Dementia Village

Interview with Eloy van Hal

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Background

As part of a series of case studies on best practices in elder care, Sofia Widén, program manager of ACCESS Health Sweden, visited De Hogeweyk, the dementia village in Weesp, the Netherlands. De Hogeweyk was established in 2008 (Phase 1) and 2009 (Phase 2). The village provides high quality elder care services for individuals diagnosed with advanced or severe stage dementia. De Hogeweyk is the only dementia village in the Netherlands. The village in Weesp houses one hundred fifty two residents in twenty three small houses.

At De Hogeweyk, the care philosophy begins with small groups of individuals. Six people reside in each house. Living together in small groups enhances the quality of life for dementia residents. The residents choose the type of lifestyle they prefer. This may be an urban lifestyle or a traditional lifestyle. Each house combines individuals who have adopted similar lifestyles. A common lifestyle creates a social bond through a sense of familiarity and peace. Every house is equipped with a kitchen, a living room, a hallway, bathrooms, and individual bedrooms. Residents share the living room, the kitchen, and the bathrooms. Each house also has a shared outside area. Individuals can move freely inside and outside their houses. The residents can also walk around freely inside the village. Besides different outdoor streets, parks and squares, the village includes a hairdresser, a supermarket, a café, a restaurant, a bar, and a theater. De Hogeweyk strives to create a typical community atmosphere. A guard prevents the residents from leaving the village.

The care philosophy at De Hogeweyk focuses on normalcy and autonomy. The caregivers support individuals mostly to determine their own rhythm. Some individuals prefer to wake up early. Others prefer to wake up late. The residents have breakfast at different times, although lunches and dinners are served according to the rhythm of the day, preferences of the group, and lifestyle. The caregivers cook and maintain the lifestyle in each house. Each caregiver tends to work in only one house. This structure helps the caregivers develop a strong relationship with the residents.

De Hogeweyk places little emphasis on curing dementia and treating its symptoms. Instead, its care philosophy focuses on residents’ wellness and lifestyle. The residents can join various activities in the village, such as drawing or music appreciation. The majority of the residents are members of at least one activity. Individuals pay extra fees to enroll in additional activities. It is a combination of living wellbeing and care. The village has professional caregivers and practitioners to support the teams and residents.
in every house, but they also encourage and invite residents to be as active as possible with social contacts and normal household activities.

The dementia village obtains reimbursement from the Dutch insurance providers. The cost of living at De Hogeweyk equals the cost of other care homes for individuals who suffer from dementia. The average cost per resident in the village is six thousand Euros per month. Private donations and sponsor funding helped establish the dementia village.

The founders of De Hogeweyk transformed a traditional nursing home into a village with a focus on quality of life rather than medical treatment. The founders realized that dementia is a chronic illness, which means that wellness and lifestyle are just as important as medical interventions. All employees wear normal clothing rather than uniforms to enhance the sense of normalcy in the village. Employees support the residents and do not exert authority over them.

Primarily, De Hogeweyk is a nursing home that adheres to all the standards of care established by the Dutch government. The dementia village upholds all nursing and rehabilitation standards, as well as other specifications within the care regulations. For example, the village employs a full-time general practitioner who is specialized in geriatric medicine. A physiotherapist assists with keeping everyone mobile. The psychologist and social approach coach work closely together and advise on lifestyle matters and behavioral aspects of dementia.

De Hogeweyk differs from a traditional nursing home because De Hogeweyk gives the residents a sense of normalcy through the design of the village, the small scale houses, and its care philosophy. Thus the appearance is not that of a nursing home but rather a normal village. The average length of stay at De Hogeweyk is about three years. There are thirty-eight to forty new residents who come to De Hogeweyk each year. Many volunteers come from outside the city of Weesp to participate in life at the village and spend time with its residents.

De Hogeweyk has several entertainment venues, such as a theater that outside companies can rent for various events. Interaction with towns surrounding Weesp supports the atmosphere of normal life. At times, there are many people in the village. Other times, the village is quiet. The restaurant inside the village is open to the public for lunch and dinner.

The following interview with Eloy van Hal, previous facility manager at De Hogeweyk, senior managing consultant, and founder of De Hogeweyk, describes life in the
dementia village and its care philosophy. This interview describes the concept of care at De Hogeweyk and the layout of the village.
About Eloy van Hal

Eloy van Hal worked in the dementia village for more than thirteen years. Mr. van Hal started as the facility manager at De Hogeweyk in 2002. At that time, De Hogeweyk was a regular nursing home. Mr. van Hal worked with the other founders to develop the initial concept and the layout of the village. As the facility manager, Mr. van Hal was responsible for the living and wellbeing of the residents of the nursing home. He and a care manager oversaw the daily operations of De Hogeweyk. Since July 1, 2015, Mr. van Hal has worked as a consultant at the Vivium Care Group. The dementia village is now a part of the Vivium Care Group. Due to growing interest in the care philosophy of the village, Mr. van Hal guides many visits to the village, gives talks at conferences, and also assists other care organizations around the world that want to adopt parts of the care philosophy of De Hogeweyk. Before joining De Hogeweyk, Mr. van Hal worked in another Dutch nursing home for about five years. Prior to that, he was an assistant manager of a cleaning company in Volendam for two years. Mr. van Hal studied household and consumer sciences at the University of Wageningen and facility management at Academy South in the southern part of Holland.

Interview

Sofia Widén (SW): Could you tell us a bit about your background?

Eloy van Hal (EVH): I completed my studies in household and consumer sciences at the University of Wageningen and also studied facility management at Academy South in the southern part of Holland. I was an assistant manager for a cleaning company and worked at another Dutch nursing home before starting De Hogeweyk. I started De Hogeweyk and the dementia village in 2002 with some colleagues. I was initially the facility manager for the village and specifically studied the surrounding environment of the nursing home. Since 2015, I have worked as a consultant at the Vivium Care Group. I have always been interested in elder care improvements.

SW: How do you measure the outcomes, results, and improvements in the quality of life at the dementia village?
EVH: Outcomes and results are an interesting discussion. Our point of departure from the standard way of measuring is to use common sense. We observed that working as a traditional nursing home did not improve the residents’ quality of life. So, my colleagues and I asked ourselves several questions: How would we like to live? Would we rather live in a larger group or smaller group? Would we like to eat home cooked meals or outside food? Would we like to have a daily routine?

My colleagues and I started our new model with a focus on lifestyle. We all agreed it was important that the residents could walk outside and make their own choices. Almost all of the methods we used to provide care were later proven to produce better outcomes than traditional care models. For example, six years ago we found published research that showed people eat better in smaller groups of about six people. We considered a similar approach twenty years earlier.

Daily life challenges individuals who suffer from severe dementia. A traditional nursing home environment or hospital is confusing and stressful. The world seems dangerous. We made people more comfortable by making their world recognizable and safer. Research later supported our idea that smaller groups and a normal routine help individuals by creating a comfortable, familiar environment.

Exercise also has a positive impact on an individual’s quality of life. We encouraged residents to walk around the village every day. We also prioritized social contact with others. Here in the village, residents walk around, meet each other, and talk with visitors from the outside. Research later proved that exercise and social interaction improve the quality of life. All these aspects are part of our philosophy.

There has been no research project which has proven the entire concept of De Hogeweyk model. However, individual components of our care philosophy prove to produce satisfaction, to reduce anxiety, and to positively improve quality of life. I encourage you to walk around the village and see what is going on here. I want you to observe the individuals in the village. This way, you will understand better what I mean.

Research and proof are important. Politicians normally change policies based on evidence. We continue to work to produce evidence in support of our care philosophy. However, intuition and common sense are important, as well. I urge people not to wait until research endorses a care concept. Start with common sense. Ask questions and think about what you would like to have as you age. Many people from around the world show interest in the care concept at De Hogeweyk. I think that shows that we are developing something worthwhile. We cannot guarantee success in all areas of the De
Hogeweyk care concept. However, we can examine individual aspects and measure their outcomes.

**EVH:** Currently, a lot of western European countries think in medical terms. These countries focus more on the traditional, medical, nursing home system. The quality registries are part of this model. The dementia village represents a shift toward holistic care. Risk prevention uses indirect methods rather than direct medical intervention. However, other places around the world gradually begin discussions focused on quality of life.

Other countries can look at the De Hogeweyk model. The dementia village should inspire others. However, they should not copy our model exactly. Other countries should consider the background, setting, and context of their own care society. People should work to understand the basic six pillars of De Hogeweyk philosophy and see how those elements would fit in their country. Countries should not simply try to replicate the entire design and care concept of the village.

**SW:** What would you like to improve in the village?

**EVH:** Some individuals suffer under the constant stimulation of people and movement. Residents that suffer from frontal lobe syndrome are less likely to experience less
agitation and stress in the dementia village. Even a small group of five people might create too much stimulation for some individuals. We have experienced that they are sometimes better off in a single room without much stimulation. They may need to have walls painted white, a simple table, and a chair in the room. De Hogeweyk is a social relational model, rather than a medical model. A model with social and natural sensory stimuli. For most of the people these are positive stimuli. For some people with frontal lobe syndrome, it is not.

Living in a small group with a natural, recognizable daily rhythm supports resident to cope with and structure their daily live. This keeps them away from boredom and loneliness.

Most human beings are socializers. But for some residents, who are not interested in socializing or are unable to live in a small group, the dementia village is not ideal. Such individuals should live in their own small apartment in the safety of the village with all the freedom, facilities, and support. We have plans to build these types of rooms in the village in the future. These apartments would include a living space with a bathroom and a kitchenette. Residents would rent the apartments and arrange for care just as when they lived with their families. The Dutch insurance system would reimburse the residents or their family for the care. Insurance would also provide services that cater to individuals who want to live independently.

The independent residents could also request that De Hogeweyk arrange care but still benefit from a more individualized care approach. For some people, this type of individual living leads to loneliness. However, others prefer to live independently. Some residents spend more time in their own bedrooms than with other residents. For residents who like to do things on their own, an individual apartment might be the ideal arrangement. Future individual apartment designs might also include some social elements for residents who want interaction, but still want a separate living space. Another improvement could be to have an even more open connection with the society. We are working a lot with schools, have opened a restaurant, a polling station during election time, and much more in De Hogeweyk for the local community. We can improve for instance, by building a daycare center for children, or even a school. I think changes such as these would improve the village.

(Eloy van Hal shows Sofia Widen around the village.)

**EVH:** We are standing in front of the main street in the boulevard. As you can see, there is a shop, a hairdresser, and other normal amenities. Residents live their own lives in De Hogeweyk. They wander or walk freely around the whole village. Everybody who is
working in the village, volunteers and employees, are responsible for the residents. We all look after the residents while they are walking and wandering around. We all keep an eye on them. We support them when needed. We also invite the residents to normal daily activities such as going to the supermarket for groceries. The village model makes it possible to socialize, meet other people on the street or in club life. Sometimes residents even visit other houses. Sometimes they stay over for dinner. The caregivers in each house communicate with each other. After dinner, caregivers help residents find their way back home. The dementia village concept allows people to make their own choices and to meet other people with similar interests and hobbies.

Residents together with their family or relatives decide which activities to join. Some activities are available on a walk in basis. Most of the activities such as classical music, painting, swimming, or baking include approximately ten people. Some activities such as film club, bingo or going for concerts in the theater have around fifty people in the
group. The dementia village offers thirty five different activities. The event officer for each activity arranges everything and collaborates with the caregivers and volunteers. The volunteers make sure that residents show up for the activities and help keep track of time if residents need that assistance. The caregiver will ensure that residents do not forget which activities they joined and schedule another appointment at the same time. We also have volunteers to assist the club leaders during the different activities.

**SW:** Could you tell me more about the volunteers?

**EVH:** Volunteers come to the dementia village to help De Hogeweyk, its residents, and be a part of the village. The volunteers can help in different areas. We have six profiles specific for volunteers which are club life, event office, maintenance, bus driver, church, and support at home. Some volunteers are here most days of the week. Others work twice a week either mornings or evenings in a house. Some help with cooking breakfast and lunches. Some work in club life and support the club leaders with activities. The dementia village becomes part of the volunteers’ social lives. De Hogeweyk has around one hundred and forty volunteers.

Volunteers are a key resource. With more volunteers, De Hogeweyk can provide more service, more choices in club life, and better logistical support.

**SW:** What role does the family play?

**EVH:** The families play an important role. At De Hogeweyk, the family can become a normal family again. They do not have to be the care giver anymore. The families are more than invited to act and behave as a family, to pick up the old rhythm of visiting mom or dad, making coffee, helping with the daily activities, or going out somewhere.

**SW:** What activities are offered here?

**EVH:** The dementia village has around thirty five different clubs, including a painting club, a swimming club, a walking club, a bakery club, an outdoor club, a going to the market club, a film club, and a classical musical society. Other clubs include the café club, a high society club, a reading club, a cooking club, and a church club, among others. Individuals also choose from activities such as dancing and movement, music and songs, Bingo, or day trips. According to the Dutch care regulations, the care organization must provide thirty minutes of activities per week. At the dementia village, hobbies and activities improve quality of life. Social events matter for many people.

Residency at the village includes the cost of one club. Residents may pay for additional activities. These additional payments are only to cover the costs of the activity. For
example, a resident would pay twenty five Euros for swimming club as an additional activity because that covers the cost of the bus they ride to the swimming facility. A club leader, one of the staff, supervises each club. Many colleagues in The Netherlands questioned the benefits of many different clubs. They mistakenly believed that the residents would not pay for club memberships. Most individuals in the village pay for additional activities as an important part of their lives.

**SW:** How do residents spend their money?

**EVH:** This is a lengthy discussion. A resident’s spending habits depend on each individual’s family. Some families spend more than others. Families receive a monthly invoice for the costs of the activities. The invoice amounts range from zero to two hundred forty Euros per month. An average invoice is seventy five Euros per client. Five percent of our residents spend two hundred forty Euros every month.

**SW:** Are most residents members of a club?

**EVH:** Eighty percent of the residents are members of one or several clubs, which is about seven hundred memberships. Membership allows residents to join planned activities and walk in events.

Sofia, I would like to show you where the classical music group meets for their weekly event. Let us walk in here and look at the activity room. Here residents can listen to classical music or watch the classical music performances on the television. We decorated the room specifically for the classical music group, using antique chairs, elegant curtains, and carpets. We believe that residents can better absorb the classical music better if the décor of the room creates an appropriate atmosphere.

**SW:** Yes, I can see that people would enjoy listening to classical music here.
**EVH:** The décor of the room encourages people to stay and listen during music appreciation time. All senses matter in care. Two weeks ago, I walked by this room. I saw a group of ten people listening intently to classical music. They looked happy. This is what they want, a quality moment. The swimming club strives for the same experience. Swimming is about doing something active instead of sitting in a chair.

Now, I would like to show you the restaurant. This restaurant is another important aspect of the village. The restaurant connects the residents to the outside world. The people visiting the village can also eat here. In the future, I would like to make the restaurant more visible to attract more individuals from outside the village to come to the restaurant more frequently. I have many ideas for improvement. If you come back in five years, I hope to have implemented some of these new ideas.

**SW:** What would you like people to know about De Hogeweyk?

**EVH:** When people come here, they only see the bricks and the stones of the village. They see the design. The dementia village is not only about the bricks and the stones. It is also about the care of individuals. I believe De Hogeweyk gained recognition because of its changes to the care approach and to the design of the care home.
In Picture: One of the outdoor seating areas in the village

We have a few core values that we refer to pillars of care: favorable surrounding, lifestyles, life pleasures, health, volunteers and employees, and organization. The organization must work as a whole to implement changes. The management team must have the courage to challenge the existing rules and push the boundaries within the laws and regulations.

When I go around and talk about the care concept of De Hogeweyk, I first explain the concept of care and talk about our findings. I tell people not to copy our concept straight away. I suggest they adapt our concept to their own society, learn about our care pillars, and focus on quality of life instead of medical care. We encourage others to improve our concept and design, to improve our thinking. If other organizations skip the medical model, they can focus on the individual model. Look at the lifestyles choices of people rather than at the illnesses alone. Use common sense when looking for ways to improve the quality of life for people with dementia.

**SW:** What changes and opportunities in elder care do you see for the future?

**EVH:** The focus on risk presents a major challenge. Many policies focus on mitigating risks in elder care. Until policymakers find a solution and a cure for dementia, they will focus on safe surroundings. I have shown you that a guarded community is safe. We have built a village with normal surroundings and a neighborhood. We want the dementia village to resemble the normal world, but the normal world is not one hundred percent safe.

Perhaps we can use technology to improve safety in the future. For example, someday it may be possible for a taxi driver to recognize an individual who suffers from severe dementia. Perhaps, he can see this information on his phone and take extra care while a person with dementia is crossing the road.

We need to work together with the community to raise awareness about dementia. Everyone should be aware of the symptoms. Once we raise awareness, we can discuss risks and risk prevention. This would enable the people with dementia to have greater personal choice and express preference, thus improving their overall quality of life. We can build an open, dementia friendly community. We want to create an integrated village where people who do not suffer from dementia can rent an apartment. We can have a mix of individuals. In the same way we create a safe environment for children, we should create a safe environment for individuals suffering from dementia. Decades into the future, I imagine we may not even need dementia villages. Perhaps, we can just create dementia friendly communities. That is a vision for the future.
SW: Thank you, Mr. van Hal, for sharing your thoughts with me. I have had a great time in the dementia village.

EVH: You are welcome back any time, Sofia. Thank you for listening.