

## HOUSING LIN POLICY BRIEFING

### HOUSING SECTOR ROLE IN DELIVERING NATIONAL DEMENTIA STRATEGY

#### INTRODUCTION

The housing sector is defined broadly to include a wide range of housing and related organisations. They employ significant numbers of staff who design, develop or deliver services to people who may have or develop dementia. For example, in England there are:

- Approximately 19,000 retirement schemes most of which will have at least one dedicated or shared scheme manager
- Approximately 200 community alarm control centres each of which employs between 6 and 20 members of staff, and 60 – 70 assistive technology initiatives specifically for people with dementia
- Approximately 250 home improvement agencies employing around 1,000 people who have direct contact with vulnerable people

In addition, there are floating support services funded by Supporting People and organisations which employ architects, surveyors etc to develop new and specialist housing.

A whole systems approach is needed to achieve the intended outcomes of the dementia strategy. Housing - and third sector generally - provide many upstream services which support well-being. They could contribute significantly to preventing or delaying the use of more costly, and sometimes disabling, downstream services. This potential can only be realised if the sector's contribution is embedded into every aspect of the dementia strategy, alongside that of health and social care professionals rather than being treated as an add-on.

The following gives a brief glimpse of areas where the sector can make a significant contribution given appropriate information, training, guidance and incentives. Some of these aspects are touched on in the recently published National Strategy on Housing for an Ageing Society, *Lifetime Homes, Lifetime Neighbourhoods* (2008).

## **SYNOPSIS OF POTENTIAL HOUSING SECTOR ROLE**

### **1. Improving awareness**

- 1.1. By including housing sector staff in basic dementia training, staff are in a position to share their understanding with others, for example sheltered scheme residents, and tackle stigma. Joint training with people working in other sectors would also enable mutual understanding of respective roles.

### **2. Early diagnosis and Intervention**

- 2.1. Staff who have been trained in the basics of dementia, and information and care pathways, are in a position to identify those showing early signs of dementia and then signpost or assist them in seeking further information and support.

### **3. Improving Quality of Care**

#### **3.1. Supporting the Workforce**

- Guidelines need to be developed for training managers and front-line housing sector staff in dementia, with the extent and depth of the training determined by the role of the staff in relation to people with dementia.

#### **3.2. Commissioning**

- At a strategic and service development level, including the sector in joint strategic needs assessments and local strategy development creates the opportunity to develop a range of innovative and tried-and-tested multi-agency services – for example housing with care plus resource centre for people with dementia, or an extended community alarm service which also provides a monitoring and prompting service
- At an individual level, housing and related services need to be part of the spectrum of options which care managers/navigators consider with individuals who have dementia and their carers. Options may include floating support, community alarm services, assistive technology devices or Extra Care housing. This applies both where people fulfil FACS thresholds and where they need signposting to services they can commission themselves.

#### **3.3. Outcomes and Regulation**

- In their day-to day dealings with people with dementia and their carers, housing sector providers must be required to adopt a person-centred approach which promotes well-being, and managers need to support this by developing policies and procedures consistent with this.
- The whole range of organisations within the housing sector, if standards required them to do so, could do a lot to provide opportunities for involvement, influence and active citizenship.

- A requirement of high practice standards, to be applied by all housing providers, could make a significant contribution to enabling residents with dementia in their properties to remain living independently at home if that is their wish.
- Housing sector organisations need to develop policies and procedures which reflect the MCA, and balance promoting choice and independence with risk assessments and appropriate protection.

### 3.4. Care Pathway and Navigation

- In addition to the sector's role in early identification and intervention, the sector can contribute to the care pathway and navigation in other ways:
  - o Providing specialist assessments as part of the SAP, and housing advice services
  - o Providing reassurance and reducing risk of harm, through use of assistive technology<sup>1</sup> devices, checking and responder services, aids and adaptations
  - o Supporting independence and control through use of housing-related support services, assistive technology devices, and monitoring and prompting services
  - o Offering fulfilling activities
  - o Offering carer respite by using communal facilities in housing schemes for day opportunities
  - o Providing specialist housing with care for people with dementia
  - o Working together with health and social care staff to provide co-ordinated holistic support to individuals
  - o Supporting a person with dementia's right to continuing and end-of-life care at home
  - o Building effective partnerships between housing, social care and health at a systemic level to improve the co-ordination and effectiveness of care pathways

## 4. **Housing Specific Aspects that don't fall into above categories**

- 4.1. Research into housing and dementia – e.g. the effectiveness of different models of housing with care; different building designs for people with dementia – to provide an evidence base
- 4.2. General needs housing designed to lifetime home standards
- 4.3. Specialist housing to incorporate specific dementia-friendly design
- 4.4. Ensuring suitable tenure arrangements in the context of declining mental capacity.

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<sup>1</sup> The **Telecare LIN** has also published a briefing paper on dementia and telecare, available at: [http://www.integratedcarenetwork.gov.uk/library/Resources/Telecare/Support\\_materials/Telecare\\_LIN\\_Briefing\\_-\\_Dementia\\_April\\_2008\\_4.pdf](http://www.integratedcarenetwork.gov.uk/library/Resources/Telecare/Support_materials/Telecare_LIN_Briefing_-_Dementia_April_2008_4.pdf)

## CONCLUSION

Delivery of these contributions requires the combination of a dementia strategy which is inclusive of sectors, staff and services outside the narrow confines of health and social care, together with levers and incentives specific to each sector that reflect its own legislative and policy framework. Only in this way is a co-ordinated and integrated framework for improving the well-being of people with dementia and their carers likely to be achieved.

## ADDITIONAL INFORMATION

**The Housing LIN** (Learning and Improvement Network) is part of the Department of Health's CSIP (Care Services Improvement Partnership) networks. It is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable people. <http://www.icn.csip.org.uk/housing/>

The **Housing and Dementia web pages** at the Housing LIN website contain information on housing-related services for people with dementia <http://icn.csip.org.uk/dementia>

**At A Glance** gives a flavour of the material produced by the Housing LIN some of which relates to Housing and Dementia. It is regularly updated and can be downloaded on the Housing LIN website. <http://www.icn.csip.org.uk/housing/>

The **AT Dementia** website aims to provide user friendly information about assistive technology for people with dementia <http://www.atdementia.org.uk/>

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