Location tracking, home supervision or residential care for changing needs

Caring for someone with dementia often involves a series of decisions that shift as the condition progresses. What works one month may feel unsafe or impractical the next. Families typically weigh three broad approaches: location tracking technology, increased home supervision, and residential care. Each option addresses different challenges, and the right choice depends on the person's current abilities, their living situation, and the support available from family and community.

Understanding what each approach offers, and where its limits lie, can help caregivers make informed decisions without feeling rushed or overwhelmed.

Location tracking for peace of mind

For many families, the first sign that something needs to change is a moment of panic when the person with dementia cannot be found. Wandering is a common behaviour in moderate stages of cognitive impairment, and it can happen quickly. Someone may leave the house to walk a familiar route and then become confused about where they are or how to return.

Location tracking devices, often worn as a pendant or clipped to clothing, allow a family caregiver to see where the person is in real time through a smartphone app. Some devices also let the user set safe zones, such as the home or a local park, and send an alert if the person leaves that area. This gives the wearer freedom to move around without constant supervision, while reducing the worry for those looking after them.

These tools are not a replacement for human care, but they can extend the time a person lives independently or with minimal support. They are especially useful for someone who is still active, enjoys walking or visiting familiar places, and has not yet lost the ability to manage basic daily routines. The person may still need help with meals, medication, or personal care, but the tracker handles the specific risk of getting lost.



One thing to consider is whether the person will accept wearing the device. Some people find it reassuring; others may feel it is intrusive or unnecessary. Introducing it early, as a simple way to stay connected, can make the transition smoother. If the device is presented as a tool that helps everyone feel safer, rather than as surveillance, it is often better received.

Home supervision and in-home care

As dementia progresses, the risks at home multiply. The person may forget to turn off the stove, leave taps running, or become disoriented at night. They might also need help with bathing, dressing, and managing medications. At this stage, location tracking alone is not enough. The person needs someone nearby to ensure their safety throughout the day.

Home supervision can take many forms. A family member may move in or visit multiple times a day. Alternatively, the family can hire a paid caregiver for a few hours each day or for overnight support. Some families combine approaches: a tracker for daytime walks and a caregiver who comes in the evening to help with dinner and bedtime routines.

The advantage of home supervision is that the person stays in a familiar environment, surrounded by their own belongings and memories. This can reduce anxiety and confusion, especially in the earlier stages of dementia. It also allows the care network to respond quickly to changes in behaviour or health without the disruption of moving to a new place.

However, home supervision places a heavy burden on family caregivers. It can be physically demanding and emotionally draining, especially if the person needs help during the night. Burnout is a real risk. Families need to plan for respite care and be honest about what they can manage. A care plan that includes regular breaks for the primary caregiver is essential, not optional.

Another consideration is home safety. Stoves may need automatic shut-off devices, doors may need locks that the person cannot easily open, and bathrooms may need grab rails and non-slip mats. These modifications can be costly and may not be suitable for a rental property. A home safety assessment from an occupational therapist can identify the most important changes.



Residential care when needs become complex

There comes a point for many families when home supervision is no longer enough. The person may need round-the-clock nursing care, or their behaviour may become too challenging for family or paid caregivers to manage safely. Wandering at night, aggression, incontinence, and difficulty swallowing are all signs that the level of care needed has increased beyond what most home environments can provide.

Residential care facilities are designed for people with advanced dementia. They have staff trained to handle complex behaviours, provide personal care, and manage medical needs. They also offer social activities and a structured daily routine, which can be calming for someone with significant cognitive impairment.

The decision to move someone into residential care is rarely easy. Families often feel guilt or sadness, even when they know it is the right choice. It can help to think of it as a shift in the

role of the family caregiver: from hands-on provider to advocate and visitor. The family remains an essential part of the person's life, but the day-to-day responsibility is shared with professionals.

When comparing residential care with home supervision or location tracking, it is important to consider the person's quality of life, not just their safety. A person who is distressed, lonely, or in pain may be better off in a facility where they receive constant attention and stimulation. On the other hand, someone who is still able to enjoy their garden and recognise their family may thrive longer at home, even if some risks remain.

How to weigh the options

There is no single right answer for every family. The decision depends on the stage of dementia, the person's physical health, the availability of family support, and the financial resources of the household. A useful approach is to think in terms of stages:

- Early stage: Location tracking and minimal home modifications may be enough to support independence.
- Middle stage: Increased home supervision, possibly with paid caregivers, and continued use of tracking for wandering risks.
- Late stage: Residential care or intensive home nursing, depending on the family's ability to provide care and the person's medical needs.

It is also worth revisiting the decision regularly. Dementia is progressive, and what works today may not work in six months. A good care plan includes regular reviews and a willingness to adjust as needs change.


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For families just starting to think about these options, the most important step is to gather information. Talk to a doctor or a dementia support organisation. Speak with other families who have been through the process. Visit residential facilities before a crisis forces a quick decision. And consider starting with location tracking, which can be a simple way to stay connected and maintain a sense of normalcy for everyone involved.

Ultimately, the goal is to find the balance that gives the person with dementia the best possible quality of life while protecting the wellbeing of those who care for them. Each family's path will look different, and that is perfectly fine.