

FOR FAMILY  
AND FRIENDS

# Deafness and dementia: Interpreting changes in behaviour



The  
Dementia  
Centre.

HammondCare   
Champion Life

# Deafness and dementia: Interpreting changes in behaviour

An information booklet for family and friends

“Although the diagnosis of my mother’s dementia still echoes through me, I am thrilled by the amazing efforts of The Dementia Centre, HammondCare and the booklet they created. I feel confident this information will help many families have the education and support needed to provide their loved ones with positive, loving care to live their best lives.”

*MJ Grant*

Mary Jane ‘MJ’ Grant, CODA (Child of Deaf Adults)

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# Foreword



“Your mother has vascular dementia,” said the neurologist.

And off we went down the halls of the Neurology Center, sent on our way without any education or resources to help navigate my Deaf mother’s diagnosis.

Even a decade later, those words continue to echo through my soul.

It finally made sense. We had the reason for our mother’s fog of confusion that was slowly thickening while she was caring for her own mother with dementia.

Forgetting things like preparing a meatloaf and leaving it untouched in the oven for over a week, or not paying bills. Or she was not filling the oil tank in preparation for New England’s long winters and could not connect the dots when she had no heat. While caring for her mother, she would forget to turn on the alert system that would notify her (through vibration) if my grandmother opened the door and walked out of the home at night. Lastly, she didn’t think to call 911 when she discovered my grandmother had fallen in the driveway on a cold winter night.

Eventually, I lovingly took on the role as our mother’s primary carer, yet not without struggles. I found myself coordinating care, educating providers about relevant laws regarding communication access, ensuring sign language interpreters were hired for her appointments, and advocating for her overall needs. While raising four children and owning and operating a full-time business, my husband and I, along with my older sister’s assistance, sought support for my mother’s needs. It was disheartening to realise that there was no accessible care in our area for Deaf individuals living with dementia. It left us with no other option than to move her into our home. We could provide direct access to communication in sign language and the loving care she needed. Over time the progression of dementia became increasingly more difficult, and we made the painful decision to move her into a memory-care home.

The education, advocacy, and support were essential to my mother having a positive experience in her new home. The burden was on us as a family to see this through. Due to high turnover with staff, continued education became challenging. Over time, our visits with my mother became her only opportunity to express her isolation and loneliness. With the financial strain of paying for care that was not fully accessible, we moved her back into our home, where she continues to reside.

Continuing to balance all of life's demands requires an incredible amount of self-care, the ability to seek support when needed, and a willingness to flow through the unpredictable waters. Our mother needs and deserves compassionate care and effective communication that does not further isolate her. I believe it is possible for a more positive experience for families who are embarking on a similar journey. This booklet is an incredible step in the right direction and a must-have for any family carer.

Although the diagnosis of my mother's dementia still echoes through me, I am thrilled by the amazing efforts of The Dementia Centre, HammondCare and the booklet they created. I feel confident this information will help many families have the education and support needed to provide their loved ones with positive, loving care to live their best lives.

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This booklet has been developed for people who are caring for or supporting a Deaf/deaf person living with dementia.

It aims to provide an introduction to dementia and changes in behaviours that a person may experience living with the condition.

# Introduction



While dementia is experienced differently by each individual, this resource may help you to better understand and identify changes in behaviour. Some simple approaches in response to behaviours as well as communication strategies have been included.

The knowledge and experience of members of the Deaf community and carers, together with dementia experts, have been brought together in this booklet. The information has been developed for carer partners, family and friends of people who were born deaf as well as people who have lost their hearing completely later in life. This resource will use deaf with lowercase 'd' when referring to both groups.



Dementia is a term that describes a range of progressive disorders that affect the brain.

# Chapter 1 ~ Dementia

## What is dementia?

Dementia is a term that describes a range of progressive disorders that affect the brain. While dementia may be experienced by people of any age, it is much more common in older age. However, dementia is not a normal part of the ageing process. Each person's experience of living with dementia is different, regardless of which type of dementia is diagnosed.

## What are signs of dementia?

The early signs of dementia are often subtle and easily missed or explained away and they vary from person to person. Problems with memory are often present. A person with dementia may, for example, forget appointments or not remember events that occurred in recent days. Long term memory may stay intact initially but this can change over time. For example, a person living with dementia may have difficulty recognising familiar places and people as the dementia progresses. Shapes and colours may also become difficult to identify and distances might be misjudged.

Some other common changes experienced by a person living with dementia are problems with organisation and planning. Performing familiar tasks such as making a cup of tea or cooking a meal may become difficult. Communication skills might also deteriorate. A deaf person with dementia who uses sign language to communicate might, for example, have problems with finding the correct sign, or the signing space or range of handshapes might be reduced. In some forms of dementia, personality changes may also occur.



## What causes dementia?

There are more than a hundred forms of dementia. The most common causes of dementia include Alzheimer's disease, vascular dementia and dementia with Lewy bodies.

TYPE OF DEMENTIA	CHARACTERISTICS
Alzheimer's disease	Usually characterised in the initial stages by gradual onset of memory difficulties, particularly short-term memory, and problems with orientation.
Vascular dementia	Changes in the brain affect blood circulation, causing small strokes. In this condition there is often a noticeable step-like decline in the person's thinking ability and functioning.
Dementia with Lewy bodies/ Lewy bodies disease	This type of dementia often starts with problems such as thinking and memory that fluctuate from day to day or even hour to hour. Visual hallucinations (seeing things that aren't visible to others) and Parkinsonism are typical of this form of dementia.

Other forms of dementia include frontotemporal dementia, Huntington's disease, alcohol-related brain damage and many other conditions.

While there are many different forms of dementia, it is usually a progressive condition whose symptoms worsen over time.

For more information about dementia: Deaf Services Queensland, together with Ozcare, has produced videos in Auslan about what dementia is and how to get support. They also provide some practical suggestions for communication and assisting a person living with dementia.

# Chapter 2 ~

## Understanding behaviour

Behaviour is an essential part of each individual and can be influenced by both internal and external factors.

Internal factors may be things that are part of a person's personality or emotional response, such as feelings of happiness or fear, or daily habits and routines. External factors which can influence behaviour are things in the environment, such as flashing lights and busy places (which might influence behaviour in a negative way) or the feeling of sand between the toes at the beach and the smell of the ocean making a person feel peaceful and calm.

Changes in the behaviour of a person with dementia are very common. These changes are often described clinically as behaviours and psychological symptoms of dementia (BPSD). It can be helpful to think of some changes in behaviours as responsive behaviours – they are not always caused by dementia. It may also be an expression of someone's needs, which could be physical, emotional, social or spiritual. Changes in behaviours may also indicate that a person is in distress. This might be expressed in restlessness, anxiety, or physical aggression.



In the table below you will find some of the most common changes in behaviours experienced by people with dementia and tips on how to understand and support the person. These include a few simple strategies that may help you to respond to these changes. You might need to try different strategies to see what works best. The strategies that you have chosen might not work all the time and you may need to try a different approach.

ISSUE/BEHAVIOUR	EXAMPLES	POSSIBLE STRATEGIES
<p><b>False beliefs, seeing things that aren't present</b></p>	<ul style="list-style-type: none"> <li>• Saying or signing things that you know are not true such as someone is stealing from the person or trying to poison their food.</li> <li>• Thinking that they need to go to work or school when they don't have that role or responsibility anymore.</li> <li>• Seeing things that are not there such as animals or small children.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider that what the person is experiencing is real to them, so try not to argue or change the person's reality. Instead try to use the principles of validation (page 23).</li> <li>• Try to remain calm. The person may not be upset about what they are seeing so it may not be a problem for them.</li> <li>• Provide activities related to what is real for the person at the time (for example, sanding wood for someone who used to be a builder/carpenter or rolling bandages for someone who used to be a nurse).</li> <li>• Arrange a medical check-up with a General Practitioner (and interpreter) to rule out physical causes of the behaviour.</li> </ul>

ISSUE/BEHAVIOUR	EXAMPLES	POSSIBLE STRATEGIES
<p>Changes in mood, impatience, irritability</p>	<ul style="list-style-type: none"> <li>• A change in temperament to being more irritated than usual.</li> <li>• May become sad or angry very quickly with no obvious reason.</li> <li>• Shouting, swearing or using body and facial expressions that show anger or frustration, attempting to push and shove while waiting for an activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Don't argue, use the principles of validation (page 23).</li> <li>• Try to remain calm. Sign, speak or write in a calm way and be aware of your facial and body expressions. Before you respond, take time to think about what you are going to communicate.</li> <li>• You might also consider giving the person some space and leaving the room for a short time if you think it is safe to do so.</li> </ul>
<p>Doing or saying things repeatedly</p>	<ul style="list-style-type: none"> <li>• Asks the same questions again and again.</li> <li>• Needing to shadow you or another person all the time.</li> <li>• Pacing, picking at things, opening or unpacking drawers over and over or repeatedly taking off their clothes.</li> </ul>	<ul style="list-style-type: none"> <li>• Using notes, a clock, calendars or photographs could help if the person keeps asking the same questions.</li> <li>• Stay calm and be patient, avoid arguing or showing frustration at the behaviour.</li> <li>• Engage the person in an activity that they enjoy, redirecting them from the repetitive behaviour.</li> <li>• If the above strategies are not working, consider if the person has any underlying pain.</li> </ul>

ISSUE/BEHAVIOUR	EXAMPLES	POSSIBLE STRATEGIES
<p><b>Loss of interest, apathy</b></p>	<ul style="list-style-type: none"> <li>• Sitting quietly without paying attention to what's going on around them.</li> <li>• Loss of interest or motivation in participating in activities that they would normally enjoy.</li> </ul>	<ul style="list-style-type: none"> <li>• Set up a daily routine or schedule to follow and keep it visible (e.g. use a large calendar or schedule on a whiteboard).</li> <li>• Break things down into smaller steps to help make things easier (e.g. guiding them through an activity step by step).</li> <li>• Use things that the person is known to enjoy through their interests and hobbies to help get them started such as: <ul style="list-style-type: none"> <li>– visits with family (grandchildren)</li> <li>– visits from pets or animal therapy</li> <li>– participation in creative activities such as art or gardening.</li> </ul> </li> </ul>
<p><b>Refusing support or help with activities of daily living</b></p>	<ul style="list-style-type: none"> <li>• Refusing help with showering, going to the toilet or getting dressed.</li> <li>• Refusing help with: <ul style="list-style-type: none"> <li>– cooking or finances</li> <li>– going to bed</li> <li>– taking medicines</li> <li>– eating.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Keep the person's daily routine the same as much as possible. Don't enforce a routine unnecessarily e.g. a shower every other day may still be okay.</li> <li>• Include the person in making decisions and make sure they feel respected and understand what is happening.</li> <li>• Consider if the person can recognise objects needed for the activity and what they are for (for example, a toilet or cutlery). You could demonstrate the action or activity you would like them to do.</li> <li>• If these strategies are not working, consider if the person has any underlying pain.</li> </ul>

ISSUE/BEHAVIOUR	EXAMPLES	POSSIBLE STRATEGIES
<p>Changes in sleep or appetite</p>	<ul style="list-style-type: none"> <li>• Reversed day-night rhythm.</li> <li>• Frequently waking up during the night and sleeping during the day.</li> <li>• Eating much more or less than usual and/or has gained or lost weight.</li> <li>• Consuming food or drinks they previously would not or in a way that is unusual.</li> </ul>	<ul style="list-style-type: none"> <li>• Check that the person can find the toilet during the night (leave a night light on and the toilet door open).</li> <li>• Arrange a medical check-up with a General Practitioner (and interpreter) to rule out physical causes of the behaviour.</li> <li>• Provide information to help the person distinguish night from day (e.g. day/night clock, wearing a dressing gown to indicate bedtime, opening curtains/blinds during the day).</li> <li>• Ensure that the person spends time outside during the day.</li> <li>• Involve the person by asking what they would like to eat and prepare it together.</li> <li>• Be flexible with mealtimes and share a meal with the person so they have social cues as prompts.</li> <li>• Check whether there are any problems with swallowing or using cutlery.</li> </ul>

## Physical factors

A change in someone's behaviour may be caused by the dementia itself or be the symptom of another disease or physical condition. Included below are common physical factors that might impact on a person's behaviour.

FACTORS	OBSERVATIONS
Pain	<ul style="list-style-type: none"><li>• Ask the person if they are sore, tender or have pain anywhere.</li><li>• Look for signs of pain in their behaviour (changes in facial expression, body language, behaviour or being pale or flushed in the face).</li><li>• Does the person have a limp while they walk or lean while sitting?</li><li>• Do they have a history of illnesses that might cause pain like angina, or osteoarthritis?</li></ul>
Infection	<ul style="list-style-type: none"><li>• Is there any sign of infection (pain, redness or swelling in a certain area of the body)?</li><li>• Does the person have any cold or flu symptoms (shortness of breath, runny nose, pale skin or cough)?</li></ul>
Bowels	<ul style="list-style-type: none"><li>• Are the person's bowels regular?</li><li>• Have you noticed them holding their tummy?</li><li>• Are they drinking enough water?</li></ul>
Medications	<ul style="list-style-type: none"><li>• Have there been any recent changes in the person's medication?</li><li>• Is the person taking more than 5 medications in a day?</li></ul>
Other	<ul style="list-style-type: none"><li>• Dehydration, malnutrition, discomfort (e.g. skin irritation, feeling too hot/cold, hunger), difficulty sleeping, fatigue, and hearing and vision problems.</li></ul>

Another physical factor to consider is eyesight. Vision changes with age, but it can also be affected by particular types of dementia. For a deaf person, vision is particularly important. Good eye care and regular check-ups should be considered.

If you identify that the person with dementia is experiencing any of the physical factors above, or if you have concerns about their general health or a specific medical condition, it is important to speak to your General Practitioner or health care provider.

### **The effect of pain**

*Carrie lives with her daughter Kirstin and her husband Jack on their farm since her dementia diagnosis. Kirstin helps her mother daily with some personal care and notices that her mother is often quite agitated when she helps her take a shower and get dressed. Apart from that, Carrie also seems to be getting more confused in her signing. Kirstin sees her mother rubbing her wrist and back regularly and asks her mother if she is in pain. Carrie's signing is not very clear, and Kirstin decides to take her mother to the GP. Tests show that Carrie has arthritis and pain medication is prescribed. In the following weeks they try different pain and anti-inflammatory medications. Kirstin also takes more time to help her mother start her day and warms up the bathroom on cold mornings. After some time, Carrie's agitation and confusion reduce.*



## Environment

The environment where a person with dementia lives or receives care is known to influence wellbeing and behaviour. For example, older people need about twice as much light as younger people to carry out everyday tasks comfortably and the need is even greater for people with dementia.

Whether a person with dementia is still living at home or in a care home, there are various small design changes and adjustments to the environment which can enable a person to maintain as much independence as possible and continue to participate in activities of daily living. It is very common for people to be more disorientated when they first move into residential care or if they move rooms within a care home. Making the environment homely and familiar, calm and as easy to navigate as possible is a good start.

Consider the below factors and think about whether or not they might be affecting the person living with deafness and dementia.

FACTORS	OBSERVATIONS
Contrast and colour	<ul style="list-style-type: none"><li>• Are items easily recognisable through contrast and colour? Examples: Does the toilet blend into the wall or can it be easily identified? Is the food on the plate easily distinguished from the colour of the plate?</li></ul>
Lack of familiarity	<ul style="list-style-type: none"><li>• Are there items in the home or in the person's room that keep them connected with home and friends/family?</li></ul>
Lighting	<ul style="list-style-type: none"><li>• Is the lighting bright enough to help the person see clearly both during the day and at night?</li></ul>
Access to outside	<ul style="list-style-type: none"><li>• Are there any barriers to the person accessing the outdoors? Are doors locked or difficult to open?</li><li>• Is there a garden or nice space to sit? Is it shaded from the sun or sheltered from rain or wind?</li></ul>
Overstimulation	<ul style="list-style-type: none"><li>• Is the environment cluttered or busy?</li></ul>

FACTORS	OBSERVATIONS
Under stimulation	<ul style="list-style-type: none"> <li>Does the person have meaningful activities available to them that they enjoy?</li> </ul>
Wayfinding	<ul style="list-style-type: none"> <li>Can the person find their room or the toilet easily?</li> </ul>
Cultural considerations	<ul style="list-style-type: none"> <li>Are there any hygiene or grooming practices, creative interests or ceremonies/rituals that will need to be supported and is there a safe space to do so?</li> </ul>
Lack of privacy	<ul style="list-style-type: none"> <li>Are there any barriers to maintaining the person's privacy and personal space?</li> </ul>

### Adapting the environment

Andy had noticed that his father George seemed to be unusually cautious moving around his living room and corridors at home. He seemed uncertain about making his way to the kitchen and looked to be focusing very carefully on his movements. George would react defensively if he was disturbed while he was moving from room to room. It became apparent that the lighting wasn't bright enough for George. Large lamp shades caused shadows on the floor that were confusing and disorientating, and the corridors were dark. George had to work harder to concentrate and navigate his way through the room and around the furniture and shadows. Changing the light bulbs and the lamp shades helped to make the room brighter and reduced the strain on George finding his way.

## Clear signage

Clear signage may assist people to find their way around the home and locate different rooms, such as the bedroom and toilet. Signs can also be used to help locate everyday items, for example, a sign on a kitchen cupboard for teacups. Signage using words may be appropriate for people who still have the ability to read; for those who have never been able to read or have lost the ability to read, pictures may be useful. A combination of both could also be used, two examples are shown below.



Assistive devices that flash or vibrate can alert someone to a safety feature such as a smoke detector. Similar assistive devices can be connected to a telephone or a doorbell. If these are being used, check regularly that the device is working and that it doesn't cause confusion.

# Chapter 3 ~

## Communication & engagement

A person's way of communicating will often change over time as dementia progresses. They may have problems understanding you or finding the right words or signs and this might cause frustration.

We may need to adjust our own ways of communicating while still ensuring the person with dementia is engaged in a way that is respectful and dignified.

As dementia progresses some people lose skills they have developed over the course of their lives and may revert to the way they were communicating at an earlier stage of life. Many Deaf sign language users and people with acquired hearing loss will have learned to lip read. However, this ability may diminish if a deaf person develops dementia and lip reading becomes increasingly challenging.

Eventually a person may stop using language to communicate altogether. Speech and signing are not the only ways to communicate. Body language is important and can be used to help someone feel calm and cared for through touch, eye contact and facial expressions. A simple smile can do a lot. Be mindful about showing sadness or anger when communicating as the person may be confused about what you are trying to say.



## Top communication tips:

- Keep your message simple and straightforward, focus on one topic at a time.
- Communicate slowly and clearly; take a deep breath between sentences.
- Ask closed questions as this will be easier for the person to answer. For example, “would you like a cup of tea or coffee?” as opposed to “what do you want to drink?”
- Make sure your face is visible and that you are communicating at eye level.
- If you need to wear a face mask consider alternatives such as a face mask that includes a see-through panel. Check how the deaf person prefers to communicate in this situation.
- Ensure assistive devices are in working order (e.g. glasses are clean). Although not very common, a deaf person may have a cochlear implant or hearing device to aid communication. Make sure these are on and that batteries are working.
- Model the activity for the person by acting it out so they can better understand what you are trying to achieve.
- Use picture cards to ask a question or to show what you would like to do.
- Be mindful of your body language and show signs that you are listening and understanding.
- When you have trouble communicating, stop and take a break before trying again.



## Validation

An approach which can be very helpful is called validation where we identify the emotional aspect of what is being said. It is about respectfully acknowledging or validating the feelings the person is experiencing, offering help and redirecting the person's attention to something more pleasant if they are upset or distressed.

### Example 1:

Bill keeps looking for his car keys, rattling the front door and trying to leave. He is worried and insists he has to go to work.

#### Try:

"You seem really worried Bill, I would be worried too if I couldn't find my car keys."

"I am not sure where they are either, in the meantime..."

- "Come and have a coffee/tea with me."
- "Can you help me with the filing?" (or something that they would normally have done at work).

#### Avoid:

"You are not going anywhere."

"You're retired. Don't you remember?"

"It's Saturday and you don't work on Saturdays."

"You can't drive anymore."

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### Example 2:

Helen is very restless, looking for her children who are grown up and no longer live with her. She becomes distressed when she cannot find them. Helen always enjoyed baking with the children.

#### Try:

"You look upset Helen."

"I am sorry you are so upset about it."

- "Let's look at some of the pictures of the children."
- "I am about to make a cake, come and help me. I remember how much the kids liked it when you baked for them."

#### Avoid:

"Stop it. Don't you remember, your children are grown up."

"I don't think they would want you to behave like this."

## Activities and engagement

When you are supporting someone with personal care, keep describing, signing or showing what you are doing or what you would like them to do, even when you think the person may not understand what you are trying to say.

It is important to help the person to remain involved in activities that they enjoy and are familiar with. Tapping into someone's life history and experiences and reinforcing things from their past that they identify with, can help support a person experiencing changes in behaviour(s). This might require the help and understanding of others close to the person. Having a few activities and resources available that you know the person enjoys could improve their level of engagement. This could be favourite movies or TV shows (ensure closed captions or subtitles are always turned on at a larger font), gardening equipment if they like gardening or craft supplies if they enjoy the arts. A small box or bag of items that the person recognises or uses regularly may help to initiate a conversation or activity. Support the person to spend time outdoors and be involved in what they like doing. Remember, the person might need to be helped at the start of an activity until they can continue on their own.

### Getting to know the person

*Susan had worked as a registered nurse in a hospital for many years. She is a very caring person and had always looked out for other people. Susan became deaf later in life following a stroke. When Susan needed more support and moved into a residential aged care home, her family shared her life history, daily routine, likes and dislikes with the staff to help them develop a good understanding of Susan. With the knowledge of Susan's past role as a nurse, the staff in the care home identified that she liked to have her nursing background acknowledged and enjoyed filling in blank charts and progress notes. She would often sit with staff in the office when it was quiet.*

A Deaf person doesn't have the audible cues to help them understand or identify what you are doing. For example, they don't hear the rattling sound of cutlery or pots and pans while you are preparing a meal. Involve the person in what you are doing by showing it to them or help to make them part of the activity.

If the person is part of a group such as a Deaf club, it is important to involve them in the dementia experience. Not everyone will have knowledge or experience about what dementia is, how it affects the person and what they can do to help the person participating in the activities that they were used to. The videos produced by Deaf Services Queensland and Ozcare may be helpful to share.



# Summary ~

## How to support the person



### Changes in behaviour

Identify the cause(s) of the changes in behaviour. Each person with dementia is unique. Look at physical factors, likes and dislikes of a person and the environment.

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### Review and adapt

Review and adapt your strategies to respond to changes in behaviour. They may be very successful at one point and then become less so over time. The success of strategies is also impacted (as for any of us) by mood, emotions, tiredness, illness and even the weather. As the carer, you may need to be ready to set aside a previously effective strategy and try new ideas. At other times you might find yourself returning to earlier strategies.

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### Validation

Validation can be a very helpful tool to acknowledge the feelings that a person with dementia may be experiencing and to ensure that the person feels respected.

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### Communication

Adjust the way you communicate to meet the needs of the person.

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### Activities

Help the person to remain involved in meaningful activities.

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### Support services

There are various services that can support you with caring for the person with dementia. If you are supporting a person that prefers to communicate through sign language, make sure there is a professional interpreter booked for assessments, important appointments and evaluation of care through the available free interpreting services.

# Support services



Depending on the stage of the dementia and the specific needs of the person with dementia or carer there are several services you can contact for support.

## **Dementia Support Australia**

Dementia Support Australia (DSA) provides advice and support for carers of people with dementia experiencing changes in behaviours. The role of DSA is to improve the quality of life for people living with dementia and their carers. DSA does this by working in partnership with the person living with dementia and their care network to understand the causes or triggers that led to changes in behaviour. DSA offers support 24 hours a day, 365 days a year throughout Australia and will arrange an interpreter if needed.

**Contact details:** Phone 1800 699 799 or visit [www.dementia.com.au](http://www.dementia.com.au)

## **Dementia Australia**

Dementia Australia provides information and education on dementia and runs programs and services such as counselling and support groups. They can also help you to find the right support in your area.

**Contact details:** Phone 1800 100 500 or visit [www.dementia.org.au](http://www.dementia.org.au)

## **General Practitioner**

Your General Practitioner (GP) is an invaluable resource any time you have concerns about the health or wellbeing of the person you are supporting. The GP can assist you in accessing support at home, help make decisions about safety including driving, and discuss types of home or residential care support. Involving other members of the family in these discussions when possible is essential. Your GP can also help you consider important legal matters such as power of attorney, guardianship and wills.

## **My Aged Care**

As the condition progresses, people with dementia and their carers tend to require more help to manage daily activities. This may include help with things like showering or housework. My Aged Care can help you find and access the right Australian government funded aged care services.

**Contact details:** Phone 1800 200 422 or visit [www.myagedcare.gov.au](http://www.myagedcare.gov.au)

## Auslan Connections

All aged care assessment services (such as My Aged Care) and aged care providers have access to free sign language and interpreting services. An interpreter can be arranged for assessments, important appointments and care plan reviews. Sign language services are available in Auslan, Aboriginal and Torres Strait Islander languages, American Sign Language, International Sign Language, and Signed English. Both face-to-face and online interpreting, including on-demand video remote interpreting, will be offered nationally, seven days a week and after business hours when required.

The aged care providers and assessment organisations can make a booking through Auslan Connections' booking service.

**Contact details:** Phone 1300 010 877 or  
email: [interpreter.bookings@deafservices.org.au](mailto:interpreter.bookings@deafservices.org.au)

## Carer support

Being a carer is not easy. It is an important role but it's also essential to look after yourself. Try to keep active and maintain your social contacts. Your GP can support your physical and emotional wellbeing and provide information about extra support.

### Sources of further information:

Carers Australia: [www.carersaustralia.com.au](http://www.carersaustralia.com.au)

Carers Gateway: [www.carergateway.gov.au](http://www.carergateway.gov.au)

## Hearing Australia and Cochlear

Many deaf people will not use cochlear implants or hearing aids, but there are a proportion of severely or profoundly deaf people who do use them because they can gain benefit for communication and environmental awareness.

**Contact details:** [www.hearing.com.au](http://www.hearing.com.au) and [www.cochlear.com/au/en/home](http://www.cochlear.com/au/en/home)

# Useful resources



- **Dementia Support Australia** provides a range of helpsheets, care support guides and position papers which can be found through: [www.dementia.com.au/resources/library](http://www.dementia.com.au/resources/library)
- **Talking sense**  
Agnes Houston with Julie Christie – 2018  
[www.dementiacentre.com/resources](http://www.dementiacentre.com/resources)
- **Better bathrooms and bedrooms (sample chapter)**  
**My home, my life: Practical ideas for people with dementia and carers**  
Colm Cunningham and Natalie Duggan with Agnes Houston – 2018  
[www.dementiacentre.com/resources](http://www.dementiacentre.com/resources)
- **Understanding Psychosocial Approaches: Validation**  
Dementia Support Australia – 2018  
[www.dementia.com.au/resources/library](http://www.dementia.com.au/resources/library)
- **Video resources for Deaf seniors**  
Deaf Services Queensland  
[www.deafservices.org.au/services/Ageing-Well/Video-resources](http://www.deafservices.org.au/services/Ageing-Well/Video-resources)
- **Diagnosis, treatment and care for people with dementia: A consumer companion guide**  
Cognitive Decline Partnership Centre – 2017  
<https://cdpc.sydney.edu.au/research/clinical-guidelines-for-dementia/>
- **Understanding the impact of pain and dementia**  
Dementia Support Australia – 2018  
[www.dementia.com.au/resources/library](http://www.dementia.com.au/resources/library)
- **Understanding apathy in people with dementia**  
Dementia Support Australia – 2020  
[www.dementia.com.au/resources/library](http://www.dementia.com.au/resources/library)
- **Enlighten: Lighting for older people and people with dementia**  
David McNair, Richard Pollock and Colm Cunningham – 2017  
[www.dementiacentre.com/resources](http://www.dementiacentre.com/resources)

# Useful resources



- **Caring for someone with dementia: Communication**  
Dementia Australia – 2016  
[www.dementia.org.au/resources/help-sheets](http://www.dementia.org.au/resources/help-sheets)
- **The Dementia Centre** has a range of publications which can be found through:  
[www.dementiacentre.com/resources](http://www.dementiacentre.com/resources)

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