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DEMENTIA VILLAGES: A NEW TYPE OF INSTITUTION?

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In this report the concept of a “dementia village” is explored.

Ideally people with dementia are best supported at home with appropriate levels of in-home care. In fact [61% of older adults with dementia live in their own homes and communities](#). 75% of older adults with dementia receiving home care do not exhibit responsive behaviors. The CEO of the Canadian Alzheimer’s Society has argued that comprehensive home and community care are essential in maintaining quality of life for people with dementia, while also supporting caregivers.

But for those who, for whatever reason, are unable to be cared for at home, Seniors For Social Action Ontario (SSAO) has long advocated for alternative residential services, especially [small, fully staffed memory care homes](#) located in the neighborhoods where people live, operated by non-profit organizations and municipalities.

It is important for people with dementia to remain close to neighbors, friends, and family – their natural support systems. It is also important that they not be excluded and segregated and remain in their own neighborhoods so that they can still visit their local parks, coffee shops and grocery stores.

Excluding and removing people from their communities and segregating them by age and disability in residential settings, irrespective of their form, is still institutionalization - the latest type of which – dementia villages – are gaining popularity. They are the most recent institutional marketing ploy.

Providence Health Care, a non-profit located in British Columbia, is touting its “[dementia village](#)” as a step forward, while admitting it is still a long-term care facility.

Indeed it is.

It still requires that people be uprooted from their own homes and communities and transplanted into a “dementia village” type long-term care facility.

Residents will still be segregated by age and disability and excluded from their former homes and neighborhoods, and detached from their natural support systems.

Do we wish to settle for this new brand of institutionalization as a way forward? Or is it reasonable to continue to advocate for fully staffed, neighborhood-based residential settings so that individuals with dementia who cannot, for whatever reason, continue to live in their own homes can, at least, remain in their own communities?

Perhaps in deciding the answer to questions like this it is important to ask if we, ourselves, want to end up in a dementia village. If the answer is no, then perhaps we should not accept this as a solution for anyone else.