



BEYOND THE FRONT DOOR: What 'home' means to people with dementia and their carers

Implications for policy and practice

EXECUTIVE SUMMARY

Penny Redwood, Ruth Eley and Anna Gaughan

Life Story Network CIC

December 2016

Acknowledgments

Thank you to: residents of Barkla Fields, Cherry Tree Court, Mazenod Court, Morley Court and Quarry Court; Liverpool African Elders; Liverpool Somali Elders; Liverpool SURF group; Everton in the Community Older People's Group; Irish Community Care; Julie and Phil Dickinson; Dave and Eileen Gilbert; David and Moira McGloughlin; LGBT Foundation; British Association of Occupational Therapists Housing Special Interest Group (north west); Jill Pendleton and Emma Stafford; Emma Bragger; Aimee Attrill and Sharon Lewis; Isobel Godwin; Halton Housing; Liverpool Housing Trust; Liverpool Mutual Homes; Margaret Flynn; Bryony Redwood-Turner

The views expressed in this report are those of the authors and do not necessarily reflect those of the Department of Health who funded the project.

Beyond the Front Door

'As people become aware of the finitude of their life, they do not ask for much. They do not seek riches. They do not seek more power. They ask only to be permitted, insofar as possible, to keep shaping the story of their life in the world - to make choices and sustain connections to others according to their own priorities.' (Gawande, 2014)

Introduction

The project is designed to contribute to existing practice across sectors in post-diagnostic support and, in particular, builds on the work of the Life Story Network in its 'Your Community Matters' programme (2013) which acknowledged the value of social housing associations in supporting people living with dementia in their communities. It is widely recognised that social housing associations have come late to the table in getting to grips with the current and future challenges of dementia and what this will pose for them as a sector.

The DH and LSN Project

The LSN was commissioned by the DH, as part of their programme to improve post-diagnostic support, to find out what 'home' means to older people and people with memory loss in relation to their sense of identity. This is particularly pertinent to the many people with dementia who find themselves stuck in hospital waiting for social care or other resources to be available. Often these will be residential care places and – if the individual was admitted in a crisis – they may never see their home again.

'Home' has different meanings, for example, for people who have been harmed, for immigrants, for people in low income housing, specialist housing and home owners, with implications for their expectations and emotional attachments. These may differ according to age and whether we have raised families in our homes. All this confirms the unique understanding of 'home' to each of us. It is only when we have acquired a sense of the deep significance of 'home' to individuals that we can negotiate how best to support them, and where, at a time of potential change.

It is known that people with memory loss function best in a familiar environment, although there will be exceptions, for example people who have experienced abuse or significant trauma at home.

Aims and objectives of the project

The aim of this project is to:

- Explore issues relating to the concept of 'home' to better understand their importance in relation to the sense of identity and wellbeing for people living with dementia, in order to improve post-diagnostic and multi-agency support.

The objectives of this project are to:

- Gain greater insight into the understanding of 'home' for people living with dementia
- Develop awareness amongst professionals, particularly housing support staff, charged with supporting people living with dementia to continue to live at home
- Enable better transitions to take place if someone living with dementia has to move
- Contribute to the implementation of compassionate relationship-centered care and support
- Develop a set of products that support staff in working with people affected by dementia across the range of agencies (housing, NHS Trusts, NHS and local authority commissioners), with responsibility for both commissioning and providing meaningful post diagnostic care and support.

What we did

Our initial phase focused on a series of semi-structured interviews and guided conversations with individuals and groups. We wanted to explore matters of importance to older people, people with dementia and their family carers and to develop an understanding of the complexities of the links between 'home', 'identity', 'personhood' and 'well-being'. Topics were introduced to enable participants to respond in relation to their current, past and future situations, asking them to consider specifically the effects of moving home.

The project was located in the Liverpool City Region and the housing providers who accepted the invitation and contributed additional funding to the project comprised:

Liverpool Mutual Homes
Liverpool Housing Trust
Halton Housing Trust

We held discussions with:

- six groups of residents in sheltered or extra care schemes in the three boroughs.
- Liverpool Somali Association
- Irish Community Care
- African Elders
- members of the Liverpool Service Users Reference Forum (SURF) and
- a group of older people who meet regularly at Everton Football Club.

We sent the interview template to some people with dementia and carers who had expressed an interest in the project but were unable to attend a meeting.

In total, we met with 60 older people, people with dementia and carers.

Having collated their views, we met with housing providers and other professionals to discuss the findings and elicit their views on how they could improve their service delivery in the light of these. We included in our meetings an opportunity for all participants to reflect on what 'home' meant to them to enable them to gain a better understanding of the importance of

the concept when working directly with people with dementia and family carers at the point of transition.

We focused on the groups of professionals below with key roles in post diagnostic care and support:

- ② **Housing staff** - to understand better their awareness of the issues related to people living with dementia facing the prospect of a physical move to a new home.
- ② **Hospital discharge teams** – to ensure that people living with dementia and their families have their needs and wishes recognised and respected and work with other partners in enabling people to be discharged in a safe and appropriate manner.
- ② **Social Care Assessors / Care Managers /Occupational Therapists (OTs)** – who are instrumental in assessing the needs of people living with dementia and their family carers, taking account of what really matters to them in terms of their ongoing level of independence, health and wellbeing.
- ② **Commissioners (NHS and Local Authority)** - who play a pivotal role in ensuring that there is a range of appropriate post diagnostic care and support, including the availability of housing options available within the local community to meet the needs of their local population.

The challenges in engaging with people from seldom heard groups such as LGBT people and older people without children were principally those of time and preparation. That is, we were reluctant to embark on what may have been perceived as ‘hit and run’ fact finding. We are aware that these groups of people have particular needs and drew on preparatory contacts (which we continue to build on) and research findings to ensure their concerns were reflected in our findings.

What we found

People readily and deeply engaged with the opportunity to think about home and the part that it plays in their sense of self. It was clear that home is a place of deep meaning and that our bonds to our homes are unique. Our conversations at times felt quite therapeutic as people were given the chance to talk about matters of significance to them. The realisation by professionals that they held similar views to those of older people had a powerful effect and helped them understand the importance of exploring these matters specifically when talking about moving house, being discharged from hospital or going into a care home.

The following themes emerged from our interviews:

1. Connectedness – our relatives, friends, neighbours and memories matter to all of us

*'My home is part of my past life, formative periods of my life... sense of presence of others... being part of local **community**' (Moira and David McGloughlin)*

The prospect of having to move away was described by many as a deeply distressing proposition.

Many people referred to home as a place of family - a place where they had brought up their children; *'my first home when I got married'*, a place where family could come to. *'Home is where my family are'*, said one woman from Irish Community Care; *'Home is where you live with your family'*, concurred a Somali Elder, adding that *'Liverpool 8 is where our friends are, we know everyone, it makes us feel good'*.

At the housing schemes people made clear how important relationships contributed to feeling *'at home'*. These relationships provided them with friendship, comfort, conversation, company, security and the sense and maintenance of *'connectedness'*.

The family connection with home is strong for many people as an Irish man noted: *'home is where my family are'*. Eileen told us that *'home is where Dave is'*. For one professional, relationships were far more important than the physical place: *'I'm a free spirit – I can settle anywhere'*.

2. We are active in personalising and creating home

Our emotional attachment to home is complex and is linked with the building, locality, furniture and significant possessions. The personal nature of home was described as both the place where *'you put your stamp on it'* and *'home is what makes a person'*.

"We used to have a shared living house, specifically for the Irish Community. Some people, who lived there for many years and thought that it would be their home for life – they painted it, planted the garden and painted the bench in the Irish Flag colours. Then the funding for supported living was reduced and we lost the house. The people who lived there were just split up as their particular health needs were different and were changing. Still they had many happy memories from there. The garden bench has been moved, but people still come and visit and sit on it!"

(ICC Care Worker reporting on a **'supported living house'** specifically for Irish people)

3. Control over decisions about how and where we live is fundamental to our sense of home

One group described how not being able to make your own decisions made a place 'unhomely'. They felt that living in your own home but with someone else's rules, can feel belittling.

Some people raised concerns about how decisions were made about what possessions should move with the person. One person described how her children made decisions about what moved with her.

In our own homes, negotiations over space, territory, privacy and control take place. Typically, there are levels of negotiated autonomy. Although the use of space may not be explicitly discussed, sharing space is an unavoidable feature of living with others. At Barkla Fields, the importance of having one's own private space away from others suggested a clear distinction between people's own flats and the communal space: 'My flat is my home, not here' said Dave, referring to the communal lounge.

*"Toxteth was my home, I was 40 years there. I had a difficult life – poverty, hardship – my husband was drinking and gambling, but it wasn't his fault. In those days, the only place to go and meet up with other Irish people was the pub. I am still an independent woman, my family [son and daughter] wanted to sling everything out from my house – the settee was from my son, who died. My dressing table was mine, I paid for it. I had to scrimp and save for it. I just don't feel myself anymore! I have to please them, [referring to her son and daughter]. These days they just put those [older people] away - that is what they now do with older people. I moved into supported living, but very disappointed with it! I loved my little home in Toxteth. I now feel like an awkward outsider in it [supported living flat]. Moving into this place where there is such extravagance, the lights are on everywhere all of the time! I had to scrimp and save to get everything I had. I can't be doing with it, **it's** just not me! I don't see anyone from one day to another and then it is only by chance that I might meet someone on the stairs."*

A 92 yrs. old widow, recently moved into supported living.

This story touches on several other issues: the sense that older people's histories are unknown or unwittingly ignored and the loneliness that can ensue from a move that has overlooked a person's feelings and wishes seriously.

4. The meaning of locality; the importance of familiarity; the sense of connection to people and places are critical

'a house is where you sleep; a home is where people are'

People were clear that home is a place where meaningful activity takes place - 'You stop at a hotel, but you live at home'. Developing new routines and activities has given some people a new lease of life. One participant related her feeling that the housing scheme had enabled her to incorporate her previous life into her current one and this gave her place a sense of

homeliness. Retaining routines that have been part of lives for years remain important anchors.

Relationships with support staff play a significant part in the sense of homeliness. Staff attitudes and cultures were implicitly referred to. Acts of kindness were consistently noted; they preferred staff who supported them to do things themselves rather than staff who 'did for'. Active involvement with others rather than passive was the implication. The term 'customers' – used by housing staff to refer to people living in their properties – was felt to be insulting by some and there was a clear view that you don't call someone living in their own home a 'customer'!

5. Cultural roots - home can be more than one place; new places can be adopted to feel like home; home can be where we are born

The location of home is complex. Some African Elders and Irish Travellers referred to their places of birth rather than where they now live; others said that home could be in more than one place. Thus, home is a physical place and an experience of self in relation to others and although the perception of home is influenced by ethnic identity, uniqueness prevails:

'Somalia is where we were born so it has special status in our memories and hearts'

'I'll go back to Somalia when my family have grown up'

And

'I've been here 60 years, this is my home'

Cultural links and connections were understandably a strong link for many participants. For some people living in their cultural community was important whereas for others, integration also meant that they could call a place home.

I had moved into a flat – settled and homely. A nice atmosphere. I was then moved into a new flat – there was no atmosphere, the walls were like cardboard, I was just stuck there on my own and I feel very trapped. I want to have a bit of company – want to have a cosy home. My dad was a traveller and continued to be in that community when he moved – he would never settle in a flat or a house. I have been a loner all my life and whilst I have met a couple of women from the travelling community, but didn't stay with them. There are times that I lay on my bed and would love to be back there [travelling around] again, but now at age 63 my age is against me!"

An individual from the Irish **Travellers'** Community

A touching story was related to us by a worker at Irish Community Care that highlighted the sense of identity with place of birth:

“My uncle moved to New Zealand and when he died he wanted to have his ashes brought back ‘home’ to his mum and dad’s grave. He also wanted his inscription to read: “I am a son of a son of Ireland.”

Thus, the endurance of belonging to community may extend beyond the lifespan.

6. Cultural expectations and needs - the need for recognition of ‘how we do things’

The home is associated with status, for example, for the head of the family. This was explained by Somali Elders – home is a place where *‘people listen to us and ask our advice’*. *‘Once you are out of the house, you are just anybody’*. For others, it is a place where family and friends gather for significant events such as birthdays, weddings and funerals.

Some people described situations where established tenants had been unwelcoming and this had made their transition difficult. Others told us of problems with neighbours and how having felt unsafe in neighbourhoods with changing demographics and developments became the impetus for their relocation.

7. Emotional attachment to places and belongings is comforting and familiar

During a conversation about the importance of objects and keeping memories alive, people identified items that held memories and were part of home for them. These included a golf set, train tapes, photos; a bike; dishes; cutlery, bed, wardrobe, table, chairs, a dresser; a Cuckoo clock bought for mother, now deceased; a Welsh dresser, chairs, photos. For the Somali elders, camel bells were the treasured objects that they brought with them to their new country as reminders of their homeland.

One woman described how, many years earlier, she had set her heart on a table and chairs but couldn’t afford them. Her husband had secretly put money down each week to buy them for her. She said that she wept at the thought of letting this furniture go when it came to moving into Extra Care housing. Her daughter eventually agreed to have them at her house, so now when she visits her daughter she can sit in one of her chairs at her table.

8. We value the safety and security of our homes but these may be compromised by external forces and events

The concept of safety and security was high on people’s agenda. Home is *‘somewhere safe - the safest place’*. One professional talked about her home as *‘sanctuary’*. Several factors were cited as contributing to this sense of safety and security: having sources of help, familiarity, neighbours, relationships, family, building, neighbourhood, a place of refuge. People talked about feeling safe from harm, fear, danger, emotional pain, loss of control and risks. These points were also made in relation to living in Sheltered or Extra Care housing.

Whilst we heard positive stories of moves for people, some made it clear that they had moved because relationships had broken down, reminding us that home can also be a place of fear and insecurity. One person described how moving to Barkla Fields [sheltered housing scheme] had enabled her to build new friendships, develop a new sense of community and have a

greater sense of home. One woman recalled how she had a fall and within five minutes people had rallied round to help her up; this contrasted with a five hour wait in her previous home.

For some people, there was recognition that old age can bring with it frailty, a loss of energy, ill-health and other losses that have the potential to transform a comfortable and safe home into an unsafe place of fear, worry and vulnerability. Such feelings were illustrated with accounts of social isolation, loneliness, reduced activity and poor health. People talked about how they had to face up to these changes and how their feelings were not always recognised sufficiently by others.

9. Information about available housing options and knowing where to go for help are essential

In some people's eyes, there is a stigma about moving into housing schemes. There were comments about how people were not clear about the difference between housing and care homes, and one woman said that she had been very reluctant to move from her home until she had actually seen the complex and realised that she was not being asked to move into a care home. Her view, acknowledged by others, was *'that's for older people, it's not like being at home'*.

An issue raised by several people was that of being uncertain about what housing options were available, if they were to move. In talking with housing providers, there was variability about the extent of the information that they provided as well as the quality of support provided to people considering a move from their homes. Increasingly, the requirement for making a housing application is on-line, with little or no support available to do this.

Housing staff described how they sought to make sure that information about the needs of residents was given to hospital staff, often going to the trouble of providing a summary to accompany an individual in the ambulance, and advocating on residents' behalf. However, they see little evidence that such information is used in planning for a resident's return. It would appear that hospital staff assume that sheltered housing or extra care housing provide nursing care, so people may be discharged home (sometimes without the scheme manager being notified) without additional support: *'It's a losing battle – we do our best but ...'*

For tenants living in general housing, we learned that each housing provider determines its own policy in relation to the level of funding they will provide to adapt properties in relation to a Disabled Facilities Grant. Some RSLs have a blanket policy of not adapting properties at all (other than minor adaptations such as grab rails) due to concerns about the ability to re-let in the future; their offer is to rehouse someone to more suitable accommodation. It is hard to identify how such a policy accords with the requirement to make reasonable adjustments for people with protected characteristics.

Professionals responsible for delivering post-diagnostic support confirmed that they do not currently include specific opportunities to explore housing matters and whether current arrangements will remain suitable as people's dementia progresses. Julie and Phil Dickinson's story illustrates the importance of finding an architect who understands dementia; they were fortunate, but others may not know where to look for one. The SURF group advised that such

discussions about housing would be helpful and, as a result, invited a housing representative to come to a future meeting to describe the options available.

Implications

An aim of this project is to develop awareness amongst professionals about the issues that people have told us are important to their sense of identity in relation to 'home'. A common thread is the need for staff to understand and recognize legal requirements relating to disability and discrimination and for people with dementia and their carers to be more informed about their rights and entitlements, so that they can advocate on their own and others' behalf. The implications for specific groups include:

People with dementia

- valued the opportunity to discuss the meaning of 'home' and its importance in formulating their sense of self and what matters to them
- want opportunities to articulate their needs and wishes to professionals who may have other plans for them
- our project spurred some people into realizing that such considerations are important and could be helpful in terms of making sense of their circumstances for their own benefit and also help to prepare them should their circumstances change. They
- are expected to defer to clinical advice that admission to residential care is necessary, this may occur without reference to how they were managing prior to hospital admission; most people do not elect to go into a care home.
- the earlier you start planning, the easier the process of moving
- would be encouraged to think about their housing needs whilst they are still able to make positive choices, if there was dedicated time within a post-diagnostic support programme.
- do not know where to find information, although lots of it exists

Carers

- needs and wishes of carers may differ from those of the people they care for
- need access to information and advice and the opportunity to reflect on whether they are going to be able to manage in the longer term in their existing accommodation.
- would benefit from such discussions within a post-diagnostic support programme,
- carer assessments should include consideration of housing need and the significance of 'home' for the carer.
- major implications for the carer in thinking about whether to move home which must be considered alongside those for the person with dementia; many carers draw support from neighbours and friends, who may be vital lifelines in terms of emotional support, social contact and informal respite arrangements.
- Will probably be responsible for organising a move, even if the decision has been arrived at together.

Hospital discharge teams

- the significance of 'home' for patients may not be known to staff

- opportunities should be created for people to discuss what matters to them in relation to home – both the place and the people – so that appropriate help and advice can be offered
- a rights-based approach should be reflected in assessing and managing risks. Hierarchies within hospital settings persist and medical opinions are difficult to challenge.
- Best Interest Decisions should take account of as much information as possible about the individual's known wishes and aspirations and living circumstances prior to hospital admission, not just during the crisis period that may have led up to it. Using a rights-based approach should enable a balanced appraisal of the risks in returning home and being admitted to residential care for example. This project underlines the need for negotiated support planning and decision making.
- housing staff should be included in discharge planning as equal partners so they can share valuable information about individuals and how they were managing at home
- assumptions may be made about what sheltered or extra care housing provide without checking these out with housing staff, so people may be discharged inappropriately
- discharge teams should be up to date in terms of: local housing and support options: access to these options; changes in benefits linked to housing; and eligibility criteria for Disabled Facilities Grants. Building professional networks with local housing providers will bring benefits not only in terms of knowledge of resources but also in mutual trust and confidence when planning for and with individuals.

Social care assessors

- should introduce the topic of housing needs at the earliest opportunity, exploring all possible options
- should have an understanding of the significance of home, place and associated relationships
- occupational therapists are key, given their attention to maintaining activities of daily living and their expertise in assessing how well people manage in their physical environments, but may be reluctant to commit to major adaptations in an individual's home given the progressive nature of dementia
- need to be mindful of the Mental Capacity Act when assisting people to sign up for tenancies and should familiarise themselves with the expectations and requirements of housing providers

Housing staff

- participants valued the opportunity to think about the information they have about their provision and the degree of contact and advice they give at critical points: that is, application; offer; moving in/induction; and follow up/review
- some people do not have families to support them through the process, so housing staff may need to assume a more active role
- some families may disguise or underplay difficulties of the cared-for person for fear of jeopardising the offer

- some difficulties may be masked in the person with dementia by their care-giving spouse or partner and may only become apparent when the care-giver has died
- clear information and pro-active dialogue at the point of application would provide a compelling benchmark by which the discussions at the offer stage could be measured, to help reduce inappropriate re-locations
- a 'settling in pack' for new residents to ease the transition into schemes, especially if most residents have lived there a long time; schemes without a warden may be slow to identify emergent problems
- bespoke training about dementia and its impact on the person diagnosed and their carer would equip staff with tools and techniques to work directly with people with dementia, beyond the basic awareness raising that Dementia Friends offers
- housing leaders have a responsibility to make sure that housing developments incorporate dementia-inclusive features, such as lighting, signage and bathroom fittings, at the design stage. There are plenty of materials available to assist, such as those produced by Stirling University Dementia Services Development Centre and the Kings Fund.
- Although there is representation on the Health and Well-being Boards, there was general agreement that joint working at operational level was lacking. Housing staff did not believe that they had a '*seat at the table*' so were not regarded as equal professionals by their health and social care colleagues.

Commissioners

- there are significant gaps in service provision, with a continued reliance on what already exists rather than finding creative solutions.
- investment in services to enable people to return home with intensive support, rather than deteriorating as a result of prolonged hospital stays, would elicit more realistic assessments of people's abilities and strengths in their home environments, rather than reliance on assessments in the false setting of acute hospitals.
- participants in our multi-agency workshop suggested that we should be '*commissioning for home*', to highlight the need to address the importance of 'home' and what it means to people. This would crystallise what person centred care means and how it can be provided more effectively, for example home based respite care rather than a choice limited to care homes. It would also support discussions about home and what it means at a much earlier stage so that people could plan their transitions ahead and reduce the likelihood of crises occurring.
- need to test out their assumptions about what is being provided. For example: what are the components of post-diagnostic support? Are people offered a structured programme that includes the opportunity to explore housing options, as well as financial planning and legal matters? What level of individual support do people actually receive in residential care?
- The Care Act has given local authorities a duty to shape the care market to meet the needs of their local populations. They should include groups from all communities in their commissioning strategies: black and ethnic minorities, LGBT, people without children, people with learning disabilities and people with young onset dementia. Continuing to commission solely on the basis of a deficit model – what people can't do – rather than one that also supports active citizenship, builds on strengths and

recognises the value of social relationships, is no longer viable. Housing has a key role to play in this regard both strategically and as part of service provision to meet individual needs.

Conclusions

When older people, people with dementia, family carers and professionals had the opportunity to think about what 'home' means, this was highly valued. It illuminated matters that they had not thought about explicitly before. It highlighted the responsibility of professionals to create similar opportunities as they assess people's needs, particularly at times of crisis.

Multi-disciplinary working is crucial in ensuring best outcomes. Where people are living in social housing, staff involvement can ease transitions. Unfortunately, many housing providers have withdrawn managers from sheltered schemes as a result of cuts in Supporting People funding and have replaced them with neighbourhood or area co-ordinators/managers whose remit is far wider. This project confirms that where they still exist, they play a significant role in facilitating transitions for new residents, guiding people through the application and acceptance processes and brokering their introduction to existing residents.

Since dementia is a process that undermines the '*ability to preserve a sense of themselves as a unique and valuable being*' (Cheston and Bender, 2003) supporting people to plan ahead in advance of significant cognitive challenges developing may enable consideration of housing options. This may include adaptations to their existing property, moving to more accessible accommodation or re-locating to be nearer family members.

The project shows how the maintenance of memories, cultural activities and values and familiar relationships play a significant role in self-identity and consequent well-being. These insights are relevant to professional practice which aims to achieve positive outcomes both for people and economic benefits for health and social care.

Finally, our findings confirm the crucial role that housing plays in supporting people with dementia and carers. The sector should be included as an equal partner in planning and designing services for older people as well as a significant player in service provision.

'Social care, health and housing are three legs of a stool. Underinvest in one, and the stool can only wobble on two legs for so long ...'

Watts, (2016)

Key recommendations:

The Life Story Network is proactive in sharing valued and insightful practice and we propose to share this report across our networks. It is our view that the following recommendations will be useful in tilling the ground for productive discussion and developments.

1. This report should be distributed within NHS England, Public Health England, ADASS, the LGA, Dementia and Housing Working Group, the Carers Trust and other key voluntary sector organisations to highlight the importance of 'home' and its relationship with identity and well-being, in particular for older people, people with dementia and their carers
2. After a diagnosis of dementia, support programmes should include opportunities to consider people's homes, their housing needs and planning for the future, alongside financial planning, making a will and having a Lasting Power of Attorney for example
3. NHS and social care assessors should include discussions about what home means to individuals to inform their assessments, care and support planning and risk assessments
4. Registered Social Landlords should review the information that they produce about the types of housing they offer and ensure that these are described in straightforward language. They should also set out what potential residents can expect in sheltered housing, extra care housing and group living schemes, for example, and should consider a "Settling-in Pack" for new residents. Their information should ensure that people from particular communities, e.g. LGBT people, those from minority ethnic groups and people without children, feel welcomed and that their needs are of equal importance.
5. Registered Social Landlords should review their processes – in relation to applications for accommodation, making offers, signing tenancies, induction into properties and reviews of tenancies – to ensure that all options are explored and explained fully. This should smooth transitions and mitigate the distress associated with having to move, minimise the risk of moving into unsuitable accommodation and identify emerging problems as early as possible
6. Health and social care commissioners should be encouraged to start '*commissioning for home.*' This should make explicit the importance of home in relation to our identities and well-being
7. Registered Social Landlords should include in their workforce development plans bespoke training on (i) the impact of dementia on people who have been diagnosed (ii) the impact on their relatives and friends and (iii) the ways in which housing professionals can support people to live well with dementia
8. Registered Social Landlords should be included as equal partners in planning forums for older people, people with dementia and carers
9. NHS bodies, local authorities and Registered Social Landlords should ensure that older people, people with dementia and carers are involved in strategy development and service design, including housing developments

10. Commissioners, NHS Trusts, local authorities, social care providers and Registered Social Landlords should satisfy themselves that the services they are commissioning and providing are compliant with the Equalities Act and the Human Rights Act, particularly in relation to people with dementia. They should make sure that policies in relation to adaptations, for example, do not inadvertently discriminate against people with dementia.