Translating research into better practice
Little known about the experience of people with dementia in retirement villages or what retirement village operators and committees do to support residents with dementia.

The RV industry indicated that it expects to play an increased role in supporting residents as their care needs progress.
Research project

Co-funded by: IRT Foundation & Retirement Living Council (RLC)

Alzheimer’s Australia NSW (AlzNSW) with Professor Lynn Chenoweth, DCRC UNSW

Aim: to investigate the experience of living with dementia in retirement villages
What did we want to know?

Four key research questions:

1. Are retirement villages **supportive environments** and **suitable** for ageing in place for people with dementia?

2. How **accessible** are **formal and informal supports** for people with dementia living in retirement villages, including community care services?

3. What **policies and practices** do retirement village operators/resident committees have for **supporting** residents with dementia to age in place?

4. What **barriers** do operators face in supporting residents with dementia?
Digital and hard copy available

VIEW ONLINE

Discussion Paper #13
August 2015

DEMENTIA IN RETIREMENT VILLAGES

TALKING ABOUT ALZHEIMER’S ACROSS AUSTRALIA

UNDERSTAND ALZHEIMER’S EDUCATE AUSTRALIA

One Fell Swoop
Some key findings

1. Limited threshold of informal support, esp. for people living alone & attitudes of other residents

2. The ‘dump and run’ – families expecting that village will look after person with dementia

3. RVs not designed (building, staffing, resources, original intent) for people with dementia

4. Villages with limited staff don’t see residents often

5. Dementia is hard to detect and diagnose – people also hide it
Some key findings

6. Major concern for operators when existing residents develop dementia and the family won’t acknowledge it.

7. Privacy issues – what information needs to/should be disclosed.

8. Residents with dementia in villages on co-located sites feel more supported (RACF staff on site who have knowledge of dementia).

9. Implications for operators of aged care reforms – removal of low/high care distinction. Concern that retirement villages will become de-facto low care.
Some key findings

10. Need for RV staff training on dementia

11. Stage of dementia – lack of understanding of how long people can remain living at home – they don’t automatically have to go to a RACF

12. It is an issue that you will have to deal with whether you want to or not
DEMENTIA GUIDE FOR THE AUSTRALIAN RETIREMENT VILLAGE INDUSTRY

Document available online

VIEW ONLINE
Key strategic decision

Decide to either

Support people with dementia to age in place

or

Have a robust process to stop people with dementia entering as well as a process to support a move on to a RACF
Solutions

Have an organisational strategy and philosophy for either decision, then incorporate this into:

1. Marketing and sales material – role of sales staff
2. Assessments of prospective residents’ health
3. Policy & education for staff – awareness, assessment, support, transition out, threshold points (safety & impact on others)
4. Engagement with families
Solutions

5. Dementia risk reduction activities for all residents

6. Partnerships with other organisations e.g. RACFs and Alzheimer’s Australia

Recognition of individuals, personhood and their right to live independently should underpin solutions
If your organisational strategy is to support people with dementia to age in place:

1. Embed service integrated housing
2. Health & Wellbeing role/s
3. Provide flexible forms of respite
4. Carer support services
5. Make changes to the built environment
6. Village culture – reduce stigma and fear about dementia and increase understanding and acceptance of people with dementia
Strategic considerations

Operators should be building new builds with dementia in mind – retro-fitting is more difficult and a possible constraint.

Role of technology for monitoring, education and connection to the community.

Consultation with customers and existing residents is required – need to take them along with you.
Strategic constraints

- Staff capability
- Old building stock
- Families
- Budgets
What now?

An Alzheimer’s Australia Help Sheet for people with dementia, carers and families (will be available mid-2016)

Pilot program – One Fell Swoop and Alzheimer’s Australia NSW

Aim: to enable all RV operators to respond to the challenges of residents living with dementia in their villages, and provide direct support for operators seeking to develop and maintain dementia-friendly villages

• Speak to me if you’re interested in participating in the pilot
Consulting project

1. Situational analysis including engagement with key stakeholders to identify current processes, local contextual understandings of dementia, and issues affecting the RV/organisation, e.g. culture and attitudes. The consultation will involve the following activities.

- site visit
- interviews with manager/senior staff

(continued)
Consulting project

• focus group consultations with RV staff, residents and family members/friends

• individual interviews with interested stakeholders (on request)

• project member telephone and email details made available to RV staff, residents and family members/friends for feedback purposes

• preparation of a report profiling the RV dementia-related needs.

Cost: $6000
Consulting project

2. **Implementation and delivery** of project services to the target groups based on the findings of the situational analysis and identified RV needs (e.g. policies, procedures, promotional documentation / education and training of RV staff, residents, family / built and living environment assessments / other identified needs)

Cost: $ dependent on requirements

3. **Evaluation** of project delivery
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