

# **BEYOND THE FRONT DOOR: What ‘home’ means to people with dementia and their carers**

**Top Tips for Hospital Discharge Teams to support positive transitions for people with dementia**

* **Maintain identity –** someone with dementia can easily lose their sense of self and self-worth in hospital - an unfamiliar setting where they have little control. Ensure as much continuity as possible by involving friends and relatives. Support known habits and preferences. Identify individual cultural needs and understand people’s socio-economic circumstances.
* **Start planning for discharge as soon as the person is admitted**, so that potential

difficulties can be identified and resolved early on. Reducing length of stay produces better outcomes for people with dementia. Don’t assume that going home is not a viable option.

* **Identify carers and other family members and involve them from the outset as equal partners** - they usually know the person better than anyone and can provide

crucial information about how they were managing prior to admission.

* **Where does the person want to be discharged to?** Recognise the importance of ‘home’ as a contributor to self-identity and wellbeing. It can provide safety, comfort, memories, a sense of community and may represent substantial emotional and financial attachments. Create opportunities to discuss and understand the importance of where the person lives and who matters.
* **Transitions are stressful** at any stage of dementia and will involve changes such as role, status and meaningful activities. Adjustments are more difficult in dementia and people are likely to be disabled by a move as the dementia progresses.
* **Ensure that the person with dementia has every opportunity to make their wishes and aspirations known.** Assume capacity unless otherwise assessed and recorded for specific decisions. Where a Best Interest Decision is made, ensure that the wishes and aspirations of the person are known and considered as well as their living circumstances prior to admission.
* **Collaborate with all parties –** carers, friends, health and social care professionals and housing staff – to utilise everyone’s knowledge and skills.
* **Be prepared to take positive risks –** removing or refusing to enable some risk taking can lead to deskilling and increase dependence, cause premature admission into care and create new risks, as well as affect wellbeing and quality of life.
* **Discharging to assess** can achieve a more accurate picture of a person’s abilities and improve health outcomes.
* **Advice and information needs to be accessible and inclusive.** Ensure the team has access to up to date and accurate information regarding: local housing support options; how to access them; eligibility for DFGs; and changes in benefits associated with Housing.