



REIMAGINING WHERE WE LIVE

DESIGN IDEAS COMPETITION

Testing the draft
National Aged Care Design Principles and Guidelines



Australian Government
Department of Health and Aged Care

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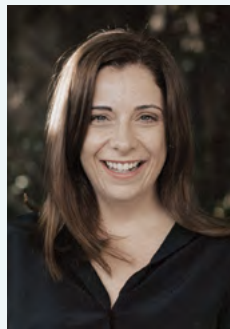
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Introduction

A MESSAGE FROM THE HON ANIKA WELLS MP

MINISTER FOR AGED CARE
MINISTER FOR SPORT

Design has the potential to vastly improve the quality of life for older people living in aged care, and the working environments of the people who care for them.

To achieve this, design must be grounded in the experiences of people who live in aged care homes and evidence for how best to mitigate the challenges that lead them to seek residential care. This includes changes in both cognition and physical capacity.

In September 2023, the Albanese Government released the new draft **National Aged Care Design Principles and Guidelines**.

Developed in consultation with older people, their families and carers, the aged care sector and design experts, the draft Principles and Guidelines help providers make practical changes to aged care homes to create welcoming and safe living environments that are accessible, dementia-friendly and centred around small-home models.

They will encourage flexibility, innovation and support emerging technologies to better meet the needs of future generations.

To test the draft Principles and Guidelines and showcase what can be achieved through their application, we're launching an **Accommodation Design Ideas Competition**.

Through this design challenge, we are seeking innovative ideas and aged care accommodation solutions that will support older people to live meaningful lives in safe, high-quality residential care when it is needed.

Strong entries will show how good design can improve quality of life and wellbeing for older people by providing homes that give residents privacy and control, a sense of belonging, and connection to family, friends and the community.

I would like to thank the Australian Institute of Architects and the Australian Institute of Landscape Architects for endorsing and joining with us to promote this important initiative. I also want to thank all of the entrants for your contributions and interest in helping create a world class future-focussed aged care system for generations to come.

I look forward to seeing the entrants' innovative ideas for the future of aged care accommodation design.

Anika Wells
Minister for Aged Care
Minister for Sport

REIMAGINING WHERE WE LIVE



Australian Government
Department of Health and Aged Care



**Australian
Institute of
Architects**



**Australian Institute of
Landscape Architects**

Professional endorsement

This competition has been endorsed by the Australian Institute of Architects and the Australian Institute of Landscape Architects.

The Client

The Australian Government Department of Health and Aged Care is the Client for the competition.

Background

The Royal Commission into Aged Care Quality and Safety recommended that the *'Australian Government should guide the design of the best and most appropriate residential aged care accommodation for older people 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, which should be:*

- i. *capable of application to 'small household' models of accommodation as well as to enablement and respite accommodation settings, and*
- ii. *amended from time to time as necessary to reflect contemporary best practice'.¹*

The Australian Government accepted this recommendation. In response, the Client undertook extensive consultation which informed the development of the draft *National Aged Care Design Principles and Guidelines (Principles and Guidelines)*.² The final *Principles and Guidelines* will come into effect on 1 July 2024 as part of a new Residential Aged Care Accommodation Framework.

¹ 2021 Royal Commission Final Report Recommendation 45.

² Prepared by a consortium comprising: the Centre for Health Service Development, Australia Health Services Research Institute, University of Wollongong; Dementia Training Australia; Constructive Dialogue Architects; Dementia Australia; and the Sustainable Buildings Research Centre, University of Wollongong.

PART

18&2

*A design ideas competition
of significant national public
interest.*

*The future of Australian aged
care accommodation will
benefit from the exploration
of opportunities and design
ideas generated by this
competition.*



Part 1

Competition objectives:

The draft *Principles and Guidelines* are the focus of this competition. They have been developed to guide the design of the most appropriate residential aged care accommodation for older people.

The objectives of the competition are to:

- ♦ **Test and refine** the *Principles and Guidelines*.
- ♦ **Foster an awareness** of the *Principles and Guidelines* among older people, their families and carers, providers of residential aged care and design professionals.
- ♦ **Promote and encourage adoption** of the *Principles and Guidelines* in the design of residential aged care accommodation.
- ♦ **Validate the potential** of the *Principles and Guidelines* to demonstrate what well designed residential aged care accommodation looks and feels like.
- ♦ **Challenge preconceptions** and endorse a new paradigm in the design of residential aged care accommodation.
- ♦ **Showcase design as a change agent** to influence positive and innovative lifestyle opportunities for older people.

Part 2

Competition snapshot

A design ideas competition of significant national public interest.

The future of Australian aged care accommodation will benefit from the exploration of opportunities and design ideas generated by this competition.

2.1 Why you should enter

Aged care matters for everyone

This is a unique opportunity for designers to shape the aged care accommodation of the future, challenging preconceptions and validating design as a change agent.

You and many of your families and friends may need residential aged care in the future. By entering this competition, you will contribute to the design of aged care homes in which they and you – as older people – will be enabled to live with dignity, respect and enjoyment.

2.2 Who can enter

This competition is open to multidisciplinary design teams, led by a registered Australian architect or graduate of an Australian accredited architectural program.³ (*Refer Part 8*)

2.3 Prizes

The Jury at its discretion will recommend to the Client the allocation of any prizes in recognition of outstanding proposals for each of the competition design idea opportunities – urban metro and regional town sites. (*Refer Part 5*)

First prize \$50,000

Second prize \$20,000

The Jury may also recommend commendations be awarded at its discretion.

³ Refer to the Architects Accreditation Council of Australia (AACA) for the list of accredited Australian qualifications.

2.4 Key dates

MILESTONE	FINAL DATE / TIME
Competition launched Registration open Question period open	Tuesday 17 October 2023
Question period ends	Tuesday 14 November 2023 – 12pm noon AEDT
Final answers posted	Tuesday 21 November 2023 – 12pm noon AEDT
Competition closes Soft copies uploaded (<i>Refer Part 7</i>)	Friday 15 December 2023 – 12pm noon AEDT
Hard copies received (<i>Refer Part 7</i>)	Thursday 21 December 2023 – 12pm noon AEDT
Jury deliberation	21-22 February 2024
Winners announced Jury report published on competition website	By end of April 2024

2.5 The Jury

The Jury for the competition comprises nine (9) eminent members ⁴ as follows:

PROFESSOR TOM CALMA AO
2023 Senior Australian of the Year
Jury Chair

KERSTIN THOMPSON AM LFRAIA –
Architect

JOHN CHOI – Architect

ALLEN KONG LFRAIA – Architect

DR CATHERIN BULL AM – Landscape
Architect

ERIN McDONALD – Interior Designer

DR STEPHEN JUDD AM –
Aged Care sector leader and dementia
care expert

TIM ROSS – Design advocate and media
personality

SOPHIE DYRING –
Member of the Organising Committee.
(Refer Part 11)

Lived experience advisers

A focus group of six people with lived experience of dementia, recommended by Dementia Australia following a call for expressions of interest, will serve as advisers to the Jury. ⁵

They will review the Jury shortlist prior to the Jury concluding its evaluations. They will verbally offer their unique insight to the Jury about how each proposal might suit their needs and wants. They will not be asked to rank the shortlist proposals or nominate a preferred scheme.

The lived experience advisers offer a distinctive lens through which the Jury may consider the shortlist and gain a deeper appreciation of what is important to those people most affected by the design of residential aged care.

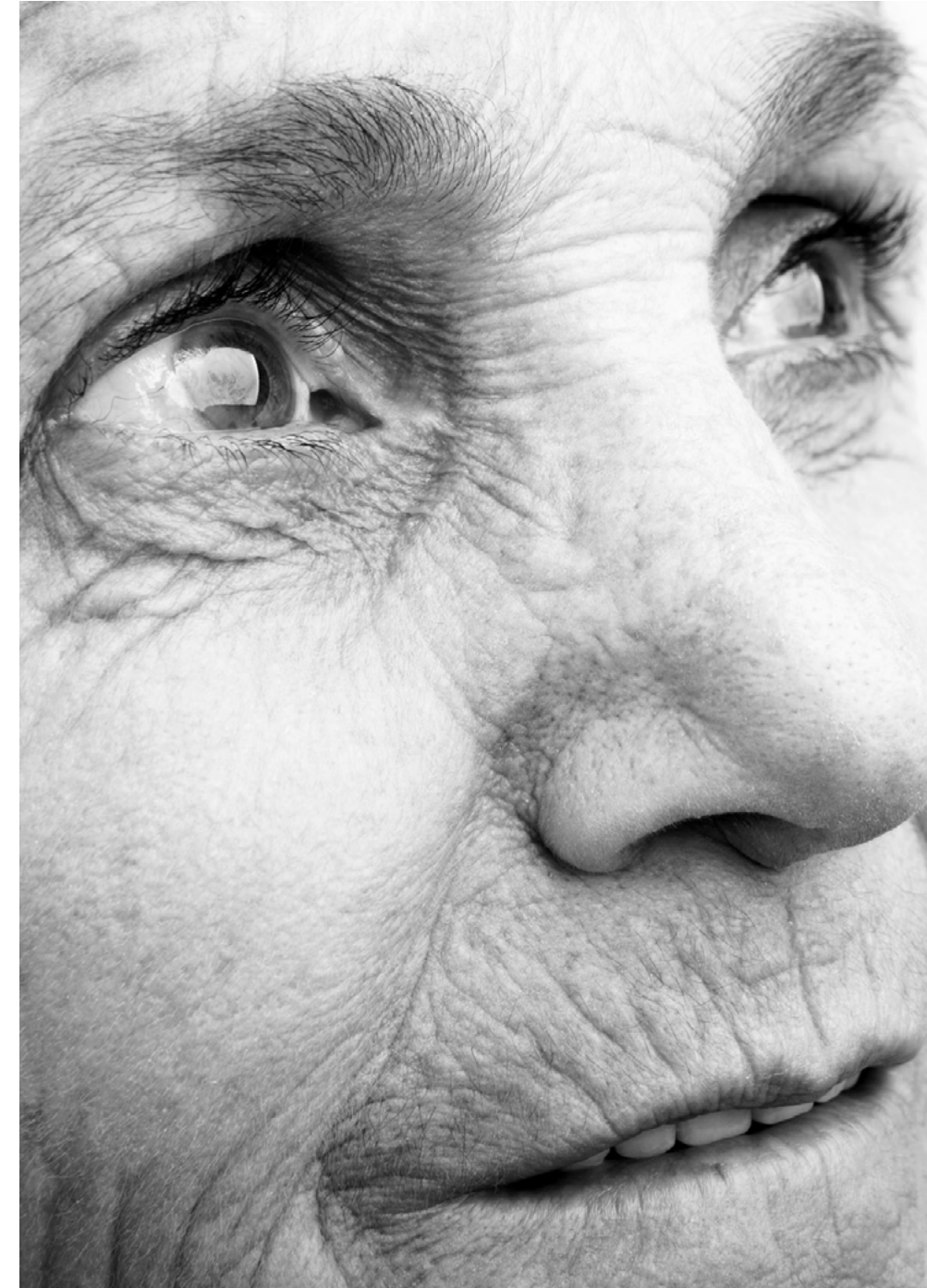
Jury and lived experience adviser bios are at *Part 9*.

There is substantial research on small household models having wide-ranging benefits, such as reducing agitation, pacing, and exit-seeking, while improving social interaction, eating and infection control.

⁴ The Client, with the agreement of the Professional Adviser and prior to consideration of the competition submissions, reserves the right to substitute an alternate juror (of commensurate qualifications/experience) should a nominated juror be unable to continue to participate.

⁵ There will be three lived experience advisers for the urban metro site and three for the regional town site.

Dementia Australia, with agreement from the Client and the Professional Adviser and prior to consideration of the competition submissions, reserves the right to substitute an alternate lived experience adviser, should a nominated adviser be unable to continue to participate.



PART 3

*The Principles and Guidelines
underpin a new flexible and
innovative design approach
for residential aged care
accommodation of the future.*



About the Principles and Guidelines

The *Principles and Guidelines* underpin a new flexible and innovative design approach for residential aged care accommodation of the future.

Closely reference the *Principles and Guidelines* in the development of your design ideas.

The Principles and Guidelines provide a toolkit that is:

- evidence based drawing on robust research and lived experience
- designed to encourage a shift away from institutional aged care homes
- practical, logical and crafted in plain user-friendly language for an audience of designers, people choosing residential care, aged care service providers and others with a stake in residential aged care services
- intended to 'guide' rather than 'mandate' design outcomes generating creative opportunity
- non demographic specific, yet sensitive to diverse social, cultural and life experiences
- non site or development specific yet applicable to varied contexts including urban

or regional, new purpose builds, and minor and major refurbishments

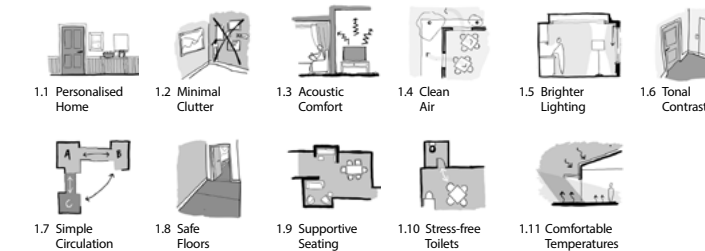
- flexible and applicable to all residential scales be they small developments with 60 or less residents; medium developments of 61-100 residents; or large developments of more than 100 residents⁶
- championing diverse environments of choice for residents, their families, carers, and aged care staff
- complementary and compatible with existing regulatory frameworks and not intended to replace the National Construction Code or relevant legislation and standards
- centered around 'small household models' of 15 or fewer people living together e.g. in dwellings or clusters, consistent with recommendation 45 of the Royal Commission.

There are **4 principles** – enable the person; cultivate a home; access the outdoors; connect with community.

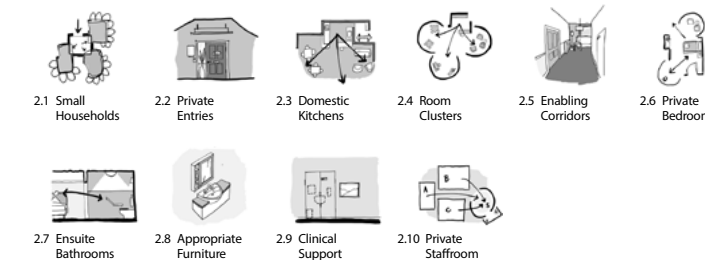
⁶ The 'small', 'medium' and 'large' size of service resident 'operational places' aligns with [GEN Aged Care Data – Australian Government Institute of Health and Welfare](#).

The Principles and Guidelines at a Glance

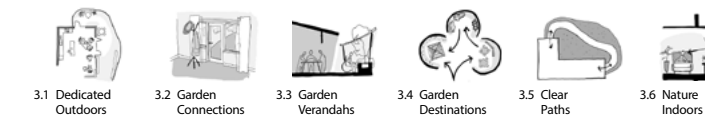
Principle 1 Enable the Person



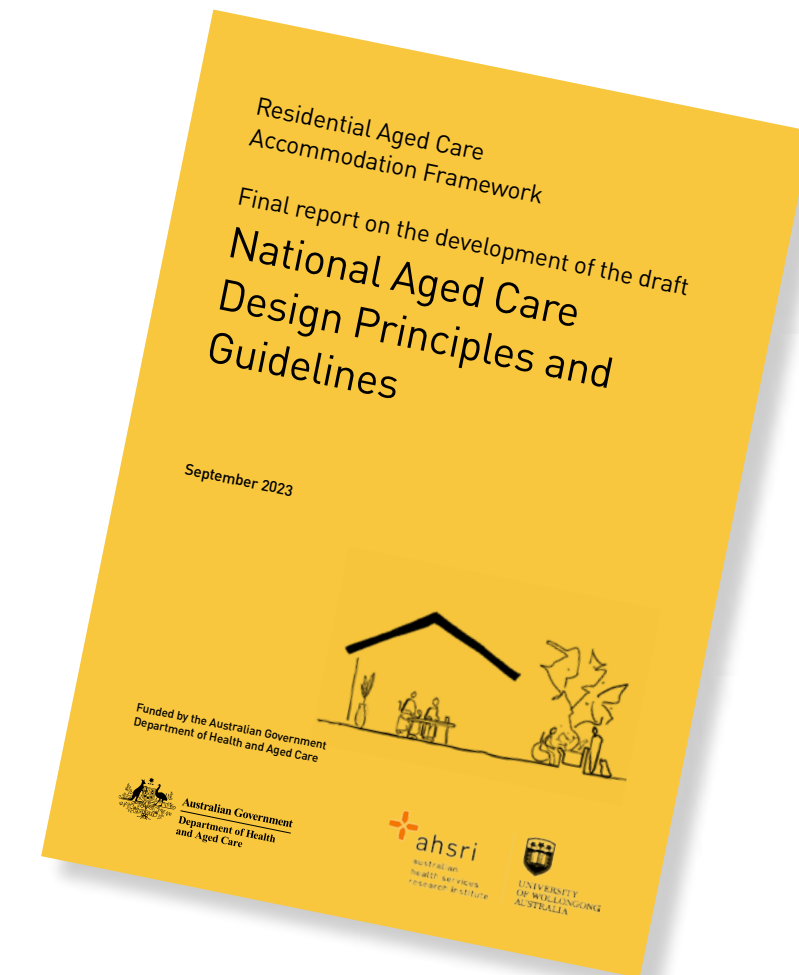
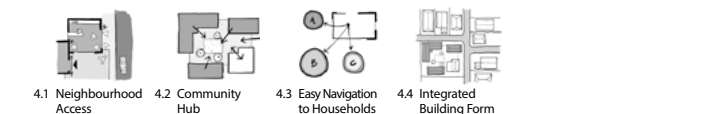
Principle 2 Cultivate a Home



Principle 3 Access the Outdoors



Principle 4 Connect with Community



[>> Link to the NAC Design Principles and Guidelines](#)

Each principle has **guidelines** focused on core design challenges including a **checklist** – to do just that – ‘check your design’.

Pay attention to the desired outcomes for each of the **4 principles** and to each guideline ‘checklist’.

The *Principles and Guidelines* are made ‘human’ by including fictional personas and their lived experiences, depicting how residents, staff and aged care managers might respond to different circumstances and the environment.

Consider the resident profile for the competition site option of your choice.

The *Principles and Guidelines* prompt a multi-disciplinary design approach that values the intersection of urban design, architecture, landscape architecture, interior design and the needs of older people and their families and carers, staff and service providers.

Codesign will enable the development of a shared vision between residents, families, staff, management and designers.

Consider the Entrant eligibility at *Part 8*.

The *Principles and Guidelines* have been designed as a ‘living document ... able to respond to the changing evidence, societal and cultural expectations and aspirations’.

This competition is a first step towards their application and testing.⁷

The 4 principles –
enable the person;
cultivate a home;
access the outdoors;
connect with
community.

⁷ Over time, application and testing of the *Principles and Guidelines* through post-occupancy evaluation (or similar) may influence further adjustments and refinement.

Personas

The Guidelines include fictional personas to help bridge the gap between an abstract understanding of the Guideline and the lived experience of residents and staff. These personas aim to help the reader understand different users’ needs, experiences, behaviour, and goals.

The six personas



Anne, resident, 96
Anne is from regional Victoria and used to work as a florist. Anne loves handicrafts, flowers, and the Scottish culture of her mother. Anne is not independently mobile and has difficulty with verbal communication and swallowing. She spends much of her time in her room.



Bianca, resident, 85
Bianca migrated to Australia from Naples, Italy as a teenager. She loves bushwalking, nature, and dogs. Bianca has macular degeneration and a diagnosis of dementia with Lewy Bodies, which increase her risk of falling. She is always keen to go outside.



Charlie, resident, 76
Charlie is originally from Hong Kong. He emigrated when he was in his twenties with his wife and baby son. He is living with frontotemporal dementia and has a hearing impairment. Working in a restaurant, Charlie was an early riser, he continues to get up early and look for things to do.



Dave, care worker, 52
He has worked as a carer for 12 years. Dave used to be a mechanic, but had a career change after caring for his mum who lived with dementia. He loves cooking and listening to music.



Eleesha, care worker, 26
Eleesha is a registered nurse in training, originally from the Philippines. She has worked in aged care for 18 months. She has a four-year-old child. Eleesha previously cared for her grandmother at home.



Francine, aged care home manager, 48
Francine is from Sri Lanka and is in charge of operations, care and minor building works. She has been in the role for five months. She trained as a nurse and has three children.

PART 4

Residential aged care accommodation of the future is expected to provide homelike environments that promote quality of life, enjoyment, wellbeing and connection to community.



Design aspirations

Residential aged care accommodation of the future is expected to provide homelike environments that promote quality of life, enjoyment, wellbeing and connection to community.

Entrant proposals should demonstrate the extent to which adoption of the *Principles and Guidelines* can deliver on the following design aspirations.

Well-designed aged care accommodation will offer:

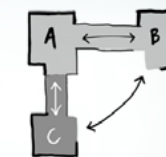
- ♦ a place where you can live your best life within and as part of a community and neighbourhood
- ♦ a welcoming and safe 'family' home environment
- ♦ a supportive setting for high quality care promoting health and wellbeing
- ♦ respect and dignity and embrace diverse cultures and life experiences
- ♦ innovative aged care accommodation for the future.

Aspirations for the *Principles and Guidelines* are that adoption will:

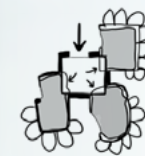
- ♦ enrich the quality of life and wellbeing of older people by better meeting their needs and recognising their aspirations
- ♦ provide homes that empower and support older people
- ♦ expand and diversify accommodation and lifestyle choices for older people
- ♦ demonstrate the value of small, homelike clusters of people living together
- ♦ encourage new ways for managers and staff to engage, thrive, work and adapt to change
- ♦ engender a shared design vision between residents, families, carers and staff
- ♦ be a gamechanger, shifting the design and care conversation from institutional to people-centric models and igniting change for the best.

Enrich the quality of life and wellbeing of older people by better meeting their needs and recognising their aspirations.

Principles and Guidelines



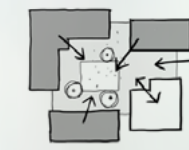
1.7
Simple
Circulation



2.1
Small
Households



3.4
Garden
Destinations



4.2
Community
Hub



PART 5

Design an innovative residential aged care development for the future that adopts the Principles and Guidelines and delivers on the design aspirations.

Two hypothetical sites have been chosen for the competition.



The design ideas opportunity

Design an innovative residential aged care development for the future that adopts the *Principles and Guidelines* and delivers on the design aspirations.

5.1 Site options

Two hypothetical sites and development scales have been chosen for the competition:

- ♦ Urban metro development site for at least **100 residents** (a 'medium' to 'large' development).
- ♦ Regional town development site for **60 residents** (a 'small' development).

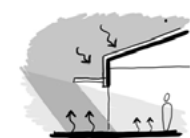
You can choose to enter a design proposal for either site or for both. You will be provided a separate submission ID for each separate submission.

Include spaces to sit, keep plants, rearrange furniture, and decorate their room.

1.1
Personalised
Home



1.11
Comfortable
Temperatures



2.2
Private
Entries



2.6
Private
Bedrooms



5.2 About the urban metro site

The urban metro development site has an area of **5,000 sq metres** (multi-storey development in whole or part is anticipated).

The site has excellent north-east orientation, is relatively flat with a fall of < 1 metre south to north and has attractive shrubs and medium height trees on the western boundary.

All service infrastructure is available, geotechnical conditions are stable, and there are no easements or other impediments on the site to constrain development.

Climate

The site is located within a humid subtropical climate zone. Winters are generally mild and cool with average daily temperatures of some 18° falling to 8° at night. Summer temperatures are generally a pleasant 21° but can rise to a very hot 35° for some of the season and humidity can be unpleasant. Afternoon coastal sea breezes in summer cool this urban area but the winds from the inner western tablelands can be cold in winter. Rainfall is spread throughout the year with more in summer and autumn. Care needs to be taken to avoid the new development creating an urban heat island.

The climate is conducive to a wide variety of flowering and exotic plants and trees that thrive year-round in the subtropical climate.

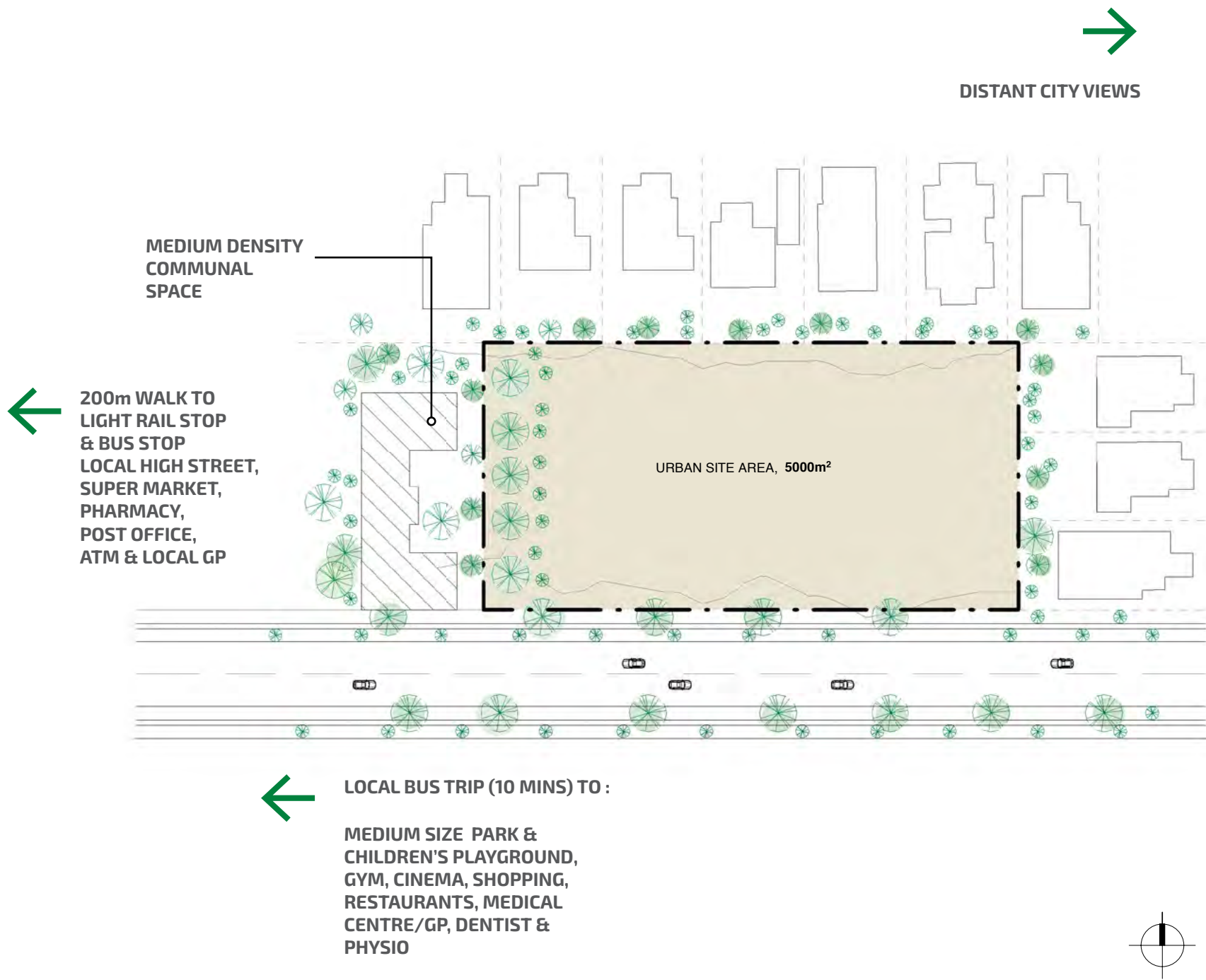
Country

First Nations people with connections to Country in urban areas have strong continuing connection to Culture despite the significant damage done by early settlement. Rivers, natural bush landscapes and First Nation peoples' settlements were incrementally destroyed in the wake of settlers and urban development. White town folk had boundary streets demarcating areas where First Nations peoples could or couldn't go. First Nations communities adapted and survived and their connection continues through tangible items of cultural value like scar trees and natural features, and photos of individuals, families, groups and cultural objects now housed in museums and private collections. Continuing connection to Country was also maintained through the contributions of First Nations people to new industries.

The Elders living in the area are not that far from this uncomfortable history – they remember. Likely to need future aged care accommodation, they are hopeful that the new aged care home will 'tell a truth' and provide an environment with cultural meaning for all.



URBAN METRO
CONTEXT + CONNECTIONS



PUBLIC TRANSPORT TRIP
TIME (45 MINS) TO CITY
ATTRACTIONS

SINGLE DWELLING
BACKYARDS TO NORTH AND
EAST BOUNDARIES

MEDIUM DENSITY
COMMUNAL SPACE TO
WEST BOUNDARY

SHORT LOCAL BUS TRIP TIME
(10 MINS) TO: MEDIUM SIZE
COMMUNITY PARK WITH
CHILDREN'S PLAYGROUND AND
DOG RUN, GYM AND WELLNESS
CENTRE, CINEMA, SHOPPING
MALL / MIXED RETAIL OUTLETS,
RESTAURANTS, MEDICAL CENTRE
/ GP'S / DENTISTS / PHYSIO

1 & 2
STOREY
BUNGALOWS &
ROWS OF SEMI-
DETACHED HOUSES
MIXED WITH NEW
6 - 8 STOREY
LUXURY
APARTMENTS

A
NEIGHBOURHOOD
TRANSITIONING
TO HIGHER
DENSITIES

WALKING DISTANCE (200M) LEVEL
ACCESS BY FOOTPATH (SAME SIDE OF
STREET AS SITE) TO:
LIGHT RAIL AND BUS STOP,
LOCAL 'HIGH STREET' SHOPPING,
(SUPERMARKET, PHARMACY, POST
OFFICE, ATM, SMALL MIX OF CAFES,
HAIRDRESSER, SOME SPECIALTY
RETAIL), LOCAL GP

LONGER PUBLIC TRANSPORT
TRIP TIME (45 MINS) TO:
THEATRES,
MUSEUMS AND GALLERIES,
LARGE PUBLIC GARDENS WITH
PUBLIC AMENITIES / CAFES,
PUBLIC HOSPITAL

PITCHED
ROOF SINGLE
DWELLINGS
WITH FLAT
ROOF MEDIUM
DENSITY
DEVELOPMENT

SOME
OVERLOOKING
BALCONIES,

MIXED
MATERIAL
PALETTE

SHORT LOCAL,
10 MINUTE BUS
TRIP TO CINEMA
/ SHOPPING
MALL / MEDICAL
CENTRES

DISTANT
CITY VIEWS

45 MIN PUBLIC
TRANSPORT
TO CITY

WIDE TWO-LANE
ROAD TO SOUTH
BOUNDARY WITH
TREE LINED
STREETSCAPE

NARROW PATCHY
GRASSED VERGES
AND A CONCRETE
FOOTPATH

URBAN METRO DEMOGRAPHIC

THE MEDIAN AGE IS 35 AND WEALTH AND PROSPERITY ARE ON THE RISE. AFFORDABLE HOUSING IS NON-EXISTENT. MANY EXISTING HOMEOWNERS ARE OPTING TO REPLACE THEIR (OR THEIR PARENTS') OLDER HOUSES WITH 2 STOREY 'MANSIONS' OR TO 'UPSCALE' TO THE NEW LUXURY APARTMENTS SPRINGING UP IN THE SUBURB

PET OWNERSHIP IS HIGH (DOGS, CATS) AND SOME URBAN COMMUNAL GARDENS WITH CHOOKS AND BEEHIVES HAVE BEEN ESTABLISHED IN POCKET PARKS OR APARTMENT ROOFTOPS

THE NEIGHBOURHOOD REMAINS TIGHT KNIT AND NEIGHBOURHOOD EVENTS IN THE COMMUNITY PARK ARE COMMON

A CULTURALLY AND SOCIALLY DIVERSE COMMUNITY WITH MANY PEOPLE OF ITALIAN AND CHINESE DESCENT

CURRENTLY 1% OF THE POPULATION IDENTIFY AS FIRST NATIONS PEOPLES BUT THIS IS AN INCREASING DEMOGRAPHIC AS FAMILIES CHOOSE TO STAY IN THE AREA

MOST ADULTS HAVE TECHNICAL OR TERTIARY QUALIFICATIONS AND THE EMPLOYMENT RATE IS HIGH

THE LOCAL HIGH STREET IS THRIVING AND IS A FOCUS FOR THE COMMUNITY WITH GREAT FOOD, SIDEWALK CAFES AND SPECIALTY RETAIL SHOPPING

MANY FAMILIES STILL HAVE ONE OR MORE CHILDREN LIVING AT HOME AND THEIR AGED PARENTS OR GRANDPARENTS LIVING CLOSE BY WITHIN THE SUBURB

MANY OF THE OLDER PEOPLE HAVE LIVED AND RAISED THEIR FAMILIES IN THE SUBURB FOR MORE THAN 20 YEARS. THEY GENERALLY EXPECT TO BE ABLE TO RESIDE WITHIN THE NEIGHBOURHOOD AND DO NOT WISH TO MOVE AWAY FROM THEIR FAMILY.



URBAN METRO RESIDENT PROFILE

OF THE RESIDENTS ABOUT 10% WERE BORN OVERSEAS IN CHINA, ABOUT 30% ARE FIRST GENERATION AUSTRALIANS FROM ITALIAN DESCENT, 5% ARE FIRST NATIONS PEOPLES AND ABOUT 55% ARE OF AUSTRALIAN DESCENT

ALL RESIDENTS REQUIRE SIGNIFICANT CARE AND SUPPORT FOR ACTIVITIES OF DAILY LIVING AND MANY NEED COMPLEX HEALTH CARE (REFER PART 6)

ABOUT 60% ARE WOMEN AND 40% ARE MEN

ABOUT 55% OF RESIDENTS HAVE A DIAGNOSIS OF DEMENTIA

MANY VISITORS BRING THEIR CHILDREN AND PETS ALONG FOR VISITS

ANN, BIANCA AND CHARLIE LIVE IN THIS ACCOMMODATION. FRANCINE, DAVE AND ELEESHA WORK IN THIS ACCOMMODATION (THEY ARE THE 'PERSONAS' IN THE PRINCIPLES AND GUIDELINES)

AT LEAST 100 RESIDENTS ('MEDIUM' TO 'LARGE' DEVELOPMENT)

5.3 About the regional town site

The regional town development site has an area of **12,000 sq metres** (may require some two-storey development).

The site has excellent north-east orientation, is relatively flat with a fall of < 1 metre south to north. There are large established trees on the west and southern boundaries, many of which are significant remnant natives.

All service infrastructure including digital access is available and networks have been upgraded (a positive outcome of carrier competition in the area). Geotechnical conditions are stable and there are no easements or other impediments on the site to constrain development.

Climate

The town is in an inland regional area some 550 metres above sea level. Winters can be very cold averaging 1°-11° with winds from the west making the 'feels like' temperatures even colder. Frosts are common (and can be beautiful to view) and on occasion there are minor snowfalls. Summers are very hot with temperatures 13°-40° alleviated to some extent by easterly afternoon winds. The diurnal range in both winter and summer is extreme and can be challenging.

Average annual rainfall peaks at about 600mm with most falling in spring and summer. Drought is not uncommon, and bushfires have threatened local communities over the past decade.

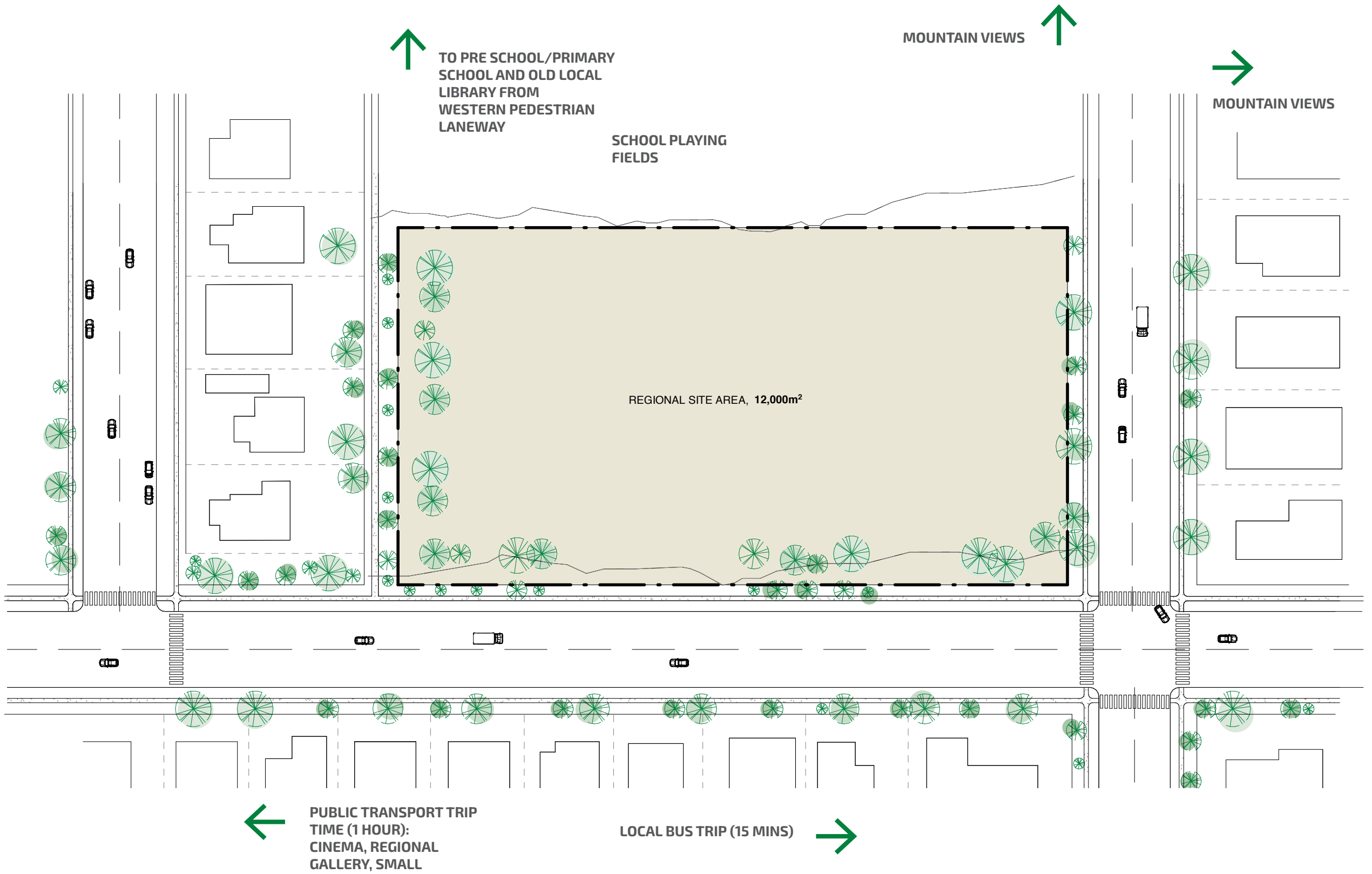
Four glorious seasons deliver autumnal splendor and picturesque spring flowerings – a drawcard for community events and tourists.

Country

The area was once a congregation and camping site for First Nations peoples. A wide watercourse (now encased in a concrete stormwater line within the school playing fields) and the rich land, fish, animal life and native vegetation was a source of food, supplies and shelter. The area has strong cultural and continuing ties to the local First Nations peoples as a meeting and ceremonial site. There is a growing contemporary recognition of the importance of such connections to the cultural landscape of the town and a forging of new positive engagement and acknowledgement of the history and contributions of First Nations peoples within the community.



REGIONAL TOWN
CONTEXT + CONNECTIONS



WALKING DISTANCE (500m) TO EAST – LEVEL ACCESS BY FOOTPATH TO :

LOCAL PARK & CHILDREN'S PLAYGROUND, SMALL GENERAL STORE, BAKERY, NEWSAGENT, POST OFFICE, TAKEWAY, NEW MODERN CAFE AND HERITAGE PUB / BEER GARDEN

WALKING DISTANCE (500M) LEVEL ACCESS BY FOOTPATHS ACROSS ROAD TO THE EAST TO: SMALL GENERAL STORE, BAKERY, NEWSAGENT/POST OFFICE, 'TAKE AWAY' AND NEWISH TRENDY LUNCH CAFÉ, HERITAGE PUB AND BEER GARDEN, LOCAL POCKET PARK WITH CHILDREN'S PLAYGROUND

SMALL TWO-WAY ROAD TO SOUTH AND EAST BOUNDARIES WITH A TREE LINED STREETScape (INCLUDING WEEDY VERGE AND GRAVEL FOOTPATHS) AND SUBURBAN DEVELOPMENT BEYOND

THE 'MEN'S SHED' IS ABOUT TO CLOSE AS IS THE LOCAL COUNTRY WOMENS' ASSOCIATION CRAFT SHOP, BOTH OF WHICH RELIED HEAVILY ON THE OLDER POPULATION TO SURVIVE

SINGLE STOREY COTTAGES IN SUBURBAN SETTING

SINGLE DWELLING BACKYARDS TO THE WESTERN BOUNDARY SEPARATED FROM THE SITE BY A NARROW PEDESTRIAN LANEWAY

PRIMARILY BRICK HOUSES (SOME RENDER/PAINT), PITCHED ROOFS (TILE/METAL SHEET) SOME LARGE WELL TENDED GARDENS

PRE-SCHOOL/ PRIMARY SCHOOL AND OLD TIRED LOCAL LIBRARY TO THE NORTH ACCESSIBLE FROM THE WESTERN PEDESTRIAN LANEWAY

BEAUTIFUL VIEWS TO DISTANT MOUNTAINS TO THE NORTH AND EAST

RURAL PUBS / BEER GARDENS

SHORT CAR TRIP TIME (20 MINS) WINERIES & MARKET GARDENS

LONGER PUBLIC TRANSPORT TRIP TIME (1 HOUR): TO SMALL RETAIL MALL WITH RESTAURANTS, CINEMA AND

REGIONAL GALLERY AND LARGE PUBLIC GARDENS WITH PUBLIC AMENITIES

REGIONAL TOWN DEMOGRAPHIC

THIS HAS TRADITIONALLY BEEN A FARMING COMMUNITY WITH FAMILIES ON THE LAND LARGELY RELYING ON VEGETABLE MARKET GARDENS AND ORCHARDS WITH SOME SMALL SCALE ANIMAL HUSBANDRY. FEW OF THE YOUNGER GENERATION ARE CHOOSING TO STAY AND MANY FARMS ARE BEING BOUGHT UP FOR NEW AGRICULTURAL INDUSTRY

MANY FAMILIES HAVE ONE CHILD AT HOME, AND SOME HAVE ADULT CHILDREN STILL 'AT HOME' UNABLE TO AFFORD TO MOVE OUT

MOST ADULTS HAVE TECHNICAL QUALIFICATIONS, AND THE LOCAL EMPLOYMENT BASE IS STABLE WITH MANY PEOPLE WORKING IN THE RURAL, SERVICES AND EDUCATION SECTORS

THE AGEING RESIDENT POPULATION IS LOOKING TO REALISE THEIR HOME ASSET AND PREFER TO MOVE INTO LOCAL AGED CARE ACCOMMODATION EVEN IF THEIR FAMILIES HAVE MOVED ELSEWHERE

A COMMUNITY THAT IS LARGELY OF AUSTRALIAN DESCENT, WITH ABOUT 5% OF THE POPULATION IDENTIFYING AS FIRST NATIONS PEOPLES. THERE IS A SMALL TIGHTLY KNIT COMMUNITY OF PEOPLE OF GERMAN DESCENT WHO HAVE LIVED IN THE AREA FOR MORE THAN 50 YEARS

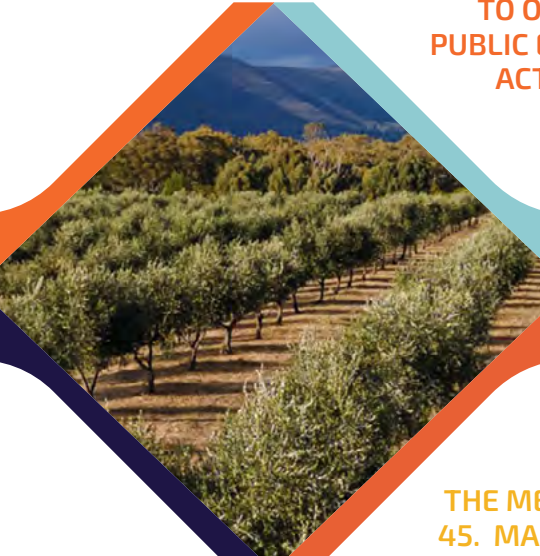
A RECENT TRANSITION TO VINEYARDS, OLIVE PLANTATIONS AND TRUFFLE FARMING HAS INCREASED THE ECONOMIC AND EMPLOYMENT BASE AND THE AREA IS SLOWLY BECOMING A COUNTRY TOURIST DESTINATION

THE COMMUNITY RELIES ON ITS ACTIVE AND WILLING VOLUNTEER BASE TO ORGANISE PUBLIC EVENTS AND ACTIVITIES

THE MEDIAN AGE IS 45. MANY YOUNGER ADULTS ARE TRYING TO MOVE TO URBAN AREAS FOR STUDY OR THE ATTRACTIONS OF CITY LIFE

NEW ARRIVALS TO THE TOWN ARE GENERALLY YOUNG FAMILIES LEAVING THE CITY LOOKING FOR A MORE AFFORDABLE 'COUNTRY' LIFESTYLE AND RECOGNISING THE POTENTIAL OF WORK FROM HOME

THE HERITAGE PUB AND BEER GARDEN REMAIN A FOCUS FOR FAMILY OUTINGS AND COMMUNITY



REGIONAL TOWN
RESIDENT PROFILE



SIXTY PEOPLE FOR A
SMALL
DEVELOPMENT



FIVE PEOPLE
IDENTIFY AS FIRST
NATIONS PEOPLES,
15 PEOPLE ARE OF
GERMAN DESCENT,
AND 40 ARE OF
AUSTRALIAN
DESCENT



FORTY PEOPLE
ARE WOMEN AND
TWENTY ARE MEN



ANN, BIANCA AND CHARLIE LIVE IN
THIS ACCOMMODATION. FRANCINE,
DAVE AND ELEESHA WORK IN THIS
ACCOMMODATION (THEY ARE THE
'PERSONAS' IN THE PRINCIPLES AND
GUIDELINES)



ABOUT 30 PEOPLE
HAVE A DIAGNOSIS OF
DEMENTIA



ALL RESIDENTS
REQUIRE SIGNIFICANT
CARE AND SUPPORT
FOR ACTIVITIES OF
DAILY LIVING AND
MANY NEED COMPLEX
HEALTH CARE
(REFER PART 6)



PART 6

Residential aged care is for older people who can no longer live independently at home. It includes accommodation and personal care, as well as access to nursing and general health care services.



General design considerations

6.1 People using permanent residential care

More than half the people living in permanent aged care (58%) are aged over 85 years and two in three are women. First Nations people face multiple health and social disadvantages, a higher risk of developing serious medical conditions, and a lower life expectancy than non-Indigenous people. Consequently, First Nations people may access aged care from the age of 50 and many are in their 60s and 70s.

Many aged care residents were born overseas in non-English speaking countries, or have a parent born overseas. Some 60% were born in Australia and English remains their preferred language.

Almost all residents require care for activities of daily living (99.8%) and complex health care (99.6%), while many people have care needs relating to cognition and behaviour (97.4%).⁸

In 2019-20 more than half (54%) of people living in residential aged care had a diagnosis of dementia.

6.2 Residential aged care services

Residential aged care is for older people who can no longer live independently at home. It includes accommodation and personal care, as well as access to nursing and general health care services.

Residential aged care services include:

- ♦ **Accommodation services** – providing a domestic environment with bedrooms (with furniture and bedding), ensuite bathrooms and communal living spaces.
- ♦ **Hotel type services** – providing toiletries, meals, cleaning, laundry, waste disposal, maintenance of buildings and grounds.
- ♦ **Personal and clinical care services** – providing help with activities of daily living (e.g. personal hygiene, dressing, grooming and moving around), emotional support, nursing care, access to allied health and therapy services, administering medication, and support for residents with cognitive impairment.
- ♦ **Social engagement** – providing programs to encourage residents to take part in activities, outings and community life within and outside of their care accommodation.

All people living in residential aged care will need assistance with one or more of the following:

- ♦ **Daily living activities** – assistance with self-care tasks due to physical or cognitive impairment (e.g. personal hygiene and grooming, toileting and continence, eating and drinking, and mobility and transfers).
- ♦ **Clinical care** – routine assistance with health care services such as the provision of medications, general nursing services, and assistance to access other health services (e.g. arranging appointments with GPs, specialist and allied health professionals).
- ♦ **Cognition and behavioural challenges** – assistance with everyday activities due to impaired cognition, possibly including positive support for reactive behaviours (e.g. agitation, wandering, anxiety or depression).
- ♦ **Complex health care** – assistance with medical conditions undertaken by staff (e.g. feeding by tube, colostomy and catheter care, complex wound management, need for oxygen).⁹

⁸ The information provided is at 30 June 2022 and is from the GEN Aged Care Data – Australian Government Institute of Health and Welfare.

⁹ The Australian Government provides funding and subsidies to aged care homes to deliver these residential care services.

6.3 Resilient aged care accommodation

Adaptable and flexible

Consider the importance of adaptable residential accommodation designed for an Australian ageing population that is in a state of flux.

The demographic of Australia will continue to shift with lifestyle experiences, community expectations and social and cultural change.

The 'Baby Boomers' (many in their 70s) grew up in the 'swinging sixties', experienced progressive social activism and considered home ownership as a 'right'. In contrast, Generation X (many in their 50s) grew up with economic and political upheaval and experienced sweeping technological change. The Millennials (many in their 40s) may be as comfortable living in apartments as their parents were in suburban cottages, enjoy digital social platforms and seek work-life balance.

New aged care accommodation will need to be adaptable and flexible to reflect generational change so that people can live rich and full lives as they age and require care.

Sustainable and innovative

New aged care accommodation will be energy efficient, adopt passive environmental design, seek to minimise waste, use recycled materials, reduce use of hazardous products, and incorporate water sensitive urban design including conservation and recycling.

An innovative sustainable design approach will contribute to an economically viable development reducing operational lifecycle costs and energy consumption.

Embracing passive environmental design will greatly enhance amenity for the residents and staff. Open, airy and well-ventilated spaces, sunlight and good general daylighting in household living spaces and staff common areas, visual and physical access to the outdoors and wider external experience are fundamental to sustaining comfort and the quality and enjoyment of life.

Creative approaches to storage (e.g. for food, large equipment, medication) and to the complex waste streams associated with aged care accommodation (e.g. batteries, leftover food, disposable medical supplies) will engender a more homelike environment for residents and encourage new approaches to recycling.

Existing and emerging technologies will be integrated, allowing residents and visitors to take advantage of contemporary digital innovations, social media connections and comforts.

6.4 Typical spatial requirements

The *National Construction Code* for Class 9c buildings applies to aged care accommodation.

AS1428.1: 2021 Design for access and mobility Part 1: General requirements for access – new building work applies. ¹⁰

Hypothetical site planning requirements for building envelopes (setback, height and space between buildings), vehicular access and parking will be set at your reasonable discretion having regard to site circumstance and general amenity.

The typical space requirements in *Table 1* are provided as a guide only and are not definitive.

Use your discretion and best judgement to choose what, which and how many spaces (including community or social opportunities) are required to support your design ideas, having regard to site and scale of development. (*Refer Part 5*)

In developing your spatial program consider the functional and 'lifestyle' relationships between resident living areas (private and community), staff and clinical operations and community connections.

¹⁰ **AS 1428.1** provides for minimum design requirements for access and mobility. Other parts of **AS 1428.1** may also inform design proposals.

Table 1	
Typical Space Requirements	
Household	<ul style="list-style-type: none">- A 'front door' for resident and visitor access- Small meeting/sitting room shared by residents and staff (approx. 20 m²)- Lounge room/space (approx 3m² / person)- Dining room/space (approx. 2.5m² /person)- Domestic kitchen with pantry e.g. tea and toast making (total approx. 20 m²)- Activity room with acoustic separation from communal areas e.g. for TV/media area (approx. 20 m²)- Bedrooms with ensuites (approx. 25 m²). At least 2 bedrooms large enough for people e.g. related by kin, marriage, friendship to be together (may allow for adjoining as needed)- Guest bedroom with ensuite for family or friend sleepovers- Visitor unisex accessible toilet- Storage distributed throughout the household e.g. for linen, equipment (approx. total 20m²)- Domestic laundry accessible to residents (approx.10m²)

Typical Space Requirements (cont'd)	
Back of house for each household	<ul style="list-style-type: none">- Staff Office (approx. 20m²) and staff unisex accessible toilet- Care office (approx. 15 m²)- Secure store for medications, dressing and small medical equipment (approx 10 m²)- Cleaners' store (approx. 6m²) (may be linked to dirty utility room)- Dirty utility room (e.g. washing bed pans, waste); clean utility room (e.g. sterile supplies, dressing preparation); and dirty and clean linen rooms (approx 15m² each).
Public/ community	<ul style="list-style-type: none">- Entry/lobby/waiting area- Multi-function activity room/space (approx 1m²/resident)- Clinic with ensuite e.g. for visiting GPs and allied health providers (approx. 15 m²)- Personal services e.g. barber/hairdresser- Meeting room for staff, resident, visitor- Visitor unisex accessible toilet.

Typical Space Requirements (cont'd)	
Staff home base	<ul style="list-style-type: none">- Manager's and admin office workspace/offices- Interview room (approx 12m²)- Staff common room/spaces e.g. kitchen, seating, resting- Program management and volunteer space- Personal secure storage e.g. lockers- Unisex accessible staff toilets/showers.
General back of house	<ul style="list-style-type: none">- Commercial kitchen and storage- Commercial laundry- Cleaners' store- Communications room- Equipment storage e.g. for wheelchairs (approx. 16m²)- External storage shed e.g. for garden equipment- Waste storage (clinical and domestic)
Vehicular considerations	<ul style="list-style-type: none">- Emergency and undertaker vehicle access- Service entry and goods deliveries- Waste collection and recycling- Car-parking at 'local' requirements- Bicycle facility.

PART 7

Your submission must demonstrate how you have adopted the Principles and Guidelines to deliver on the design aspirations.



About your submission

Your submission must demonstrate how you have adopted the *Principles and Guidelines* to deliver on the design aspirations.

7.1 Requirements

Your submission must include:

- ♦ **Minimum three (3) x A1 and maximum four (4) x A1 presentation boards**
- ♦ The **ATM Submission Form** (lodged online)
- ♦ A **drawing diagram** describing your desired arrangement and sequence for viewing the submitted boards
- ♦ The **survey response** (lodged online). ¹¹ This will not be considered by the Jury.

Each board to clearly incorporate your **submission ID**.

Submissions must be provided in English and use Australian legal units of measurement.

¹¹ This is a brief survey that is estimated to take 5-10 minutes to complete.

A1 presentation boards shall include:

- ♦ A narrative (max. **400 words**) describing '*a day in the life*' of an older person living in your accommodation (resident profile of your choice). You may choose to illustrate your statement.
- ♦ A **site development plan** at **1:200** or **1:500**, illustrating the site layout in context including for the building/s, landscape setting, key entries, vehicular access and car parking, and key pedestrian and community connections.
- ♦ Building floor **plan/s and sections** at **1:100** scale illustrating your small household model planning idea and private, community, staff, and public space/realms and relationships.
- ♦ At least **two (2) 3D illustrations / renderings**, or photographs of models sufficient to demonstrate the building/s concept including architectural massing and scale, elevations, character and materiality within the setting.
- ♦ At least **two (2) x interior illustrations** – one for a bedroom (resident profile of your choice), and one for a 'household' communal socialisation space (of your choice) – sufficient to depict layout and character (e.g. window / doors, colour, lighting, furniture) and how the spaces relate to others (e.g. corridors or staff areas or outdoor spaces).

- ♦ At least **two (2) x landscape illustrations** for outdoor areas (of your choice) sufficient to depict landscape intent and character (e.g. connections and pathways, any structures, furniture, lighting, colour, texture and plantings).
- ♦ Other graphic representation (at your discretion) to illustrate your design ideas and how your concept engages with the *Principles and Guidelines*.

7.2 Format and time

Entrants must provide a soft (digital) and hard copy of their submission:

- ♦ **Soft copy :**

Soft copy submissions must be uploaded on the [competition portal](#) by **12.00pm noon AEDT on Friday, 15 December 2023**.

The soft copy must include:

- **A1** PDF format images at **300 dpi** of each presentation board at a maximum file size **12MB** per file/image
- an image of each presentation board for use on the web **Jpg**, 1024 X 768
- the drawing diagram

- completed **ATM Submission Form** and Survey response. These will not be considered by the Jury. (*Refer 9.1*)

- ♦ **Hard copy :**

Entrant hard copy submissions must be received by **12.00pm noon AEDT on Thursday 21 December 2023** at:

**Department of Health and Aged Care
ATTN: Design and Dementia Support Section
23 Furzer Street
(Loading Dock)
Woden ACT 2606**

The hard copy submission must include:

- **3** (maximum 4) X **A1 presentation boards** with the Entrant [submission ID on each board](#)
- drawing diagram in **A3** or **A4 format** (single sheet) [describing your desired arrangement and sequence for viewing the submitted boards](#).

Each board must be mounted on lightweight foam core (or similar lightweight material) to resist bending. Framed boards will not be accepted.

The hard copy submission must only include material that is the same as the soft copy submission.

Hard copies of the completed ATM Submission Form and Survey response are not required.

The Entrant's name can only be included on the outer packaging of the hard copy submission for transport purposes.

7.3 Anonymity

- ♦ All hard copy and soft copy competition submissions will remain anonymous to the Jury during their deliberations. Entrant names will only be revealed to the Jury by the Professional Adviser after the Jury has finalised its recommendations on the winner/s.
- ♦ Entrants **must not** include their name/s, or use identifying images, symbols (e.g. business logos) or other marks within their submission drawings that would allow the Jury to identify the Entrant.
- ♦ The Professional Adviser may disqualify any submissions that identify the Entrant.

PART 8

Entrant teams are encouraged to include the participation/ involvement of people with lived experience of aged care, such as older people and their families and carers, service providers or aged care staff.



Entrant eligibility

Multi-disciplinary design teams, led by a registered Australian architect or a graduate of an Australian accredited architectural program.¹²

8.1 Eligible teams¹³:

- ♦ **Will** be led by an Australian registered architect or a graduate of an Australian accredited architectural program. (the team's representative and contact for the competition)
- ♦ **Will** include a landscape architect
- ♦ **Will** include a nominated interior designer (who may be the architect or another team member with professional experience in interior design)
- ♦ **May** include at the Entrants discretion other designers, tertiary design students or non-design team members.

Entrant teams are encouraged to include the participation/involvement of people with lived experience of aged care, such as older people and their families and carers, service providers or aged care staff.

¹² Refer AACA for the list of accredited Australian qualifications.

¹³ Entrants are required to provide an ABN / ACN and ARBN before entering into a contract with the Client for the payment of prize money if successful. These details must be provided in the Submission Form.

8.2 Who is ineligible

The following people are ineligible to enter:

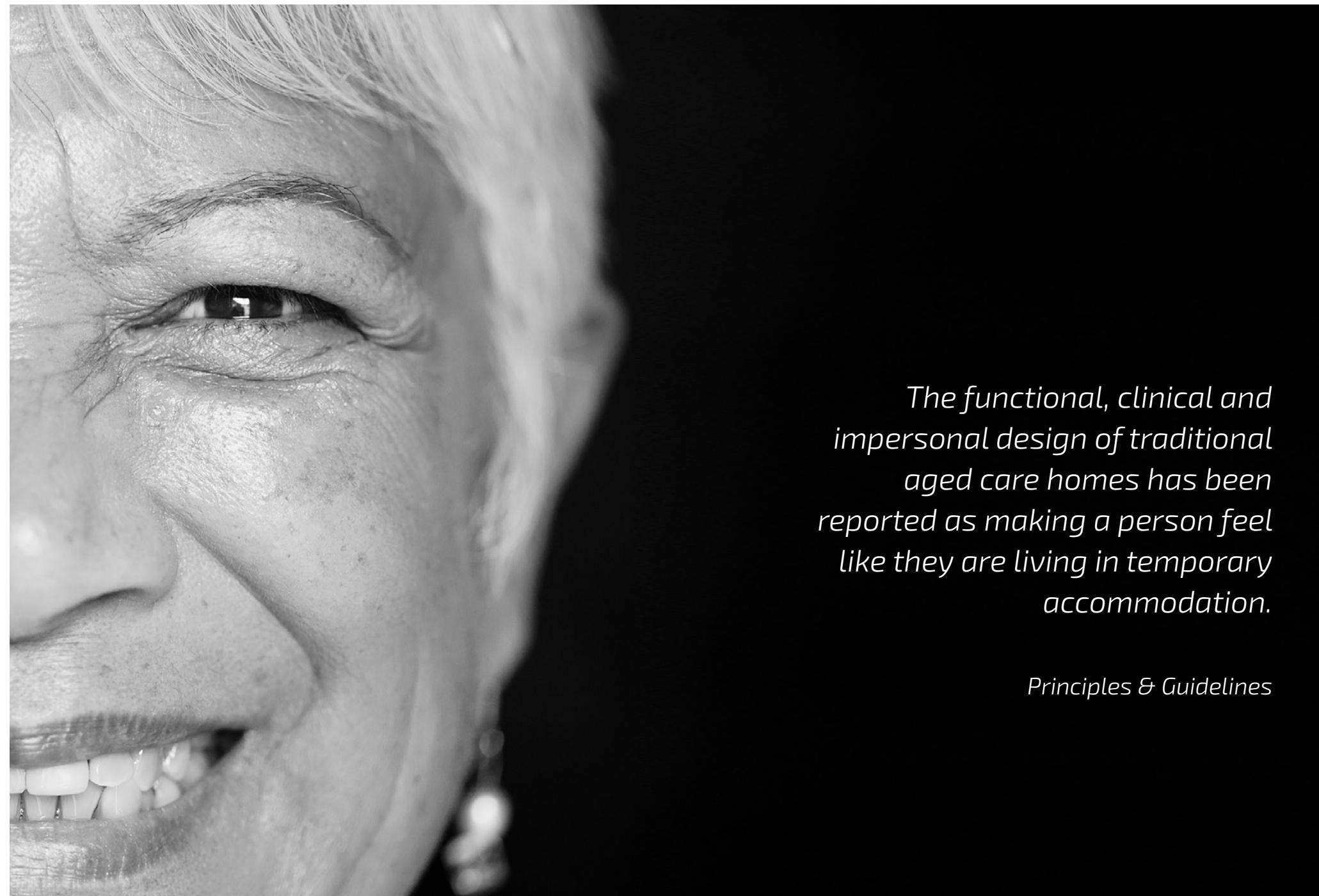
- ♦ members of the Jury
- ♦ the Client
- ♦ members of the Organising Committee
- ♦ the Professional Adviser
- ♦ family members, associates or employees of any of the above except where the Professional Adviser considers and documents that the Entrant has declared the relationship and substantiated, in writing, that the circumstances of the relationship does not give that Entrant any actual or potential advantage over other Entrants.

If you are unsure about eligibility and want to seek advice refer to the ATM Terms A.B.5 – Entrant questions and responses.

8.3 How often you can enter

- ♦ You can choose to enter either the urban metro site, or the regional town site, or both. (Refer Part 5). Multiple separate submissions are welcome.
- ♦ If you lodge more than one submission, you will need to register for each and will be given a separate ID for each submission. You can use different team members for your separate submissions.

➤ BACK



The functional, clinical and impersonal design of traditional aged care homes has been reported as making a person feel like they are living in temporary accommodation.

Principles & Guidelines

PART 9

*Adopt the 4 principles
(in the Principles and Guidelines)
and demonstrate application of
the guidelines as relevant
to the proposal.*



Jury deliberation

9.1 Consideration

In considering and evaluating the entries the Jury will have regard to the extent to which the design proposals:

- ♦ adopt the 4 principles (in the *Principles and Guidelines*) and demonstrate application of the guidelines as relevant to the proposal
- ♦ deliver on the design aspirations.

In considering its shortlist the Jury will have regard to the lived experience advisers' input, but the recommendations of the Jury will be independent and final. (*Refer Part 2.5*)

The evaluation criteria are not weighted and will not be considered in isolation of each other. The Jury will exercise balanced judgement in selecting the winner/s.

The ATM Submission Forms and Survey responses will not be made available to or be considered by the Jury.

The Survey responses will be used independently by the Client as part of its consultation to test and refine the *Principles and Guidelines*.

The Jury will make recommendations to the Client on the selection of the winner/s of the competition. The Client's delegate will determine the winner/s of the competition having regard to the Jury Report and considering whether the payment of the prize money to the selected Entrant/s represents value for money.

9.2 Obligations

- ♦ The Jury will make recommendations to the Client on the selection of the winner/s of the competition and the allocation of prizes.
- ♦ The Jury has the discretion not to recommend a winner/s subject to the quality of the submissions received.
- ♦ In exceptional circumstances the Jury (after consultation with the Professional Adviser) may recommend the allocation of prizes differently to that proposed in the Competition Brief.
- ♦ The Jury will finalise its Jury Report prior to, and for publication on, the date of the public announcement of the winner/s.

THE JURY

9.3 Jury Bios

PROFESSOR TOM CALMA AO 2023 Senior Australian Citizen of the Year

JURY CHAIR



Tom Calma is of Kungarakana and Iwaidja descent whose traditional lands are just out of Darwin.

He has been involved in Indigenous affairs at a local, community, state, national and international level for over 45 years. Tom is on boards and committees focusing on rural and remote Australia, health, mental health, suicide prevention, all levels of education, culture and language, justice reinvestment, research, reconciliation,

economic development, and aged care. He is a member of the Aged Care Council of Elders and the Aged Care Taskforce.

Tom Calma is Chancellor of the University of Canberra; Professor of Practice (Indigenous Engagement) at the University of Sydney; and former Aboriginal and Torres Strait Islander Social Justice Commissioner (2004-10) and Race Discrimination Commissioner (2004-09). He is the first Aboriginal or Torres Strait Islander person appointed a Fellow of the Australia Academy of Science.

KERSTIN THOMPSON AM LFRAIA



Kerstin Thompson is the recipient of the 2023 Gold Medal – the Australian Institute of Architects' highest honour – recognising distinguished services by architects. She is the founding Principal

of Kerstin Thompson Architects (KTA) established in Melbourne, 1994.

Kerstin is a committed design educator and regularly lectures and runs studios at various schools across Australia and New Zealand. In recognition for the work of her practice, contribution to the profession and tertiary education, Kerstin was elevated to Life Fellow by the Australian Institute of Architects in 2017. She is a member of the OVGA 's Design Review Panel and an advocate for quality design within the profession, and the wider community. In 2022 she was appointed as a Member in the Order of Australia 'for significant service to architecture, and to tertiary education'.

JOHN CHOI



John Choi has overseen multiple award-winning projects across all scales and typologies at CHROFI. The practice has also won many national and international design competitions. Over the past 20 years, John's leadership has driven the practice's commitment to a holistic and place-based approach to design that drives urban, social, cultural and environmental outcomes. He is passionate about how design can expand the way we live. Awards include Jørn Utzon Award for International Architecture, World Architecture Festival and a prize recipient in the AR Award for Emerging Architecture.

John served as Adjunct Professor of Architecture at University of Sydney from 2010–2018; is a member of NSW State Design Review Panel, and is Deputy Chair of 4A Centre for Contemporary Asian Art.

ALLEN KONG LFRAIA



Allen Kong's cultural background of Chinese, Palawa, Scottish and English underpins his conceptual framework for holistic architecture combining inalienable understanding of the living spirit and evidence-based design.

Allen is director of Allen Kong Architect Pty Ltd; chair of the RAIA National Enabling Architecture Committee; co-director UIA Architecture for All; co-chair Indigenous Architecture and Design Australia; a member of the Victorian Building Appeals Board; and an ACAA accredited member. His international recognition includes the UN World Habitat Award and UN Scroll of Honour for Human Settlements; UIA Architecture for All; World Congress of Health and Design for Salutogenic Design; World Architecture News for Sustainability; with recent international publications including Neurodivergence and Architecture-Developments – Neuroethics and Bioethics.

DR CATHERIN BULL AM



Dr Catherin Bull is Emeritus Professor of Landscape Architecture at the University of Melbourne and Adjunct Professor at QUT. After leading national and international consultancies, she served as a Commissioner in the Land and Environment Court of NSW, joining the University of Melbourne as the Elisabeth Murdoch Professor in 1998. Catherin has published 2 books, over 50 papers and chaired an OECD Global Science Forum.

As an advocate for better quality city planning and design Catherin has served on juries, panels and boards nationally including Urban Growth NSW, the National Capital Authority, Canberra Metro, South Bank Corporation (as chair), Queensland Cultural Precinct and Building Queensland, being recognised with an Order of Australia in 2009.

ERIN McDONALD



Erin McDonald is a proud Aboriginal woman who embeds her culture throughout the design process, pushing boundaries by translating Indigenous technologies and embedding cultural identity into the built environment. She is passionate about educating designers to think innovatively for community economic growth.

Erin collaborates with Indigenous communities to ensure their cultural values and traditions are reflected in the built environment. Understanding cultural protocols, historical and spiritual significance of the land, she ensures respectful and inclusive First Nations engagement.

Erin is an Associate Director at Blaklash and a co-director of Elements of Country; a director of Indigenous Architecture and Design Australia; member of the Queensland Government's Urban Design & Places Panel; and holds a QUT Bachelor of [Interior] Design with honours.

Her work includes commercial developments and health, workplace, and cultural precincts and she is committed to collaborative co-design.

DR STEPHEN JUDD AM



Dr Stephen Judd was Chief Executive of health and aged care services provider, HammondCare from 1995–2020. When he stepped down, HammondCare had grown to provide care and services to more than 25,000 clients and its FY22 revenue was more than \$400 million. He is an author on dementia care, aged care design and the role of charities in contemporary Australian society. He has served on numerous government and industry committees and until 2020 was a member of the Advisory Council of the Australian Aged Care Quality Agency. Stephen is a Senior Visiting Fellow at the School of Population Health, UNSW Medicine and was the inaugural Fellow, Council on the Ageing, a peak consumer advocacy group, until the end of 2022.

TIM ROSS



Tim Ross is a celebrated comedian and a passionate advocate for architecture and design promoting its value in multiple forums.

He is the recipient of the National Trust Heritage Award for Advocacy regarding Australia's legacy of modernist architecture; of an Australian Institute of Architects National President's Prize for activism and outstanding contribution to the profession; was a National Architecture Awards jury member and was awarded as an honorary Institute member.

Tim has performed his live *Man About the House* show in significant buildings throughout the world, at the Venice Biennale and London Festival of Architecture. His ABC TV series *Streets of Your Town* and *Designing A Legacy*; exhibitions including *Design Nation*, and *Motel*; prolific publications; guest speaker engagements and as a provocative design commentator have made design accessible to a wide, diverse and appreciative audience.

SOPHIE DYRING



Sophie Dyring is Director of Schored Projects, an awarded cross-disciplinary design studio. She is a passionate affordable housing advocate, an architect and landscape architect. Her practice primarily designs and delivers specialized housing for communities and individuals facing significant challenges and in critical need.

Sophie complements practice as a Design Review Panel member for the South Australian and New South Wales State Governments, offering expertise in housing and landscape. She co-authored *A Design Guide for Older Women's Housing*, co-convened Making Home, a series of lectures and installations and has presented on social and affordable housing at conferences, symposiums and panel discussions. Sophie was a member of the competition Organising Committee for Reimagining Where We Live. (*Refer Part 10*)



Lived experience advisers:

A focus group of six people with lived experience of dementia, recommended by Dementia Australia will serve as advisers to the Jury.

They will review the Jury shortlist prior to the Jury concluding its evaluations. They will verbally offer their unique insight to the Jury about how each proposal might suit their needs and wants. They will not be asked to rank the shortlist proposals or nominate a preferred scheme.

The lived experience advisers offer a distinctive lens through which the Jury may consider the shortlist and gain a deeper appreciation of what is important to those people most affected by the design of residential aged care.

9.4 Lived experience adviser bios



ANN PIETSCH

Ann is an advocate for Dementia Australia and joined the Dementia Australia Advisory Committee in October 2019. She is an active member and advocate for all people living with dementia, their families and carers. Ann trained as a general nurse and midwife, with a Bachelor's degree in Applied Science - Nursing Administration, specialising in gerontology.

In 2011 Ann began to experience memory problems and retired in July 2012. She was diagnosed with younger onset dementia (Alzheimer's) at 59 and may have Lewy Body Dementia. Ann and her husband Timothy are happy to share their insights to help others understand dementia.



GWENDA DARLING

Gwenda is a proud Aboriginal woman descendent from the Tebrikuna tribe, born in Gamilaroi Country.

Gwenda has worked as CEO of Anaiwan Local Aboriginal Land Council, Chairperson of Gandangarra Local Aboriginal Land Council, Director of Hunter Aboriginal Childrens services and various other non-government organisation positions.

After being diagnosed with younger onset frontotemporal dementia in 2013 at 59, she was determined not to allow the diagnosis to define her. Gwenda has participated in dementia research and is actively involved in rural dementia inclusive communities for those living with dementia and their carers. Gwenda joined the Dementia Australia Advisory Committee in 2023.



STEVE GRADY

In 2014, Steve was diagnosed with younger onset dementia. Since his diagnosis, Steve has been an active advocate for Dementia Australia. More recently his wife moved into residential care following a major stroke, prompting Steve to become more active in aged care reform.

Steve has worked with the Older Persons Advocacy Network on the Ready to Listen Project regarding sexual assault in aged care. He spoke recently at an Aged Care Quality, Safety and Risk conference in Melbourne, participates in several research studies and sits on a Steering Committee for future Dementia Services for Nepean Blue Mountains Local Area Health.



MITHRANI MAHADEVA

Mithrani is Sri Lankan, 72 years old and lives in Victoria with one of her daughters. She was diagnosed with mixed dementia (Lewy Body disease and Vascular dementia) at 65. She also has diagnoses of post-traumatic stress disorder and cancer.

Mithrani is an advocate with Dementia Australia and shares her story to raise awareness of dementia, tackle stigma and discrimination, and influence government and service providers. She would like to see the same level of support and referral for people with dementia as she received upon on her cancer diagnosis. Mithrani loves gardening, music, nature, wildlife and art, especially painting.

Lived experience adviser bios



DENNIS FROST

Dennis was born in country NSW in the mid-1950s and is old enough to have witnessed the Luna Landing in 1969 but young enough to have avoided conscription. He has had a variety of careers, working in Education, Petroleum Exploration, and IT for more than 20 years.

At 59 he was diagnosed with frontotemporal dementia. In 2014 he became involved in the Dementia Friendly Kiama Pilot and was elected chair of the Advisory Group. He is an active advocate for all with dementia.

Dennis is Vice-Chair of the Dementia Australia Advisory Committee.



PAM EADE

Pam was diagnosed with Younger Onset Dementia, Primary Progressive Aphasia in November 2021 and reached out for information and support to Dementia Australia. Her progression has been slow allowing her to plan, after much consideration, for her future forecasted medical conditions.

Pam is a passionate Dementia Advocate who has participated in focus groups and the review of Dementia Australia's resources. She has been married for 42 years and lives with her husband in a small rural community. Pam is involved in the running of the local Museum and is on the Cemetery Trust. She enjoys reading and researching family history.

The lived experience advisers offer a distinctive lens through which the Jury may consider the shortlist and gain a deeper appreciation of what is important to those people most affected by the design of residential aged care.



PART 10

*Codesign will enable the
development of a shared vision
between residents, families, staff,
management and designers.*

Principles & Guidelines



Part 10

Resources

- ♦ Digital Revit site plans are available at [Link to Revit files](#)
- ♦ Dementia Australia is offering free access for competition participants to EDIE – a three-hour virtual reality workshop enabling participants to 'see' the world through the eyes of a person living with dementia. The workshops are scheduled for:
 - **Brisbane**
Tuesday 7 November 2023
(10.00am to 1.00pm)
[>> Link to Brisbane workshop](#)
 - **Melbourne**
Wednesday 8 November 2023
(10.00am to 1.00pm)
[>> Link to Melbourne workshop](#)
 - **Sydney**
Wednesday 15 November 2023
(10.00am to 1.00pm)
[>> Link to Sydney workshop](#)

Please note there are **limited spots available** and these will be filled on 'first in best dressed' basis. EDIE registrations close 48 hours before the date of the workshop. **Participation is not mandatory.**

Entrants may be interested in the following resources:

- ♦ Creating Supportive Environments
Online Course Trailer:
<https://vimeo.com/463258086>
Course link: <https://dta.com.au/online-courses/creating-supportive-environments>
- ♦ Environmental Design Handbook
<https://dta.com.au/resources/environmental-design-resources/>
- ♦ [Link to National Aged Care Design Principles and Guidelines](#)
- ♦ Link to [Lived experience video](#)

Provide a garden or balcony that is an extension of residents' living space, is safe and has opportunities for meaningful engagement.

Principles & Guidelines



PART 11

*All members of the Committee
were selected for their
knowledge, experience
and appreciation of design,
competitions and/or issues
relating to aged care
accommodation.*



Competition Organising Committee

The National Aged Care Accommodation Design Ideas Competition Organising Committee (the Committee) was established in 2023 to provide overarching guidance, governance and advice on the development, management and conduct of the competition, and make associated recommendations to the Client for its determination.

The Committee has informed the competition documents and provided invaluable feedback and support to the Professional Adviser and the Client.

All members of the Committee were selected for their knowledge, experience and appreciation of design, competitions and/or issues relating to aged care accommodation.

The members of the Committee are:

Robert Day (chair)
Nick Seemann
Sophie Dyring
Stephanie Wyeth
Dr Richard Fleming
Jody Currie
Collette O'Neill
Lee Byrne
Naomi Wilkins

ROBERT DAY – CHAIR



Robert Day is the Assistant Secretary of the Dementia, Diversity and Design Branch at the Commonwealth Department of Health and Aged Care. Robert brings over 15 years of professional experience in the public service. He and his team are responsible for measures to:

- Support the aged care sector to meet the needs of people with diverse characteristics and experiences
- Improve quality of life for people living with dementia and their families and carers, including building the capacity of carers and the aged care workforce
- Improve the design of aged care accommodation to reflect the needs and desires of older Australians.

NICK SEEMANN



Nick Seemann is one of the lead authors of the draft National Aged Care Design Principles and Guidelines. He is a practising architect and director of Constructive Dialogue Architects. For 25 years his firm has supported aged care providers, Aboriginal Medical Services and other social initiatives with strategic, architectural and project management services. Nick's work focuses on new buildings and strategic improvement of existing aged care homes. Nick also leads the Dementia Training Australia's Environments Team that provides training to aged care and design professionals across the country.

SOPHIE DYRING



Sophie Dyring is Director of Schored Projects, an awarded cross-disciplinary design studio. She is a passionate affordable housing advocate, an architect and landscape architect. Her practice primarily designs and delivers specialist housing for vulnerable communities and individuals most in need.

Sophie complements practice as a Design Review Panel member for the South Australian and New South Wales State Governments, offering expertise in housing and landscape. She co-authored A Design Guide for Older Women's Housing, co-convened Making Home, a series of lectures and installations and has presented on social and affordable housing at conferences, symposiums and panel discussions.

STEPHANIE WYETH



Stephanie Wyeth is an urban planner, researcher and strategist specialising in the social dynamics of cities and communities. She has more than 25 years' experience in urban and social planning across government, NGO, academic and private sectors, with expertise in design and delivery of community and stakeholder engagement programs for complex social infrastructure and master planning projects.

As a Professional Planner in Residence at the University of Queensland, Stephanie works to embed industry challenges and a solutions-oriented mindset into teaching and research programs. In 2020 Stephanie was appointed a Fellow of the Planning Institute of Australia for her service to the profession.

DR RICHARD FLEMING



In the 1980s Richard Fleming led the development of specialised units for people with dementia for the NSW government. He established the HammondCare Dementia Services Development Centre in 1995. Between 2016-19 he was the Executive Director of Dementia Training Australia, the consortium of five universities and Alzheimers Australia, responsible for the Australia wide delivery of government funded dementia training. He has published extensively on environmental design and psycho-social interventions for people with dementia. He led the writing of the ADI, World Alzheimer's Report 2020 – Design, Dignity and Dementia.

JODY CURRIE



Jody is a Professor of Practice at the Queensland University of Technology. Jody has over 20 years' experience in health, housing, human service delivery, strategy, government and stakeholder engagement, with a focus on vulnerable families and aged care.

Jody was CEO of the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane, which operates Jimbelunga Nursing Centre, a 75 bed aged care home that has provided culturally safe and inclusive care for over 27 years. Jody is a member of the National Aged Care Advisory Council and a Non-Executive Director on Brisbane North PHN, TAFE QLD and Hearing Australia.

COLLETTE O'NEILL



Collette O'Neill is an Assistant Secretary in the Commonwealth Department of Health and Aged Care. She leads a branch that supports the Council of Elders and National Aged Care Advisory Council to provide independent advice to government about aged care reform. Collette has 30 years' experience working in the public and not-for-profit sectors on social policy reforms, including systemic disability policy. She worked on the development of the Disability Discrimination Act 1992 Access to Premises Standards, Australian Standards related to disability access, and initiatives to promote the construction of more accessible and adaptable housing to support ageing in place.

LEE BYRNE



Lee Byrne is a communications professional with over 25 years of experience. She is a director at the Australian Government Department of Health and Aged Care, where she provides communication and engagement advice, develops complex strategies and delivers integrated content to targeted audiences. Lee has communication experience in education, medical research and government, both in Australia and the UK. Lee is a co-founder of the Victorian Health and Biomedical Communicators Network was a board member of the International Association of Business Communications, Victoria chapter in 2020-22.

NAOMI WILKINS



Naomi Wilkins is a Director in the Dementia, Diversity and Design Branch in the Commonwealth Department of Health and Aged Care. Naomi leads the Design and Dementia Support team who are responsible for the project to consult on and develop the new Accommodation Framework for residential aged care, including the National Design Principles and Guidelines. Naomi has been involved in the project since inception in 2021 and brings over 15 years of experience in the Australian public service, working in various policy development and project management roles in this time.



PART 12

*This is a unique opportunity for
Australian designers to shape
the aged care accommodation
of the future, challenging
preconceptions and validating
design as a change agent.*



Part 12

Professional Adviser

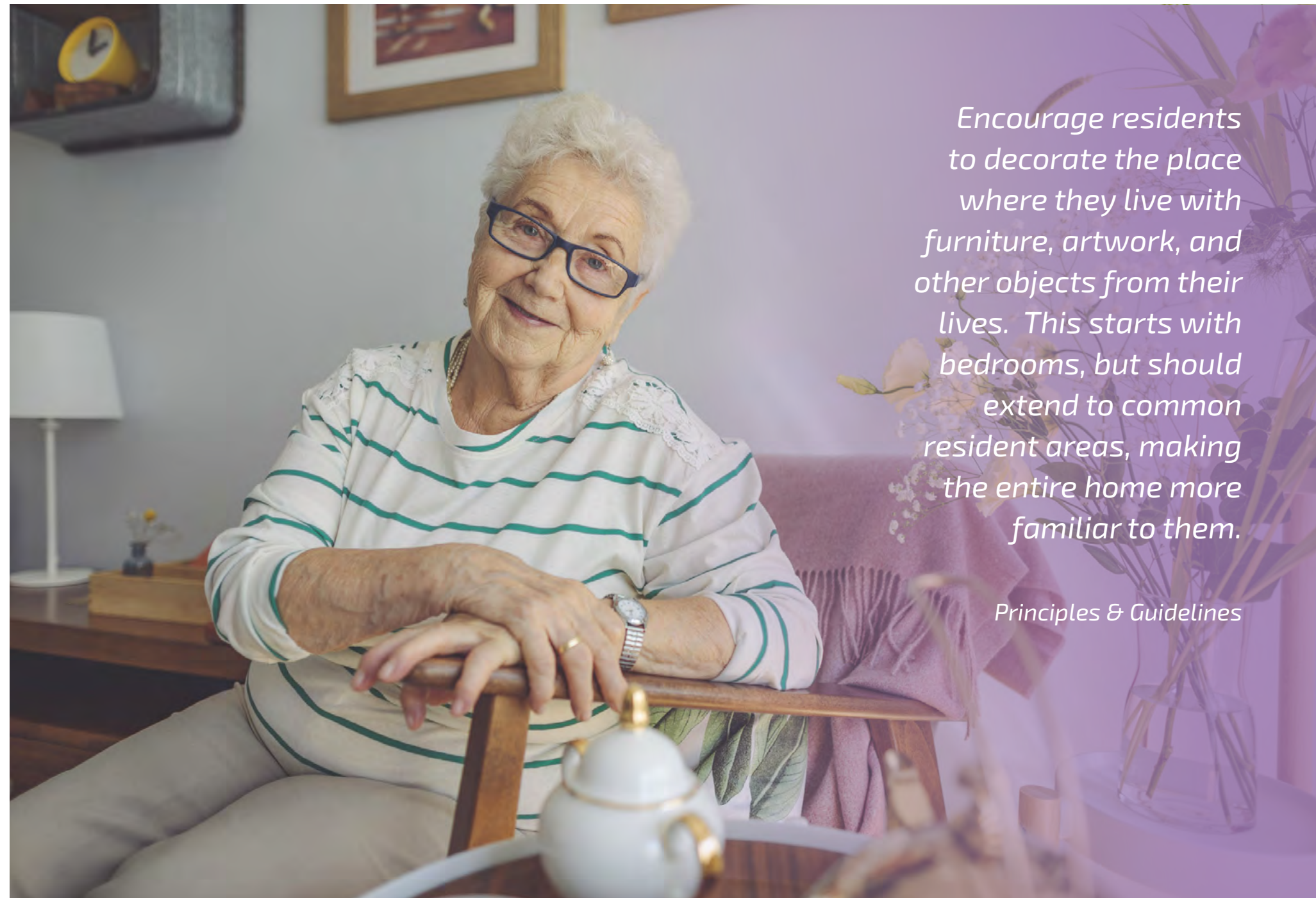
The Professional Adviser to the competition is **Annabelle Pegrum AM LFRAIA**.

The Professional Adviser has been engaged by the Client with roles and responsibilities equal to those nominated in the Australian Institute of Architects *Architectural Competition Policy* and in the *Guidelines for the Conduct of Architectural Competitions*.

Annabelle Pegrum is a Canberra architect, a Life Fellow of the Australian Institute of Architects, was President of the ACT Chapter, a former member of the ACT Architects Board and is on the AACA standing panel. She was the Chief Executive of the National Capital Authority, a Commissioner with the NSW Independent Planning Commission and is a senior member of the ACT Civil and Administrative Tribunal. She is an Adjunct Professor of the University of Canberra and has extensive experience as a Professional Adviser to many design competitions.

Encourage residents to decorate the place where they live with furniture, artwork, and other objects from their lives. This starts with bedrooms, but should extend to common resident areas, making the entire home more familiar to them.

Principles & Guidelines



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REIMAGINING WHERE WE LIVE



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