*Download, add your comment /question and email to* [*projectscaffold2021@gmail.com*](mailto:projectscaffold2021@gmail.com)

*Thank you for making a contribution!*

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| Best Practice Name: | **We are working in the resident’s home. This is their home** | Best practice number: | | 5048-001-028 | |
| 1. **Comment or Question** | | | | | |
| Great perspective to acknowledge it is the residents' home where self-determination is supported by providing choices, participation is encouraged and residents' contribution to the community is valued. All building blocks of PDS. Words used that support PDS: residents, living with dementia, quality of life, involved, purpose. Words that does not support PDS: allow. | | | | | |
| Organisation / Individual: | [**true2you**](https://www.true2you.co.za/person-directed-support/)  **Date: 12.09.2022** | | Project Scaffold member number: | | - |
| 1. **Comment or Question** | | | | | |
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