



The kampung model is a better way to help the aged with dementia

Philip Yap and Louiza Pittas

Every three seconds – the time it takes to take a sip of water or snap a photo – someone in the world is diagnosed with dementia. Over 50 million people are living with dementia globally, and the figure is expected to reach 75 million by 2030.

As we mark World's Alzheimer's Month in September, it is time to take a closer look at the challenges facing Singapore in the care of people with dementia, a number that will rise inexorably as its population ages. There are currently more than 50,000 people with dementia in Singapore and the number will top 100,000 by 2030.

One challenge that requires attention is home care. It arises because most seniors prefer to live in the comfort of their own homes even as they become more frail. There is a tension between their desire for autonomy and independence and mitigating the risks to their well-being as they decline physically and cognitively.

Efforts are under way to increase the number of places in nursing homes but the reality is most people with the condition will continue to live in their own homes. That being the case, the next question then is how to best tend to

their physical, mental and social needs. All three are interlinked and the best form of care will have to deal with them as such, going beyond biomedical remedies.

What about daycare centres then? A study by a team from Khoo Teck Puat Hospital published last year found that these were underutilised, the main reason being that the very people they were meant for refused to attend day care. Conceivably, as the daycare setting does not constitute what is familiar and normal, it arouses negativity and aversion.

In contrast, the “dementia village” care philosophy – founded on familiarity, normalcy, inclusiveness and connectedness – is widely recognised as being better able to allow people with dementia to thrive by allowing them to lead lives that match closely to their usual habits and routines.

THE VILLAGE CONCEPT

The Care Village in Rotorua, New Zealand, is a newly opened facility that embraces this philosophy.

The village comprises 12 houses, a central office and a convenience store. Residents at varying stages of dementia are allowed to move around freely. Six residents live in one house, each with individual bedrooms decorated with personal items, while sharing the living room and kitchen.

Residents' prior lifestyles, and

not their dementia severity, determine where they live. For instance, “classic” homes come with quilted soft furnishings and are assigned to residents who prefer a more rule-based life, while other residents are housed in accommodation with a more minimalist decor in keeping with what they are used to.

Each house is run by a non-uniformed housekeeper with training in senior care, instead of healthcare professionals. Although the housekeeper takes charge of the household, select residents contribute to the cooking and all help to upkeep their surroundings. Residents mostly set their own rhythm, with some preferring to wake up early while others sleep in and have their breakfast later.

Friendships develop, with the more abled helping the less abled. The residence looks and feels like a real home which opens out and connects to other neighbouring homes. Apart from the store where residents can make purchases, there are plans to build restaurants, a supermarket and other amenities to create a living community rather than a care facility.

What is remarkable is the sense of normalcy as the residents, even those beyond the mild stage of dementia, go about their daily life.

The focus of a dementia village is on quality of life beyond physical care. Although there is little

published research on the dementia village as an entire entity, studies on the individual components it embraces have evidenced effectiveness.

For example, clustered domestic models of residential care are associated with better quality of life and fewer hospitalisations. Other studies found that residents eat better in small communal groups and where the aroma of food abounds in home kitchens. Daily walking and activities afforded by a familiar environment and lifestyle promote mobility and independence.

Conventional nursing homes may structure some of these proven interventions into the daily routine but what is different in a village model is they are part and parcel of a resident's lifestyle and enabled by choice. So, it is less about care but more about living.

KAMPUNG ADMIRALTY

How applicable are these “village” lessons to land-scarce, highly urbanised Singapore?

A start has been made with Kampung Admiralty, Singapore's first retirement kampung that officially opened in Woodlands in May this year. This 11-storey retirement village in the sky brings together public housing for seniors with healthcare, wellness and eldercare facilities. It is also the first Housing Board project to co-locate childcare and senior centres to foster inter-generational bonding.

As HDB embarks on the next stages of its renewal and redevelopment programmes, the Kampung Admiralty concept is one that is of significance to efforts to accommodate the needs of vulnerable persons with dementia, creating a familiar and safe environment for them to age in place.

One possibility lies in setting aside units within every neighbourhood to cater to communal living in senior group homes, akin to those in the Care Village. However, instead of transplanting residents into a foreign environment, village care in

the Singapore context can evolve organically, centred on the neighbourhoods in which frail seniors have spent a large part of their lives, and where they can look to the social support of neighbours, shopkeepers and others who are familiar with them.

INSPIRING EXAMPLES

The training of lay people and volunteers able to recognise and support people with dementia will bolster efforts to make Singapore more dementia-friendly.

If daycare centres are less acceptable to people with dementia, perhaps offering similar programmes in familiar places such as community clubs and faith-based settings like churches and mosques will see better uptake.

What is needed is a desire among residents to learn the ways of people with dementia and accept them wholeheartedly into the community. Tokyo's Restaurant of Order Mistakes, which employs waiters with dementia, encapsulates this spirit of empathy and acceptance that is necessary for these ground-up efforts to work.

Affordability of formal care services is a real impediment to enabling frail seniors to age in place. A village model supported by neighbours and volunteers can help circumvent cost issues and alleviate the unrelenting call for more subsidies.

A report in *The Straits Times* last month of a Singaporean couple opening their homes to young people with nowhere to go is inspiring. It is an act of generosity similar to those of residents in Japan volunteering their homes to provide shelter, food and meaningful engagement for seniors in their neighbourhood. Can this, too, not be a reality in Singapore?

stopinion@sph.com.sg

• Philip Yap is director, Geriatric Centre, Khoo Teck Puat Hospital. Louiza Pittas is a medical student with the Yong Loo Lin School of Medicine, National University of Singapore.

The Kampung Admiralty concept is one that is of significance to efforts to accommodate the needs of vulnerable persons with dementia, creating a familiar and safe environment for them to age in place, say the writers.
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