

IMPLEMENTING HOME-BASED DEMENTIA REHABILITATION: A CONTENT ANALYSIS OF STAFF ATTITUDES TOWARDS AN ALLIED HEALTH ASSISTANT DELIVERY MODEL

Authors

Clare Stephenson^{1,2}, Kasia Bail^{1,2,3}, Diane Gibson¹, Stephen Isbel^{1,4}, Nathan M D'Cunha^{1,4}



Clare Stephenson RN (Hons) MHLthLdr
PhD Candidate
clare.stephenson@canberra.edu.au
@ClareStephenson



Affiliations

1. Centre for Ageing Research and Translation, University of Canberra, Bruce, 2617, ACT, Australia
2. Canberra Health Services, Garran, 2605, ACT, Australia
3. School of Nursing, Midwifery and Public Health, Faculty of Health, University of Canberra, Bruce, 2617, ACT, Australia
4. School of Exercise and Rehabilitation Sciences, Faculty of Health, University of Canberra, Bruce, 2617, ACT, Australia

Background

Dementia is a leading cause of disability in Australia, and early access to rehabilitation is increasingly recognised as important for supporting independence and wellbeing¹. However, dementia rehabilitation programs often involve group participation and care partner involvement, limiting access for people with dementia to engage independently¹⁻³. Home-based dementia rehabilitation offers a personalised alternative, and allied health assistants (AHAs) may provide a more sustainable and cost-effective delivery model. This study explored staff attitudes towards an AHA-delivered, home-based dementia rehabilitation intervention being piloted in the Australian Capital Territory, known as SPICE at Home.

Objective

The objective of this study was to explore clinical staff perspectives prior to rollout of a pilot trial, to identify implementation, feasibility, and sustainability factors relevant to an allied health assistant-delivered, home-based dementia rehabilitation model.

Methodology

1. A qualitative descriptive design was used to examine the perspective of clinical staff recruited to deliver the pilot program
2. One focus group (n=3) and semi-structured interviews (n=2) were conducted prior to trial commencement to explore expectations, perceived feasibility and implementation considerations
3. Qualitative content analysis was conducted, with primary coding by one researcher and cross-checking of coding and themes by a second researcher



Results

1. The allied health assistant was central to program feasibility and sustainability

2. The importance of person-centred engagement and compassionate care in fostering confidence and validation for people living with dementia

3. The need for clear communication, leadership and systems to support implementation

- Importance of safety mechanisms and risk management processes

4. Addressing a critical service gap for people unable to access group-based dementia rehabilitation

Four key themes and one sub-theme were identified

"I think that goes a long way in terms of having leadership on board, management on board, but not even just having them on board to say, yes, we'll do it, having them on board to be like, we need to think about this. And can you think about this? And this is how I'm thinking of my work, good collaboration and support." - AHA

"I think our allied health assistants are underutilised or could be spending more time practicing, you know, doing less administrative tasks and more like clinical delivery stuff. I'm hopeful that with the structure that this program has [...] we may be able to demonstrate that an allied health assistant can go out and work with people, living with dementia to enhance their activity and engagement" - HCP2

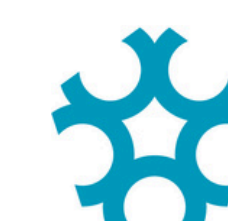
"That kind of yeah for people who maybe have knocked on various different doors and been like, Oh, that's not appropriate for that client, or we can't have that person in the group, or even just that feasibility of taking someone to a group." - HCP1

Conclusion

This study highlights the key factors shaping staff readiness and engagement to implement an AHA-delivered, home-based dementia rehabilitation program as reflected across four interrelated themes.

Beyond establishing feasibility, the findings emphasise the importance of strong management endorsement, clear governance, and targeted training and supervision to support AHA competence. Flexible organisational structures that promote communication, shared responsibility, and team acceptance were key to providing the wrap-around support needed for AHAs to work autonomously and confidently in delivering person-centred dementia care.

Findings from the pilot trial may support further research to improve person-centred rehabilitation for underserved populations to inform a scalable and sustainable workforce model within Australian dementia care.



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References and resources

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