

2026-27 Commonwealth Pre-budget submission

In 2025, more than 433,000 Australians are living with dementia including an estimated 29,000 people with younger onset dementia, and over 1.7 million people are involved in their care [1, 4]. Dementia is now the leading cause of death for all Australians accounting for almost 1 in 10 deaths in 2024[1, 2].

A system-level focus on dementia is now more urgent and more important than ever. Without a significant intervention, the number of Australians living with dementia is expected to increase to more than 1 million by 2065 [1] and cost the Australian economy an estimated \$36.8 billion [5].

The Commonwealth and all state and territory governments committed to the National Dementia Action Plan 2024-2034 in December 2024. The Action Plan has eight high-level actions to increase dementia awareness, reduce the population's risk of dementia and improve service coordination for those affected [6].

Dementia Australia has identified three clear priorities and proposals for Commonwealth Government investment that deliver against the NDAP objectives:

1. A comprehensive approach to brain health
2. Establishing a national Dementia Care Navigators Network
3. Building the dementia capability of the workforce

The three proposals represent a comprehensive package of practical initiatives that reflect feedback from people with living experience of dementia and the latest evidence on dementia risk reduction and best practice care. The package will deliver:

- Short- and long-term benefits by focusing on a whole-of-life course approach to brain health and dementia risk reduction
- Individual and system level benefits by supporting people to receive the right care at the right time in the right place delivering better outcomes and cost savings
- Multi system benefits with targeted initiatives spanning health, disability and aged care service systems, including building the capability of care and assessment workforces

The total investment sought is \$136.4m over 4 years as outlined below.

Overview of program	Program components	Quantified benefits
<div data-bbox="40 228 125 895" data-label="Section-Header">Brain Health</div> <p>A comprehensive approach to brain health including:</p> <ul style="list-style-type: none"> National brain health campaign to reduce dementia risk and improve the health of Australians Development of enduring brain health assets and resources to support and sustain brain healthy behaviours. <p>Investment required: \$70.6m over 4 years</p> <p>Target population: 45-65 year olds with tailored messaging for priority populations including First Nations, CALD, and regional/rural communities</p>	<p>Develop and roll out campaign:</p> <ol style="list-style-type: none"> Integrated media campaign focused on raising awareness and addressing specific modifiable risks Targeted community outreach for priority populations Digital risk assessment and brain health tracking tools Service linkages to GPs and specialist services Monitoring and evaluation with modelling of dementia cases avoided <p>Develop Brain Health enduring assets and resources:</p> <ol style="list-style-type: none"> Mapping and evidence review of brain health preventative health programs to identify effective approaches and components Audience research to inform design of messaging and materials Stakeholder consultation including with key referral points for preventative health programs Collaboration with international organisations on brain health behaviour-change assets and resources Strategy for embedding systematic and sustainable rollout of brain health assets and resources 	<ul style="list-style-type: none"> Reduction in new dementia cases and delayed onset of dementia Broader health benefits (cardiovascular, stroke, diabetes) Improved care for people with dementia (timely diagnosis leading to dementia being diagnosed earlier and managed better) <p>Estimated benefits:</p> <ul style="list-style-type: none"> \$34m over 4 years \$206m over 10 years
<div data-bbox="40 895 125 1350" data-label="Section-Header">Dementia Care Navigators</div> <p>Rollout of a Dementia Care Navigators Network embedding navigators in memory clinics around Australia.</p> <p>Investment required: \$40.5m over 4 years</p> <p>Target population: 12,600 people living with dementia from initial diagnosis and at critical transition points</p>	<ol style="list-style-type: none"> 60 trained navigators embedded in 40 memory clinics Consistent point of contact throughout their dementia journey Information, support, and referrals to local services and resources Care coordination at critical transition points Access to onsite clinical support through clinical nurse consultants Independent evaluation to inform refinement of model over time Data sharing to improve service coordination and client follow-up 	<ul style="list-style-type: none"> Reduction in avoidable hospital admissions Reduction in avoidable emergency department presentations Delayed entry into residential care Reduction in delayed hospital discharges Reduced carer burden <p>Estimated benefits:</p> <ul style="list-style-type: none"> \$166m over 4 years \$188m over 10 years

Integrated approach to building dementia capability across aged care and assessment workforces.

Investment required: \$25.3m over 4 years

Target populations:

1. 30,600 aged care workers
2. 1000 residential aged care and Support at Home providers
3. 900 aged care and disability assessors

1. Immersive learning rollout: D-Esc program to 30,600 aged care workers over 4 years
2. Rolling out Tell Tina to ~1000 aged care services to benchmark individual service and sector wide strengths and gaps in dementia knowledge
3. Dementia Essentials and D-Esc training for 600 aged care and 300 NDIS assessors
4. Scoping study: Establishing Dementia Practice leads in residential aged care and Support at Home services
5. Mandatory minimum dementia qualifications for all aged care and disability workers
6. More transparent information on provider dementia capability to inform consumer care decisions

- Reduction in avoidable hospital admissions from RAC
- Fewer reassessments
- Improved workforce retention
- Improved access to care
- Reduced carer burden and stress

Estimated benefits:

- **\$176m over 4 years**
- **\$461m over 10 years**

Budget proposals

Independent preliminary analysis suggests every \$1 spent will generate a return of \$2.76 in four years and \$6.27 in 10 years as the benefits of brain health awareness and early intervention accumulate[7]. These benefits do not include quality adjusted life years for avoided and delayed dementia cases, which would significantly increase the return on investment.

1. A Comprehensive Approach to Brain Health

As there is currently no cure for dementia, prevention and risk reduction are vital. Many Australians are unaware that dementia risk can be reduced through lifestyle changes, and public awareness remains limited.

This proposal seeks to deliver a four-year national brain health campaign, combining integrated media and targeted outreach to raise awareness that dementia is preventable.

Key features

- Integrated media campaign informed by evidence and formative research, complemented by targeted outreach for First Nations, CALD communities, and people with mild cognitive impairment.
- Online risk assessment and brain health tracking tools with tailored action plans and referral pathways.
- Development of multi-modal assets based on international best practice to support long-term behaviour change.
- Collaboration with health services, workplaces, schools, and community organisations to embed dementia risk messaging.
- Paid media, digital platforms, community engagement, and partnerships to maximise reach and impact.

Benefits

- Reframes dementia as preventable, encouraging early help-seeking and normalising brain health conversations.
- Potential to reduce incidence and delay onset of dementia, addressing Australia's leading cause of death.
- Significant long-term health system savings through reduced prevalence of risk factors.
- Broader health benefits for cardiovascular disease, stroke, and diabetes.
- Improved care for people with dementia through earlier diagnosis and better management.

Consultation

Development and delivery will be informed by a Lived Experience Advisory Panel comprising people with a living experience of dementia and/or related risk factors, and an Expert Advisory Panel bringing together expertise across dementia, behaviour change marketing, public health, and priority audience groups.

A comprehensive stakeholder engagement plan will be developed, to engage with health departments, research institutions, primary care, consumer organisations, and wider stakeholders. This will include thorough consultation and engagement with identified priority populations including CALD and First Nations communities.

Evaluation and Performance Measures

Independent evaluation will measure the effectiveness of the campaign including tracking short-term outcomes e.g. reach, engagement, changes to awareness, knowledge, attitudes

and behaviours, and service uptake including referrals, health checks, registrations, asset and resource utilisation. Specific KPIs will be established through campaign planning in consultation with the Department and key stakeholders.

Medium/long-term outcomes will also be tracked through changes in risk factor prevalence, and modelling of dementia cases avoided, DALYs/QALYs gained, and health and social care cost savings.

Equity and Inclusion considerations

The program will benefit women (who represent two-thirds of dementia carers and cases), First Nations Australians, CALD and regional/rural populations through tailored messaging and outreach.

Investment: \$70.6 million over 4 years

2. Develop and Implement a National Dementia Navigator Network

People living with dementia and their carers face a fragmented and confusing care system, leading to delays in accessing support, avoidable hospital admissions, and increased stress. There is a strong need for coordinated person-centred support to help navigate services from diagnosis onwards.

This proposal would establish a network of 60 trained Dementia Care Navigators embedded in 40 publicly funded memory clinics across Australia. Navigators will provide a consistent point of contact for people living with dementia and their carers from diagnosis through key transition points, ensuring timely access to services and reducing system inefficiencies.

Key features

Navigators partner with individuals and carers to identify needs, set goals, and overcome barriers across health, aged care, disability, and community systems.

- Seamless referral from memory clinics, GPs, and specialists; flexible delivery via in-person, phone, and online support.
- Education on dementia, care planning, warm referrals to services, and coordination at critical points such as hospital discharge or transition to residential care.
- Access to onsite health professionals for advice and integration with care plans.

Benefits

- Timely uptake of post-diagnostic support and early intervention.
- Reduced avoidable hospital admissions, emergency presentations, and delayed discharges.
- Delayed entry into residential care, improving independence and quality of life.
- Lower carer stress and burden, improving wellbeing.
- Better outcomes for priority populations through culturally safe navigation and tailored support.

An independent evaluation will be embedded from the start, with mid-term and final reviews to measure individual and system-level outcomes. There will be oversight by Dementia Australia in partnership with the Department, ensuring integration with existing systems and accountability. Additionally, there will be a focus on inclusion for First Nations, CALD communities, LGBTIQIA+ people, and those in rural and remote areas, supported by stakeholder engagement and partnerships with local organisations.

Investment: \$40.5 million over 4 years

3. Building the Dementia Capability of the Workforce

Many aged care and disability providers lack the skills and training needed to deliver high-quality dementia care, leading to inconsistent and sometimes unsafe care experiences. The Royal Commission into Aged Care Quality and Safety highlighted the urgent need to uplift workforce capability to improve outcomes for people living with dementia.

This initiative will uplift dementia capability across aged care and assessment workforces to ensure high-quality, culturally safe care for people living with dementia. It combines immersive training, benchmarking tools, targeted education for assessors, and leadership development to embed sustainable improvements.

Key features

- Rollout of Dementia Australia's D-Esc program to 30,600 aged care workers, using virtual reality to build skills in de-escalating behavioural emergencies and person-centred care.
- Deployment of the Tell TiNA tool to 1,000 aged care and home care services to identify strengths and gaps in dementia knowledge and track improvements over time.
- Mandatory Dementia Essentials and D-Esc training for aged care and NDIS assessors to improve accuracy and quality of assessments.
- Scoping the establishment of dementia practice leads in aged care services to provide cultural support, mentoring, and ensure training translates into practice.

Benefits

- Better recognition and response to dementia needs, reducing serious incidents and use of restraints.
- Improved care experiences and outcomes for people living with dementia and their carers.

- Reduced avoidable hospital admissions and delayed discharges.
- Increased workforce confidence, retention, and capability, leading to fewer reassessments and improved system efficiency.
- Stronger leadership and culture to sustain improvements in dementia care.

Each element will include performance measures and independent evaluation to track impact on care quality and workforce capability. There will be oversight by Dementia Australia in partnership with the Department, ensuring accountability and alignment with national standards. Additionally, there will be a focus on culturally safe care and inclusion for First Nations, CALD communities, LGBTIQ+ people, and those in rural and remote areas. Benefits will also extend to a diverse workforce, many of whom are women from multicultural backgrounds.

Investment: \$25.3 million over 4 years

Systemic advocacy

In addition to these specific funding proposals, Dementia Australia is seeking Commonwealth action on four systemic issues:

- Responding to aged care reform impacts.
- Access to respite services.
- Addressing dementia data gaps.
- Improved access to dementia prevention supports.

Responding to aged care reform impacts

Dementia Australia is supportive of the rights-based approach underpinning the new Aged Care Act that came into effect on 1 November 2025, and its intention to put older people who need aged care at the centre of the system.

However, any change of this scale needs to be monitored carefully to ensure it is implemented well. We urge the Government to proactively monitor the impact of the aged care reforms for people living with dementia, their families and carers, and to respond swiftly to resolve any issues or unintended consequences. We are providing feedback to Government through monthly meetings and regular provision of data to the Department of Health, Disability and Ageing, raising urgent issues as they arise and providing a range of formal submissions in response to specific elements of the reforms.

Access to respite services

Respite care provides supports for people living with dementia to remain at home in the care of loved ones for longer, while also supporting carer wellbeing. The Royal Commission into Aged Care Quality and Safety called for urgent reform to improve access to respite care, however numerous metrics highlight a significant deterioration in access to respite services. In the last year alone there was a 14 percent increase in carers reporting difficulty finding high quality respite. There has also been deterioration in affordability, availability and flexibility of respite[8]. Additionally, the Aged Care Inspector General has highlighted widespread respite issues, especially for people with complex needs or changed behaviours including providers operating respite beds on “a try before you buy” basis, further limiting access to genuine respite.[9]

This is consistent with research conducted by Dementia Australia in 2025 which identified systemic barriers, such as people not knowing what services are available or how to access them, quality concerns, and reluctance of people with dementia to attend services. Findings from the 2024 National Carer Survey also reinforce these issues, with carers of people living with dementia citing emergency respite and planned respite as their highest unmet need[10].

Dementia Australia recommends an independent review of respite services be undertaken as a priority. This should include identification of all respite services available to people living with dementia (of all ages), analysis of current and future supply and demand, incentives and disincentives for respite users and providers, including funding, pricing and quality of care considerations.

Addressing dementia data gaps

Dementia Australia actively supports the work of the National Centre for Dementia Data Monitoring within the Australian Institute of Health and Welfare (AIHW) and its efforts to address the many longstanding gaps in dementia data, in line with Action 8 in the NDAP.

From October 2022, in moving from the Aged Care Funding Instrument (ACFI) to the Australian National Aged Care Classification (AN-ACC) funding arrangements, the dementia status of people living in residential age care is no longer collected. Furthermore, the removal of the dementia and cognition supplement with the introduction of Support at Home, has resulted in an additional lost dementia data point.

Not knowing the dementia status of people using aged care services impacts government and service providers' ability to plan, price and evaluate existing services and supports, design and implement new policies, monitor care outcomes and adequately plan for the future[11]. It also means it is not possible to truly understand the impact of aged care reforms on people living with dementia.

Dementia Australia strongly recommends that the AIHW's efforts to improve dementia data are fast-tracked and that Government provides a clear timeframe for addressing the unintended dementia data gaps created as a result of aged care reforms.

Improved access to dementia prevention supports

Evidence from overseas trials including the FINGER and POINTER[12] trials demonstrates that structured programs combining physical activity, nutrition, cognitive training, and vascular risk management can significantly delay cognitive decline. Australian adaptations, including digital platforms like Maintain Your Brain[13], provide scalable models with potential to deliver measurable health and economic benefits, reduce long-term system burden, and position Australia as a leader in dementia prevention. Primary care professionals are critical partners in dementia prevention and need to be supported to engage patients in risk identification and reduction in modifiable risk factors.

Dementia Australia recommends that Government consider options to systematically and sustainably embed dementia prevention into the health system including reviewing the range of system levers that could assist in driving primary care prevention such as modifications to relevant MBS items and utilisation of MBS practice-based incentives.

Dementia Australia also notes and supports in full the Childhood Dementia Initiative's 2026-27 pre budget submission.

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