



**Dementia
Australia®**

Review of Aged Care Rules

Dementia Australia Submission

February 2026

Dementia and aged care

Dementia Australia is the peak body representing the estimated 446,500 people living with dementia and their carers across Australia. Dementia prevalence in Australia is set to increase to more than a million people by 2065 (1).

Dementia is the leading cause of death for all Australians, as well as a leading contributor to disease burden (2).

At least 54% of people living in permanent residential aged care have dementia. People living with dementia may be supported in a memory support unit or dedicated dementia service but are also commonly cared for in the general aged care system (1).

Quality of home supports is also critical, given that around two thirds of people living with dementia live in the community (1).

This means that the delivery of quality dementia care is a key concern for the aged care system as a whole. Quality dementia care must be a fundamental underpinning of the aged care system and needs to be both defined and embedded in aged care legislation.

The Aged Care Act and underpinning Rules must be clear about what quality dementia care looks like or we will not see the required shift in practice and participant experience. There are currently significant gaps which must be addressed in the Rules and ongoing work required to ensure they translate into meaningful improvements for people living with dementia

“While the Aged Care Rules articulate important principles and structures, my experience demonstrates that these provisions do not yet translate into reliable access, coordination, or safety in practice”.

~ carer

Expertise of lived experience

In preparing this submission, Dementia Australia has consulted with people living with dementia, and dementia carers, who are members of a large national network, known as Dementia Advocates. We have also gathered information about the impact of the new Aged Care legislation from callers to the National Dementia Helpline.

We note that this consultation was not especially accessible to older people, or those with cognitive impairment. There was no plain English or straightforward explanation of the provisions under review, no Terms of Reference for the review and no specific consultation questions. The requirement to navigate a document with more than 600 pages to find specific legislative provisions and develop a response effectively excluded most people living with dementia and carers.

We urge the Committee to consider improving accessibility of future reviews to ensure that the voices of people living with dementia and carers inform change. These voices are critical to ensuring that legislative review responds to the real-life impact of the Aged Care Rules and develops solutions that enable quality, rights-based dementia care to be practically implemented.

Although the terms of this consultation are narrow and confined to specific provisions, we have sought to include a broader lived experience perspective throughout this submission to provide context to the Committee for our recommendations.

Recommendations

Dementia Australia's recommendations are focussed on those sections of the Rules that are for review and relate to:

- Restrictive practices
- Funding of aged care services
- Aged Care worker screening
- The Quality Standards
- The Code of Conduct

These recommendations are designed to offer multiple levers through which the review of Rules could improve the quality of aged care services for people living with dementia. The recommendations support translation of the Statement of Rights, and the human rights of people living with dementia, into requirements for service delivery.

We have not provided recommendations for every section which is for review. However, we note that for those sections which address record-keeping and maintaining registers, close consideration should be given to how publicly accessible this information is and how it can improve system improvements and consumer choice.

Restrictive practices

Restrictive practices is a critical area for consideration in the provisions of the Aged Care Rules. Restrictive practices are being increasingly recognised as detrimental to human rights, with Australian and international approaches calling for reduction and where possible, elimination. Dementia Australia supports the view of the Inspector-General of Aged Care that the legislation should mandate minimal possible use of restrictive practices.

Dementia Advocates have told us that people living with dementia should be at the centre of decisions about restrictive practices, with a person-centred view, placing the person first with good supports around them for decision-making.

They have also said that there needs to be support for aged care providers with resources, legal advice and training in relation to restrictive practices.

“Restrictive practices cannot be separated from system failure, workforce skill, and medication use. PRN... can function as chemical restraint when used to manage behaviour rather than treat an acute medical need... Calling medication PRN does not make it benign”.

~carer

A recent national forum on restrictive practices conducted by the Older Persons Advocacy Network gave strong support for nationally consistent legislation that emphasises the dignity, autonomy and involvement in the decision-making of the person subject to restrictive practices (3).

Dementia Australia supports the rights basis of the Aged Care Act and recommends that to achieve these rights, amendments should be made to strengthen the regulatory framework.

Recommendation:

- **Amend Chapter 1, Part 7, Division 1, Section 16-5, subsection 2** so that the description of unreasonable use of physical force includes unauthorised physical restraint or restriction of movement. Unauthorised restriction of movement should be a reportable incident given that it conflicts with the rights of older people as described in the Statement of Rights.
- **Amend Chapter 1, Part 7, Division 2, Section 17-5, subsection 3** so that the description of environmental restraint defines an individual’s environment more clearly. It is currently open to interpretation as to whether an individual’s environment is considered to be their room, a section of the residential care facility (such as a memory support unit or locked wing), the facility, or the community.

The Rules permit that restrictive practices can be used without consent and without a behaviour support plan, in an emergency situation. The Rules do not define what is and what is not an emergency situation. This should be rectified to safeguard against inappropriate use of restrictive practices.

As part of this work, it should be made explicit that non-consent to a restrictive practice does not constitute an emergency. To advance this work, stakeholders including people with lived experience should be actively engaged in refining definitions and protocols around restrictive practices.

Recommendation:

- **Amend Chapter 4, Part 9, Division 2, Section 162-15, subsection 2**, to define an emergency situation and clarify that non-consent to a restrictive practice by an individual does not constitute an emergency. Include a timeframe for emergencies to be reviewed, at which point full consent should be gained, or the restrictive practice should be ceased immediately. Restrict the use of emergency measures beyond 24 hours, requiring a report of inappropriate use of restrictive practices in such cases.

In relation to behaviour support plans, it is important that registered providers be required to fully implement all preventative measures before a restrictive practice is used, or during the

use of a restrictive practice. This includes not only environmental changes but the provision of additional support, management of health issues including pain, involvement of dementia support specialists, and contact with family members or friends, as appropriate.

Recommendation:

- **Amend Chapter 4, Part 9, Division 2, Section 162-30, subsection d** to include changes to the individual's care and support, management of health issues, engagement of dementia support specialists and connection with family and support people.
- **Require** that to increase transparency in relation to chemical restraint, a restrictive practices decision-maker must be advised, and subsequently authorise, whether psychotropic medications are being used to treat diagnosed health conditions or if they constitute chemical restraint.

Dementia Australia reiterates that it is a core requirement for implementation of behaviour support plans that aged care staff are educated and skilled in providing dementia care, specifically the requirements for use of restrictive practices.

“Behavioural distress should first be met with engagement, reassurance, and de-escalation, not default reliance on PRN medication. From lived experience, PRN is sometimes used instead of engagement, instead of skilled behavioural support, or because staff lack time, training, or confidence. Administering PRN medication without first attempting appropriate non-pharmacological strategies should be recognised as poor care. Reasonable care and skill must include attempting behavioural responses before medication”.

~ carer

Recommendation:

- **Amend Chapter 3, Part 9, Division 2, Section 162-15** to specify that only staff who are trained in the requirements for the use of restrictive practices can implement restrictive practices or behaviour support plans.

Funding of aged care services

People living with dementia and carers have repeatedly told Dementia Australia that people with dementia who have higher support needs are not being accepted into residential care or are being sent to hospital when providers lack the capacity to provide the care they need.

In December 2025, Dementia Australia surveyed carers and former carers of people with dementia about experiences of access and security of tenure in residential care for people living with dementia. Overwhelmingly, carers reported that they did not feel they had a choice of residential facility and that it was difficult to access residential care. More than 40% were not confident the aged care facility could meet the needs of the person living with dementia they cared for.

In context of both the right of the person living with dementia to have continuity of appropriate care, and the large-scale national problem of delayed discharge of older people from hospital, the provisions for starting and ceasing aged care should be strengthened.

Recommendations:

- **Amend Chapter 4, Part 4, Division 3, Subdivision C, 148-65 subsection 2** so that the service agreement must be made available in the preferred format of the individual.
- **Amend Chapter 4, Part 4, Division 4, Subdivision A** – to include a requirement for a statement to be given if an individual is not accepted into care, the reasons why, and a record kept, to be provided to the System Governor and Commissioner.
- **Amend Chapter 4, Part 4, Division 4, Subdivision D, 149-35, subsection a** so that the requirements for ceasing delivery of funded aged care services include that the provider must outline all strategies that have been implemented to support the individual before they are exited from care.
- **Amend Chapter 4, Part 4, Division 4, Subdivision E 149-55** in relation to security of tenure, to ensure that full implementation of all behavioural support (in line with provisions of the Rules) is required before an individual can be exited from care. The provider must ensure appropriate accommodation for the individual and must not exit them to hospital unless it is medically advised or the individual needs acute care.

People living with dementia and carers have reported to Dementia Australia that the implementation of the Support at Home program is leading to a reduction of care and increased costs, even for grandfathered individuals, where a no worse off principle was to apply.

The following quotes exemplify some of these issues.

“The increases have resulted in a major increase in the cost of my services - resulting in cut-backs in my services to remain within budget. On this basis, together with increasing support needs ... I was referred for a review of my funding and have been assessed... [but] still [have] less than I had prior to the changes, plus there is some discussion about whether I will now have to co-contribute due to the upgrade due to possible loss of my protection by the grandfather clause! So much for no-one within the system will be worse off!”

~ person living with dementia

“The person with whom I spoke, is caring for his 93-year-old mother at home. He is having difficulty accessing services for his mother ... He has been told there could be a wait time of up to two more years before his mother receives services - if she lives to be 95 that is! He is also very concerned that the care provider does not seem to know very much about dementia and being able to tailor care support that meets the specific needs of the individuals with dementia, let alone his mother”.

~Dementia Helpline Staff Member

Dementia Australia has ongoing concerns about the Support at Home funding model for people living with dementia including the impact on access to services and quality of care.

Recommendation:

Amend Chapter 7, Part 2, Division 1, Subdivision D 196-30 to reinstate the Dementia and Cognition supplement, or similar, for individuals with dementia accessing the Support at Home system including new entrants, to account for the increased costs of providing quality care to people living with dementia.

Aged Care worker screening database

Dementia Australia's strongest message throughout the aged care reforms has been that the aged care workforce must be trained in dementia care. This has not been accomplished in the current Aged Care Rules.

People living with dementia and carers have told us that the skills needed for quality dementia care include empathy and person-centredness, well-developed communication skills, a commitment to quality care, and an openness to complaints. Knowledge of the specific types of dementia is needed as well as understanding of their impact on the individual. Aged care workers must be skilled in supporting individuals with changed behaviours and responding to underlying causes behavioural change.

The realisation of human rights of people living with dementia in aged care cannot be left to chance, and it cannot be achieved without a skilled and capable aged care workforce.

Recommendation:

Amend Chapter 4, Part 6, Division 1, Section 152-35, Subdivision C – to specifically include in the qualifications and training requirements for aged care workers, training in the care of people living with dementia, changed behaviours, culturally safe care and trauma-informed practice.

Quality Standards

Without legislative backing, the dementia training needed to improve quality and safety at a system-wide level cannot be achieved. The Rules should require that all aged care staff working with people living with dementia have been trained in dementia care.

Changes in the application of the Quality Standards to Category 1,2 and 3 providers offer a strategy to increase dementia capability across all parts of aged care workforce. An individual's diagnosis of dementia affects their care needs. There are specific impacts of dementia on the individual, such as faster loss of function in daily life, or difficulties with communication, that all aged care providers should be knowledgeable about.

Recommendations:

Stipulate that all aged care providers are explicitly required to deliver training and professional development in dementia care to their workforce to achieve competency against the National Dementia Education and Training Framework.

Amend Chapter 1, Part 6, Division 1, 15-5, 1 so that Category 1, 2 and 3 providers are required to comply with Quality Standards 1 and 2 including outcomes related to access to care for people living with dementia, provision of tailored care and core training of the workforce caring for individuals living with dementia.

Code of conduct

Through our consultation with carers and people living with dementia, we heard that the Code of Conduct should be reviewed and more clearly articulate expectations for aged care workers in relation to communication and engagement with people living with dementia.

“From lived experience, I have observed situations where staff are physically present with residents but not meaningfully engaging them. This includes sitting nearby without interaction, stimulation, reassurance, observation, or response. For older people, particularly those living with dementia, lack of engagement can lead to distress, agitation, withdrawal, and accelerated decline. Silence and inactivity may be experienced as abandonment rather than care”.

~ carer

We heard that the conduct of aged care providers and workers should be trauma-informed and culturally sensitive.

Recommendation:

Amend Chapter 1, Introduction, Part 5, Aged Care Code of Conduct, Section 14-5 to include requirements to be actively engaged in the delivery of care, and to provide care that is trauma-informed and culturally appropriate. Guidance on what this looks like in practice should also be developed and built into workforce training.

Conclusion

Quality dementia care is a system-wide imperative for the aged care system. The Rules must reliably translate rights and principles into practice across both residential and home settings.

Making amendments to the provisions under review will result in practical changes that can improve outcomes. The recommendations made in this submission offer practical levers to address the gap between the intent of the rights-based legislation and the lived reality.

A rights-based aged care system cannot be realised without a skilled workforce. Dementia competencies should be explicit requirements in worker screening. All providers should be required to comply with Quality Standards 1 and 2 and the requirements for training of the

workforce in dementia competencies. All providers should be required to implement dementia training and professional development for their workforce.

The aged care system needs to be ready to respond to the increasing number of people living with dementia. Dementia Australia urges the Committee to consider our recommendations, to facilitate rights-based dementia care that is person-centred, compassionate and fit for the future.

For any further information, please contact the Dementia Australia Policy Team at policyteam@dementia.org.au

References

1. Dementia Australia. Facts and Figures 2026 [Available from: <https://www.dementia.org.au/about-dementia/dementia-facts-and-figures>].
2. Australian Institute of Health and Welfare. Dementia in Australia. Australian Government; 2025.
3. Older Persons Advocacy Network. Restrictive Practices Forum Key Insights and Suggested Actions. Older Persons Advocacy Network; 2026 2026-11-26.