



# Report on Older Persons and the Right to Adequate Housing

## Submission

Dementia Alliance International (DAI)  
Environmental Design Special Interest  
Group (ED-SiG)

13<sup>th</sup> April 2022



**DEMENTIA  
ALLIANCE  
INTERNATIONAL**

The global voice of dementia

“Nothing about us  
without us”

**ENVIRONMENTAL  
DESIGN**

DAI SPECIAL INTEREST GROUP



# About Dementia Alliance International (DAI)

[Dementia Alliance International](#) (DAI) is a registered US Corporation 501 (c)(3) not-for-profit charity organization, which has a global membership for people with a diagnosis of dementia. DAI is an independent self-advocacy organization of, by, and for people living with dementia. DAI was established in 2014 to eradicate stigma and discrimination by promoting education and awareness about dementia and to reclaim the Human Rights for all people living with dementia. DAI, with members in 49 countries, acts in partnership with key peak bodies such as Alzheimer Disease International (ADI) and Dementia Australia.

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## About the Environmental Design Special Interest Group

The DAI Environmental Design Special Interest Group (ED-SiG) comprises DAI members together with technical experts, including architects, dementia advisors, accessibility experts, and health professionals – drawn together to support the development and application of an international consensus on the key aspects of designing enabling environments for people living with dementia. Current ED-SiG members are from North America, Latin America, Europe, Asia and Australia, and include eminent researchers, architects, clinicians, advocates and administrators. Most importantly the views and experiences of people living with dementia mediate those of the technical experts.

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The New Residential Aged Care Accommodation Framework Discussion Paper Published By  
The Australian Government

## **Attachment 2**

The ED-SiG Response To The Discussion Paper Questions

# Executive Summary

## What is the information that ED-SiG wishes to share?

The members of the Environmental Design Special Interest Group of Dementia Alliance International wish to share information with the UN Independent Expert on the key characteristics of high quality residential aged care accommodation used by people living with dementia. We wish to do this because we recognise that access to affordable, accessible, and stable housing is a key issue affecting older persons [1] and their ability to remain living in the community, with some degree of autonomy and independence. Housing options must be made available to cater for the changing needs and preference of older persons, taking into consideration their mobility and functional decline as they age [2]. Critically, from our point of view, the housing options, whether they are public rental housing, sheltered housing or residential aged care, must include dementia enabling designs that are intuitive to move about in, easy to understand and manageable.

## The Convention on the Rights of Persons with Disabilities (CRPD)

First and foremost, we wish to promote the view that everyone with dementia is a rights bearer under the [Convention on the Rights of Persons with Disabilities](#) by virtue of the fact that dementia, a cognitive disability. People living with dementia everywhere must be supported to claim their rights as human beings with disabilities, which includes enabling environmental design, in the same way wheelchair ramps are provided for people with mobility disabilities.

## Women and Dementia

We note that more women than men live with dementia [3, 4]. At the age of 65, women have a 1 in 5 chance of developing Alzheimer's disease as compared to men, 1 in 11 [4]. Symptoms women experience and live with are also more severe [4, 5]. Disability-adjusted life years attributable to dementia are around 60% higher in women. Women also account for 65% of total deaths due to dementia but provide most of the informal care for people with dementia (viz. 70% of carer hours) [4, 6, 11]. Despite the disparity, there is little evidence of policy development or action taken to address these issues [5]. In short, while almost two-thirds of the 57 million people living with dementia are women and older women, the gender-responsive action required is grossly overlooked and undervalued, disproportionately impacting women [3, 5, 6, 7].

## Provision of Dementia Enabling Environment

Now that the [WHO Global Action Plan on the Public Health Response to Dementia 2017-2025](#) has been adopted, human rights must be included in all dementia services, as well as national dementia plans and strategies. This not only means receiving a timely diagnosis, but it also means rehabilitation and disability support. The provision of an enabling environment is an essential of effective rehabilitation and support. Hereto, it has been a neglected element in the great majority of national dementia plans and policies.

ED-SiG proposes the [Design Dignity Manifesto](#), to be a cornerstone document and that the [ADI World Alzheimer Report 2020](#) – *Design, Dignity, Dementia: dementia-related design and the built*

*environment* [1, 2] (WAR 2020) is the most up to-date and comprehensive overview of environmental design for people living with dementia.

Further, we offer an example of dialogue between a member state (Australia) and civil society organisation (DAI ED-SiG) to illustrate the dynamic conversations currently underway to realize dignity-enabling environments. This is organised as follows:

- i. Attachment 1: The New Residential Aged Care Accommodation Framework discussion paper published by the Australian Government. This is presented in response to the Independent Expert seeking 'any information, reports, legislation or other materials deemed relevant' and to provide the list of questions that ED-SiG addressed in its response.
- ii. Attachment 2: The ED-SiG response to the discussion paper questions.

ED-SiG recognises that the response to the Australian Government's questions may well not be directly relevant to the issues confronting other countries, particularly Low-and-Middle-Income Countries (LMICs) [6, 7, 8, 9, 10]. However, we believe that the values and principles contained in the Design Dignity Manifesto offer a very good starting point for addressing issues in any country, provided they used with a willingness to learn about their relevance to local cultures [7, 8, 9, 10, 11, 12].

ED-SiG stands ready to assist the UN in the revision of existing policies/guidelines and/or drafting new build and/or dementia plans.

Yours faithfully and on behalf of the DAI ED-SiG members listed below,



Ms. Emily Ong  
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# ATTACHMENT 1

THE NEW RESIDENTIAL AGED CARE  
ACCOMMODATION FRAMEWORK  
DISCUSSION PAPER PUBLISHED BY  
THE AUSTRALIAN GOVERNMENT





# A New Residential Aged Care Accommodation Framework

## Design and Innovation

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# Overview



The Royal Commission into Aged Care Quality and Safety (the Royal Commission) recommended that the Australian Government should guide the design of residential aged care accommodation by developing and publishing a comprehensive set of National Aged Care Design Principles and Guidelines on accessible and dementia-friendly design for residential aged care, that can be:

- applied to 'small household' models of accommodation and to enablement and respite accommodation settings, and
- amended from time to time as necessary to reflect contemporary best practice.

The Australian Government accepted this recommendation and will work with senior Australians and the aged care sector to develop a new Residential Aged Care Accommodation Framework (Accommodation Framework). The new Accommodation Framework will begin from 1 July 2024. It will guide the design of residential aged care accommodation to help improve quality of life for senior Australians.

The Coronavirus (COVID-19) - Independent Review of COVID-19 outbreaks in Australian Residential Aged Care Facilities identified the built environment and infrastructure as one of the key lines of defence to minimise the risk of Covid-19 outbreaks. The review recommendations were accepted by the Australian Government.

Consultation on the new Accommodation Framework will consider options to:

- improve the design of aged care homes (sometimes referred to as residential aged care facilities) by developing National Aged Care Design Standards for Residential Aged Care (design standards)
- promote and demonstrate adoption of the new design standards,
- support industry to respond to the increasing demand for age appropriate and innovative accommodation solutions.

Development of the new Accommodation Framework will focus on the two key themes:

- 'Design and Innovation',
- 'Promoting and Demonstrating Adoption'.

For further information on the new Accommodation Framework consultation process, please see the 'Overview' document at for more information.

This discussion paper is focussed on the 'Design and Innovation' theme.

## Creating new design standards to support independent, high-quality living

The Australian Government is looking to create new design standards for residential aged care facilities. These design standards should support independent functioning and a high-quality-of-life for those in care.

The design standards will consider:

- the role of accessibility and dementia-friendly design
- the role of smaller group home models and existing larger scale facilities, and
- appropriate safety features.

Design standards will also ensure the specific needs of diverse populations are supported and met.

The intention is to create design standards that guide the sector to develop quality aged care homes without limiting innovation.

New design standards are expected to provide increased certainty for aged care providers and technical experts, including architects, in designing new or refurbishing existing residential aged care accommodation. The design standards will demonstrate what is possible in aged care design and also provide a common benchmark against which the standard of residential accommodation can be measured.

The new design standards will also empower senior Australians to make more informed choices when selecting residential accommodation by improving transparency around the standard of accommodation available.

As part of the development of the Accommodation Framework, options on how to best promote and demonstrate adoption of the Design Standards will be explored.

### Current state

The Australian Government subsidises and regulates residential aged care so that senior Australians who can no longer live independently have access to quality aged care services. The standards that currently apply to aged care homes are limited in their guidance on internal fit out and primarily relate to the building's construction.

### Existing standards

The National Construction Code (NCC) sets out the minimum requirements for design and construction of new building work (including in existing buildings), plumbing and drainage across all Australian states and territories. For further information on the NCC, please see Additional Information.

The accessibility standards that are applicable to aged care homes are in the *Disability (Access to Premises – Buildings) Standards 2010* (Premises Standards), which are replicated in the NCC. These standards predominantly relate to access to and exits from buildings and do not cover detailed aspects of internal fit out or furniture placement. For further information on the Premises Standards, please see Additional Information.

The Aged Care Quality Standards mandate a framework of core requirements for quality and safety in residential aged care and providers are required to demonstrate their performance. The Aged Care Quality Standards state that an aged care home's environment should demonstrate the following:

- the environment is welcoming and easy to understand
- the environment is safe, clean, well maintained and enables senior Australians to move freely, both indoors and outdoors, and
- furniture, fittings and equipment are safe, clean and well maintained.

Together, these three systems are the primary standards for assessing whether an aged care home meets the appropriate building and design standards.

## Drivers for change

In their final report, the Royal Commission identified clear common themes in what the community expects from the aged care system: dignity and respect, control and choice, the importance of relationships and connections to communities, and the desire for a good quality of life and ageing at home.

The Commissioners note<sup>1</sup> that the built environment can be supportive, familiar and therapeutic, or it can be a barrier to independent functioning and to a high quality of life. Evidence provided to the Royal Commission indicates that:

- good design in residential aged care, particularly for people living with dementia, consists of smaller, lower-density congregate living arrangements rather than larger, more institutional settings
- smaller, lower-density congregate living arrangements can promote better quality of life for everyone, and
- large, noisy institutional environments can worsen the adverse consequences of dementia.

More than half of all people living in residential aged care have a diagnosis of dementia<sup>2</sup>. Research indicates that dementia has been a key driver of increased demand for residential aged care and that prevalence is likely to increase<sup>3</sup>. This is due to the expected continued growth and ageing of Australia's population, as the condition is increasingly common with advancing age and primarily affects older people.

The Royal Commission recommended that the Government should guide the design of best and most appropriate residential aged care accommodation for older people. They recommend developing and publishing a comprehensive set of National Aged Care Design Principles and Guidelines on accessible and dementia-friendly design for residential aged care, which should be:

- capable of application to 'small household' models of accommodation as well as to enablement and respite accommodation settings, and
- amended from time to time as necessary to reflect contemporary best practice.

Creating consistent national accommodation standards for residential aged care aligns with Recommendation 45 made by the Royal Commission and will contribute to improving a person's quality of life in residential aged care.

Despite this emphasis on smaller home models, the Commissioners did not agree that only smaller home models are appropriate in residential aged care. The Commissioners recognised the importance of establishing design standards that allowed flexibility, innovation and the ability to meet the needs of residents.

### Commissioner Briggs

- Small home models of design are the best option for future residential aged care.
- Providers will continue to build larger facilities without Government action to steer the sector towards small home models.

### Commissioner Pagone

- Merit in both large and small developments.
- Large developments provide efficiencies of scale, improved capacity to recognise diversity and ability to have clusters of different types of activities at the facility.
- Focus on planning appropriate accommodation should be on providing the best option to meet the needs of senior Australians.

The Commissioners noted that while design guidelines, such as Livable Housing Design Guidelines (LHDG), provide useful guidance for design and construction of houses and apartments, they were not developed with residential aged care in mind and do not apply in that setting.

In its final report<sup>4</sup>, the Royal Commission noted that people living with dementia are particularly sensitive to their environment because it can change the way they perceive their surroundings and that large, noisy institutional environments can worsen the adverse consequences of dementia.

The Royal Commission also notes that while the design principles and guidelines should initially be voluntary, there is a risk that if they remain so their adoption and application will not be sufficiently widespread.

The Royal commission also recommended advancing a proposal to amend the NCC to reflect the design standards by 1 July 2025. In making this recommendation, the Commission also noted evidence that some aspects of the NCC may inhibit innovation and the adoption of small home models, suggesting this should also be considered in any updates to the code.

The consultations and development of the design standards will consider options to promote adoption of the new design standards, including industry education and initiatives.



# Key elements

To develop suitable standards which meet the needs and preferences of senior Australians, there are several elements to be considered. These include, but are not limited to:

- accessible design
- dementia-friendly design principles
- suitability for diverse populations
- the role of small-home models
- appropriate safety features, and
- encouraging innovation.

The design standards will promote supporting the strengths and abilities of all residents, noting dementia-friendly design seeks to create enabling environments and this should benefit everybody.

Considering these elements in isolation does not necessarily achieve quality care. Development of the design standards requires a holistic view and it is important to recognise that good design must also be supported by an appropriate model of care and workforce, and that one does not work well without the others. Similarly, although this paper is specifically about design of aged care facilities, the development of an Accommodation Framework will be considered alongside the full range of reform arising from the Royal Commission which include matters of funding, regulation, consumer empowerment and workforce.

While not specifically covered below, it is also important to consider the costs and other resource implications (e.g. land use and impact on staffing) of incorporating the design standards into aged care homes. Aged care residents will only benefit from design standards if they are affordable for providers, senior Australians and the Australian Government and can be implemented in a sustainable manner.

Some questions have been provided throughout the paper that you may want to consider as you develop your submission in response. You are also invited to include other elements that you think are key to developing good design standards.

Note: These questions are not intended to be prescriptive, instead they are designed to inform your thinking and to assist in capturing some of the key issues in submissions.

## Key questions

1. What do you see as good design characteristics in residential aged care?
2. What elements / aspects do senior Australians value in residential aged care design?
3. What key elements would you like to see included in the design standards to support quality of life for senior Australians?

## Accessibility

An important consideration in developing the guidelines will be the needs of people with reduced functional capacity. To ensure facilities cater to older Australians of all abilities, new design standards will need to consider accessibility requirements. Individual rooms and any common areas accessed by residents should all feature accessible design. Accessibility is not limited to physical limitations. This could include things like acoustics, consideration of background noise and universal fitting of hearing loops for those with a hearing impairment, or the provision of tactile and braille signage or the use of lighting for those who are blind or vision impaired.

There are existing guidelines and standards that can be used to build residential housing that can accommodate an occupant's changing needs over time. This includes the LHDG which were released in 2010 to provide national voluntary guidance to make homes safer, more comfortable and easier to access for people of all ages and abilities (see below for further information on LHDG).

The LHDG were used by the National Disability Insurance Scheme (NDIS) to inform the design standard for specialist disability accommodation (SDA) and provides an example of design standards adopted for specific accommodation types. The SDA may provide a model that could be used for aged care homes; however, they would need to be more specifically adapted to meet the needs of older Australians.

### Livable Housing Design Guidelines

The LHDG assist the government and the residential building and property industry to understand how to incorporate easy living features into new housing design and construction.

The LHDG consist of three levels:

- Silver - focuses on the key structural and spatial elements that are critical to ensure future flexibility and adaptability of the home.
- Gold - provides for more generous dimensions for most of the core livable housing design elements and introduces additional elements in areas such as the kitchen and bedroom.
- Platinum - describes design elements that would better accommodate ageing in place and people with higher mobility needs. This level requires more generous dimensions and introduces additional elements for features such as the living room and flooring.

The LHDG were not developed with residential aged care in mind and while some features would improve their facilities, not all of them apply in that setting. They do not specifically incorporate dementia-friendly design principles.

For further information on the LHDG refer to: [www.livablehousingaustralia.org.au/design-guidelines](http://www.livablehousingaustralia.org.au/design-guidelines).

### Key questions

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)?
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?
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)?

## Promoting dementia-friendly design

The Royal Commission found that despite the existence of a number of dementia-friendly design resources in Australia, including guidance materials from Dementia Australia and Dementia Training Australia, there is no indication that any of them have been widely adopted by providers. Although there is some variation between those different resources, there is also considerable overlap in the core principles of dementia-friendly design. As research in, and understanding of, dementia continues to develop, the characteristics of dementia-friendly design will continue to evolve.

A key element of any design standards will be ensuring that they promote dementia-friendly environments and find the right balance between a principles-based approach, which can be open to interpretation, and more prescriptive design elements that are easily measured.

Dementia friendly design seeks to create enabling environments and this benefits people with and without dementia. Good design for people with dementia is good design for everybody.

The Dementia Enabling Environment Principles<sup>5</sup> based on the work of Professor Richard Fleming and Kirsty Bennett are widely recognised and have a strong evidence base. They have been constructed by reviewing the research literature of studies looking at maximising enablement and wellbeing for people living with dementia through physical design. The principles are listed below.

Principle	Description
<b>1. Unobtrusively reduce risks</b>	People living with dementia require an internal and external environment that is safe, secure and easy to move around if they are to maximise their abilities. However, obvious safety features and barriers may lead to frustration, distress and anger and so potential risks need to be reduced unobtrusively.
<b>2. Provide a human scale</b>	The scale of a building will affect the feelings and behaviour of a person living with dementia. The experience of scale is determined by three factors; the number of people the person encounters, the overall size of the building, and the size of the individual component, such as doors, rooms and corridors. A person should not be intimidated by the size of the surroundings or confronted with a multitude of interactions and choices. Rather the scale should help the person feel in control.
<b>3. Allow people to see and be seen</b>	The provision of an easily understood environment will help to minimise confusion. It is particularly important for people living with dementia to be able to recognise where they are, where they have come from and what they will find if they head in a certain direction. When they can see key places, such as a lounge room, dining room, their bedroom, kitchen and an outdoor area they are more able to make choices and find their way to where they want to go. Buildings that provide these opportunities are said to have good visual access. Good visual access opens up opportunities for engagement and gives the person living with dementia the confidence to explore their environment.
<b>4. Reduce unhelpful stimulation</b>	Because dementia may reduce the ability to filter stimulation and attend to only those things that are important, a person living with dementia may become distressed by prolonged exposure to large amounts of stimulation. The environment should be designed to minimise exposure to stimuli that are not helpful. The full range of senses must be considered. Too much visual stimulation is as stressful as too much auditory stimulation.

Principle	Description
<b>5. Optimise helpful stimulation</b>	Enabling the person living with dementia to see, hear and smell things that give them cues about where they are and what they can do, can help to minimise their confusion and uncertainty. Consideration needs to be given to providing redundant cueing i.e. providing a number of cues to the same thing, recognising that what is meaningful to one person will not necessarily be meaningful to another. A person may recognise their bedroom, for example, because of a view, the presence of furniture, the colour of the walls, the light fitting and/or the bedspread. Cues need to be carefully designed so they do not add to unhelpful stimulation.
<b>6. Support movement and engagement</b>	Orientation and safe walking can be supported by providing a well-defined pathway, free of obstacles and complex decision points. The pathway should guide people past points of interest and opportunities to engage in activities or social interaction. The pathway should be both internal and external, providing an opportunity and reason to go outside when the weather permits.
<b>7. Create a familiar space</b>	A person living with dementia may be more able to use and enjoy spaces and objects that were familiar to them in their early life. The environment should afford them the opportunity to maximise their abilities through the use of familiar building design (internal and external), furniture, fittings and colours. This will involve an understanding of the personal background of the people living in the environment. The person living with dementia should be encouraged to personalise the environment with their familiar objects.
<b>8. Provide opportunities to be alone or with others</b>	People living with dementia have the right to choose to be on their own or spend time with others. This requires the provision of a variety of spaces, some for quiet conversation with one or two others and some for larger groups, as well as spaces where people can be by themselves. These internal and external spaces should have a variety of characters, e.g. a place for reading, talking or looking out the window, to cue the person to what is available and stimulate different emotional responses.
<b>9. Provide links to the community</b>	Without constant reminders of who they were, a person living with dementia may lose their sense of identity. Frequent interaction with friends and relatives can help to maintain that identity. Where the unit is a part of a larger site, there should be easy access around the site so people living with dementia, their families and friends can interact with other people who live there.
<b>10. Respond to a vision for way of life</b>	The environment should support the person living with dementia to lead a life that has meaning and value to them. The choice of this lifestyle, or philosophy of care, will vary between facilities. Some will choose to focus on engagement with the ordinary activities of daily living and have fully functioning kitchens. Others will focus on the ideas of full service and recreation, while still others will emphasise a healthy lifestyle or, perhaps, spiritual reflection. The way of life offered needs to be clearly stated and the building designed both to support it and to make it evident to the residents and staff. The building becomes the embodiment of the philosophy of care, constantly reminding the staff of the values and practices that are required while providing them with the tools they need to do their job.

## Key questions

7. How should the design standards consider dementia-friendly design?
8. Should dementia-friendly elements of design be highly prescriptive or principles based?
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?

## Diversity

When designing residential aged care facilities and developing design standards it is also important that the needs of people from diverse backgrounds with diverse characteristics are catered for. This could include, but not be limited to the needs of:

- First Nations people
- people from culturally and linguistically diverse backgrounds
- LGBTIQ+
- Forgotten Australians / Care Leavers, and
- people with past trauma.

It will be important to identify areas where the design standards may flexibly support and promote meeting the specific needs of diverse communities. The design standards will be required to be adaptive to benefit, be culturally appropriate and safe, and promote choice, for as many senior Australians as possible.

In developing design standards, consideration will also need to be given to whether the design standards need to link to the requirements of other programs, such as National Aboriginal and Torres Strait Islander Flexible Aged Care and multi-purpose services. These programs are designed to offer flexible aged care services that meet the needs of their community and are funded differently to other residential aged care homes.

## Key questions

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

## Small home environment

To assist the Royal Commission, a review of international models of aged care<sup>6</sup> was undertaken, identifying key innovative models of care from Australia and around the world. The review found that small-scale, domestic models of residential aged care were reported as better meeting consumer preferences, and that there was some evidence indicating possible benefits in terms of resident outcomes, such as improved quality of care and reduced restraint use.

These models have an emphasis on providing person-centred care that maximises the independence of the residents and participation in routine, domestic activities in a homelike setting for smaller groups of residents, with individual rooms and increased access to the outdoors. Care is often provided by specifically trained care staff who are 'universal workers' with increased responsibilities.

The review states that this model has been successfully implemented in several Australian states but there is currently limited availability. The review also found that costs to build these homes are slightly higher than those for conventional aged care homes, which may be acting as a disincentive to providers in Australia. However, the facility running costs are likely to be no higher and may be lower when differences in resident and facility characteristics are taken into account. In many circumstances, it is likely that additional capital costs would represent a worthwhile investment for providers once these running costs and the appeal of smaller home environments are taken into account.

The final report of the Royal Commission<sup>7</sup> found that there is considerable evidence about the benefits of 'small household' models. The Royal commission found that:

- creating 'familiar households' facilitates the provision of person-centred care
- small household model provides a 'significant advantage' over traditional institutional residential aged care
- 'small, domestic, and familiar residential aged care environments that can both provide high quality aged care and escalate to public health services where needed' are best suited to achieving the goals of residential aged care, and
- a small household model is one way that residential aged care can adopt dementia-friendly and accessible design principles.

In a study undertaken by the University of Queensland for the Royal Commission, higher quality in residential aged care facilities was found to be highly correlated with smaller size.

Despite this, there is no single definition of a small home model of aged care. However, there are some common characteristics. Small household models usually involve:

- housing 8 to 10 people receiving aged care services, and sometimes up to 16 people
- a home-like environment
- features including a focus on domestic, homelike, familiar or normalised environment with medical equipment hidden
- regular staff that do not wear uniforms
- residents being able to choose the structure of their day, or
- residents have the opportunity to engage in domestic or regular duties such as food preparation.

Smaller-scale housing can be constructed as standalone facilities or operate in cottage-like clusters as part of a larger development. Small home models usually have an emphasis on increased access to the outdoors. However, there is also evidence of small-scale environments operating in multi-purpose, medium-high rise buildings in cities, where individual floors have been set up to accommodate a home-like environment.

It is notable that several elements of a small household model outlined above describe the model of care that is used within a service rather than the layout of the building in which the service is delivered. We would be interested to hear, from care recipients and families, aged care workers and providers, whether there are design elements which enable or impede a care model which provides a homelike atmosphere and in which residents have control and are engaged in domestic activities.

As part of considering small home models, the possibility of less institutional arrangements to residential aged care needs to be explored. Retirement villages are one example of a collection of small homes specifically for senior Australians. A retirement village is a purpose-built housing complex that offers a range of accommodation options, services and facilities for older Australians. They are not regulated or subsidised by the Australian Government, but by state and territory governments.

Retirement villages are not aged care facilities. They are generally best for people who are still able to live independently in their own home but want to enjoy the benefits of living in a community with other older Australians. However, it is useful to consider the benefits of this model when looking at what elements need to be included in the design standards to support quality of life for senior Australians.

While the evidence suggests benefits to small home environments, it is not clear that they are the most appropriate solution for all people or locations. Commissioner Pagone noted that diversity and options are important and that small-scale accommodation is not for everyone, rather, providers and residents should have choice.

### **Key questions**

11. What would be the key challenges in moving to a small home-based model for providers?
12. What can we learn from retirement villages when considering a small home-based model?



## Safer design standards

Design standards will also need to consider if requirements around the quality of the indoor environment are sufficient.

The Coronavirus (COVID-19) - Independent Review of COVID-19 outbreaks in Australian Residential Aged Care Facilities recommended the Department:

- reviews current guidelines and minimum standards required for adequate ventilation, in both new and existing residential aged care facilities.
- provides advice to the aged care sector on any changes required, having regard to mitigating the risk of COVID-19 transmission.
- consults with the aged care sector on phasing-out shared rooms and bathrooms to reduce the risk of COVID-19 transmission.

Recent studies<sup>8,9</sup> have shown that the temperature or air quality of aged care homes could be improved to enhance the comfort and health of aged care residents.

One study<sup>10</sup> outlined some strategies that could be employed to better manage indoor temperatures of aged care homes. These include, but are not limited to:

- air conditioning units that allow residents or staff members to set individual temperatures based on the resident's individual level of comfort, through easy to use control systems
- appropriate glazing on windows and insulation, or
- installing occupancy sensors.

The impact of COVID-19 also highlighted the need for a review of building standards in residential aged care facilities. Research has suggested that aged care homes with poor ventilation, indicated by high levels of carbon dioxide, can have considerable impacts on the health and wellbeing of residents.

The ability to separate and cohort residents and staff has also been demonstrated to contribute to the containment and management of transmissible diseases.

The new design standards will need to incorporate infection prevention and control considerations, including improved ventilation requirements, which may vary based on the size and design of the facility.

Currently, the NCC mandates that a building must have natural ventilation (for example, windows that can open) or, for Class 3 and 9c buildings, be mechanically ventilated (for example, air exhausts in bathrooms). Natural ventilation requires only that ventilation openings, usually the openable portion of windows, must achieve a set percentage of the floor area. It does not require windows to be open, or any other measures that would ensure effective ventilation.

The NCC also mandates that mechanical air-handling systems installed in a building must control the circulation of odours and the accumulation of harmful contamination by micro-organisms, pathogens and toxins. However, once compliance with the NCC has been met there is no further testing of the building, as this is a building use issue and outside the scope of the NCC. These standards may be particularly challenged in colder environments where access to outdoor air supplies are limited in winter to prevent cold drafts in buildings.

In designing new standards, consideration could be given to whether aged care homes need to:

- provide the ability to care for, yet isolate or cohort, sick residents with infectious diseases away from other residents to ensure there is no transmission to other residents, staff and visitors
- enable bedrooms and ensuite bathrooms to be provided with negative-pressure ventilation systems to ensure there is no mixing of air between rooms of sick residents from all other areas of the aged care home, and
- provide air scrubbers that can effectively filter and kill airborne viral particles, possibly through the use of UV radiation systems or other emerging and innovative disinfection technologies



As well as feedback on which design elements should be included in the Accommodation Framework to enhance resident comfort and safety, we would appreciate feedback on whether there are any trade-offs that need to be considered between these elements and a small home model of residential aged care. For example, is it practical to have negative-pressure ventilation or air scrubbers in a small home-like cottage for 8 to 10 people?

### **Key questions**

13. Should the design standards include safety elements or are these sufficiently covered elsewhere, such as within the NCC?
14. What are the safety elements that need to be considered in design standards?
15. 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?

## Ensuring design standards do not limit innovation

In developing new design standards, it is necessary to ensure they are not too restrictive and that there is scope for flexibility and innovation when designing accommodation solutions. Design standards should allow and encourage innovative approaches to design, while striking the right balance between prescription and flexibility.

As part of an innovative approach to aged care design, there may be ways to better address people's preference to remain within a single residence as their care needs increase. Some retirement villages are already co-located with aged care homes. With the right policy and design standards, there may be increasing opportunities for older Australians to enter a retirement village or other residence that doubles as an aged care home that is able to meet their increasing care needs as they age. The announced change to provide aged care places directly to senior Australians rather than to providers may also facilitate this approach.

The new standards would be designed to work alongside existing accreditation standards and minimum building requirements, such as the NCC and Premises Standards, and would not replace them.

The Royal Commission heard<sup>11</sup> that building specifications in the NCC may work against the adoption of innovative models of residential aged care, such as small household models of care. An examination of existing NCC and other existing requirements may identify specific restrictions that are no longer required and whose removal could allow greater innovation and support for small home models.

The design standards could be a one size fits all approach, or it could be tiered and designed to flexibly be adapted to meet specific building, locational or community needs. The design standards would also need to consider innovative approaches to providing care in areas where a traditional residential care facility may not be viable unless paired with other service offerings, for instance hospitals or through the continued use of multi-purpose services.

The design standards would also need to:

- be applicable for different types of built design, including smaller home models and larger residential aged care facilities, and
- reflect differences in the accommodation offerings within facilities, such as the ability to offer shared rooms or single rooms.

### Example provided to the Royal Commission:

*“When refurbishing an aged care facility to provide for a small household model of care, Mercy Health was required by the NCC to install industrial grease traps for three domestic-style kitchens designed for a maximum of 10 residents”.*

**This may represent an unnecessary barrier to adopting small home models for residential aged care.**

### Key questions

16. Are there limitations within the NCC or other existing mandatory requirements that need to be addressed?
17. How do we balance innovation and prescription?
18. How can innovation and adoption of the design standards be demonstrated by providers to support senior Australians making accommodation choices?
19. Should the design elements be a one size fits all approach or are different design standards needed for different types of facilities including existing building, refurbishments and new builds?
20. Should adoption of the standards be voluntary or mandatory?

# Glossary

## Definition of terms

Term	Definition
<b>Livable Housing Design Guidelines (LHDG)</b>	The LHDG provide useful information for senior Australians seeking to introduce livable design features into a new home or could be readily applied within an existing home during renovation or refurbishment. The Guidelines describe livable design elements with guidance on what performance is expected to achieve LHA's Silver, Gold or Platinum level accreditation.
<b>Multi-purpose services (MPS)</b>	The MPS Program combines funding for aged care services from the Australian Government with state and territory health services. This joint initiative means small regional and remote communities can offer flexible aged care services that meet the needs of their community.
<b>National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC)</b>	A program to provide culturally appropriate aged care to older Aboriginal and Torres Strait Islander peoples. The service providers in this program deliver a mix of aged care services, mainly in rural and remote areas.
<b>National Construction Code (NCC)</b>	The NCC sets out the minimum requirements for design and construction of new building work (including in existing buildings), plumbing and drainage across all Australian States and Territories.
<b>Provider</b>	An approved provider of aged care is an organisation that has been approved by the Secretary of the Department of Health to provide residential care, home care or flexible care under the <i>Aged Care Act 1997</i> .

# Additional information

## National Construction Code

The National Construction Code (NCC) sets out the minimum requirements for design and construction of new building work (including in existing buildings), plumbing and drainage across all Australian States and Territories. It provides uniform technical standards for the design, construction and performance of all buildings and structures, including safety (structural safety and fire safety), health, amenity, accessibility and sustainability.

It is published and maintained by the Australian Building Codes Board (ABCB), on behalf of and in collaboration with the Australian Government and each State and Territory Government. While the NCC provides a legal framework, it is ultimately the responsibility of the individual states and territories to administer.

The NCC is a performance-based code containing all Performance Requirements for the construction of buildings. It is built around a hierarchy of guidance and code compliance levels, with the Performance Requirements being the minimum level that buildings, building elements, and plumbing and drainage systems must meet.

The NCC groups buildings by their function and use. These groups are assigned a classification which is then how buildings are referred to throughout the NCC. Some relevant classes for aged care include:

- Class 9c – aged care building or a residential care building (institutional)
- Class 3, 9a – residential aged care building and residential care building
- Class 1a and 2 – private residencies (arrangements of care outside the scope of NCC)
- Class 1b and 3 – boarding house providing accommodation for the aged. Class 1b buildings are smaller and don't require sprinkler protection (more of a residential set-up vs institutional).

More information on the NCC is available at <https://ncc.abcb.gov.au>.

## Premises Standards

The *Disability (Access to Premises – Buildings) Standards 2010* (Premises Standards) is legislation under the *Disability Discrimination Act 1992* (DDA). The purpose of the Premises Standards is to make sure people with disability and their family members, carers and friends, have equal access to public buildings and building certifiers, developers and managers fulfil their responsibilities to people with disability under the DDA.

The Premises Standards requirements are replicated in the access provisions of the NCC and are not retrospective, unless certain upgrades or change in the use(s) of a building occur. Therefore, it is possible that some providers may be compliant with the NCC but offer low accessibility options that are not conducive to older Australians.

These requirements primarily focus on commercial and public buildings, i.e. Class 3 and 5-9 buildings, rather than private housing. However, the NCC contains some disability access requirements for certain Class 1b and Class 10 buildings and structures, and to common areas of Class 2 buildings.

# Endnotes

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- <sup>1</sup> Royal Commission into Aged Care Quality and Safety (2021), [\*Final Report - Volume 1: Summary and Recommendations\*](#)
- <sup>2</sup> Department of Health (2020), [\*2019–20 Report on the Operation of the Aged Care Act 1997\*](#), p7
- <sup>3</sup> Australian Institute of Health and Welfare (2020), [\*Dementia: Snapshot\*](#)
- <sup>4</sup> Royal Commission into Aged Care Quality and Safety (2021), [\*Final Report - Volume 3A: The new system\*](#), p223
- <sup>5</sup> Alzheimer’s WA [\*Environment Principles - Dementia Enabling Environments\*](#)
- <sup>6</sup> Royal Commission into Aged Care Quality and Safety (2020), [\*Review of Innovative Models of Aged Care – Research Paper 3\*](#)
- <sup>7</sup> Royal Commission into Aged Care Quality and Safety (2021), [\*Final Report - Volume 3A: The new system\*](#), p226
- <sup>8</sup> Tartarini, Cooper & Fleming (2016), [\*Thermal environment and thermal sensations of occupants of nursing homes: a field study\*](#), University of Wollongong
- <sup>9</sup> RMIT University (2019), [\*A Breath of Fresh Air for Vulnerable Australians\*](#)
- <sup>10</sup> Tartarini, Cooper & Fleming (2016), [\*Thermal environment and thermal sensations of occupants of nursing homes: a field study\*](#), University of Wollongong
- <sup>11</sup> Royal Commission into Aged Care Quality and Safety (2021), [\*Final Report - Volume 3A: The new system\*](#), p225

# ATTACHMENT 2

THE ED-SIG RESPONSE TO THE  
DISCUSSION PAPER QUESTIONS



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# New residential aged care design standards - what is important in the design of high quality residential aged care accommodation?

The members of the Environmental Design Special Interest Group of Dementia Alliance International, an independent self-advocacy not-for-profit charity of, by, and for people with dementia, wish to share information on the key characteristics of high quality residential aged care accommodation used by people living with dementia.

## **What is Dementia Alliance International?**

[Dementia Alliance International](#) (DAI) is a registered US Corporation 501(c)(3) not-for-profit charity organization, which has a global membership for people with a diagnosis of dementia. DAI is an independent self-advocacy organization of, by, and for people with dementia. DAI was established in 2014 to eradicate stigma and discrimination by promoting education and awareness about dementia and to reclaim the Human Rights for all people with dementia. DAI, with members in 49 countries, acts in partnership with key peak bodies such as Alzheimer Disease International (ADI) and Dementia Australia.

## **What is the Environmental Design Special Interest Group?**

The DAI Environmental Design Special Interest Group (ED-SiG) comprises DAI members together with technical experts, including architects, dementia advisors, accessibility experts, and health professionals - drawn together to support the development and application of an international consensus on the key aspects of designing enabling environments for people living with dementia. Current ED-SiG members are from North America, Europe, Asia and Australia, and include eminent researchers, architects, clinicians, advocates and administrators. Most importantly the views and experiences of people living with dementia mediate those of the technical experts.

First, ED-SiG and DAI generally wish to advocate that the call for feedback on the New Residential Aged Care Accommodation Framework Overview discussion paper – which is currently targeted at ‘residential aged care providers and stakeholders’ and ‘Technical experts, including architects, dementia advisors, accessibility experts and health professionals’ - if it is going to be a valid source of feedback, needs to include, at the outset, people living with dementia. Many people with dementia are capable of representing themselves or speaking up for those who are no longer able to do so. DAI is very keen to represent them within the philosophy of “Nothing about us, without us.”



## What is the source of the information that ED-SiG wishes to share?

ED-SiG takes the [ADI World Alzheimer Report 2020](#) – Design, Dignity, Dementia: dementia-related design and the built environment [1, 2](WAR 2020) to be the most up to-date and comprehensive overview of environmental design for people living with dementia; a view shared by the European Healthcare Design organisation that presented the authors with a special award for ‘An outstanding contribution to global knowledge’ in 2021.

The WAR 2020 contains contributions from 58 authors from 17 countries with 84 case studies of design solutions that meets essential criteria for dementia responsiveness. Chapters include: a) reviews of research literature, b) systematic analysis of the content of National Dementia Plans, c) reporting of the results of inclusive design methods, d) explorations of the challenges and opportunities presented by current discussions on human and disability rights, e) critiques of applying knowledge gained in high income countries to those with low and middle incomes, f) explorations of the processes, and g) impacts of education and the consideration of what we know about designing well for people living with dementia in the context of Covid-19.

While the content of each chapter is definitely useful in itself, the report’s framework is critical. The framework brings together the contributions into a coherent whole. The goals of designing well for people living with dementia that emerge are as valuable as understanding the design criteria for high quality residential aged care accommodation.

The framework is rooted in a set of design principles with a 35-year history of development and application in Australia. Between 1986 and the early 1990’s they guided the design of the first large scale effort in Australia to provide homelike accommodation for people living with dementia who would otherwise have been hospitalised [3, 4]. In 1995 the principles guided design of the Meadows, Hammond Care’s first dementia specific facility which continues today to influence design [5]. Added to in 2000 [6]and 2003 [7] for the last decade the framework has been the basis of education programs on designing for people living with dementia delivered across Australia by the Government-funded training organisation Dementia Training Australia [8]. In 2015 the principles were adopted by New South Wales Health as the key principles for improving healthcare environments for people living with dementia [9]; in 2016 they were included in the Australasian Health Facility Guidelines for application to the design of mental health facilities for older people [10]; in 2018 they became the standard by which the Australian Aged Care Quality and Safety Commission judged design. A full description and a comprehensive review of the literature that supports them can be found in the educational material provided by Dementia Training Australia [11] .

The experience of working with the many contributors to the WAR 2020 report crystallised the goals of designing well for people living with dementia. They are stated in the WAR 2020 report as affording people living with dementia dignity, autonomy, independence, equality of opportunity, and non-discrimination.

The WAR 2020 culminated in a set of recommendations the first of which was that “ADI will facilitate discussions on the development and adoption of a common set of design principles that will be used to structure the exploration of designing well for people living with dementia and the formulation of future recommendations.” This recommendation provided a context for the launch of a manifesto describing the values and principles that underpins the report [12]—the aim being to encourage an international conversation to result in global agreement on the principles and values that architects, designers, planner and policy makers need to adopt to ensure that people living with dementia can enjoy the dignity, autonomy, independence, equality of opportunity and non-discrimination as heir fundamental human right. Within the first three months of its publication the Design Dignity Manifesto had been signed by 264 people from 35 countries. These included people living with dementia and their carers, many eminent experts in design and architecture, the UN Special Rapporteur on the Rights of Persons with Disabilities, a US Senator, and a Member of the UK House of Lords.

Signatories’ suggestions for refinement of the values and principles contained in the manifesto resulted in the publication of a revised manifesto in October 2021. At this time, the Design Dignity Manifesto <https://designdignitydementia.com/> represents the views of 369 people living with dementia, policy makers, designers, researchers, and care deliverers from 33 countries.

# The Dignity Manifesto of Design for People Living with Dementia

## 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
- 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.

ED-SiG proposes that the Dignity Manifesto of Design provides a firm foundation for responding to key questions posed in the New Residential Aged Care Accommodation Framework Overview discussion paper because of its roots in the extensive empirical work described in the WAR 2020. However, ED-SiG also wants to endorse the view expressed in the discussion paper that while the provision of a well-designed environment is a necessary condition for the delivery of high-quality care to residents of aged care facilities in general and people living with dementia in particular, it is not a sufficient condition. If high quality care is to be delivered, the model of care, the expertise of staff, and the operational environment must also be finely tuned to the needs, abilities, and aspirations of residents [13, 14].

**Response to the questions posed in the New Residential Aged Care Design Standards:  
Discussion document.**

ED-SiG understands that consultation on the new Accommodation Framework will sequentially consider options to:

1. improve the design of aged care homes by developing National Aged Care Design Standards for residential aged care
2. promote and demonstrate adoption of the new design standards, and
3. support industry to respond to the increasing demand for age appropriate, accessible, dementia friendly, and innovative accommodation solutions.

In the first stage of the consultation, the development of National Aged Care Design Standards, the Government is seeking answers to the following questions:

1. How do we ensure residential aged care facilities are appropriate, dementia-friendly, accessible, and inclusive?
2. What elements need to be included in the design standards to support quality of life for senior Australians?
3. Are these elements the same across different models of accommodation?
4. Should the design standards vary for refurbishment of existing buildings compared to newly built accommodation?
5. What do senior Australians value in residential aged care design?

ED-SiG proposes that the Dignity Manifesto of Design (supported by the information contained in WAR 2020) provides clear answers to questions 1 and 2:

1. How do we ensure residential aged care facilities are appropriate, dementia-friendly, accessible, and inclusive?
  - a. We ensure that residential aged care facilities are designed to achieve the goals outlined in the manifesto, i.e., to respect dignity, autonomy, independence, equality of opportunity, and non discrimination.
  - b. In the case of senior Australians living with dementia, of whom many live in residential aged care accommodation, we ensure this by valuing and prioritising projects that:
    - i. Consider the holistic wellbeing of the individual, community, and environment
    - ii. Are authentically co-designed with people living with dementia
    - iii. Enable people living with dementia to choose to remain in their communities and with their families
    - iv. Maximise intergenerational interactions
    - v. Focus on the strengths and abilities of people living with dementia while compensating for functional changes
    - vi. Accentuate the freedom of people living with dementia to make choices
    - vii. Assist people living with dementia to maintain their culture
    - viii. Are informed by evidence and research
2. What elements need to be included in the design standards to support quality of life for senior Australians?

In the case of senior Australians living with dementia the key elements to supporting quality of life are described by the principles of design listed in the manifesto:

- Beginning 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, designing them to be as unobtrusive as possible.
- Designing the environment to reflect a human scale.
- Planning the environment to make it easy for people to see and move where they want to go.
- Optimising stimulation.
- Promoting movement, engagement, and meaningfulness.
- Affording people opportunities to enjoy contact with nature.
- Designing all components of the environment to be as familiar as possible.
- Affording people opportunities to choose to be alone or with various size groups of people.
- Providing easy access and connection to and from local communities, families, and friends.

ED-SiG has considered questions 3, 4 and 5 and offers the following suggestions:

3. Are these elements the same across different models of accommodation?

We suggest that core principles are consistent across accommodation models so the principles of design listed in response to question 2 be considered as a starting point for discussions on the different models of accommodation. These principles can be adapted in response to the particular model of accommodation and respective cognitive profile of the people living the model/building type.

4. Should the design standards vary for refurbishment of existing buildings compared to newly built accommodation?

Ideally design standards ought to be upheld in all circumstances. However, sometimes a flexible approach will be required when dealing with refurbishments as the practical limitations of the existing structures, heritage issues or other considerations such as the role of the building in the culture of the local community, will need to be taken into account. However, a progressive realisation of achieving full compliance with design standard principles is not unreasonable and should be informed by the stakeholders

The adoption of a clearly stated set of principles, such as those listed above, provides the foundation for the development of an assessment tool that can be used to inform aged care providers that their building does not meet required design standards and to trigger plans for refurbishment. This would short circuit the current approach of accepting that care settings have an average 40 year life-cycle.,

5. What do senior Australians value in residential aged care design?

Essentially, senior Australians have a right to living standards and quality housing benchmarked to societal standards and expectations, nothing less. The evidence presented above provides data on valued design elements, and the co-design methods proposed are intended to ensure that it is senior Australians themselves who respond to this question and inform residential aged care design. The fact that there are younger Australians living in residential aged care should not be forgotten. Their involvement in the co-design process is essential.

The Covid experience has highlighted the expectation that residential aged care facilities should be able to provide safe environments during emergencies such as a pandemic. ED-SiG is of the opinion that the principles described above, developed over decades, are relevant to the heightened challenges of the pandemic and the expressed, related needs- and its impact on safety, participation, quality of life, community access and access to visitors. They are also relevant to emerging issues such as the access to technologies in such environments as described in the recent [Australian Human Rights Commission](#) report.

Senior Australians of today have lived through a period of rapid improvements in technology. They are aware that these improvements have come about through the application of research findings. They value the process of research and, when given the relevant information, understand the importance of investing in ongoing research to deepen our understanding of the role of architecture and environmental design on residents living in care settings – and more broadly in society generally.

ED-SiG is of the opinion that we need to ensure we are understanding the impact of what we are doing – and continuing to feed that valuable information and insight back into the loop to inform better practice. This is as much a part of the co-design process as the design part itself.

ED-SiG offers these suggestions in the expectation that the provision of an international perspective that includes the views of people living with dementia will be of use in the development of the new residential aged care design standards. ED-SiG stands ready to provide clarification and further information as required.

Yours faithfully and on behalf of the ED-SiG members listed below

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