



# Improving design in residential aged care

A Dementia Australia submission to the Australian Government's Consultation on the New Residential Aged Care Accommodation Framework

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## About Dementia Australia

Dementia Australia is the peak dementia advocacy body in Australia. We exist to support and empower the estimated half a million Australians living with dementia and 1.6 million people involved in their care. Dementia is the second leading cause of death in Australia, yet it remains one of the most challenging and misunderstood conditions. Founded by carers more than 35 years ago, our organisation engages with people with dementia, their families and carers in our activities, planning, policy and decision-making, ensuring we capture the diversity of the lived experience of dementia across Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform and inspire others. As the trusted source of information, education and support services, we advocate for positive change for people living with dementia, their families and carers, and support vital research across a range of dementia-related fields.

## Introduction

There are two key philosophies that underpin this submission. More than 50 percent of people currently living in residential aged care have a diagnosis of dementia and this figure is predicted to increase in the next three decades.<sup>1</sup> Consulting with people living with dementia and drawing on their lived experience must therefore be central to any approach to improving residential aged care design for future consumers. Our submission is powerfully informed by the voices and experiences of people living with dementia and their carers and family members. Secondly, incorporating dementia-friendly and enabling principles will not only create an enriched and enhanced environment for people living with dementia, but it will improve the experience of residential aged care for *all* future consumers. Put simply, dementia-friendly design is an approach that benefits everyone in the residential aged care community.

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<sup>1</sup> Australian Institute of Health and Welfare (2020). Australia's Health. [Dementia - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports-and-publications/dementia)

## Dementia in Australia

Dementia is the term used to describe the symptoms of a large group of neurocognitive disorders which cause a progressive decline in a person's functioning. It is one of the largest health and social challenges facing Australia and the world. It is estimated that there are up to 472,000 Australians living with dementia in 2021<sup>2</sup> and around 1.6 million people involved in their care.<sup>3</sup> Without a significant medical breakthrough, it is estimated that there will be almost 1.1 million people living with dementia by 2058.<sup>4</sup>

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<sup>2</sup> Dementia Australia (2018) Dementia Prevalence Data 2018-2058, commissioned research undertaken by NATSEM, University of Canberra

<sup>3</sup> Based on Dementia Australia's analysis of the following publications – M.Kostas et al. (2017) National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016, Department of Health; Dementia Australia (2018) Dementia Prevalence Data 2018–2058, commissioned research undertaken by NATSEM, University of Canberra; Alzheimer's Disease International and Karolinska Institute (2018), Global estimates of informal care, Alzheimer's Disease International; Access Economics (2010) Caring Places: planning for aged care and dementia 2010–2050

<sup>4</sup> Dementia Australia (2018) Dementia Prevalence Data 2018-2058, commissioned research undertaken by NATSEM, University of Canberra

## 1. What do you see as good design characteristics in residential aged care?

Dementia Australia believes that the broad approach to design in residential aged care needs to begin with a clear philosophy or model of care. This model of care will guide how the built environment is designed, and how the space will be both enabling for a person living with dementia but equally how it will enable staff to deliver high quality and best practice dementia care.

The philosophy or model of care will necessarily vary between aged care homes. This could include a focus on engagement with the ordinary activities of daily living and include fully functioning kitchens or in contrast, the model of care might emphasise the provision of full service and recreation or the importance of cultural engagement and spiritual reflection. The 'design in response to vision for a way of life' needs to be clearly articulated and the building designed both to support this vision and to make it evident to everyone who lives and works there.<sup>5</sup> The building should be the embodiment of the philosophy of care, constantly reinforcing to all those who work in it the values and practices that are required while providing them with a conducive environment and the tools they need to do their job.

Having established an overarching model or philosophy of care, each residential aged care development should be informed by the dementia-friendly and enabling design principles developed by Professor Richard Fleming and Kirsty Bennett.<sup>6</sup>

These principles provide an important benchmark for residential aged care design and include:

- Familiarity- all aspects of the home are designed to feel familiar including furniture, fittings, spaces such as loungerooms, bedrooms, kitchens, and outdoor areas

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<sup>5</sup> Fleming and Bennett, (2017) Applying the Key Design Principles in Environments for People with Dementia, [https://www.enablingenvironments.com.au/uploads/5/0/4/5/50459523/dta\\_resource2\\_digital.pdf](https://www.enablingenvironments.com.au/uploads/5/0/4/5/50459523/dta_resource2_digital.pdf)

<sup>6</sup> Fleming and Bennett, (2017) Applying the Key Design Principles in Environments for People with Dementia, [https://www.enablingenvironments.com.au/uploads/5/0/4/5/50459523/dta\\_resource2\\_digital.pdf](https://www.enablingenvironments.com.au/uploads/5/0/4/5/50459523/dta_resource2_digital.pdf)

- Personalisation- the ability to include personal items and create familiar and personalised space (s)
- Opportunities to move around freely- indoors and outdoors
- Easy to navigate and identifiable spaces i.e., kitchen, dining areas, lounge room, outside areas
- Supports to assist the person to find what they are looking for, promote engagement, provide choice, and promote decision making. For example, clear signage, familiar cues, items, and elements that match the function of the room/s and spaces, features that assist wayfinding
- Smaller and clearly demarcated spaces - smaller in size to reduce distraction and confusion, and spaces that are obvious in design and features to indicate what the space is for and what activities take place there
- Effective noise absorption and good natural and artificial lighting to optimise stimulation and reduce distraction and confusion
- All areas and features accessible to the resident are highlighted through contrast and personalisation to maximise usage and safety.
- All areas for staff only use are camouflaged and less obvious
- An environment that encourages easy access to everyday activities and the ability to engage with the spaces. For example- access to a kitchen, laundry, garden and that these spaces are configured to promote connection and engagement
- Safety, security, and accessibility- keeping the person safe and promoting independence
- Good quality air flow, including fresh air and movement of air throughout the building
- The environment encourages and allows for engagement with the broader community. For example, a café open to the public, a playground for children, a community hall for hire, a day care centre co-located
- All non-resident related activities (back of house services) occur away from resident areas in well concealed areas
- Single rooms with ensuite if possible and some rooms with a shared door for couples

## **2. What elements / aspects do senior Australian's value in residential aged care design?**

Consultation with our dementia advocates and subject experts indicate that senior Australians, including those living with dementia, value the following features of residential aged care design:

- Freedom to move wherever and whenever I choose to
- Freedom to access and use all aspects of the home, for instance to make a cup of tea at any time, make a meal for a family member when they visit, do my own laundry and work in the garden
- A space where it is easy to find what I am looking for – where wayfinding and navigation is clear and easy for everyone
- A place and space that does not feel 'institutional'
- The opportunity to make a space my own - personalisation of bedrooms and other areas is important
- Choice - I decide what I want to do and when in all aspects of my life in residential aged care
- Accessibility- that my chosen accommodation will both support me to be independent and provide appropriate facilities and supports in the event of my changing physical and psychosocial needs
- The ability to feel I can continue with my interests, routines and have a sense of purpose while contributing to the home
- A place where my family and friends can come and engage with me
- A place that also encourages me to feel connected to the community outside the aged care home

## **3. What key elements would you like to see included in the design standards to support quality of life for senior Australians?**

Dementia Australia believes that the dementia-friendly and enabling features of design outlined in response to Question One will support quality of life for *all* aged care consumers and should therefore provide the framework for residential aged care design standards.

**4. What is the expectation for accessibility requirements? How does it differ from the existing mandatory requirements (such as the NCC and the Premises Standards)?**

The existing mandatory requirements such as the NCC and the Premises standards focus mainly on accessibility in terms of physical disabilities.

Dementia Australia advocates for the development of safety and accessibility requirements for aged care homes that recognise and support the differential requirements of people living with *cognitive* disabilities including dementia. These would include but are not limited to safety and accessibility requirements in relation to lighting, wayfinding, floor surfaces and coverings, clear demarcations between floors, walls and other structural features for visual legibility, acoustic design and sight lines and access to indoor and outdoor areas.

**5. Is there a role for a LHDG style tiered structure (i.e., Silver, Gold, or Platinum levels) within the design standards to assist senior Australians to make informed choices about accommodation?**

Dementia Australia believes there are advantages and disadvantages in relation to adopting this style of design standards. The advantages include:

- It provides the person contemplating residential aged care with choices and the ability to choose a home based on their own circumstances and financial and other resources
- It promotes competition in the sector which may improve standards over time



- It may encourage smaller, struggling organisations to at least adhere to or introduce minimum standards

The drawbacks to this approach include:

- Some smaller organisations who do not have the resources and budget to reach the highest level will be disadvantaged and may exit the industry
- This would need to be highly regulated and regularly monitored to ensure consistency and quality
- It does not ensure consistent quality across the sector or consistent quality of life for the residents if organisations aim for the minimum or lowest standard
- It puts extra pressure on an organisation in an already overregulated climate
- It minimises the key message of the importance of including *all* the standards in a new design/home
- All standards are arguably of equal significance and are required to promote quality of life but having a tiered classification approach appears to distinguish between the importance of different standards

**6. If a tiered structure is included in the design standards, how could it be evaluated? How could providers demonstrate adherence to the design standards and substantiate claims to meet the varying levels (i.e., Silver, Gold, or Platinum levels)?**

Dementia Australia has some questions about how a tiered design structure would work in practice as follows:

- Would the process be mandatory in requiring every aged care home to conform to at least one of these levels and if so and as noted in the previous response, would this result in a significant proportion of providers ‘aiming low’ for minimum design standards?
- Is increasing market share enough of an incentive to encourage providers to aim for higher design standards?

- From the provider's point of view, what are the incentives to achieve high quality design?
- Would a provider nominate their home as compliant for a particular tier level and would it be assessed against that nomination, or will there be an independent assessment process that determines the appropriate tier level?

The built environment can have a significant impact on quality of life and well-being for people living with dementia, particularly in the residential aged care setting. Dementia Australia strongly supports new design standards that are dementia-friendly and enabling but believes that evaluation and compliance processes to ensure adherence in the sector must be rigorous, consistent, and ongoing. The following suggestions for ensuring design compliance could include:

- Develop an assessment tool based on the new design standards to audit and evaluate each home
- Environmental/design audits/inspections conducted on the same basis as the current Accreditation process. These could be undertaken on both a regular and unannounced basis to capture an accurate picture of each home's compliance
- As with the Accreditation process, conduct follow up/support visits to ensure appropriate improvements and compliance
- Audits conducted by specialised assessors with the appropriate knowledge, training, and expertise in both aged care and design
- Case studies and motivational stories about the positive changes that have been made following implementation of the design standards and principles will be crucial in embedding the successful adoption of the standards

Dementia Australia also notes that the introduction of the star rating system for the aged care sector will contribute to encouraging good design. Consumers will make judgements about the quality of the design, including dementia-friendly and enabling features, in choosing aged care accommodation, and this will be an effective driver of compliance.

## **7. How should the design standards consider dementia-friendly design?**

As noted in the introduction, at least 50 per cent of residents currently living in aged care homes have a diagnosis of dementia and this is projected to increase in the future making dementia-friendly and enabling design essential to the success and effectiveness of any new design standards. The features of good design listed in Question One are dementia-friendly and enabling features and must inform the new design standards. Dementia Australia also supports the recently launched Dignity Manifesto of Design for People Living with Dementia as a timely and crucial globally endorsed framework in guiding the new design standards.<sup>7</sup> Developed by Professor Richard Fleming and based on decades of evidence-based research in this area, the manifesto's goals, values, and principles reinforce and expand on the features listed in Question One and are worth reproducing in full here.

### **Goals**

As designers, researchers, care deliverers, care receivers, and people living with dementia we have come to understand that good design for people living with dementia entails respecting their dignity, autonomy, independence, equality of opportunity, and non-discrimination.

### **Values**

In pursuit of these goals, we value projects and designs that:

- Consider the holistic wellbeing of the individual, community, and environment

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<sup>7</sup> Fleming, R. Bennett, K and Zeisel, J. (2020) Alzheimer's Disease International, World Alzheimer Report 2020. Design, Dignity, Dementia: Dementia-related design and the built environment

- Are authentically co-designed with people living with dementia
- Enable people living with dementia to choose to remain in their communities and with their families
- Maximise intergenerational interactions
- Focus on the strengths and abilities of people living with dementia while compensating for functional changes
- Accentuate the freedom of people living with dementia to make choices
- Assist people living with dementia to maintain their culture
- Are informed by evidence and research

## **Principles**

These values are supported when design and planning of the built environment respond to the following evidence-based principles

- Begin each project by developing a vision for a dignified way of life for people living with dementia.
- Where safety measures are agreed to be appropriate, design them to be as unobtrusive as possible.
- Design the environment to reflect a human scale.
- Plan the environment to make it easy for people to see and move where they want to go.
- Optimise stimulation.
- Promote movement, engagement, and meaningfulness.
- Afford people opportunities to enjoy contact with nature
- Design all components of the environment to be as familiar as possible.
- Afford people opportunities to choose to be alone or with various size groups of people.
- Provide easy access and connection to and from local communities, families, and friends.

Dementia Australia also endorses the findings of the recent Royal Commission into Aged Care Quality and Safety and the associated Review of Innovative Models of Aged Care. The review noted that people living with dementia nominated reablement and rehabilitation facilities, and design features that supported independence, exercise and sport including areas for walking. The importance of views to outdoor areas, independent access to outdoor areas and the natural environment, and to the community beyond the home were also considered as vital for well-being. The opportunity for people to stay overnight was also identified as a desirable design feature.<sup>8</sup>

#### **8. Should dementia-friendly elements of design be highly prescriptive, or principles based?**

The goals, values and principles outlined in Question One and Seven should inform dementia-friendly design elements in the residential aged care sector. Dementia Australia strongly supports a principles-based approach as this ensures that dementia-friendly and enabling features can be implemented in a way that is site specific and tailored to the organisation, its ethos and culture. It is worth noting that some design standards, for example those addressing safety and accessibility, will by necessity be more prescriptive in nature but the dementia-friendly elements in relation to these standards can still be adapted to suit the specific needs and resources of each aged care home. In what is an already heavily regulated sector, Dementia Australia believes that a supportive, principles-based approach will encourage organisations and their design teams to embrace the new standards and equally encourage diversity and innovation in their interpretation.

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<sup>8</sup> Royal Commission into Aged Care Quality and Safety (2020), Review of Innovative Models of Aged Care, Research paper, Volume 3, p 8. [research-paper-3-review-innovative-models-of-aged-care.pdf](#)

Dementia Australia environmental audits, evidence-based research and feedback from our advocates indicates that there has been and continues to be limited knowledge about what constitutes dementia-friendly and enabling design in the residential aged care sector. There is a corresponding lack of resources and expertise in both retrofitting dementia-friendly and enabling features or embracing these features in new developments.

Dementia Australia believes that education and resources aimed at informing the sector about the importance of incorporating dementia-friendly and enabling elements in residential aged care design will be critical in this context. The personnel associated with new and existing aged care homes must be supported to understand, interpret, and implement the new dementia-friendly design principles to achieve improved, dementia-friendly design in the sector. For new developments, providers could be encouraged (or required) to employ a team that involves at least one key member (architect/draftsperson/builder/designer) that has expertise in dementia-enabling design or has undertaken foundational dementia education. The dementia-friendly and enabling design elements for each new development could be assessed by an independent reviewer at arm's length from the provider to ensure the features comply with the standards and meet the needs of people living with dementia in a residential aged care setting.

Dementia Australia notes that tertiary and training courses that deal with design and building currently lack specific content addressing design approaches for aged care and dementia-friendly and enabling environments. Dementia Australia advocates strongly for the revision of curricula in Architectural, Design and Building schools, and related courses in other tertiary institutions and technical schools to include this content accordingly.

**9. Are there tensions between good design for dementia-friendly environments and other characteristics, such as accessibility or infection control? How can these tensions be managed?**

As noted in our previous responses, some design standards and features will of necessity be more prescriptive and pose a challenge in terms of ensuring that these are also dementia-friendly and enabling. As with our response to the preceding question, Dementia Australia believes that education and training will be key to this challenge in supporting a clear understanding of the potential tensions between adhering to design standards and legislative requirements around safety, infection control and other issues and how to balance these with designing for a dementia-friendly and enabling environment. On site audits and assessments, advice on interpreting dementia-friendly principles, best practice studies and other resources will assist in the design process.

Dementia Australia acknowledges the challenges involved in balancing these competing design demands but supports an approach that always has the independence and well-being of the person with dementia, and their ability to make choices and decisions about how they live their life in the residential aged care environment, as the overarching guiding principle.

**10. How should the design standards consider the specific needs of diverse groups to ensure residential aged care facilities are inclusive?**

As with our earlier responses, we note that some design standards will be highly prescriptive, but many will allow for a flexible and innovative approach that ensures that each aged care home can interpret and implement the standards on a site-specific basis determined by the needs and preferences of each residential aged care community. As noted in an earlier response, we reiterate the importance of the consumer perspective in determining key features of the home. This inclusive approach requires the active involvement and input from people living with dementia and those representing the ethnically, culturally, and socially diverse communities that characterize contemporary Australia.

As the discussion paper suggests in relation to issues around diversity, the new design standards guide should refer to and link with design standards and requirements of other programs that specifically address the needs of diverse communities in the residential aged care sector. As we have emphasised in relation to other aspects of the design standards, Dementia Australia believes effectively addressing the diverse needs of consumers in designing for future residential aged care homes will require significant education, information and support for providers in relation to the interpreting and implementing the new design standards.

**11. What would be the key challenges in moving to a small home-based model for providers?**

Small home-based models of aged care have been developed extensively in North America, Europe and elsewhere but this model has been implemented in Australia on a limited scale only. Dementia Australia broadly endorses this model given its emphasis on providing genuinely person-centred care in a homelike setting and the promotion of independence for consumers, including those living with dementia, by actively involving them in the daily activities of the home. Dementia Australia notes that while the small home-based model of residential aged care appears to better



meet the needs and preferences of consumers compared with a large scale, institutional care model, there is limited evidence to date for tangible clinical and other benefits for residents.<sup>9</sup> Dementia Australia also notes that there are real and perceived barriers to a more widespread adoption of the model within the sector including the following:

- Staffing issues including differential levels of qualified care staff and consistency and continuity of staff and care for each 'small house'
- Ensuring each small house contains elements of dementia-friendly design such as an accessible kitchen and outdoor areas
- Domestic staffing issues around meal and cleaning services provision to each small house
- Delivery of other services and supplies to all small houses
- Budget constraints in building and/or adapting to provide single rooms with ensuites
- Perceptions of higher cost though it should be noted that while initial capital costs may be slightly higher, running costs over time could be equivalent or less

## **12. What can we learn from retirement villages when considering a small home-based model?**

There are appealing and beneficial features of the retirement village model which could directly translate to, or be incorporated in modified form, in the small home-based model of residential aged care. These positive features include but are not limited to:

- Smaller areas foster a greater sense of community and belonging
- Smaller spaces create more intimacy and
- Smaller spaces allow improved functionality of spaces
- Smaller spaces create a more homely feeling in contrast to the clinical and institutional feel that often accompanies larger institutions and spaces

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<sup>9</sup> Royal Commission into Aged Care Quality and Safety (2020), Review of Innovative Models of Aged Care, Research paper, Volume 3, p 8. [research-paper-3-review-innovative-models-of-aged-care.pdf](#)

- A retirement village often has some larger shared services such as a café, gym, theatre, library etc. A small home-based model of residential aged care could include shared common areas that would equally encourage engagement with other consumers and the greater community and an opportunity for the residents to explore the greater village and visit these common areas.

**13. Should the design standards include safety elements or are these sufficiently covered elsewhere, such as within the NCC?**

Dementia Australia believes that the safety requirements contained in the NCC are relevant and appropriate for the residential aged care sector and that incorporating specific safety measures in the new design standards is not warranted. As noted in the discussion paper, the Covid-19 pandemic has highlighted the potential for future, large-scale infectious outbreaks and the need for appropriate safety measures relating to air quality and the capacity to isolate individuals and groups will be important accordingly. Dementia Australia believes that these are important considerations when designing aged care homes in the future, particularly in relation to the safety of people living with dementia who may not understand or be able to comply with infection control measures. We would however note that considerable financial imposts are involved in building in such measures and an equal emphasis on educating and resourcing residential aged care staff on best practice infection control and other measures would make an equal if not greater contribution to ensuring the safety of residential aged care communities within an individual home. Dementia Australia also notes that the modest scaling and associated ability to isolate and manage discrete spaces in the small-home model of residential aged care offers clear advantages in this context.

**14. Is it practical to have air-handling systems such as negative-pressure ventilation or air scrubbers in a small home-like cottage for 8 to 10 people?**

As with our response to the previous question, Dementia Australia believes that these kinds of air quality management systems might not be financially viable and might also be intrusive in the setting of a small-home building. A minimal recommendation in relation to air quality systems might be a reasonable compromise rather than insisting on the installation of negative-pressure ventilation or similar systems. As also noted above, the smaller scale and design of the small-home model of residential aged care, the ability to isolate individuals, promote good natural airflow, access to outdoor areas and other measures, will be helpful in this context.

**15. How do we balance innovation and prescription?**

We refer you back to our responses to Questions Eight and Nine here but also make some additional observations. Best-practice, dementia-friendly and enabling design in the residential aged care context aims to replicate the *feeling of home* in the aged care home. As noted in earlier responses, the inclusion of some of the NCC design and other features suggested in the discussion paper might mitigate against the creation of a home-like environment. Dementia Australia believes balancing the incorporation of safety and accessibility features and dementia-friendly elements to create a home-like environment is a challenge, but not an insurmountable one. As suggested in earlier responses, the provision of an accompanying design guide, education, resources, and other forms of support to aged care providers and design teams will be essential in ensuring that aged homes of the future combine all the necessary safety features while creating the most supportive, dementia-friendly, and homelike environment for aged care consumers.

**16. How can innovation and adoption of the design standards be demonstrated by providers to support senior Australians making accommodation choices?**

Providers could showcase their embrace of and innovative approach to the design standards via website images, virtual and actual tours, group presentations and information sessions for seniors and other forms of conventional advertising.

A key strategy could involve highlighting the potential for consumers to personalise the home, individualize bedrooms and contribute to making other spaces feel home-like and familiar. The opportunity to personalize spaces and contribute to decisions about the appearance of communal spaces has been limited in the past.

**17. Should the design elements be a one size fits all approach or are different design standards needed for different types of facilities including existing buildings, refurbishments, and new builds?**

Dementia Australia strongly supports the development of new design standards for the residential aged care sector that are both rigorous and flexible enough to be applied and interpreted for any aged care home regardless of its size and shape and whether it is new development or a retrofit project. As noted in response to earlier questions, Dementia Australia strongly supports a principles-based approach as this ensures this flexibility in encouraging the incorporation of dementia-friendly and enabling features in a way that is site specific and tailored to the organisation, its ethos and culture.

As noted in response to Question 15, information, education, and support to guide providers and their design teams to interpret the design standards in the context of their existing or proposed homes will be essential to the successful implementation of the standards.

## **18. Should adoption of the standards be voluntary or mandatory?**

Dementia Australia acknowledges that our advocates overwhelmingly supported mandatory design standards (85 per cent of all survey participants), but the organisation's subject matter experts were divided on this issue. The following summary therefore identifies the principal advantages and disadvantages of both the voluntary and mandatory approach to design standards.

### **Mandatory**

#### **Pros:**

- Ensures national consistency and compliance in this area
- Will improve the quality of life for people living with dementia
- Will provide clear guidelines and expectations in this space
- May create healthy competition between homes and more choice for the consumer
- Offers opportunities for innovation and best practice in the area

#### **Cons:**

- Extra pressure on an already overregulated industry straining under the weight of new legislation and other requirements
- Some smaller homes and organisations with limited resources may struggle to implement the standards
- Some smaller homes/organisations may require additional financial support/grants/schemes based on a means testing approach to ensure compliance accordingly
- A compliance driven system does not drive and could arguably discourage innovation
- May reduce the individuality and diversity of a home if the standards are not well understood, interpreted, and implemented appropriately

- May reduce the focus on person-centred care and the other aspects that create a genuine home
- The extra resources required to implement the new standards may drive up fees for the consumer

## **Voluntary**

### **Pros:**

- Opportunities for innovation and best practice in the area
- Organisations and homes who choose to adhere to the new standards can market themselves as dementia-friendly
- Emphasis on adherence to the design principles but the flexibility to adapt them to each aged care home depending on its individual requirements and characteristics
- Voluntary and principles-based standards can provide information and guidance and the consumer can then exercise choice and evaluate the aged care home's success or otherwise in the implementation of the standards
- Provides higher quality of life for consumers

### **Cons:**

- If the standards are not mandatory, effective change in aged care design will not occur
- Some organisations will aim low, 'cherry pick' certain standards and compliance will be poor
- Compliance may be difficult/onerous to enforce in an already heavily regulated environment
- Unsatisfactory implementation of the design standards equates with poor quality of life for consumers
- Other countries have chosen to mandate standards and if Australia imposes voluntary standards, it will be benchmarked accordingly

Finally, the discussion paper poses three broad questions around what design elements work well in current aged care settings, or otherwise or act as an impediment to the provision of high quality care. Dementia Australia would like to make the following concluding observations in relation to these questions:

**Features that work well when implemented correctly:**

- A home-like not hotel-like ambience
- Supportive signage for wayfinding and functionality
- Well-proportioned bedrooms, bathrooms, corridors, and communal spaces that allow easy access with wheelchairs/other equipment
- Bedrooms designed to look out into outdoor areas and communal areas to promote wayfinding
- Plenty of smaller spaces away from communal areas where residents can take family and friends to talk, have a quieter space away from others and outside their own rooms
- Natural sunlight/large windows connecting the interior world to the exterior where possible
- Modulated interior lighting given the potentially negative impacts of bright light in some contexts for people living with dementia
- Personalisation of individual spaces and common areas
- Use of contrast on doors, dining, bedding, bathrooms, and other structures to enhance visual legibility of the built environment
- The use of camouflage through painting at points of anxiety such as exit doors; the same colour as surrounds to reduce the resident's interest and guide them to other areas
- Disguising staff only areas and reducing clinical clutter (adequate storage spaces for wheelchairs and other equipment)
- Eradicating nurse's station – use of mobile desks instead
- When the functionality of a space is obvious through familiar items
- Easy and accessible access to safe and engaging outdoor areas that include adequate areas in full sun and shade

- A 'fine dining' rather than cafeteria style meals area with minimal noise from adjacent kitchens/other service areas to promote conducive conditions for mealtimes
- Reduced noise and sensory clutter
- Ensuring all non-resident related services are back of house
- Smaller units of no more than 15 residents

**Features that do not work well:**

- 'Institutional' or clinical feel to the overall environment including choice of colour schemes, furniture, and floor coverings
- Narrow doorways/corridors/spaces that make mobility in a wheelchair/with other mobility aids difficult
- Dark rooms without much natural light
- En suite/toilet not visible from the bed reducing access and wayfinding
- Corridors and bedrooms indistinguishable
- Not enough storage space in individual/communal spaces
- Harsh fluorescent lighting
- No views to a therapeutic exterior
- Locked windows and inadequate ventilation
- No acoustic proofing so noise often intrusive particularly in communal areas
- Multiple, contrasting floor coverings that could be confusing for people living with dementia
- No free access to outdoor areas
- Limited/poor/unsafe outdoor areas; areas without adequate shade
- Air conditioning/heating that is centrally controlled and that cannot be individually regulated in bedrooms



- Elements that create a loss of dignity and independence. For example - camouflaging an exit door with a wallpaper that looks like a bookshelf or installing a bus stop or old shell of a car in the outdoor area. Instead of assisting the person living with dementia, this creates a sense of tricking the person and often has the opposite affect by creating anxiety and confusion as the person waits, and waits but the bus never comes, or they become anxious when the car does not start or they think someone has stolen the engine, or they try and take a book out of the wallpaper “bookshelf” and become confused. These types of features do not respect the person nor create dignity.
- There is still a focus on clinical features taking priority over dementia-friendly features. For example - the inclusion of a nurse’s desk or staff areas over the needs of the residents.
- Designs not prioritising access for residents to areas of a home such as a kitchen, laundry, and outdoor areas
- Designs are that are large scale and with limited smaller, communal spaces
- Lack of safe and easy access to outdoor spaces
- Limited understanding about design standards/principles and the importance of adapting and implementing dementia-friendly and enabling design features and builds.
- University courses related to this field do not discuss aged care and dementia-friendly design.

**Features and issues that make it difficult to deliver high, quality care in the current climate:**

- Limited understanding about design standards/principles and the importance of adapting and implementing dementia-friendly design features and builds.
- Budget constraints and the prioritisation of financial considerations rather than good design
- Resource constraints-particular staffing-related issues

- General lack of awareness about design for aged care and dementia-enabling environments
- Limited understanding about the impact of sensory pollution, particularly the impacts of light and noise
- Difficulty and differences in the interpretation of the dementia-friendly design principles.
- The diversity and individuality of a home or organisation may be a barrier; there are limited examples or case studies available on how to implement the principles and still maintain the diversity and uniqueness of the home.
- Currently no government recommendations or legislation to enforce best practice design for aged care and dementia.
- There are many pressures, restrictions, and legislative requirements on the sector - implementing non-mandated dementia-friendly principles is currently not a priority.

## **Conclusion**

The built environment in any context can have a powerful positive or negative impact on the physical, emotional and psychosocial well-being of a person living with dementia. Dementia Australia believes that adopting a dementia-friendly and enabling approach to inform residential aged care design standards will make a critical contribution to improving the lives and well-being of people living with dementia. All the issues raised in our submission are important in ensuring that the future design of residential aged care homes will provide a range of genuine options, all of which will offer a supportive and enriched environment for people living with dementia. We are grateful for the opportunity to comment on this discussion paper and would welcome the opportunity for further consultation on this significant issue.