-friendly as possible, and incorporating dementia-friendly design and decor into new buildings
- g) Finding ways to raise the awareness and understanding of dementia amongst customers, for example by publicising the Dementia Friend's initiative, arranging roadshows, and including items in newsletters
- h) Working with staff in partners agencies to maximise the wellbeing of individual customers and groups
- i) Signing up to the Dementia Declaration, joining the Dementia Action Alliance to gain support in moving forward, and participating in local DAAs to help making local communities dementia-friendly

**NOTE:**

Industry and professional bodies, training organisations and qualification awarding bodies all have an important role to play in supporting or facilitating housing providers to skill their workforce and become dementia-friendly organisations. As this piece of work is targeted primarily at housing providers, recommendations relating to these bodies will be followed up separately by the Dementia and Housing Working Group.

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<b>2</b>	<b>Good practice examples</b>	<b>9</b>
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	B3 Living	13
	Gentoo	14
	Heantun Housing Association	17
	Knowsley Housing Trust	20
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	Riverside	23
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<b>4</b>	<b>A selection of useful resources</b>	<b>61</b>

## LIST OF DEMENTIA TRAINING SOURCES

CORRECT AT MARCH 2014

PROVIDER	WEB AND/OR E-MAIL	COMMENTS	PAGE NO. IN RESOURCE PACK
<b>FREE AWARENESS RAISING AND TRAINING</b>			
Alzheimer's Society Dementia Friends and Champions sessions	<a href="http://www.dementiafriends.org.uk/">http://www.dementiafriends.org.uk/</a>	Social action initiative. Probably time limited	29
Hull Dementia Academy	<a href="http://www.dementiaacademy.co.uk/">http://www.dementiaacademy.co.uk/</a> <a href="mailto:dementia.academy@hullcc.gov.uk">dementia.academy@hullcc.gov.uk</a>	For those living or working in Hull	58
IDEA – University of Nottingham	<a href="http://idea.nottingham.ac.uk/">http://idea.nottingham.ac.uk/</a> <a href="mailto:beverley.smith@nottingham.ac.uk">beverley.smith@nottingham.ac.uk</a>	Lists free on-line courses. Not own on-line course.	55
SCIE free on-line open dementia programme	<a href="http://www.scie.org.uk/publications/elearning/dementia/index.asp">http://www.scie.org.uk/publications/elearning/dementia/index.asp</a>	Range of resources on SCIE Gateway website	30
Workwise Personnel	<a href="http://www.workwisepersonnel.com/">http://www.workwisepersonnel.com/</a> <a href="mailto:leanne@workwisepersonnel.com">leanne@workwisepersonnel.com</a>	Distance learning. Accredited	31
<b>DEMENTIA CENTRES AND SPECIALIST DEMENTIA TRAINERS</b>			
Association for Dementia Studies – University of Worcester	<a href="http://www.worc.ac.uk/discover/association-for-dementia-studies.html">http://www.worc.ac.uk/discover/association-for-dementia-studies.html</a> <a href="mailto:s.pinfoldbrown@worc.ac.uk">s.pinfoldbrown@worc.ac.uk</a>		32
Dementia Services Development Centre – Stirling	<a href="http://dementia.stir.ac.uk/education">http://dementia.stir.ac.uk/education</a> <a href="mailto:Lynsey.manson@stir.ac.uk">Lynsey.manson@stir.ac.uk</a>		34
Alzheimer's Society	<a href="http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1007">http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1007</a> <a href="mailto:dementiatraining@alzheimers.org.uk">dementiatraining@alzheimers.org.uk</a>		36
Beth Noray Consultancy and Training	<a href="mailto:b.noray@btinternet.com">b.noray@btinternet.com</a> <a href="http://www.bethnoray.co.uk">www.bethnoray.co.uk</a>		38
Buz Loveday and Associates	<a href="http://www.dementiatrainers.co.uk">www.dementiatrainers.co.uk</a> <a href="mailto:buzloveday@googlemail.com">buzloveday@googlemail.com</a>		39
Dementia Friendly Training and Consultancy	<a href="mailto:dementiafriendly@btinternet.com">dementiafriendly@btinternet.com</a>		40
Forget me Not Dementia Training	<a href="http://www.forgetmenotdementia.co.uk/">http://www.forgetmenotdementia.co.uk/</a> <a href="mailto:chris@elsley.uk.com">chris@elsley.uk.com</a>		42

Jackie Poole Associates	<a href="mailto:Enquiries@jackiepoolassociates.org">Enquiries@jackiepoolassociates.org</a>	43
Ladder to the Moon	<a href="http://www.laddertothe moon.co.uk">www.laddertothe moon.co.uk</a> <a href="mailto:relationship@laddertothe moon.co.uk">relationship@laddertothe moon.co.uk</a>	44
Life Story Network	<a href="mailto:info@lifestorynetwork.org.uk">info@lifestorynetwork.org.uk</a> <a href="http://www.lifestorynetwork.org.uk/">http://www.lifestorynetwork.org.uk/</a>	45
Training2Care UK Ltd	<a href="mailto:info@training2care.co.uk">info@training2care.co.uk</a>	47

#### **NOT-FOR-PROFIT AND HOUSING SECTOR SOURCES**

Age UK Training	<a href="http://www.ageuk.org.uk/work-and-learning/further-education-and-training/age-uk-training">http://www.ageuk.org.uk/work-and-learning/further-education-and-training/age-uk-training</a>	48
Centre for Housing and Support	<a href="http://www.chs.ac.uk">www.chs.ac.uk</a>	49
Liverpool Museum – House of Memories	<a href="http://www.liverpoolmuseums.org.uk">http://www.liverpoolmuseums.org.uk</a> <a href="mailto:learning@liverpoolmuseums.org.uk">learning@liverpoolmuseums.org.uk</a>	51
Mental Health Foundation	<a href="http://www.mentalhealth.org.uk">http://www.mentalhealth.org.uk</a> <a href="mailto:twilliamson@mentalhealth.org.uk">twilliamson@mentalhealth.org.uk</a>	52
SITRA	<a href="http://www.sitra.org">www.sitra.org</a> <a href="mailto:annar@sitra.org">annar@sitra.org</a>	53

#### **E-LEARNING COURSES**

Centre for Housing and Support	<a href="http://www.chs.ac.uk">www.chs.ac.uk</a>	49
IDEA – University of Nottingham	<a href="http://idea.nottingham.ac.uk/">http://idea.nottingham.ac.uk/</a> <a href="mailto:beverley.smith@nottingham.ac.uk">beverley.smith@nottingham.ac.uk</a>	55
KWANGO dementia e-learning	<a href="http://www.kwango.com">www.kwango.com</a> <a href="mailto:Peter.bomphrey@kwango.com">Peter.bomphrey@kwango.com</a>	56
SCIE free on-line open dementia programme	<a href="http://www.scie.org.uk/publications/elearning/dementia/index.asp">http://www.scie.org.uk/publications/elearning/dementia/index.asp</a>	30
Skillsoft	<a href="http://www.skillsoft.com/emea">www.skillsoft.com/emea</a>	57
Association for Dementia Studies – University of Worcester	<a href="http://www.worc.ac.uk/discover/association-for-dementia-studies.html">http://www.worc.ac.uk/discover/association-for-dementia-studies.html</a> <a href="mailto:s.pinfoldbrown@worc.ac.uk">s.pinfoldbrown@worc.ac.uk</a>	32
Workwise Personnel	<a href="http://www.workwisepersonnel.com/">http://www.workwisepersonnel.com/</a> <a href="mailto:leanne@workwisepersonnel.com">leanne@workwisepersonnel.com</a>	31

## LOCAL SOURCES

Hull Dementia Academy	<a href="http://www.dementiaacademy.co.uk/">http://www.dementiaacademy.co.uk/</a> <a href="mailto:dementia.academy@hullcc.gov.uk">dementia.academy@hullcc.gov.uk</a>	58
North Tyneside Council	<a href="http://www.northtyneside.gov.uk/">http://www.northtyneside.gov.uk/</a> <a href="mailto:pam.mcardle@northtyneside.gov.uk">pam.mcardle@northtyneside.gov.uk</a>	59

## POTENTIAL SOURCES OF TRAINING FOR WHICH NO PROFORMA COMPLETED – Likely to be many others

Bradford Dementia Group	<a href="http://www.bradford.ac.uk/health/career-areas/bradford-dementia-group">http://www.bradford.ac.uk/health/career-areas/bradford-dementia-group</a>	Specialist dementia centre
Chartered Institute of Housing	<a href="http://www.cih.org/training">www.cih.org/training</a>	Currently developing training offer with DSDC Stirling
Learn from Learning website	<a href="http://www.learnfromlearning.co.uk/">http://www.learnfromlearning.co.uk/</a>	Comparison website for social care and social work with links to more than 2000 learning resources
Reading Borough Council	<a href="http://www.reading.gov.uk/pvittraining">www.reading.gov.uk/pvittraining</a> and scroll down to PVI Training programme link <a href="mailto:desshtrainingadults&amp;housing@reading.gov.uk">desshtrainingadults&amp;housing@reading.gov.uk</a>	Free e-learning