



Housing, Dementia and the Maintenance of Independence

This report takes a look at the emerging housing policy and practice developments in relation to supporting people with dementia. It explains that housing conditions and access to appropriate care and support can impede the ability of people with dementia to remain independent. It makes a number of thoughtful points and ends with a useful list of 10 'top tips' of things you should do

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Introduction

Two-thirds of people with dementia in the UK live in their own homes in the community, making the provision of appropriate housing and housing support services essential to meeting the needs of people living with dementia in the UK.¹

Living Well With Dementia -The National Dementia Strategy was published in 2009.² It recognised the immediacy of dementia as a national issue and established the steps to be taken to help people affected by dementia.

Much has happened since then which has been beneficial. Positive moves have been made to reduce reliance on anti-psychotic drugs, the wider availability of early diagnosis which helps us all gain a better understanding and gives people affected a greater ability to make personal decisions, and a drive to improve the commissioning of better, and more personalised service, at home and in residential care, as well as in hospitals.

Objective 10 of *Living Well with Dementia* also stated: *Considering the potential for housing support, housing-related services and telecare to support people with dementia and their carers.* However, little has happened to really drive housing solutions as a major part of the agenda. Clearly it is a challenging issue. Not only are significant costs involved in some potential solutions but there is little indication that the topic is discussed fully with people affected by dementia in a way that allows clear preferences to be considered beyond a natural desire to remain at home for as long as possible. This data is vital to framing future solutions. As evidence emerges, both health and social care commissioners should consider the provision of a range of accommodation options that can prolong independent living and delay reliance on more intensive and institutional solutions. At present, housing issues seem not to have been picked up with the same enthusiasm as some health and social care related themes.

Whilst the recent White Paper³, *Caring for our future; reforming care and support*, is not specific about issues of housing and dementia it does, nonetheless, recognise that issues of making specialist housing available to older people is important and a factor in helping people remain independent. The £300 million Care and Support Housing Fund announced by the Department of Health⁴ to assist greater provision of specialist housing is a long way short of solving the problem but it is an important start.

Housing conditions can severely impede the ability of people to remain independent. Sometimes this is because a house becomes less useable so that bathroom and kitchen designs restrict use. Poorly insulated houses can be badly heated and cause illness; well heated homes can bring the anxiety of paying fuel bills. If people live in challenging neighbourhoods this may cause stress and a fear of leaving home. Where these conditions exist with additional factors, such as dementia, then the problems of living independently or with a single carer can mount very quickly. Even in benign circumstances, housing can present difficulties as people start to lose some cognitive functions which impact on their level of independence. As a result, housing conditions and design increasingly become a part of helping people with dementia to remain independent and of assisting their carers to care for them.

¹ Alzheimer's Society (2012) *Housing and dementia*

² Department of Health (2009) *Living Well With Dementia*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058

³ Department of Health (2012) *Caring for our future: reforming care and support*, www.dh.gov.uk/health/2012/07/careandsupportwhitepaper

⁴ Department of Health (2012) Care and Support Specialised Housing Fund www.dh.gov.uk/health/2012/10/fund-homes

There are 800,000 people with dementia in the UK today with numbers set to rise to over one million by 2021. It is estimated this will reach 1.7 million by 2050. One in three people over 65 will die with a dementia, and more than 60 per cent of all care home residents aged over 65 have a form of dementia. Nor is dementia only a condition of older age. There are over 17,000 people under 65 with dementia in the UK.

It is estimated that dementia will cost the UK over £23 billion in 2012, and this figure will rise to £27 billion per annum by 2018.⁵ Unpaid carers supporting someone with dementia save the economy £8 billion a year. Dementia is one of the main causes of disability later in life, ahead of cancer, cardiovascular disease and stroke. This indicates that there is a growing challenge to consider housing policy, planning and funding issues alongside the work that health, social care and others are doing already to improve the services and outlook for people affected by dementia.

This paper does not set out the resolution of these issues but raises and comments on considerations that need to become a part of the wider debate. A key resource for considering some forms of support is the Housing Learning and Improvement Network (LIN) site that records latest research and practice developments on issues of housing and dementia.⁶ The site contains a good many resources including policies regarding personalisation, design issues in building for dementia and the use of assistive technology. In addition, the growing impact of the Think Local, Act Personal⁷ partnership will continue to bring people together from both statutory and independent services to focus on solutions built around the individual.

Coupled with this is a growing desire to find ways of engaging wider communities to become dementia-friendly and some regions have already started to develop a wider regional alliance to explore and lead this work. Joseph Rowntree Foundation have recently published their research findings into the proposal and implementation of dementia-friendly communities in York⁸ with similar work developing in other parts of the country in response to the Prime Minister's Dementia Challenge⁹, although sadly this document does not target housing explicitly as a key factor. However, speaking at the 2012 National Children and Adult Service conference last month, the new Secretary of State for Health announced £50 million to help local authorities adopt dementia-friendly community approaches.¹⁰

Lessons learned from all these initiatives need to be fully explored and applied on an on-going basis to maximise the possible options for everyone and, with the new health and social architecture, Health and Wellbeing Boards will be especially key in keeping their finger on the pulse of on-going innovation, development and opportunities.

⁵ Alzheimer's Society (2012) *Dementia 2012: A national challenge*, www.alzheimers.org.uk/dementia2012

⁶ Housing Learning and Improvement Network - Innovations in Housing and dementia, www.housinglin.org.uk/Topics/browse/HousingandDementia

⁷ Think Local, Act Personal, www.thinklocalactpersonal.org.uk

⁸ Joseph Rowntree Foundation (2012) *Creating a dementia-friendly York*

⁹ Department of Health (2012) *Prime Minister's challenge on dementia*, www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133176.pdf

¹⁰ Department of Health (2012) <http://mediacentre.dh.gov.uk/2012/10/25/50-million-investment-to-give-people-with-dementia-specially-designed-care-homes-and-wards>

Where people live

People affected by dementia in our communities are the same as everyone else. They live in family groups, with partners or alone. They dwell in houses, flats, apartments and bedsits in cities, towns and villages. They may have lived in one place for many years and have excellent family and wider social connections or may have moved in older age to less familiar surroundings, leaving family and long-standing friends behind.

People will possibly be living in homes which they own. Equally many people live in rented property, sometimes in private and sometimes in social housing. As a persons' dementia increases and as their needs grow, they may require much greater, twenty four hour care, so most will migrate to residential or nursing care, often via the acute health sector. Figure 1 illustrates the range of housing options that may be required for a community.

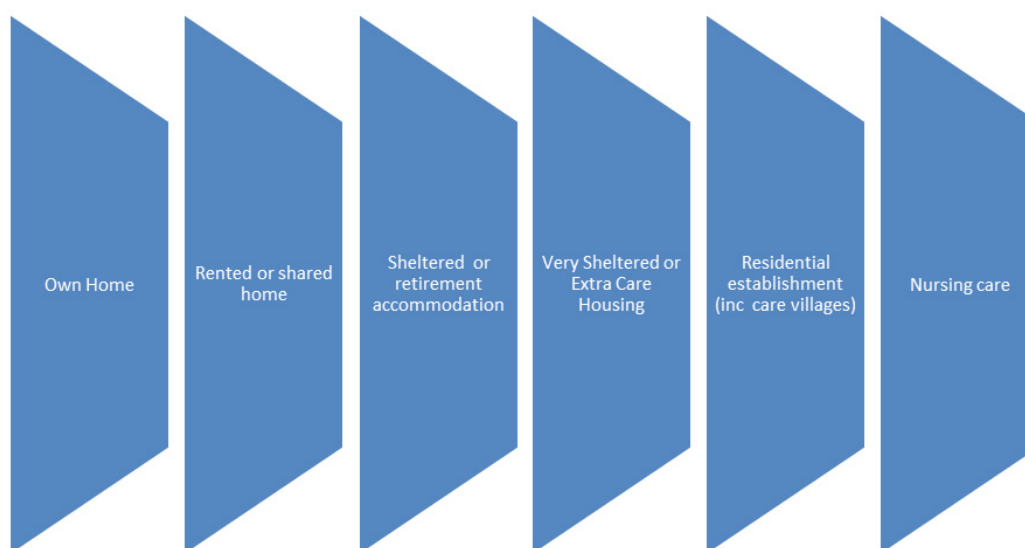


Figure 1

In a few areas, thought is already being given to intermediate steps between total independence and half-way houses which can provide, through remodelled sheltered housing, more comprehensive extra care housing schemes or even retirement villages, ways of maintaining and maximising independence. However, in any 'remodelling' of housing, it should be recognised that these may not provide the levels of support that some will require until the end of their life. The call for the design and building of Lifetime Homes¹¹ and the adoption of the progressive Housing our Ageing Population: Panel for Innovation (HAPPI) recommendations¹² has had some impact but more needs to be done. Whilst not dementia specific, at the time of writing, an All Party Parliamentary Group Inquiry is examining the factors that have impeded the widespread adoption of HAPPI.¹³

However, in relation to dementia, three questions emerge in relation to where people live. These are:-

- To what degree will people wish to make a decision to move to more suitable accommodation and at what stage in their progress through the condition;

¹¹ Department of Communities and Local Government (2008) *Lifetime Homes, Lifetime Neighbourhoods*, www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods

¹² Homes and Communities Agency (2009) *Housing our Ageing Population: Panel for Innovation*

¹³ All Party Parliamentary Group on Housing and Care for Older People (forthcoming) *Generating Homes and Communities for Future Generations*

- What alternatives are available and what might be done if people wish to remain in existing homes;
- How will this be paid for – both in terms of re-modelling existing housing or building new schemes?

The rest of this paper sets out the questions involved in trying to resolve these issues but takes as its backdrop emerging policies. These include the move towards greater personalisation of services; better and earlier diagnosis of dementia; the implementation of Think Local, Act Personal; the building of dementia-friendly communities and the policy of Lifetime Housing.

Making a change

Change is always scary, if not frightening. Having to make decisions about an unknown future is always difficult if not impossible. Making decisions when we are in crisis does not always lead to the best outcomes. So how can professional staff best help people to make good decisions for themselves when all of the above are true?

People stand a better chance of making decisions and making the best decision possible if they do so with clear and unambiguous information, are allowed to take time to arrive at their decisions (especially when family and friends may be involved in the process and have significantly differing ideas and motives) and can make comparisons between possible futures. This may include several observational visits to different options to see how things work and talk to others already using services. Many people will find it challenging to even start to consider any future decisions and professional staff may have to ask the questions that prompt that thinking. Housing is one such issue

The policy of consecutive governments has been to enable people to gain as much control over their lives as possible. Generally people appreciate this and have consistently shown that they want to work with professional staff in order to better understand and make decisions about their lives, treatment and services. People who use services bring a range of experience and resources to the table to set alongside the professional offer. Wisdom and their own solutions are but two of these.

In encouraging the early diagnosis of dementia as the Dementia Commissioning Pack¹⁴ has done opens the door to an early dialogue, and better planning, for people affected by dementia at a time when decision making is still possible. Future housing needs will be a long way from the first decisions to be made but an early opportunity exists to raise the issue as a touchstone. Clearly people will want to make individual decisions and these will be governed by the type of housing they occupy and their history with that building and neighbourhood as well as personal considerations. There may be some pressures of policy regarding the “downsizing” of homes for older people and, whilst this could assist in thinking about the funding of alternatives, it should never be used to place people in situations which make it more difficult for them to be independent. That is only likely to lead to a more speedy need for expensive and restrictive services. There will also be considerations regarding family and friends – especially principal carers. The ‘social capital’ that people have in their current situations may too be an important factor. Assisting people in this decision making will be a key part of its success or failure and some consideration should be given as to how this is supported. This may be a role given to agencies or groups (befrienders, advocates, home improvement agencies etc) already known to and involved in the lives of people.

¹⁴ Department of Health (2011) *The Dementia Commissioning Pack*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_127381

The next issue will be whether or not options actually exist. It is still not uncommon for residential care to be the only real option to staying at home. Yet, there is no reason why this should be so apart from a lack of planning on the part of those responsible for creating alternatives. Of course, planning can be challenging if the problem is not recognised and preferences have not been explored but this should not be the case. Sound use of Joint Strategic Needs Assessments¹⁵ and the role of the Health and Wellbeing Boards¹⁶ will, in future, play a key role in this.

Planning requires three things to put good responses in place.

- **A knowledge of the size and type of issues to be resolved.** In relation to dementia there is plenty of evidence to show how communities will be impacted and of the larger picture of general need for many years to come.
- **A vision of what might be required.** Some Councils have begun to tackle this problem in a coherent manner and develop possible responses. More re-active domiciliary care services and out-of-hours arrangements together with assistive technology that can help people remain independent, re-modelled sheltered schemes with fuller support from both the health and social care professionals, extra care schemes where people maintain their independence but have on site support when they need it and even village environments in gated communities which provide a range of possible supports. Better training that increases understanding and more responsive staff and communities will also play a part.
- **Knowledge of what people want.** It is often this information which is missing and prevents some of the ideas within a vision becoming reality. The ability to address issues with people following their diagnosis is an important step forward in gathering more detail that can enhance a wish to provide a wider range of provision.

But planning also requires preparation for how a vision will be realised. In turn, this requires a wide understanding and acceptance throughout and across local authorities and health as well as their partner organisations in both the third sector and private sectors. A majority of people with dementia will be spending their own money until they reach the threshold to attract public contributions. Therefore, how the private sector structures itself to meet housing issues will be of concern and interest.

In making changes and in developing housing policies to assist people live good lives, one aspect that must be considered is that of positive risk management. That is creating environments that enable people to live their lives fully and engage in activities as normally as possible whilst helping people feel and be safe. This should not take away risk and most people will want to be able to conduct their lives with some acceptance of the risks they may face. However risks can be reduced by clear thinking.

Staying at home

Faced with a diagnosis of dementia most people will not immediately think about their future accommodation needs. If asked in the early stages of their diagnosis people will almost always say that they wish to remain in their current home. This is especially true when they live with a principal carer and have well established social networks. There is no reason why they should not. In most cases, people can manage extremely well for a considerable time and, even when

¹⁵ Department of Health (2011) *The Dementia Commissioning Pack*, www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_127381

¹⁶ Local Government Improvement and Development (2011) *Joint Strategic Needs Assessment and origins* – updated information and links, www.idea.gov.uk/idk/core/page.do?pageld=7942796

their memory loss and confusion becomes more challenging, systems which support both themselves and carers are readily and increasingly available.

Currently approaches to thinking about design issues (making environments easily recognisable and navigable for instance) and the best use of technology to help people is, at best, still developing. Frequently information is held in several different places and not always available in an easily understandable format. Whilst physio and occupational therapists may hold excellent information on some available equipment they may not be fully involved in the role of assistive technology. It is equally true that those advising people affected by dementia may not be conversant with design issues although architects and designers have written widely on how simple changes can assist people on a day to day basis. There is a need therefore to draw together the varied material and ensure that the staff charged with advising people with dementia and their carers know and understand the options that are available. More than that, they should have some understanding of how useful available solutions are likely to prove in meeting individual need as not everything will be relevant to everyone. It will also be important to keep this information up to date as all these areas of interest are developing almost on a daily basis.

In commissioning terms, there is greater scope for local authorities and health to work together on these issues as well as considering more cohesive approaches across regional areas. It remains true that organisations tend to work in isolation from each other without agreeing the most useful approaches overall and without maximising the spending power that they can exercise working with providers of equipment on a more consistent basis. There is also a lack of clear analysis about the benefits and drawbacks of individual approaches, especially where future proofing of technology is at stake. Such an approach would not only make the provision of information easier but it would enable a single stance to be agreed in negotiation between different organisations and the same provider. In turn, this would help lower costs to people paying from their own means for service and support.

Paying for services is an important issue and most types of support required will be chargeable as fewer people are eligible for public funding. Charging policies will have to be transparent and fair and commissioners may consider working with independent providers to establish guidelines on cost, although there are practical challenges to this given the nature of the market in social care. Nonetheless the issue of minimising charges is important as it enables people to manage for longer without recourse to public funding or without needing to enter more restrictive and institutional settings. Therefore, maximising the income that people have as well as ensuring they can gain control of their expenditure is also important. Where public funding is available it is desirable people should be given individual budgets and the assistance to manage these when needed.

Remaining at home and maximising independence for as long as possible can also be helped where communities are, themselves, dementia-friendly. This means building a wider understanding and sympathetic approach to assist people with dementia and their carers by businesses and other organisations in a local area.¹⁷ Whilst work to define exactly what this may mean and how best to engage people in communities is in its early stages there is, none the less, a wide appreciation that the growth in numbers of people with dementia and those whose lives are impacted by it will require our society to consider a different response than that which prevails. The National Dementia Alliance has started to gain commitment from groups to improving their responses to people with dementia and a number of regional alliances are

¹⁷ Mitchell L (2012) *Breaking new ground: The quest for dementia-friendly communities*. Viewpoint 25, Housing Learning and Improvement Network

starting to build. The work by the Joseph Rowntree Housing Trust to build a dementia-friendly community in York should prove useful in maturing community level thinking in this area of development.¹⁸

During this whole phase, however, there will also be an increasing awareness that things may not always remain as they are. Carers are likely to become more aware of their need for support and help. People who have dementia may become aware of increasing frailty and increasing dependence and so the need to continue a dialogue about future needs is incredibly important as people become more ready to consider other possible alternatives. Planning for the future is not a one-time job. In some communities, attitudes towards both older people and those with dementia may differ and this will need to be accounted for in planning terms and as a reflection of differing approaches and needs.

In addition, the Department of Health has sponsored the development of an innovative programme of work, supporting members of the Care and Support Compact as part of the Prime Ministers challenge on dementia. The '*Your Community Matters*' programme, developed and delivered by the Life Story Network CIC, uses life story work to ensure that each individual with dementia is seen as an individual person, in the context of their relationships with others, including families and the wider community. This programme of work is bringing together for the first time Care Homes, Housing Associations, Home Care, family carers and individuals with dementia, to focus on building a more holistic and relationship based approach to care and support, whatever the care setting may be, and to develop the capability and capacity of local communities, including the role of the housing sector, to ensure that individuals with dementia are able to live independently, for longer, within their own communities.¹⁹

Of course some people, especially those living alone and in what may prove fairly inadequate housing, even in the earliest stages of dementia, may make very early decisions about their possible futures with housing looming large on the agenda. Readiness to best meet that need with suitable alternatives is still, sometimes, hard to come by.

Planning for alternatives

Whilst the NHS can play its role in planning for the future by improving responses in the acute sector, making decisions on the usefulness and safety of drug regimes, providing necessary support through GP's and primary care staff with increased knowledge, skills and understanding, the main role of planning for alternative housing needs will rest with the local authorities, planning committees and independent builders and providers.

In *Figure 1* the range of potential housing options noted the role of both sheltered and extra care housing schemes between the relative less restrictive and more restrictive alternatives.

Sheltered housing for rent or for sale has become more scarce in recent years, although a few places which have remaining stocks of social housing still have forms of sheltered housing that have often been remodelled over the years. It may be time to look at this stock again in order to provide a community based solution for some people with dementia. However, the option should not be considered in isolation of the notion of extra care housing. Extra care housing solutions, which provide people with their own private housing space but usually with personalised care services based on the site, have become more wide-spread during the

¹⁸ Joseph Rowntree Foundation (2012) op cit

¹⁹ www.lifestorynetwork.org.uk

last ten years. For many people who have seen them and lived in them they have proved the solution of choice in older age. This is because they give a degree of support and reduce social isolation whilst allowing people to stay firmly rooted in their communities. Many were designed with the concept of 'progressive privacy' with some developments having a 'street' containing a post office, café, hairdresser and other facilities for the local community and residents as well as communal space for those living on the site and their visitors. Beyond these areas people have their own front doors. Most also have a range of design and technological solutions which maintain independence for as long as possible.

Over recent years government has stimulated growth in extra care housing schemes by contributing, via costed bids between local authorities, significant capital sums of money to assist with building costs. The new Department of Health Care and Support Housing Fund, administered by the Homes and Communities Agency, may provide the renewed impetus to stimulate a range of attractive and affordable specialist housing choices, including for people with dementia. In the current financial climate with welfare reform looming, private and social housing developers will need to take stock of their exposure to fluctuating returns on capital and revenue investment. Furthermore, bank lending is low and is usually available only for investment which the banks see as safe. In care services, this almost always means residential development due to the proven demographic need and a bank's knowledge of the financial modelling for these. This model has the potential to become more secure as greater numbers of residents pay for themselves and the power of local authorities to dictate fee rates lessens.

However, there is money for investment and providers often still raise finance from venture capital monies. Local Authorities can be slow in catching the investor at the early stages of their planning and discussing social needs which could be met by alternative means. Following the publication of the government's National Planning Policy Framework²⁰, Planning Departments within Local Authorities need to be aware of the social care needs of the population and to talk regularly about housing needs with social care leaders as part of their ongoing strategic housing market assessment. Local politicians also need to be kept up to date as their influence and power can be vital in ensuring new opportunities are not missed and that policies guide everyone in the same direction. This will enable Local Authorities to both advise potential investors and builders of current thinking, backed up by some sound local knowledge and vision, as well as advertise the fact that new investors, wishing to build certain styles of housing would be welcomed. However, there is also little doubt that banks may need some steer on the viability of lending money to other types of development than residential and nursing care if society wishes to avoid the warehousing of older people with care needs in the future.

One way of considering how to maximise the use of any available money is to consider how housing within communities can accommodate the widest range of people. This may include designating and designing some areas to be more friendly for older people. Already some segregation is taking place with the building of retirement villages but thought given to providing similar safe areas within towns, for instance with some local shops, dropped kerbs, traffic restrictions, a local care team and linked health team, should be able to design friendly, safe and inclusive environments without the degree of segregation which can be apparent in other types of care environment. This is especially true for people with dementias. Indeed, some forms of social capital may be built into systems with people living in the area given small incentives to provide some voluntary assistance to those requiring help, even if that only means checking that a person is OK or calling for a cup of tea and a half hour chat once a week.

²⁰ Department of Communities and Local Government (2012) National Planning Policy Framework, www.gov.uk/government/publications/national-planning-policy-framework--2

However, until we realise and take seriously the size of the challenge facing our society over the next twenty to fifty years we will fail to fully grasp the nettle and plan positively and with the new financial restraints in mind, and this will mean that we get it wrong and force less welcomed solutions to be adopted.

Residential and nursing care

Whilst this paper is designed to focus on housing issues it is worth noting that residential and nursing care can still play a major role in assisting people with dementia towards the ends of their lives. Many people will reach a stage as their condition advances which will leave them unable to cope easily at home. Carers may face unprecedented challenges and increasing frailty themselves and, in some cases, a combination of conditions will mean that high levels of nursing care may be required.

At present, three issues exist with residential and nursing care which require a better resolution to fully meet the needs of people with dementia and their carers.

- A recognition that people can still be treated as individuals with histories, interests and differing needs;
- Well trained and supported staff;
- An acknowledgement that an end of life care pathway can run alongside a dementia pathway and provide more dignity and a respectful process for both the person and their carers.

Much is written elsewhere about these issues, but together they are the reasons that we still hear about scandalous treatment in the NHS, independent care homes and local authority controlled services. The inspection regimes alongside local commissioners and service managers must work together to ensure that we improve conditions quickly and give people much better and personalised treatments even when (and especially because) they themselves are less conscious of their surroundings and vulnerability.

Conclusions

This paper set out to consider how housing issues must be addressed in relation to other services for dementia. Housing is not separate to other issues of living well and plays a major role in a person's comfort and safety.

At present, the issues have been partially addressed and few cohesive plans exist that bring housing as fully into the equation as may be required. There is a hope that good use of Joint Strategic Needs Assessments, the work of Health and Wellbeing Boards, more joint commissioning activity, the continued development of care pathways and the ability to think these through across areas of concern (for instance dementia and end of life care) as well as the greater ability to plan on a personalised basis within the *Think Local, Act Personal* partnership will improve this. However, finance is likely to continue to be a problem with little sign at the time of writing that government has been able to solve the longer term issue of how good quality care, including the housing elements of that, will be paid for.

Whilst central government and other organisations, such as banks, have a role to play it will be local partnerships who will need to set the tone, plan for the future they want and lead providers, whoever they are, from the front.

Further reading / information

This page contains links to a small and limited number of documents that are not referenced in the main text but could be useful as further, informed reading. All documents are online and the hyperlinks were all current and working in May 2012.

1. *A Manifesto for Older People's Housing* - The Housing and Ageing Alliance - April 2012 - a document aimed at political parties seeking their agreement to pursue five key points in housing agendas for older people - aimed at local government. (accessed June 2012) www.housinglin.org.uk/Topics/type/resource/?cid=8448
2. Making your home a better place to live with dementia - Care and Repair - April 2012 - a leaflet outlining some of the challenges of living with dementia and sharing simple steps to improving design and layout –(accessed June 2012) www.housinglin.org.uk/Topics/type/resource/?cid=8451
3. Accommodation Options for Older People who have Dementia - EAC - July 2012 (revised) (accessed July 2012) www.housingcare.org/downloads/kbase/3026.pdf
4. Living Well with Dementia: a national dementia strategy: briefing from a housing perspective – DH Care Networks/Housing LIN - April 2009 - (accessed July 2012) www.dhcarenetworks.org.uk/_library/Resources/Housing/Support_materials/Briefings/Briefing29_dementia_strategy.pdf
5. Housing and Dementia Research Consortium - March 2012 - (accessed June 2012) www.housinglin.org.uk/Topics/browse/HousingandDementia/Provision/SpecialistHousing/?parent=5050&child=4162
6. Extra Care Housing and People with Dementia - A Scoping Review of the Literature 1998 - 2008 - Rachel Dutton on behalf of Housing and Dementia Research Consortium – 2009 - (accessed June 2012) www.housinglin.org.uk/Topics/browse/HousingExtraCare/Evaluation/?parent=3664&child=5844
7. Housing LIN - A useful page linking resources regarding Housing and Dementia including the key topics of Commissioning, Provision, Design, Workforce issues, Legislation and useful links. Updated June 2012 - (accessed June 2102) www.housinglin.org.uk/Topics/browse/HousingandDementia
8. Housing our Ageing Population: Panel for Innovation - Homes and Communities Agency - June 2009 - (accessed June 2102) www.homesandcommunities.co.uk/housing-ageing-population-panel-innovation
9. National Housing Federation Housing and Dementia Working Group. Hosted by the Department of Communities and Local Government, the Group's aim is to:
 - Position housing as key to the delivery of services to people living with dementia
 - Improve the integration of housing in health and social care policy on the issue of dementia
 - Highlight good practice in the housing sector in meeting the needs of people living with dementia
 - Raise the profile of housing with Government and among key dementia stakeholders

Top tips - 10 things you should do ...

1. Leaders must ensure that the importance of housing is understood across systems and is a regular topic of debate within Health and Wellbeing Boards. It should not be seen as an isolated topic unconnected to people's health and wellbeing.
2. Housing should be a main concern of Directors of Public Health and considered by them to be a part of the solution. This should be made clear in Joint Strategic Needs Assessments for all areas.
3. Commissioners, and particularly those with joint responsibilities, should be aware of the role of housing and ensure that each area of relevant commissioned work states explicitly how housing is connected and plays a role within the proposed and actual commissioning framework for that local area.
4. Planning departments must be asked to show how their systems of approval and forward planning take account of the JSNA requirements of their communities as established by Directors of Public Health. They should be able to give positive examples of the benefits of work they have undertaken to improve local issues.
5. Commissioners and planning departments should be asked to show how they are influencing investor decisions in housing development in the non-statutory sector as well as the statutory bodies.
6. A clear pattern for the provision of information and contact points that can be shared with people affected by dementia at the earliest reasonable time at or following the point of diagnosis should be established. This information should set out some of the challenges that could present themselves in regards to housing issues and give options for discussion.
7. Ensure housing features as an aspect of all training regarding people affected by dementia for staff in health and social care who may be engaged in giving assistance and information.
8. Ensure that housing staff are aware of key issues in relation to potential demand and the nature of buildings and design which will most usefully aid people affected by dementia. This will enable them to discuss planning and design issues and respond on a more individual level to people in need.
9. Local authorities should identify and arrange discussions with non-statutory building companies regarding need and the potential range of need. They should assist these companies in their own planning, in gaining financial assistance from banks and other institutions (if necessary) and consideration of design issues.
10. Ensure that assistive technology and the emerging solutions presented are synthesised across departmental and organisational boundaries to cut costs, drive innovation and give commissioners more negotiating power.

Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

The Housing LIN is a member of the Dementia Action Alliance. For further information on this and about the Housing LIN's comprehensive list of online resources at 'In Focus: Innovations in Housing and Dementia', and opportunities for shared learning and service improvement, including site visits and network meetings in your region, visit:

www.housinglin.org.uk/HousingandDementia

About the ADASS Housing Network

The ADASS Housing Network aims to represent the Association of Directors of Adult Social Services on all major issues as they impact on housing and our adult service users. It has a special focus on supporting people and personalisation and takes a careful interest and overview of policy and practice developments in supported and specialist housing for older people and vulnerable adults.

The Network comprises of adult social care directors and lead officers, many of whom also have housing responsibilities, reflecting the growing importance of linking housing and caring to other agencies within and beyond the local authority. For further details about ADASS, go to: www.adass.org.uk

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