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ORIGINAL ARTICLE

Community expectations of a village for people living with dementia

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Abstract

Small-scale models of dementia care are a progressive approach to improve care for people living with dementia. These models intend to provide a home-like environment with a small number of residents in each living unit, easy access to services and facilities, a dedicated team of staff and flexible routines. This study was undertaken during the construction phase of a new village and provided a unique opportunity to explore expectations of the village among the local community. Twelve community members participated in two sequential online focus groups over a 2-month period. Focus group discussions were recorded, transcribed and analysed using a reflexive thematic analysis approach. Knowledge of the village varied and was informed by familiarity with other village developments and local marketing about the new village. The findings indicate that the community expect the village to provide residents with optimum dementia care, a safe and enabling physical environment and a vibrant daily life where they are engaged in 'normal' activities. While participants expected the village to be self-contained, they also anticipated strong connections with the wider community. Participants acknowledged that the community need dementia education to ensure these interactions are positive. Community expectations of a new village development for people living with dementia are largely positive and often idealistic. Organisations need to consider these expectations when developing new small-scale facilities and be mindful of how they market these developments to foster realistic expectations. While community enthusiasm about dementia care is encouraging, education is needed to ensure the success of the model.

KEYWORDS
community, dementia, expectations, residential aged care, small scale

1 | INTRODUCTION

Residential aged care traditionally focuses on personal and other care needs of residents, is structured by routines and is located in large-scale buildings and wards with institutional characteristics (de Boer et al., 2015; de Boer et al., 2019). The limitations of traditional models of residential aged care, particularly for people living with dementia, are widely acknowledged. It is argued that focusing on routines and physical needs impacts the quality of life of residents with many experiencing boredom and lack of engagement, exacerbating the impact

of dementia (Kok et al., 2016; Richards et al., 2015). In response to this dissatisfaction, new and innovative approaches to living for older people are being explored and introduced. These are often structured around a social model of care in small-scale domestic settings such as farms, small household models or within village settings (de Boer et al., 2015; Dyer et al., 2019).

While small-scale approaches to aged care can vary in implementation, they have several characteristic features in relation to the physical environment and approach to living and care (Ausserhofer et al., 2016; Dyer et al., 2019; Verbeek et al., 2009). Small-scale living in domestic settings aims to provide a home-like physical environment and way of life. Routines are intended to be flexible with support and care tailored to suit the needs and preferences of each resident. The promised approach to care is less rigid than traditional models with staff undertaking a range of combined roles including personal care, domestic and leisure care tasks.

Small-scale approaches to care present an opportunity to improve dementia care through a focus on person-centred care and resident engagement (Richards et al., 2015). There is some evidence that these models of living have a positive impact on resident quality of life (de Boer, Hamers, Zwakhalen, Tan, & Verbeek, 2017; Dyer et al., 2018; Kane et al., 2007) and well-being such as higher positive affect (de Rooij et al., 2012), reduced anxiety (Kok et al., 2018) and depression, fewer physical restraints and psychotropic drugs (Verbeek et al., 2014) and fewer hospitalisations (Dyer et al., 2018). Residents are also more likely to be engaged and physically active (de Boer, Hamers, Zwakhalen, Tan, Beerens, & Verbeek, 2017; de Rooij et al., 2012; Smit et al., 2012; Verbeek et al., 2014).

Small-scale approaches to aged care are more established in Europe but less common in Australia. However, a residential aged care village has recently been purpose built for people living with dementia in Tasmania, Australia, the first for the state. The village development was informed by existing models of small-scale approaches to aged care and village approaches already in use internationally, drawing on many of the characteristic features of the physical environment as well as the model of living and care. However, the village is unique in that it was designed to reproduce a streetscape and lifestyle typical of the local area. It is structured around four clusters (cul-de-sacs) of three houses with up to eight residents in each house. Prospective plans include discreet gating with safe boundaries and resident access to services found in a typical suburb in the area including gardens, a cinema, a general store and a café. The intended approach to living and care in the village will align with many of the principles of small-scale approaches such as consistency of staff, flexibility, accommodating individual preferences and addressing individual needs. Leading up to the village opening there was considerable public interest in the development with widespread advertising and promotion in local media including television, radio, newspaper and social media.

In addition to the physical and organisational aspects associated with village design, the social context is one of the key environmental components that contributes to success (de Boer et al., 2021). This village aims to be more strongly integrated into the community; hence, community perceptions are important. The attributes of care prioritised by the Australian community include the older person feeling safe and comfortable in their environment and being treated with respect and dignity (Ratcliffe et al., 2021). The community recognise that this requires a high level of specialised skills and training for the staff involved in this care. While not prioritised as highly, the community also value the older person having choice and control, being recognised as an individual and supported to continue their social relationships.

What is known about the topic?

- Small-scale approaches to aged care are an opportunity to improve dementia care with positive outcomes for residents.
- The general Australian community expect aged care environments to provide residents with safety and comfort and that they will be treated with respect and dignity.

What this paper adds?

- Community expectations of a small-scale aged care village prior to opening were positive, viewing it as the ideal approach to residential care for people living with dementia.
- Participants expected a safe and enabling environment with high levels of resident engagement and connection with each other, families and the wider community.
- There were several tensions in community expectations and potential challenges to expectations being realised.

Much existing literature on small-scale approaches to aged care focus on exploring the outcomes for residents (de Boer, Hamers, Zwakhalen, Tan, & Verbeek, 2017; de Rooij et al., 2011; Kok et al., 2016; Kok et al., 2017; Richards et al., 2015) and staff (Vermeerbergen et al., 2017; Willemse et al., 2014). Some studies have reported on the characteristics of these settings and described the process and structure of care and daily life (Bowers & Nolet, 2014; Buist et al., 2018; de Boer et al., 2018; Harrison et al., 2019). In addition to this, most studies have been conducted once the care facility has been established. The Homestead Care model (de Boer et al., 2021) is one example of codesign of a dementia-friendly model of residential care situated as part of a community setting that engaged community members in the codesign process. While outcomes are not yet known, it illustrates the potential for social connection the community context offers. This study was conducted in the months prior to a new village opening. This provided a unique opportunity to explore expectations of the village among community members who were aware of the village through local promotion but yet to experience or visit it.

The aim of this study was to explore community expectations of a new village for people living with dementia. The community includes those who live in, work in or access the wider local area surrounding the village. The intended outcome of the study was to inform further development of new models of dementia care. Understanding community perspectives and what they expect of

new models of care can inform policy so that it more closely aligns with expectations. It also has practical implications for aged care organisations in addressing these expectations as they implement the new models of care for example, as they design these different physical environments, plan or make changes to approaches to care, daily living and engaging the wider community and in their marketing of new models of residential aged care.

2 | METHODS

This study used a qualitative, exploratory design with semi-structured focus group interviews to investigate community expectations of a village purpose built for people living with dementia.

2.1 | Participants

The focus of recruitment was on the local government area surrounding the village. Inclusion criteria were broad with anyone living and/or working in this area and aged 18 years or older invited to participate. Information about the study was shared on social media by the research centre, the aged care organisation and the local council. The research team also identified local venues, businesses and service providers through internet searching and their knowledge of the local area and contacted them by email to share information about the study and invite them to display flyers and share the information through their own local network. Those interested in participating were invited to contact the research team who provided an information sheet and consent form. Participants provided written consent prior to engagement with the focus group, which included consent to recording. This was also reconfirmed at the commencement of the focus group.

2.2 | Data collection

Participants engaged in a series of two focus groups over a 2-month period May–June 2020. Due to COVID-19 restrictions, the focus groups were held online using Zoom. Two of the 12 participants were unable to participate at the scheduled focus group times so provided written responses to the questions in the focus group schedule (Table 1). The first focus group concentrated on what participants had heard about the village, including their expectations around this. Following the first focus group, a summary of the discussion was compiled and provided to the participants to guide the follow-up focus group. The follow-up focus group further explored the expectations of the village and extended to discussion of ideas about how the local community could connect with the village and its residents.

2.3 | Analysis

Focus group discussions were recorded and transcribed with transcripts uploaded to NVivo (version 20.2) to assist with identification of codes and formation of themes. Data were analysed using a reflexive thematic analysis approach (Braun & Clarke, 2006). Initial inductive coding was undertaken by one of the researchers with codes identified from the data. Each code was described, and illustrative quotes were provided to ensure the data were kept central as themes were discussed and refined. Investigator triangulation enhanced the quality of findings (Carter et al., 2014) with all members of the research team, each with different backgrounds and perspectives, reviewing, discussing and refining the key themes and interpretation of the data until agreement was reached.

TABLE 1 Focus group questions

Initial focus group
1. What have you heard about the village?
2. What expectations do you have about the village in relation to:
a. How it will be different to a more traditional nursing home
b. Residents (e.g. autonomy, role)
c. Involvement of family members and volunteers
d. Staffing
Follow-up focus group
1. What level of input into how the village is run and how it responds to challenges that arise should come from the residents? Does community have an ongoing role as well?
2. To what degree do you think people living in the village will move out and about in the community, and what would that look like? What might the challenges be?
3. What type of education would be most useful to people in the community about dementia—is it also required about the village itself? How would it be delivered?

2.4 | Ethics

Ethics approval was provided by the University of Tasmania Human Research Ethics Committee (H0018675).

3 | RESULTS

Twelve community members participated in this study. Participants had a mean age of 53 years (range 33–67 years) and most (10) were female. Participants were interested in the village from a range of perspectives including as neighbours of the village, people working at local service providers or businesses and people working at other aged care, disability and healthcare services. Three quarters of the participants reported a personal and/or work-related experience with people living with dementia.

Knowledge of the village among the participants varied. While some participants had 'heard absolutely nothing, interestingly enough' (P5; care provider), others had an extensive understanding of the background, proposed model and intent based on the media and other promotion of the village.

> [the village] is an innovative development in dementia care based on the Hogeweyk village in the

> Netherlands, but specifically tailored to fit into the suburb.
>
> (P11; care provider)

The community generally have high expectations of this village model of living perceiving it as 'a great improvement from the more traditional nursing homes' (P14; care provider). One participant even suggested it is 'the perfect thing for people with dementia' (P15; care provider).

> I've seen models like that in other countries and I just think it's absolutely fabulous. I'm so excited that they decided to do it here where I am.
>
> (P15; care provider)

Several key themes (Figure 1) were exposed as participants explored their expectations of the village, including the physical environment, daily life, the approach to care at the village and connection between the village and the wider community.

3.1 | A safe and enabling physical environment

Participants discussed their hopes for the village being self-contained where the physical environment is safe and enabling. They anticipated that small, clustered houses would promote familiarity for the residents and the village setting would provide easy access to outdoor areas and places to walk. Participants preferred this aspect of the village model compared to dementia-specific areas of larger residential aged care facilities (RACFs) where residents are often restricted to a small indoor unit and either cannot go outside unaccompanied or are limited to only a very small courtyard area. There was an expectation that the gated, secure environment would mean that residents have freedom and independence while in the village.

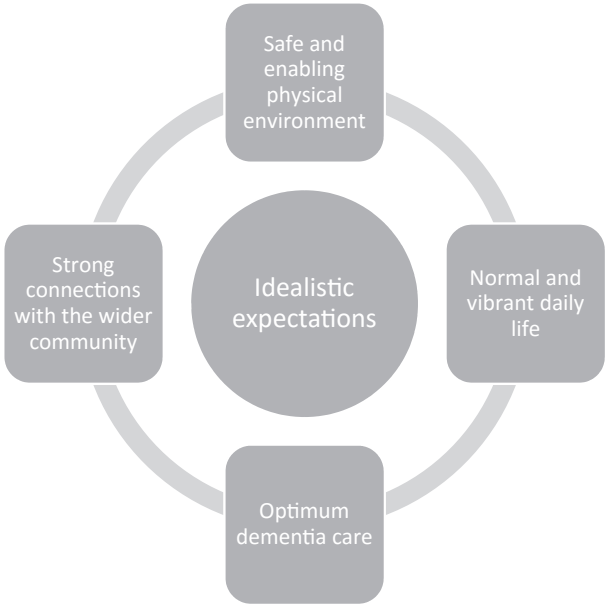

FIGURE 1 Major themes describing the expectations of community members of a village model of dementia.

> Its lovely to be able to feel safe and be able to wander about and not being strictly behind shut doors and closed areas. I think that's a very nice idea.
>
> (P5; care provider)

It was emphasised that a sense of safety is important for residents to feel 'comfortable in their own environment' (P14; care provider). The safe environment of the village will also give peace of mind to family members.

> It will be heart-warming for family members and volunteers to visit [the village] knowing that their loved ones are relaxed and happy in a safe and secure environment that has been specifically designed for their needs.
>
> (P16; care provider)

Participants were hopeful that the organisation would take advantage of the opportunities of a new build to set up areas that are engaging for residents such as workshop areas and spaces for quiet reading. The new build also provides opportunities to incorporate technology to enhance the enabling environment. For example, technology to support residents with hearing impairments and technology that allows staff to monitor residents' movements to help keep them safe while maintaining their independence.

> Potentially having the houses set up so that people have access to work tools or work areas or garden areas if that's what they're more interested in or book spaces so people can sit and read books if that's what they're more interested in. Audio equipment so that those who like to listen to music can be set up to listen to music too.
>
> (P4; care provider)

3.2 | Residents are engaged in a normal and vibrant daily life at the village

People envisioned the village providing a vibrant and enjoyable daily life where residents are supported to live a 'normal' life. They anticipated a sense of normality coming from the natural home-like environment of the village, the availability of on-site services and residents' freedom to move around and access these services. In addition to the services promoted in the village advertising participants also suggested an on-site clothing shop that would give residents the opportunity to access and purchase suitable clothing independently. This was especially raised by participants who had previous experience caring for family members living with dementia and the

challenges they encountered in finding age and style appropriate clothing.

> I thought giving them all the facilities like a hairdresser, a shop, just normal things that people do is just an amazing thing to do.
>
> (P14; care provider)

A normal and vibrant daily life can also be facilitated by resident engagement. Participants expect that residents will have opportunities and be supported to contribute, be involved and engaged. Areas of potential resident engagement include leisure and social activities as well as household tasks such as folding washing and taking the garbage out. They felt that even with staff support, giving residents an 'area of responsibility' (P3; care provider) aligned with their interests would be important to help people 'be involved at an optimal level for as long as possible' (P3; care provider). In addition to this, they 'expect that residents would be able to determine their own daily timetable of activities and have the liberty to do what they like when they like' (P11; care provider) as they would have prior to moving into the village.

> People always get an impression [about residential aged care], oh you'll always be sitting in your bedroom or you'll get washed, dressed and sit in the lounge room and just watch TV all day. Whereas I think in this centre you're not going to be sitting around all day… it will be more vibrant than normal nursing homes… so just hoping it will be a lively enjoyable place and people will want to come.
>
> (P14; care provider)

Resident involvement could also be in the form of household or organisation-level decision-making.

> If it's being approached in a way where they feel like its home and it's their village you want them to have some ownership over decisions… if they can have ownership over many of the day-to-day things and what's delivered, you know, what activities are available to them, I think it's important and probably underpins the purpose of the village in many ways.
>
> (P12; local business)

While many participants were overly optimistic and positive about the level of resident engagement and vibrancy of the village, some acknowledged that the level and extent of engagement of residents will vary. This will depend on cognitive and physical abilities as well as desire to be involved and residents should not all be expected to be highly engaged.

> Giving people choice and flexibility is core to any level of humanity you know from as soon as they start feeling that way as a child to the end and some people would happily renege their ability to make decisions like that but that's their choice in itself if that makes sense. So, giving that option I think is an important thing but also allowing people to step back if that's not what suits them.
>
> (P13; local business)

Participants felt that there will be a sense of vibrant social connection within the village with social interactions encouraged and facilitated and relationships developing naturally. Participants expect that this will be somewhat facilitated by the approach to matching residents with similar backgrounds in the houses with the houses seen as 'a very important little cell' (P5; care provider) and a 'family unit' (P5; care provider). The households will have opportunities to spend time together, share meals, enjoy conversations with 'like-minded people with similar backgrounds' (P12; local business) and develop strong connections. Participants also hoped a sense of connection would be felt widely across the village, with family members, volunteers and staff also part of this.

> Family and volunteers may feel more comfortable in the village-style facility as opposed to the more traditional aged care setting, as this would facilitate more options for fulfilment of relationships with visitors. For example family, friends, or volunteers could suggest going out for a coffee in the village café instead of sitting together in the residence, or they could walk through the village gardens together and wave to their neighbours.
>
> (P11; care provider)

3.3 | Optimum dementia care

People hope that the village will provide the 'best level of care that we can possibly offer' (P15; care provider) people living with dementia who require residential care. This requires a person-centred approach, supporting individual residents' needs and preferences, maintaining individuality and ensuring continuity of care. While participants recognised that this approach is 'somewhat staff intensive' (P12; local business), they still viewed this as the optimum approach to dementia care and expected that it would be the approach taken at the village.

> The [care worker] will be able to get to know each person individually rather than having maybe 10 or 20 people around [in traditional RACFs] and you not getting to know them which is quite difficult. So I thought that it's a more personal approach… So I think in that sense I feel that they are better looked after than in some other age care facilities and their personal preference, their individuality is maintained which I think is important.
>
> (P14; care provider)

For this level of care to be possible, staff need to be especially skilled in dementia care, beyond standard qualifications. Participants expected that the staff will have additional training in communication and dealing with dementia-related behaviours. This training will be important for staff across all clinical and non-clinical roles including, for example, the hairdresser and café staff. Participants also suggested that because the village is presumed to be a state-of-the-art facility, implementing a new and innovative approach to dementia care, it should be used as an opportunity to train and educate other and future aged care staff particularly through placement programs.

> It would certainly be a great idea I think for some [local] high school students if they were interested in it that they could do a little module off the side of the curriculum in that [dementia] and then finish with a placement… it would be really good to have some sort of exchange program on the ENs or RNs in terms of formal training where they could go through and do a placement at [the village] because I mean it is a really state-of-the-art facility and concept and would be a great addition to anybody's ongoing learning who has interest in this area.
>
> (P3; care provider)

3.4 | Strong connections with the wider community

There was an expectation that despite the village being self-contained, there should be strong connections with the surrounding community.

> The village is in itself and by its own design replicating the larger community and replicating the experiences that people could have in the wider community…but I think it's vital that it's not a closed place unto itself.
>
> (P3; care provider)

Many participants hoped that residents would have opportunities to go out of the village including to visit local services such as the library. Participants also shared ideas for community members and groups to spend time in the village. For example, volunteers, local schools, existing cultural and special interest groups, having a community garden on-site and community members using the services in the village such as the café. These ideas were shaped by the marketing of the village, participants' previous experiences with RACFs and gaps they saw in community connections in those facilities. Participants also expected that community engagement would be emphasised more at the village than traditional aged care facilities.

> There's so much going on in a normal community that it would be nice to let it flow through into the village so it's not actually a separate area and anything that's happening within the community can also happen within the village itself as well.
>
> (P5; care provider)

However, participants also recognised that there are risks, with a need to balance community connection and the village being the residents' home. For some residents, leaving the safety and familiarity of the village may be distressing and if they do not wish to leave the village that must be respected.

> There's also a possibility people do become familiar with their home but it does need to be managed somehow because people may, if not taken outside the environment for sometime, actually respond in a negative way to it and be quite concerned or quite upset.
>
> (P3; care provider)

Likewise, visitors to the village, especially general community members, need to be managed carefully to ensure resident privacy. However, discussion around this issue revealed some participants had an extreme perception of the openness of the village to the general community.

> And what shape would that involvement of the community really look like? You know obviously we've got to vet that, we just can't, it's like in anyone's homes, you know you can't just have open free for all, you need people to feel safe and to feel like they've got privacy.
>
> (P12; local business)

It is important that residents who choose not to interact with the wider community are still provided with opportunities for social interaction. One of the participants had a similar experience with a cooperative living organisation for people with disabilities although this group is likely to have lower support needs than people living with dementia.

> You also have to have some checks and balances in so that even if people are choosing not to access the community, they are still having incidental contact with each other and incidental contact with staff to see how they are going.
>
> (P3; care provider)

Participants recognised several barriers to successful connections between the village and the wider community. The local community needs information about the village itself and the organisation needs to clarify the expectations and rules of community involvement for those who may spend time in the village. This would ameliorate some of the risks associated with community engagement with the village and its residents.

> It would be good for [the village] to get up front and say what sort of contact they want with the local community, what people can and what they prefer them not to do if they do come in… just a bit of a run through those rules or desires would be very useful.
>
> (P7; public)

Participants were also aware of the limitations of their own, and the wider community knowledge of dementia. In particular, there was concern that local service providers and businesses would need to be better equipped to deliver services to village residents in their interactions, whether inside or outside of the village.

> They might have an outing to the [local service] and we might have to… make sure that our staff are up skilled in a way to deliver that service as best as we can and have the resources that are most suited.
>
> (P12; local business)

While dementia education could be provided to respond to this need, participants felt that, ideally staff would receive education about people with disabilities and other special needs, including dementia, in their initial training.

> Sometimes I think it would be great, being in a training background, that things like your certificate twos and threes in retail for example have included units around that [dementia] and people with special needs and disabilities.
>
> (P12; local business)

Concern extended to issues of stigma, and that a desirable outcome of appropriate education would include acceptance of people living with dementia by the community. Participants felt a proactive approach, through advertising about the village in the community could be one way to encourage discussions about dementia more generally and 'bring about this community understanding that there's dementia in the community and slowly take the stigma away from dementia' (P14; care provider). Dementia education needs to include a basic understanding of dementia but focuses on equipping the community to interact and communicate with people living with dementia.

> I don't know if there's any opportunities for some general training… knowing how to deal with or speak with or understanding of people with dementia. It might be a nice idea to have some small training groups of people.
>
> (P5; care provider)

For stigma to be effectively addressed, the participants felt that education needs to be available across all demographics in the community, including children.

> The inclusion of children from school is very important because it starts them off understanding from a young age about how to interact with other people who think differently to them, not just older people but people who have trouble using their brains in different ways. It's a very important experience as a child.
>
> (P4; care provider)

4 | DISCUSSION

Community expectations of village models of care for people living with dementia were largely positive. While the expectations were similar to that of aged care in general (Ratcliffe et al., 2021), there was a different emphasis in relation to the village approach. The Australian community values aged care residents having choice, control, individuality and maintaining their social connections (Ratcliffe et al., 2021). However, this was seen as secondary to a safe environment and residents being treated with dignity and respect (Ratcliffe et al., 2021). The focus of participants in this study was on the social model of care and the approach to daily life that the village should enable. Importantly, regardless of the model of aged care, the community recognises the need for staff to have specialised training and skills.

Positive community expectations were often idealistic and many of the responses belied a relatively limited understanding of the operational constraints in which this kind of model needs to operate. They expect that this model will overcome the limitations of traditional approaches to residential aged care and facilitate a better quality of life for residents. The expectations of the participants in this study that the village will be a vibrant place with a sense of connection, supporting people with dementia to maintain independence and engagement contrasts sharply with community impressions of more traditional RACFs (Elgood & Phan, 2020). General community perceptions of residential aged care are negative and informed by negative media coverage, particularly recently with the Royal Commission into Aged Care Quality and Safety. Perceptions that they are poorly funded, understaffed, where many residents experience social isolation, a reduced life expectancy and quality of life and some residents are even mistreated (Elgood & Phan, 2020) were not considered in their responses about a village development.

Strong connections between the village and the wider community were anticipated by the study participants. Opening parts of RACFs to the wider community have been shown to be an innovative way to break down barriers between residents and the local community (Andrew, 2018). Community members have also reported that using a café in an RACF has resulted in changes in their perceptions of older people, understanding that they have capacity and need for interaction and ongoing involvement with others in their community (Andrew, 2018). The 'rules of engagement', however, were identified as a key part of negotiating the community interface. Both safety and risk emerged as important considerations for the operation of the village as part of the community.

Participants perceived widespread deficiencies in their community in relation to understanding dementia as well as skills and confidence to communicate with people living with dementia. Understanding communication in relation to dementia has previously been identified as a knowledge gap in the general community (Annear et al., 2017). These deficiencies are not only a barrier to the potential of the model being realised but may underpin unrealistic expectations of the facility operations. In communities where these types of developments are being implemented, communitywide education and training needs to be made available. The development of new initiatives such as this village creates an opportunity to promote a broad understanding of the pathology and progression of dementia. This may in turn dispel naïve expectations, prepare the community to be effective collaborators and more effectively reduce stigma.

While understanding the basis of community expectations is outside of the scope of this study, it is likely that they have come from the marketing of the village prior to opening, participants' knowledge of similar approaches to aged care and their negative perceptions of traditional RACFs and a desire for improvements. Organisations providing innovative small-scale approaches to aged care need to be aware of the expectations particularly in marketing new developments to ensure the community has a realistic understanding of the approach, expectations of how it will be implemented and potential benefits for residents. Organisations also need to consider how to manage the tensions between some of the key expectations of the village approach. For example, participants in this study expected that the physical environment of the village would be gated, safe and secure. However, they also expected resident choice and freedom to be prioritised and connections with the wider community to be encouraged and facilitated. While these are common promises of small-scale and village models of aged care, it is unclear how they can be operationalised and balanced. This is an aspect of small-scale residential aged care that needs to be explored in further research once facilities are open and operational. Another challenge for organisations implementing small-scale approaches to aged care is the resource-intensive nature of the approach with expectations of high staffing levels. However, while the model argues for fewer residents per staff, staff working in small-scale models of aged care also have a broader scope of responsibility, undertaking a wide range of tasks (Vermeerbergen et al., 2017; Willemse et al., 2014). For staff, this approach is associated with the risk of increased work demands and social isolation. Organisations need to consider these tensions when planning and marketing village developments.

Expectations around the approach to care at the village was not discussed by participants in as much detail as approaches to daily life. The sort of daily life they conceive residents to be able to participate in and enjoy suggests a prioritisation of a social model of aged care with less emphasis on the physical and health needs of residents. However, the aged care workforce is task focused (Ludlow et al., 2020) and their training and education is strongly influenced by task focused frameworks (McAllister et al., 2020). It is difficult to implement person-centred care in residential aged care (Hebblethwaite, 2013) and this suggests that to implement the model in a way considered by the community to be different, there will need to be attention to engaging and supporting staff to work differently.

Key recommendations based on the findings of this study are shown below (Table 2).

4.1 | Limitations

This study explored expectations during the construction phase prior to opening of the village. The village opened in mid-2020 and due to COVID-19 restrictions in place in Australia at the time, community engagement and involvement in the village was not possible in the early stages. Therefore, participants in this study did not have the opportunity to visit the village. Future research should follow up with community members after their initial experiences with newly opened small-scale aged care facilities to explore whether their expectations were met.

Another limitation is the sample included in this study. There was a lack of demographic diversity among the sample, especially in relation to gender and age. However, those who were interested to participate in this study are also those who are likely to be willing to visit the village once it is open and interact with residents, family and staff. Additionally, a study like this is likely to only attract participants who are interested in and supportive of the development. Therefore, negative views about these developments in the community may not be represented. In addition to this, three quarters of the participants reported having previous experience with people living with dementia so the perspectives and expectations of those without dementia experience are less likely to be represented in these findings. However, with the increasing prevalence of dementia, experience of dementia is widespread. A recent study of the general public in the same Australian state as the village in the current study reported a comparable proportion of participants with dementia experience (Eccleston et al., 2021).

Some disadvantages of transitioning to the online focus groups included the time taken to build rapport both between the researcher and the participants and within the group of

TABLE 2 Key recommendations

Recommendations
• A balanced approach to marketing that highlights the differences of a village approach to life and care but acknowledges the limitations • Communitywide dementia education and training (including a focus on communication) is needed • Tailored staff training to equip them to provide this different approach to care and support • New village developments should combine learnings from existing small-scale approaches to aged care but adapted to the local area including ideas and priorities of the local community • Engage local community early when planning future village developments to understand their expectations and share plans for the development

participants, the increased challenge of managing and facilitating group discussion and the potential barrier for those not confident using online video calling. It is more difficult to build rapport in an online environment. However, the design of this study utilising a series of two focus groups meant there was time for this to develop. The challenge of managing the group discussion was addressed by having two researchers facilitate each focus group, with one leading the discussion and the second researcher monitoring the chat, participants raising their hand or wanting to contribute to the conversation. There were also advantages of conducting the focus groups online including the added flexibility for participants with many able to participate without being required to leave work.

5 | CONCLUSION

The community have high expectations of innovative, small-scale models of care for people living with dementia. They expect these settings to provide optimum dementia care in a safe and enabling environment where residents are supported to be engaged and connected with others. There are several tensions and challenges for organisations and communities to manage to ensure the success of these models.

AUTHOR CONTRIBUTIONS

Laura Tierney involved in writing—original draft (lead); methodology (supporting); formal analysis (equal); writing—review and editing (equal). Kathleen Doherty involved in writing—original draft (supporting); writing—review and editing (equal); conceptualisation (equal); formal analysis (supporting); Juanita Breen involved in writing—review and editing (equal). Helen Courtney-Pratt involved in conceptualisation (equal); methodology (lead); writing—review and editing (equal).

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CONFLICT OF INTEREST

No conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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