

## A TOWN LIKE DE HOGWEYK

De Hogeweyk is a town in the Netherlands where dementia patients live 'normal' lives. But ALICE KLEIN discovers all is not as it seems.



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ON the surface, De Hogeweyk looks like any other small Dutch neighbourhood — neatly manicured hedges, a gaily coloured cafe, a post office, a supermarket, a hairdresser, a pub and a theatre.

But there is one important detail that sets this neighbourhood apart. Every single inhabitant has severe dementia.

This “dementia village”, as it has been dubbed, sits about 20km outside of Amsterdam and is essentially a nursing home in disguise. There is not a sterile ward or beige corridor in sight. Caregivers even dress up as post office workers, waiters, shop assistants or plainclothes residents to maintain the illusion of a regular community.

And, unlike a typical dementia care facility, patients are free to stroll through the streets and parks without any fear of getting lost. Although there are limits. The village is walled and has just one carefully guarded door leading in and out to the wider world.

The concept has been likened to the idea at the heart of the science fiction film *The Truman Show*, which chronicles the life of a man who is unaware that he is living in a constructed reality TV show.

But, at De Hogeweyk, according to Yvonne van Amerongen, one of the founders, even the most profoundly demented patients appear more relaxed once they settle into this village community.

“We see a lot less aggression because people do not feel fenced in anymore — they feel free and safe,” she says.

“People have space to roam around and recognise their environment as a place to live in rather than institution, so it doesn’t confuse them.

“What we always say is that backstage we are a nursing home, but on stage, residents and visitors experience normal life.”

As part of recreating that normal life, De Hogeweyk’s residents live in groups of six or seven in 23 houses that are designed to match their previous lives as closely as possible.

There is an ‘artisan house’, for example. It is designed for former tradespeople, and has solid, wooden furniture and a homely feel.

Then there is the ‘cultural house’, which is fitted with bookshelves and a piano, and is home to patients with an interest in the arts.

Since opening almost eight years ago, De Hogeweyk has attempted

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to demonstrate that many of the severe behavioural symptoms of dementia can be eased by returning a sense of normality, control and dignity to patients.

### Coming to Australia

Ms van Amerongen visited our shores twice last year, and is planning another trip in February to meet with several groups who are interested in opening De Hogeweyk-style villages in Australia.

One start-up company has bought land in south-west Sydney to build a dementia village that resembles De Hogeweyk as closely as possible, with the same kind of layout and neighbourhood feel — including shops and cafes.

The project is awaiting a grant approval.

In Brisbane, aged care provider Synovum Care is planning to open

a De Hogeweyk-inspired estate next year after completing a pilot project in Tasmania.

The Tasmanian facility — Wynyard Care Centre — opened in 2014.

According to its manager Robert Peoples, residents are able to wake up when they like, eat what they like, help with household chores if they choose and walk around the gardens whenever they like.

Not all the residents at Wynyard Care Centre have dementia, but those who do have exhibited significant improvements since arriving at the village, Mr Peoples tells *Australian Doctor*.

“We’ve noticed reductions in anxiety and the tendency to wander because now they have freedom.

“In other aged care facilities, people [with dementia] often

wander around and go into other people’s rooms looking for their mother or father or their family.

“But when they move into our facility, that wandering tends to reduce greatly or even stop altogether.”

It’s a fresh approach compared with the latest Federal Government initiative to tackle agitation and aggression in Australian aged care facilities — namely, setting up dementia ‘hit squads’ of doctors and nurses, who pop in and out of nursing homes when a crisis hits.

### An idea is born

The genesis of the idea to bring something of a normal life back to the disordered world of dementia patients dates back to 1992, when Ms van Amerongen was working as a care manager in a traditional Dutch nursing home.

She regularly found herself wringing her hands over the state of dementia care.

“My colleagues and I often spoke about the fact that the life of our residents wasn’t what we would want for our parents — or ourselves,” she says.

Tired of hearing Ms van Amerongen and her colleagues complaining, the nursing home managing director one day suggested they hold a brainstorming session.

After 12 hours of putting their heads together, the staff came up with a plan: to turn the “old, ugly, four-storey nursing home” into  
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a place where dementia patients could experience a semblance of their old lives.

Ms van Amerongen was nominated as project leader and, after successfully transforming the nursing home in 1993, she and her colleagues decided to build a proper village on a larger site.

This was De Hogeweyk, which opened its doors in 2008.

**Health outcomes**

De Hogeweyk only admits the most severely demented patients, and everyone who comes to live in the village dies there.

But research suggests the final years for patients at De Hogeweyk, who have an average age of 84, are more peaceful than for those living in traditional aged care facilities.

Every two years, the Dutch government requires all nursing homes to survey the families of patients and collect a range of health data. De Hogeweyk consistently scores in the top 10 for both family satisfaction and health measures.

Independent researchers have also studied De Hogeweyk's care model and concluded it is "one of the best things to do", according to Ms van Amerongen, who says the results are due to be formally published early this year.

Nevertheless, it is important to stress the symptoms of dementia do not completely disappear inside De Hogeweyk's walls, she says.

"We have not solved aggression and we have not solved dementia — that's up to the scientists.

"What we're trying to offer these people is a higher quality of life."

An important element of De Hogeweyk is that all staff members are highly trained to manage dementia patients, Ms van Amerongen explains.

"Residents are still sometimes aggressive towards each other — of course, that's dementia.

"But I think a big difference with Australia is that we have quite a high standard of education for people working with dementia patients. Our teams who work in the houses have three years of training and all other staff have at least one year of training," she says.

"They know how to deal with aggression and when they need more help or advice, we have a



team of social workers and psychologists on-site who make observations and help them make a plan."

In contrast, nursing home staff in Australia are not required to have specific training in dementia management and must rely on the government's 'dementia flying squads' — mobile units of GPs, specialists and allied health professionals — to deal with dementia patients at risk to themselves or others.

"I've visited a lot of countries, including Australia, and this is one of the biggest problems I see.

"Most [staff in aged care facilities] are not really educated to work with people with dementia or only slightly educated," Ms van Amerongen says.

**Cost-effectiveness**

One of the most common questions that she is asked about is cost, Ms van Amerongen says.

But, contrary to many people's expectations, the village operates on exactly the same budget as all other nursing homes in the Netherlands.

Like other aged care facilities in the country, De Hogeweyk receives 5800 euros (\$9000) per patient per month from the government, which covers all running costs such as food, housing, medication and staff incomes.

Each patient then pays a fee back to the government based on

**De Hogeweyk dementia village operates with exactly the same budget as other nursing homes in the Netherlands, but with more spent on wellbeing and aesthetics, less money is required for security and restraint. Instead, residents enjoy as much 'normalcy' as possible.**

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their previous income, with the maximum monthly contribution set at 2400 euros (\$4000).

"We only have the state budget and that's for everything. We don't get a penny more," Ms van Amerongen says.

De Hogeweyk manages to operate on the same level of funding because it has different priorities, she says. More is spent on wellbeing and aesthetics while less is required for security and restraint.

The idea that you have to spend a lot of money to make an aged care home a nice place to live is misguided, Ms van Amerongen explains.

She gives the example of the 'Mozart hall' at the village, which is decked out with red velvet cur-

tains — a stark contrast with the grey drapes commonly associated with old people's homes.

"But you see, a red velvet curtain costs the same as a grey curtain. It's just the choice you make," she points out.

**Global reach**

The De Hogeweyk model is not being adopted just in Australia. Ms van Amerongen and her colleagues are also helping to oversee similar projects in New Zealand, Norway, France, Germany, the US and UK.

As our population ages and rates of dementia soar, aged care is starting to be taken more seriously, Ms van Amerongen says.

"Dementia is becoming a big

problem in the Western and Asian worlds. Medicine won't solve it in the next 30 years, so we have to plan for our future."

At Australia's annual aged care awards in August last year, several new initiatives for improving the lives of dementia patients were on show, including the Wynyard Care Centre.

One finalist was an aged care manager who created a "dementia garden", where patients could grow and tend to plants, while another was a retired engineer who has established aged care facilities for Chinese-Australians so that they can maintain their cultural identity and lifestyles.

Another finalist was an initiative to help dementia patients relearn daily routines like how to lock a door.

The winner was an aged care manager who staged a series of large-scale musical events for 6000 aged care residents in Melbourne.

Ms van Amerongen hopes these new initiatives will help to spread the idea that people with dementia do not have to be completely uprooted from their previous lives; that a semblance of normality can remain.

"We need to cater to what people expect in life and want in life — then things are easier and you have a better atmosphere," she says.

"We still want to have a life when we're old." ●