

# Caring Moves

Supporting residents and their families  
during the move to Residential Aged Care



VMCH

## Forward

VMCH staff consider it a privilege to care for those who put their trust in us by choosing to live in one of our homes.

Caring Moves is a resource developed many years ago as part of a research project and the voices of residents of the time were captured. What is offered at VMCH may have changed.

At VMCH we acknowledge that no two people are exactly the same. 'You cannot', as the ancient Roman writer Publilius Syrus says, 'put the same shoe on every foot'. Each individual has their own life story and preferences for what will help them lead a happy and contented life.

We hope that you find this resource helpful in assisting you in making what will be one of the most important choices in your life and prepare you for what we hope will be a fulfilling time in the next phase of your life journey.

**Bridget O'Shannassy**  
Chief Mission Officer, VMCH

For over 60 years, VMCH has been delivering palliative care as an essential part of our services and Mission. It reflects the long tradition of Catholic health and aged care services.

VMCH does not support Voluntary Assisted Dying and will not provide or facilitate Voluntary Assisted Dying.

# Introduction

Moving into residential aged care can be the most significant relocation of an older person's life. The move may be unexpected; precipitated by a personal health crisis that required hospitalisation. For others, the move to residential care may be anticipated or even planned.

Occasionally, a person makes the decision to remain in supported care after they have had an enjoyable respite care experience. Whatever the circumstances, it can be a stressful experience for the person moving to residential care and for their family and significant others, as they leave behind a familiar life, routine and surroundings.

This booklet summarises the experiences of some residents who moved into residential aged care at VMCH. Residents, a family member and pastoral care staff were interviewed about their experiences of what helped residents to adjust to their new living circumstances. The stories show a range of experiences and may help future residents and their family members understand more about the transition process, and what can be done to help with the move. The names used in the stories throughout the booklet are pseudonyms, and some story details are changed to protect residents' anonymity. Interviews were conducted by an experienced VMCH staff member and research methods were approved by Australian Catholic University's Human Research Ethics Committee.



## Time

**Time  
Is so important  
We need  
Time.  
Do not hurry us.  
That muddles us.  
We need  
Order and Calm.  
Our Aged  
Care Facility.  
An Oasis.  
In a Busy World  
That  
Hasn't time for us.**

**Prudence Marsh – nom de plume**  
for St Bernadette's Creative  
Poetry Group

# What can help when moving into residential aged care

## Getting you the support you need

It is important to acknowledge that moving into residential aged care is a major life event. The move to care may be the most significant in the person's life, and it may bring a range of emotions that can make the person feel unsettled, uncertain and even fearful about their future. It can also be a confusing time for new residents, especially if they have a cognitive impairment. Often the move to residential care can be decided upon and acted upon very quickly. This can mean new residents and their families have little time to adjust emotionally. Additionally, some members of a family may have differing views about the necessity of aged care for their relative, and where families do have differing views, the transition for the resident can be more challenging.

Staff are aware of these special issues for new residents and their families, and can help by providing much needed support both during the transition and ongoing.

Everyone is different and it is important for staff to get to know new residents and their families so they can provide the best and most meaningful care to them. When people move to residential care, staff assess their needs, likes and dislikes by talking with them and with their families (where appropriate). By entering into a conversation with the resident, staff can find out more about new residents, including what is important to them.

Pastoral care practitioners are present at the majority of VMCH aged care residences and routinely visit all new residents, if they wish them to. They will listen carefully to residents, hear their stories and learn about their existing level of support. They can find out from residents what they require, especially regarding their emotional and spiritual needs. The spiritual needs of residents may be linked to their religious faith, or it might be that residents have other ways to bring purpose, fulfilment and meaning to their lives.

Staff are aware that the first few months after moving into residential care can be very challenging. They provide extra care and attention at this time to residents and their families. This may include becoming an advocate for a resident, building a relationship of trust with their families, or maintaining regular follow up to gauge how the resident is feeling in their new environment and community.

Pastoral care and lifestyle staff spend much of their time with residents and family members, assisting them to feel comfortable in their new home, and with their fellow residents and home care staff. One experienced pastoral care practitioner described the role of pastoral care as, "to bring everyone on the journey to the point of being comfortable where they are (emotionally, socially, psychologically...)".

**"Everyone is different and the journey and transition to residential care is unique for each new resident and their family."**

(Pastoral care practitioner)



## Bernadette

Bernadette came to Australia as a young adult. Some of her family now live in Australia, too. Over the years, Bernadette has had several jobs and has remained independent, living alone and keeping up a rewarding social life. Since retirement, she has kept herself busy volunteering for charities and maintaining a close social network of family and friends, who she catches up with regularly.

Now, at about 80 years of age, Bernadette says it had never occurred to her to move to aged care until her doctor made the suggestion. She was, however, aware that her health was not what it used to be, and that it seemed more difficult to get everything done, as she was not as energetic as she would like to be. At first, she was a bit confronted by her doctor's suggestion. "I thought, 'who me?'" Bernadette recalls. "But I realised when he was talking, that I was in a bad situation. I wasn't able to look after myself". But...on reflection, Bernadette says that she "was not having great fun (living alone)". Furthermore, she no longer felt safe living alone. Soon afterwards, Bernadette required respite in aged care. "It was really good... I was so surprised!" she recalls.

Now, although she needs reminding to register in the 'sign out' book for her regular outings, Bernadette has no complaints about having made the decision to move. She still loves going out and is happy that there is a chapel at the residence where she lives



**You don't have to sacrifice all that is important to you. You can be happy, more supported and still maintain independence in aged care.**

too; it's convenient – especially in the cold weather – and it enables her to maintain her spiritual life in the way she wishes to.

Bernadette still misses aspects of her 'old life'. She commented that she misses the extra wardrobe space and the extra room she used to have. She has also found it hard to let go of treasured possessions, and remains surrounded by more of these than her room can easily accommodate – but she doesn't feel ready to let them go. She doesn't miss having to cook and shop and run a household. Having a new community of people to connect with has been a real bonus. She feels that support from the staff and the pastoral care practitioners is right there, if she needs it. In fact, the only big challenge she has found since making her decision to move to aged care was how she would actually manage the practical side of the move. When the pastoral care services team became aware of Bernadette's wish to move to aged care, they helped her arrange the move, and they continue to provide her with welcome support.

It took some months for Bernadette to feel she was 'home'. Initially after the move, Bernadette would think to herself 'I haven't got a home now!' But then would later say to herself, 'Don't be silly, you're doing well'. At this time, Bernadette noticed that she also had a sense of relief at being cared for. "The people in charge were interested in (me), and the nurses too were marvellous."

# Accepting support

Finding and accepting support is very important. At the time of transition to residential aged care, residents need support from their families and friends, and families and friends need support too. This support can come from a range of sources including staff and external organisations such as Dementia Australia. It may include talking about the experience you are going through.

Helping to move a family member into residential aged care is often confronting for families, who can feel like they have abandoned their loved one. This may be especially difficult where residential care placement is seen as 'breaking up the family'.

While there may be some positive aspects to the move to residential care for the resident, there will almost certainly be some negative aspects too. These are related to a sense of loss, change and its accompanying sense of grief.

For many people, it is the time they leave their 'family home' with its reminders of their lives up until now; their familiar neighbourhood sights and sounds, treasured neighbours and community, some friends, and maybe, their beloved pets.

Family members want to know that someone is going to care for their relative as they would like to be looked after, and in the way that the family is familiar with. We know that family members too are experiencing many emotions, possibly including guilt, loss, grief and even a sense of relief when they help place a relative into residential aged care. Family members may also be feeling exhausted and stressed about the move. Pastoral care practitioners are available to any family member who may want to talk to a caring and understanding person who can support them.



## Merle

Merle has been living in residential aged care now for nearly 18 months. She had several children who kept her very busy, was widowed later in life, then she lived alone until her 90th year. Merle was not seriously considering aged care until her memory started to fail her more and more frequently.

One day, Merle became lost when she went for a walk, and was unable to remember her name or where she lived. After this incident, she learned she had early stage Alzheimer's Disease, and she decided she needed to move to aged care. "I was quite happy to go somewhere," she recalls. Merle had sometime earlier discussed with a friend that they may enter residential aged care together. She informed her family of her decision, and she remembered the aged care home her friend had considered sometime before. As it happened, her friend did eventually join her at the same care home. This has helped make Merle's transition to aged care relatively easy. She and her friend spend many happy hours together – even if they do miss being able to go out for a cup of coffee together.

Merle went to boarding school and she remembers arriving at the aged care home, being shown her room and feeling like she had been transported back to school. "They even had a bell to tell you when it was lunchtime," she recalls. The set up seemed strangely familiar, although she commented that she could make far more decisions for herself now, living in aged care, than she could at school. This thought made her laugh.

"I've always done my own thing... I'm me and I don't have a whole lot of people telling me what to do." Merle was comfortable making her own decisions, so moving to a residence that treated her as a person capable of making decisions was very important to her. She says she feels she has a lot of freedom to do what she wishes in her new home – except go shopping on her own.

**Moving into aged care can be a smooth and happy transition for some people who feel they are ready to do so. Some prior planning, including with friends and family, can make the transition easier, and you do not have to lose your sense of independence in the process.**





# Approaching the transition

The reasons why people choose to move into residential aged care can have a big impact on how well they adjust. Their experience can be influenced by whether they made a voluntary decision to move from their home, or whether they felt they had little or no control over the decision.

If a person has made the decision themselves to move, it can be an easier transition. Over time, a person may have lost their long-term social support networks in the community. Someone being admitted from rehabilitation or after respite may have had time to consider whether residential care can give them the support they need. For these people, the sense of newfound companionship and community, and the support that accompanies a residential care lifestyle, can be most welcome.

The sudden change of routine and environment that accompanies a move to aged care can still be difficult, even for those who are more resolved about the move. Simple things can remind you or your family member of how life has changed. Having to live with others when you are used to living alone, or living with people you have not chosen to live with is understandably challenging for new residents. For residents who do not have a cognitive impairment, it may be confronting to live with other residents who do.

It is important to remember that the move can trigger a sense of grief associated with losses, and residents may lose confidence for a while during the transition to residential aged care. However, with time and appropriate care, most people do adjust to their new home and community.



## Brenda

Brenda lived independently in a retirement village for many years. She had spent much of her working life caring for others, including some family members, before her move to the village several years ago. She soon established enduring friendships with her local community.

Eighteen months ago, prompted by a health crisis requiring hospitalisation, Brenda decided to move to residential aged care as she was feeling vulnerable and uncomfortable about living alone. On reflection, Brenda thinks that subconsciously she was preparing for a time when she might need to move to residential aged care; she had even discussed moving to residential care with a close friend. She stated that the decision was timely for her, “I didn’t let it go too long or (wait for myself to) get too sick when I couldn’t absorb what was going on.”

The residence was situated conveniently for her and her family, so they could continue to visit Brenda frequently. Brenda visited the home with some of her family members and was very impressed. “Right from the very beginning, I took to it. (My family) took me to see the residence before I moved in. And even that day, I felt at home.”

Despite Brenda making the decision to move voluntarily, it was still difficult leaving the community that she had been so attached to.

Brenda’s family assisted her in packing up her house, and she has some favourite pieces of furniture in her room, which faces the garden and a birdbath. The latter gives her much joy as she watches a variety of birds come and go during the day.

**Thinking about the possibility of moving to aged care, and discussing this with family or friends can make it easier to identify what sort of aged care would suit you best.**

“Having company (here) has made a big difference, it’s helped a lot.” The proximity to the local church and regular opportunities to attend Mass has also been important for Brenda. In addition, she emphasised that she enjoys the food... “My only complaint is there is too much,” she laughed.

Brenda states that she has found the transition to aged care easier than expected. Soon after she moved into the residence, she met a pastoral care practitioner who she has since formed a lovely friendship with. Brenda commented that all the staff are, “So, kind. Even if you are not sick... nothing’s a hassle for them. I have been overwhelmed with the kindness here.”

**“Moving after (many) years was a big wrench... perhaps more emotionally.”**



# Activities/gatherings and approaches that can help

At VMCH, new residents are assisted to continue with whatever activities provide them with fulfilment, purpose and meaning. This may be gardening, walking, regular access to cherished pets, craft or physical activities, discussion groups, singing, music, dancing, socialising, watching sport or movies, bocce, scrabble or reading.

For some residents, being introduced to others who are interested in similar things is most welcome and can help them feel like they are 'settling in'. For others, getting the opportunity to be alone and enjoy some privacy might be very important to help them adjust to the many changes happening in their lives. VMCH staff understand it is important to be aware of what each new resident may need in terms of social connection or space, and that needs can change.

Some new residents find that attending a faith sharing group, either at the residence or in the local community, helps them feel settled more quickly, as might Catholic residents attending Mass, Reconciliation, or praying the Rosary.

VMCH staff try to link residents to those who share similar interests or help set up new groups for residents based on mutual interests. Information provided by residents or family members helps us get to know you better as a person and will help the staff to provide the best care, including the opportunity to engage in desired activities. Visiting family members may also wish to be included in some of these activities.

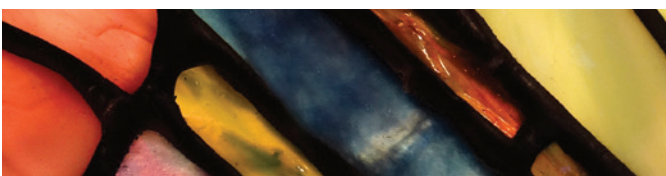
We encourage family members to bring in a box of treasured memories of their family member – include photos (with names on the back of them) and special memorabilia that will assist staff to connect with residents, and help them reminisce about their life.

Residents often tell us that they want 'to contribute to their community in a useful way'. This might mean assisting in regular daily activities at the residence that make them feel 'at home', such as arranging flowers, tidying, sorting or making something, or it might mean residents connecting with the external community, such as making Christmas gifts or decorations to give to others as well as those in the VMCH community.

Whatever residents feel they need to find meaning and purpose, staff wish to help, and they will check with residents often to see how they can improve residents' care and quality of life, so residents feel valued and respected.

**“Your interests, likes, dislikes; it is all still there when you are older.”**

(Pastoral care practitioner)





### Stephen and Maeve

After many years living together and raising several children, Stephen and Maeve, both in their 80's, had some hard decisions to make. Maeve had a medical condition affecting her mobility. This made it increasingly difficult for her to stay at home with Stephen as her main carer. After being hospitalised, the couple reluctantly agreed that Maeve would best receive the care she needed in the aged care home her daughter had located. Stephen described the move from the family home as “a dramatic change. A bit traumatic, questioning if you have done the right thing. I came every day to see her (to visit Maeve).”

Stephen also had health issues about a year after Maeve's move. Following a discussion with his children, Stephen thought, “Life is short, I better get in there,” and decided to join Maeve at the residence.

Stephen has found the residence is beautifully situated, reflecting that, “When we walked in the front door, you could tell it was a bit different.” Maeve added, “You could walk from one end of the place to the other”, which was important to them, as both have difficulty walking.

The couple originally shared a room at the residence, but they no longer do for practical reasons. Their rooms are close however, and the pair spend their days together watching television, reading, attending exercise class and group games, and doing puzzles. Occasionally, they go out for a meal with their family, which they really enjoy. They have social interaction with staff too, who they find very supportive, and they love it when their family members join them for a meal at the residence.

**It is possible for couples to continue to live happily and actively together in aged care.**

# Ways that family members and friends can make a difference

Spending time with your family member or friend can make a big difference to how well they adapt to living in residential aged care. More regular visits to the resident soon after transition to residential care may help them settle in.

Listening to the resident and taking time to hear what they are saying can help. So can engaging with the resident in an activity or a discussion that is meaningful to them. Personalising their room by displaying objects, family photographs and memorabilia that has special significance to the resident can also help. Playing the resident's favourite music can also provide comfort to them. Another way of doing this is by assisting the resident to recall their memories, and for them to record these in written or digital form. Writing a description of the circumstances of each photograph on the back of each photo is a helpful prompt for staff and residents too.

Celebrating birthdays or other special occasions with your family member can also help. Lifestyle and other care staff can assist you with these

special celebrations. Letting staff know when important events are approaching can help residents to get maximum enjoyment from the event through discussion.

Continuing to enjoy shared activities with the resident can make a positive difference. This may include outings or activities at the residence, such as jigsaw puzzles, playing cards, sorting objects, flower arranging, making a small 'garden', or bringing in a resident's pet for a visit can also help, as can reminiscing about shared activities of the past.

Be aware that new residents need time and gentle support to experience and move through this transition period and to adjust at their own pace. This is especially relevant if the resident is recently bereaved (including the loss of a spouse, friend or a loved pet) and confronting a decline in their health, as well as having had to leave their home.





## Francine and Gerard

### Supporting your parent

**“The first few days were terribly difficult because he really felt that loss of independence. And we had a lot of, ‘well, Dad, you know, they’re just getting to know you. Once they know you, you’ll be able to do this, this, this and this’. That sort of thing. And, that’s been true. Once they’ve (staff) got to know him, that’s sort of dissipated... For us as a family, talking through it and letting Dad be able to vent has helped.”**

Several months ago, Francine and her siblings assisted their father, Gerard, to move to aged care. He had lived independently in the family home for decades and despite his increasing frailty, had continued to manage his finances and maintain his many social connections. He also enjoyed sport and other activities.

Gerard had a lengthy hospital stay after a fall at his home. He and his family had little time to adjust to the doctor’s advice that he couldn’t return home. Eventually, the family realised that it was necessary for Gerard to move. “We were all on the same page in the end”, Francine recalls. But the process of acceptance took some patience as well as ‘emotionally charged’ discussions among Francine and her siblings. Francine describes her father as ‘stoic and accepting’, when he heard he had to go to aged care. She reflects, “It was so overwhelming for him. It was heartbreaking. But he listened... He knew what was going on.”

Francine indicated that giving her father a continued sense of control of his life is very important: “One piece of advice I would give people would be to include them (the family member going into aged care) in the process all along... and that was a very important thing for Dad, that he still had some control over that. He (Gerard) said, ‘I just want to be kept informed. I just want to know what is going on’. So we’ve managed to do that all the way through.”

**“He still calls the shots.”**

– Francine

**Residents and family members should expect to be included in decision making, to be listened to, and not to be rushed.**

There was little time to adjust and quick decisions had to be made when a place became available at a residence they had just become acquainted with. The family bought several things to help Gerard feel that the room was distinctively ‘his’. They also organised for their father to have the telephone connected in his room, newspaper delivery, and purchased a small fridge to help him be “a little bit more independent”. Since the move, Francine and her siblings have found the staff responsive to their requests and concerns:

**“We have only had one cause to complain... we consulted with him (Gerard) first... they (management) have acted on it. Everyone is coming to him now, saying, ‘is that alright?’ So, they did act on that. I think Dad felt pleased that something positive had come from the discussions. I think that (sense of empowerment) is really important, when everything else is taken away from you.”**

Francine noted that her father was “never going to be one to get involved with the (frequent social) activities”, and that it was important to him not to be made to do things he did not enjoy. Gerard seems to have settled into his new home, according to his daughter. He has even learned that a couple of the residents have social links with his family and he chats with them and other residents regularly. He also attends the communal dining room, Mass, has frequent visits from his family and ‘old’ friends, enjoys reading again, going out with his family, and chatting on the telephone.

Francine acknowledges that her father would not say, “it was the best thing that ever happened to me”. But he acknowledges that it was the right decision. Gerard has recently advised his friend, who is living alone in poor health that, ‘You’ve got to come into a place like this, you know. You are looked after!’ That is the kind of affirmation that he gives. He still calls the shots,” said Francine.

# Unexpected admission to residential aged care

Unexpected admission to residential aged care can be hard on everyone. In these circumstances, talking to the resident about what to expect at the residential care home before they arrive can help. A favourite piece of furniture and a bed spread or comforter that will make the room seem more like the resident's 'home' can help. Decorating the room with some familiar objects, favourite colours and textures – anything that will help your relative feel more comfortable with their new surroundings – are all part of providing comfort. This is especially important for residents with a cognitive impairment, including dementia.

Saying 'good bye' to their homes, helping to sort their possessions, or attend a garage sale of their things can help, but it will not be the approach that suits everyone and may be of limited value where a person has short-term memory loss. If this is the case, taking photographs of the 'packing up and moving process' for the resident may be helpful.

What is most important is that the resident is helped to have some sort of connection to their 'previous' life, including their home and community, through whatever means work best for them. Residents may need the opportunity

to develop a sense of 'resolution' about that life chapter. This can take extra time and care when the resident feels they were unprepared for a move they had little choice about. This may include a person who has a cognitive impairment and due to memory loss can no longer recall the move or their involvement in it.

From a pastoral care perspective, offering emotional and spiritual support, prayer and other religious needs, such as contact with a minister of their own faith or giving Holy Communion can help the person, especially if they have been unwell. Mostly, though, it is important to be 'present' for the new resident. Visit them frequently and listen to them as much as they need you to, and acknowledge their experience. This conveys to residents that they are cared for and respected. The Pastoral Care team ensure that they do this regularly with new and longer-term residents, and they routinely support families, too.



## Malcolm

Malcolm had been contemplating his eventual admission to aged care due to a gradual decline in his health and his mobility. However, his move occurred several months earlier than he expected. His health got worse, forcing him into hospital. For various reasons, Malcolm moved suddenly to the aged care residence directly from hospital, with, he felt, no practical or emotional preparation and before he was able to speak with his family. He recalls feeling “totally isolated and in supreme stress”. Now, after five months, he is just starting to feel like things are settling down into a routine.

Malcolm recalls moving into an unfamiliar and almost empty room. He states that “as far as treatment was concerned, there was no harshness about it... I can’t do anything but praise everyone here, and particularly Tess (the Pastoral care practitioner). I think it might have been fate, she has been so good. She checks up on me pretty frequently.” Soon after the move, he again became ill, requiring more hospitalisation. This further compounded his bewilderment at the sudden, significant changes in his life. Malcolm can now joke about moving into aged care, and being reminded of the passing years. “I have noticed some older people here (he says, grinning)... the thing is, I’ve walked into the bathroom and looked in the mirror, and thought, ‘who’s that old bloke’?”

Malcolm has loving but limited available family support. He has found it difficult to adjust to life in aged care while at the same time organising his financial affairs. He believes it is more difficult to adjust as you get older, but he did notice that after being in hospital and moving to aged care, he told the hospital staff when discharged that he was “going home”. He thought this was a good sign. Over the last five months his family has visited and brought him things from his previous home, which he helped to pack up and clear of its contents. He says this helped him say ‘goodbye’ to his house.

**Ask for help and let staff and the pastoral care team know how you are feeling.**

Malcolm’s room is no longer bare. He has several photographs of family members, including his children and grandchildren, placed around the room. He looks out on a spacious and sunny courtyard that has brilliantly coloured flowers. He does not know many of his ‘neighbours’ at the residence yet, as he has not engaged with them very much while coming to terms with all the change that has happened. He has, kept in contact with family and friends, by telephone. He maintains his interests too, explaining that “I like study, and I’ve more or less studied into my 60’s, I’m always watching documentaries and those type of things to keep up-to-date. A friend and I have developed an interest in quantum physics; Stephen Hawking, that type of thing.”

Malcolm reflects he has had a lot of support from staff. He remembers that the social worker from the hospital was also very supportive; explaining to Malcolm what to expect on his admission to aged care, and how the process of admission works.



# What has made residents feel welcome?

**“Meeting with this person where they are ‘at’, and making their day (helps).”**

(Pastoral care practitioner)

Visiting residents frequently and giving them the opportunity to talk about how they are feeling can help them adjust to aged care. Organising a roster of visitors may work for some families and friendship groups connected to the resident, especially in the first few weeks after they move in. Bringing in cherished pets to visit on a regular basis, or alternatively, providing photos of the resident's pet or access to other visiting pets, can help. For residents with significant cognitive impairment, provision of a ‘pet substitute’, such as a fluffy toy animal, may be soothing, or something tactile like a soft blanket or shawl that smells or feels pleasant and familiar to them.

Introductions to other residents and staff can also help, although this may need to happen in stages after the move, depending on how the resident is feeling.

A men's group was set up at one residence to provide a space in the care environment that can often have far more females (residents and staff included) than males. The group gave the men an opportunity to have time with other men in an exclusively ‘male’ space that provided an extra avenue of support for them.

We need to know what is important to you and your family members so that you can continue to live your life, or your family member can live their life, in a way that is meaningful and respectful of cultural practices, important routines and rituals. Please discuss your needs with staff and they will try and ensure that you are able to continue your important daily routines and practices.



## Ian and Pat

Ian and Pat met as teenagers. They eventually married and raised a family. Ian described himself and Pat as a “team”. He went out to paid work and Pat stayed at home and cared for their large family. They also shared household chores. Sadly, Pat was diagnosed with dementia several years ago and her health has declined. Ian cared for Pat at home until he could no longer manage on his own, and felt that residential care was the best option: “I said, ‘if we’re going into aged care, I’m ready for aged care (too), I’ll go with her.’” So after a time searching for a suitable place, Ian moved with Pat to a VMCH aged care residence. Ian recalls thinking, “I wouldn’t care if I came in the morning’, after the first time he visited the residence he eventually moved too, “I was impressed... the staff do impress me,” he added.

At first, Ian found it very difficult to let the staff attend to Pat’s care, explaining “(It was) my job... I thought it was my duty to help her.” Ian felt a sense of disloyalty about allowing the staff to provide personal care to his wife, and resisted what he now recognises as the staff’s kindness towards Pat, and to himself. He explains it was a process of ‘letting go’ and handing over the care. He had to do this when he felt he could let himself accept help and trust the staff to care for his wife. “I finally did say (after over a year in aged care), ‘there you are then, take care of her like I have all of these years.’” Now, he reflects, “I was sort of protecting her, you know”. At the time of admission, and for some many months afterward, Ian was also experiencing intense feelings, including anger and frustration at the situation the couple found themselves in due to dementia.

“Everything we did together... this disease has wrecked it; a good marriage and a friendship...Mentally, I was really angry, I could have busted that door down... I cried buckets (of tears).” He also blames the disease for a loss of contact from friends and diminished family contact, although he feels supported at the aged care home, adding: “This is my family now”.

Ian’s health is now less robust, but he is comfortable with the living situation he and his wife have. He did not anticipate living in aged care until his wife became ill, but now he sees it as a supportive arrangement that works well for them both. “I can walk into a home, and I can tell you if there is love in the house. You get that feeling when you walk into a house, you know. I felt (it) here.”

Ian is a private person and is content to spend a bit of time on his own. When he was living at home, he did not have time to socialise, nor enjoy his various interests. He now enjoys socialising with some of the other residents, and he feels there is plenty to do when he feels like it, including regular walks outside with his wife. He enjoys doing things for himself when he can.

Ian has found understanding support from the staff at the residence, including the pastoral care practitioner, who visits him regularly, and with whom he feels he can really talk to about how he is feeling. Ian is also writing his memoirs with the encouragement of the pastoral care practitioner, and he also now enjoys his long-neglected interests.

**After admission to aged care, especially if you have been a carer, it might be difficult to recognise and accept that you also need to look after yourself.**

**If you move to aged care with your partner, it may take some time to deal with your own feelings associated with the move and other life changes.**

# What helps people with dementia or cognitive impairment?

More research is required about how best to support people who have cognitive impairment in a residential care environment, and to help them transition well to this care. There are some things we do know: most people seem to respond positively to special attention and the chance to chat. Calm spaces are known to help soothe people with cognitive impairment, as do clear visual signs and reminders of where they are and what day it is.

Introducing your relative with dementia or cognitive impairment gradually to the aged care home at least once or twice, briefly, before they are moved there permanently, can also help some people.

Frequent one-on-one activities, where the resident has dedicated time with another family member, friend, staff member or volunteer doing something they enjoy, can also be helpful. For residents with moderate or severe dementia, soft continuous recorded or live music, singing, or gentle massage can be helpful to soothe and comfort them. Hymn singing (for people who have particular religious beliefs – and even for some who don't) and praying the Rosary (for Catholic residents), or taking part in other important religious rituals, can also help. Some residents may enjoy a walk or other familiar activity they usually find soothing.

Even if your loved one is confused and does not seem to make sense when you are visiting, patiently listening to them and responding calmly can help them. Being with the person in a gentle and pleasant way is the important thing at this time. How frequently you visit, and how long you visit for, will vary between families.

Carers may want to visit relatives often, or may need to share the visiting with other friends and family members who know the relative well. This gives carers time to recover from the process of being primary carer, which can be very tiring.

Preparation for residential care can be problematic for people with cognitive impairment and memory problems. People with dementia may forget that they have been involved in decision making about the move to residential care. This is difficult for the family members and can cause confusion and distress if residents believe they have been moved into care involuntarily. People with a cognitive impairment such as dementia can find any sort of change in routine unsettling, so a move to aged care may mean they seem 'not themselves' for a time, until they can adjust.

On a practical level, ensuring your relative living with dementia has familiar objects, sounds and smells, can be calming. Having a large, easy-to-read calendar in their room can help to write appointments down and mark off the days you have been to visit. Clearly labelling your loved one's clothes and all other personal belongings, so they know what is theirs, can also help. Some aged care homes may provide a labelling service.

If you are unsure of what to do or what might help you or your relative, seek the advice and support of staff to help you at any time.



# Summing Up

The move to residential aged care can be a difficult and demanding transition on many levels for both the person moving, and for their families and friends helping them. It requires significant renegotiation on the part of the new resident and their family members to adjust to the new living situation. For some residents and their families, this process can seem more or less difficult, depending on a range of factors.

Factors that can influence how a person can transition to residential aged care include:

- Whether or not the person decided for themselves that they needed aged care
- Whether the person agrees to or understands that they need residential aged care
- Whether the person requiring aged care is able to participate meaningfully in the decision making process about moving, and to what extent
- How much time the person and their family has to talk about and plan the move

- The personal resilience of the new resident
- The past experiences of change of the new resident
- The level of support they and their families receive
- Their ability and willingness to foster new social relationships, and;
- Their ability to maintain existing relationships.

VMCH recognises that everyone is different and their support needs will differ according to many factors, including those outlined above. We endeavour to provide support to you and your family members to meet your specific needs, and support will be provided by all staff, including the pastoral care services team, to help new residents and family members feel comfortable with this new phase of care.



# Further resources and reading

## My Aged Care

[myagedcare.gov.au](http://myagedcare.gov.au) | 1800 200 422

The My Aged Care website was established by the Australian Government to help people navigate the aged care system and give them more choice and control.

My Aged Care is made up of the website and a contact centre. Together they can provide you with information on aged care for yourself, a family member, friend or someone you're caring for. You can call the My Aged Care contact centre on 1800 200 422 between 8am and 8pm on weekdays and between 10am and 2pm on Saturdays (closed Sundays and national public holidays).

## National Association of Loss and Grief (NALAG)

[nalag.org.au](http://nalag.org.au) | (02) 6882 9222

The National Association for Loss and Grief Australia (NALAG) is an independent, non-profit organisation. They help individuals, organisations and communities to work through their loss, grief, bereavement and trauma to make sure they are as strong as possible afterwards. A range of links to local resources, education and counselling programs can be found on their website.

## Dementia Australia

[dementia.org.au](http://dementia.org.au) |

**National Dementia Helpline 1800 100 500**

Dementia Australia represents an estimated 421,000 Australians living with dementia and their estimated 1.6 million Australian carers. They advocate for the needs of people living with all types of dementia, and for their families and carers, and provide support services, education and information.

### What hours can I call and who do I talk to?

Open call during normal business hours. There is a limited after hours telephone service available if required.

## Dementia Behaviour Management Advisory Service

[dementia.com.au/dbmas](http://dementia.com.au/dbmas) | 1800 699 799

The Dementia Behaviour Management Advisory Service provides clinical support for people caring for someone with dementia who is demonstrating behavioural and psychological symptoms that are impacting on their care.



## Carer Counselling Services Carers Australia

[carersaustralia.com.au](http://carersaustralia.com.au) | 1800 422 737

The peak national body representing carers of people with a disability, mental illness, chronic condition or those who are frail or aged. Carers Australia provides information, support, education, training and counselling.

## Lifeline

[lifeline.org.au](http://lifeline.org.au) |

**Lifeline 24 hour crisis line 13 11 14**

Lifeline is a national charity providing all Australians experiencing a personal crisis with access to 24-hour crisis support and suicide prevention services.

People call about:

- Suicidal thoughts or attempts
- Personal crisis
- Anxiety
- Depression
- Loneliness
- Abuse and trauma
- Stresses from work, family or society
- Self-help information for friends and family.

## Peer reviewed journal articles

**Brownie, S., Horstmanshof, L., and Garbutt, R.**

Factors that impact residents' transition and psychological adjustment to long-term aged care: A systematic literature review. *International Journal of Nursing Studies*, 2014; 51(12): 1654-1666. ISSN: 0020-7489 PMID: 24813582

**Jacobson, J., Streak Gomersall, J., Campbell, J., and Hughes, M.**

Carer's experiences when the person for whom they have been caring enters a residential aged care facility permanently: a systematic review. *The JBI Database of Systematic Reviews and Implementation Reports*, 2015; 13 (7): 241- 317. EISSN: 2202-4433





# Pastoral Care at VMCH

VMCH supports new residents and their families to adjust to residential aged care in a number of ways, including the provision of a supportive pastoral care service. For people who require residential care, pastoral care can play an important role in supporting people and their family members during and after the transition.

Pastoral care offers religious, spiritual and emotional support. Our pastoral care practitioners and volunteers accompany people in times of triumphs and joys and in times of pain, loss and anxiety, always respecting confidentiality and privacy.

Our dedicated team is here to offer residents support and accompaniment in their spiritual and religious journey, support in times of transition, opportunities to share life experiences and build relationships with residents, provide prayer, sacraments and rituals, palliative care and grief and loss support.



# About VMCH

Here at VMCH, love, joy, hospitality and courage aren't just words to us. As a Catholic for-purpose organisation, these values underpin everything we do.

Our professional and compassionate teams are with you on your life journey; helping you with a wide range of support from early learning and therapy, specialist education, disability services, affordable homes, residential aged care, retirement living and at-home aged care.



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## Disclaimer and advice

The views expressed in this booklet provide a general summary only. People should seek professional advice about their specific care needs.

Names have been changed to protect the privacy and maintain the confidentiality of participants.

The information in this brochure has been prepared by VMCH (Villa Maria Catholic Homes) as a general guide to our services and operations. While every effort has been made to ensure accuracy, VMCH accepts no responsibility for any loss or inconvenience caused by reliance on the information set out in this brochure. Please contact us if you require detailed information about any of our services. August 2025.

As a Catholic organisation, VMCH is committed to providing compassionate care in a nurturing environment to all residents and clients. VMCH does not support and will not facilitate Voluntary Assisted Dying.

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