Summary of  
National Dementia Action Plan

2024–2034

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# Acknowledgement

We stand on the shoulders of 1,600 generations of First Nations people. We acknowledge and pay respects to all First Nations people across Australia, who are the Traditional Owners and Custodians of the land and waters and of the oldest continuous living culture on Earth. We pay respects to Elders past and present.

We recognise that First Nations people must have a genuine say in the design and delivery of services that affect them for better life outcomes to be achieved. We commit to ongoing partnership with First Nations people in implementing and monitoring this Action Plan, in accordance with the National Agreement on Closing the Gap.

# Dedication

This Action Plan is dedicated to each and every person who has been impacted by dementia.

We recognise the achievements and contributions they make to our society. We acknowledge their resilience to maintain independence, identity, live well and lead a fulfilling life. We recognise the many challenges, stigma, isolation and discrimination faced. We acknowledge the care and sacrifices made by their loved ones and the physical and emotional impacts on families and carers.

We acknowledge and thank all the people and organisations who work tirelessly every day to care for people living with dementia, and whose advice and advocacy have informed the Action Plan.

# Foreword

Over the course of our lives, almost all of us will be affected by dementia in one way or another. We can experience it ourselves, become a carer to a family member or friend, or through interactions at work or in the community. In 2023, it is estimated that over 400,000 people were living with dementia in Australia, with this number estimated to more than double by 2058.

The National Dementia Action Plan sets out a clear roadmap representing our national commitment to build an Australia that is dementia inclusive and where all people impacted by dementia can access support that meets their needs. This Action Plan sets out 8 actions, supported by descriptions of how we will make a difference, and measures that will tell us if we have achieved that change. These actions will take us closer to an Australia where people living with dementia are valued, have autonomy, feel supported and are able to participate and remain connected within their community.

This Action Plan is the result of extensive research, planning and consultation, and many people have helped us get to this point. The voices of people living with dementia, their families and carers, have been pivotal in defining how we can make real change to achieve our shared vision – **‘people living with dementia, their carers and families have the best quality of life possible’ and ‘people living in Australia recognise and understand dementia’**. We extend our thanks to all the individuals and organisations who shared their experiences, advice, hopes and priorities for the Action Plan.

Dementia impacts people in different ways and there are some groups who need differentor additional supports. That’s why the Action Plan sets out actions that will address theneeds of diverse and high-risk populations including for First Nations people, people fromculturally and linguistically diverse (CALD) communities, people with disability and peopleliving with younger onset dementia. These actions will also consider the overlapping needsof people who have multiple diverse characteristics and backgrounds.

This Action Plan fulfils one of Australia’s obligations under the World Health Organization(WHO) Global action plan on the public health response to dementia 2017–2025.It represents a commitment to improve the lives of people living with dementia by allgovernments – Australian, state and territory. However, the success **o**f this plan rests ona whole of community response, inclusive of business, the non-government and servicessectors and individuals – together we can create change.

This Action Plan creates the foundation for future policy that will improve the experiencesand lives of people with dementia, their carers and families moving forward.Implementing the Action Plan requires a partnership approach. The Australian Governmentand all state and territory governments are committed to **w**orking together to develop astaged implementation approach that supports the Action Plan across the next decade.

# Vision and Purpose

The National Dementia Action Plan 2024-2034 (the Action Plan) is Australia’s official approach to dementia. It is a   
10 year roadmap to keep improving the life and care of people with dementia in our country.

### Vision

People living with dementia and their carers have the best possible quality of life, including their emotional and physical wellbeing. People living in Australia recognise and understand dementia.

### Purpose

The purpose of the Action Plan is to:

* share a vision of where we want to be in 10 years
* help governments at all levels to work better together to improve policies and services
* get everyone involved in making a society that helps people with dementia live well, including their emotional health and identity
* push for better services and support for people with dementia and their carers
* check our progress on these goals.

We want people with dementia to have their rights respected, to feel in control, and be treated fairly. They should be able to get the information and care that suits them, including culturally respectful and complete care.

# Actions

The plan sets out specific areas where governments, communities and businesses will work to make life better for people with dementia and their carers.

## Action 1: Promote equity and human rights

**Outcome statement for people living with dementia:**

My rights are upheld. I have a sense of autonomy, meaning and identity, and live a life free from inequality and abuse. I can access the information, supports and services that meet my needs and preferences. I can access culturally safe and holistic care.

### Why it’s important:

Equity and human rights are at the heart of making life better for people with dementia. This means making sure they can get to health and aged care services and that their independence and choices are protected.

### What needs to be done:

1. Include people living with dementia in planning, designing and measuring the actions in this plan.
2. Make it easier for people with dementia to get the support they need to make their own decisions.
3. Make sure a new Aged Care Act respects human rights and supports people in making their own decisions
4. Keep working to protect people with dementia from any kind of bad treatment, harm, neglect, or abuse.
5. Help First Nations people and communities access culturally appropriate information and care that takes their specific needs into account.
6. Make sure initiatives and funding for First Nations people line up with national plans to improve health and services, focusing on community-led solutions for dementia care.
7. Ensure that people from different cultural and language backgrounds have access to dementia information and care that meets their needs.
8. Improve alignment with Australia’s Disability Strategy 2021-2031 for initiatives and funding models for people with dementia.

## Action 2: Tackle stigma, improve awareness and promote inclusivity

**Outcome statement for people living with dementia:**

I feel safe and engaged in society, and I have a sense of meaning and identity. I live a life free from stigma, discrimination and abuse.

### Why it’s important:

We want to make sure everyone understands, accepts and is aware of dementia. This means people with dementia can be a part of the community and enjoy life with meaning and dignity.

### What needs to be done:

1. Tell real stories about living with dementia to help all Australians understand it better.
2. Work with people who have dementia and their carers to make messages and information about dementia that match people’s needs.
3. Partner with people living with dementia from First Nations, different cultures and other diverse communities, such as people with a disability and LGBTIQA+, to create dementia awareness information and resources.
4. Make public places and services more welcoming for people with dementia. This means changing how buildings and spaces are designed and how services are provided, so people with dementia can join in more easily.

## Action 3: Empower individuals and communities to minimise risk where they can, and delay onset and progression

**Outcome statement for people living with dementia:**

I am supported to take steps where I can maintain a healthy lifestyle, minimise risks and delay the progression of dementia.

### Why it’s important:

Getting older is just one factor that can lead to dementia. Things like our health, environment, and genetics can also play a part.

### What needs to be done:

1. Teach Australians about dementia risks and how to live healthier to avoid or delay it.
2. Encourage activities for a healthy brain, like regular exercise and sports.
3. Spread the word to all Australians on how to keep the brain healthy and spot dementia signs early.
4. Work with communities to create specific advice for people at higher risk of dementia.
5. Use proven methods to reduce dementia risk, especially for people who might be higher risk or already have mild changes to memory or thinking.

## Action 4: Improve dementia diagnosis and post-diagnostic care and support

**Outcome statement for people living with dementia:**

I can recognise the signs of dementia and understand where to go if I have concerns. I can access health professionals who are willing and able to assess my symptoms and provide a timely diagnosis. I am linked with information and supports to assist me, my carer and my family immediately following a dementia diagnosis.

### Why it’s important:

Finding out about dementia early is essential. Support from health, aged care, and disability services should help people with dementia enjoy their lives as much as possible.

### What needs to be done:

1. Regularly review and update how doctors should care for people living with dementia.
2. Check regularly that the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) supports dementia diagnosis and treatment.
3. Make clear pathways for dementia testing and diagnosis and find the best way to do it.
4. Increase memory clinics and look at how they're funded.
5. Set up memory clinics in Aboriginal Controlled Community Health Organisations (ACCHOs) and Aboriginal Controlled Community Organisations (ACCOs) to help First Nations people get better care.
6. Create tests and tools that are right for people from different cultures, with help from communities and experts, and train doctors to use them.
7. Better care planning and coordination for people with dementia and their carers, including tailored approaches for First Nations people, those from different cultures, and other groups.
8. Improve services and supports for groups that find it harder to get care, like those with dementia at a younger age, and kids with dementia and their families.
9. Improve support for people living with dementia within disability support services.

## Action 5: Improve treatment, coordination and support

**Outcome statement for people living with dementia:**

I have hope and access to necessary supports to live as well as possible with dementia, even as my abilities and needs change. I have support to make, communicate and participate in decisions regarding the services I receive.

### Why it’s important:

Working together and sharing information between health care, aged care, and disability support is key to helping people living with dementia.

### What needs to be done:

1. Find and share ways to help people with mild changes to memory and thinking or dementia get better and stay as independent as possible.
2. Make support flexible and use new ways, like technology, to reach out to people with dementia.
3. Make sure the care in aged care homes is the best it can be, focusing on the happiness and safety of people with dementia, taking into account their culture.
4. Train care workers and family members to understand and respond well to the changing needs and behaviours of people with dementia, without limiting them unnecessarily.
5. Offer better services for people with dementia who have more serious mood or behaviour changes, with more care options in residential homes or different kinds of care.
6. Share information better between family doctors, disability support, aged care, and hospitals to make care smoother and more connected.
7. When someone with dementia goes to the hospital, make sure they get the special care they need to keep them safe and make moving in and out of hospital smooth.
8. Explain and improve the care options for people with dementia as they near the end of their lives.
9. Offer care that respects the culture and needs of First Nations people, those from different cultures, and other groups, and give them information about planning for the end of life.

## Action 6: Support carers of people living with dementia

**Outcome statement for people living with dementia:**

My carers are well supported and able to maintain their own health and wellbeing. My carers and I are able to maintain a meaningful and mutually beneficial relationship.

### Why it’s important:

Carers are a big part of Australia’s health system, including our aged, disability, end of life and community care systems. They need the right information and help to handle the physical, mental, and social demands of their caring role.

### What needs to be done:

1. Treat carers as important partners in care and respect their cultural knowledge.
2. Give carers and families the knowledge they need about dementia including specific information for carers from First Nations, different cultures, and other groups.
3. Offer better short-term breaks for carers and the people with dementia they care for.
4. Make it easier to use My Aged Care, the Carer Gateway and the National Dementia Helpline.
5. Think about what carers need when looking at aged care needs and find ways to help them avoid burnout and stress.
6. Give carers quick access to short-term care when it's urgently needed, especially for carers from First Nations, different cultural backgrounds, and other groups.

## Action 7: Build capability of the workforce to care for and support people living with dementia

**Outcome statement for people living with dementia:**

The people supporting me understand dementia and take time to learn about me and listen to my concerns. I am provided with care, support and information that meets my needs and is sensitive to my individual circumstances.

### Why it’s important:

Having the right skills is essential to give the best care to people with dementia and to respect their human rights.

### What needs to be done:

1. Improve dementia training for health care workers, aged care workers, disability support workers, and volunteers.
2. Help carers and workers from First Nations communities, those from diverse cultures and other groups to train and get jobs in dementia care.
3. Offer training for family doctors, nurses, and other health professionals, including Aboriginal and Torres Strait Islander Health Practitioners to help them give better care to people with dementia and their carers.
4. Provide training to people in community services, like police and emergency workers, to understand dementia.
5. Encourage local services, like transport and banks, to learn about dementia to help their customers who live with the condition.
6. Promote a care culture that is safe, respectful, and considers the cultural needs of people with dementia.

## Action 8: Improve dementia data, maximise the impact of dementia research and promote innovation

**Outcome statement for people living with dementia:**

Research is focused on improving the lives of people living with dementia. People living with dementia have the opportunity to participate in research. Innovative practices are in place to make it easier for people living with dementia to live well. Dementia data is regularly reported so people living with dementia can see if improvements are being made.

### Why it's important:

Knowing more about dementia, using what we learn in everyday care and trying new ways of doing things is important to prevent new cases and to improve treatment and care.

### What needs to be done:

1. Encourage investment in research on preventing dementia, finding it early, treating it, and giving all-around care for all types of dementia.
2. Line up research efforts in Australia and include people with dementia and their carers in deciding what to study.
3. Learn more about the experiences of people with dementia from First Nations communities, those from diverse cultures and other groups.
4. Look at new ways to gather and use dementia data, like clinical quality registries.
5. Improve the way we collect and use data on health, social care, and aged care to support research, make policies, plan services, monitor progress, and report on how well we are doing in treating all types of dementia.

## Taking action – Making it happen

Australian, state and territory governments are committed to working together with people living with dementia, communities, service providers, local governments and the non-government sector. Together, we’ll make this Action Plan work and bring our vision to life. We want to make real changes in a well organised way. As we carry out the plan, we will adjust to new research and health findings and the changing needs of people with dementia.

### People at greater risk

Some groups in our community have a higher risk of getting dementia or may find it harder to get the help and support they need. This includes:

* First Nations people
* older people
* people from CALD backgrounds
* people living in regional, rural and remote areas
* people living with other disability
* people living with younger onset dementia
* children living with dementia
* people who identify as LGBTIQA+
* veterans
* people at higher risk of repeated head injuries
* people living with dementia who are experiencing, or at risk of homelessness.

### Intersectionality

This term means that some people face several types of discrimination because of their race, gender, sexual orientation, disability, and other factors. The Action Plan will look at everything through a lens that considers all these differences. We want to make sure that everyone, especially those at higher risk, can get help that’s designed just for them.

### Roles and responsibilities

Governments at all levels, along with service providers, business, the community and non-government sector support people living with dementia, their families and carers.

By defining who is responsible for what, everyone can understand their role in providing help to those affected by dementia. For example, while several government levels might be involved in a service, usually one level will take the lead. Here's a brief outline of who does what, though this isn't a complete list:

|  |  |  |  |
| --- | --- | --- | --- |
| Australian Government | State and territory governments | Local governments | **Responsibility is shared** |
| Medicare Benefits Schedule, Pharmaceutical Benefits Scheme | Managing and administering public hospitals and memory clinics | . | Funding public hospitals  Preventive health services |
| Funding community controlled Aboriginal and Torres Strait Islander primary healthcare services |  |  | Transition care services  Palliative care |
| Aged care regulation and funding |  | Municipal services and community aged care services | Older adult mental health services |
| Dementia programs |  |  | Multipurpose services |
| NDIS administration |  |  | NDIS funding and governance |
|  |  | Accessible buildings and urban planning and design | Community infrastructure |

### Guiding principles

The following principles were created with input from people with dementia and their caregivers. These principles will guide all levels of government in making policies and services for those with dementia. It's also important for businesses and community groups to consider these principles.

**Principle One** – The human rights of people living with dementia and their carers are protected and upheld.

**Principle Two** – The needs of priority populations are explicitly considered in designing actions.

**Principle Three** – Action on dementia is driven by people living with dementia and their carers, through equitable inclusion and expression of their lived experience.

**Principle Four** – Action on dementia is collaborative, coordinated, integrated, planned and responsive to need.

**Principle Five** – Services and supports for people living with dementia and their carers are:

* holistic and strengths-based, supporting people living with dementia in all aspects of their life, including a focus on wellness and maintaining independence
* person-centred and relationship-based, driven by the preferences of people living with dementia and their carers
* evidence-based, outcomes-focused and maximise quality of life for people living with dementia and their carers
* appropriate for, trauma-informed, accessible to and culturally safe for all people
* co-designed and delivered in partnership with local communities where possible, including First Nations people, CALD communities, women and girls, young people, people with disability and LGBTIQA+ communities.

# Implementing the Plan

There will be detailed implementation plans called collective priority frameworks, showing the main activities governments will focus on. They'll cover shorter periods of time. The first framework will target areas that stakeholders have identified as immediate needs. The frameworks will be updated based on new research and treatments.

## Keeping track and improving data

Australian, state and territory governments will work together to collect, share and improve data to track how well the Action Plan is doing. The Australian Institute of Health and Welfare will lead this work.

## Reporting our progress

We are committed to clear reporting so that people can see how we’re doing under the Action Plan. This will include:

* annual reports – A web dashboard will be updated yearly, showing the progress made
* reports on specific activities – Governments will report on how well the actions are being put in place.

## Checking if it works

Evaluating our policies and services is important. It lets us see what’s working and what needs to be better for people with dementia, their families and caregivers. At the halfway point, there will be a big review to check on progress and make changes if needed. This review will involve people who have experienced dementia, and the results will be shared with the public.

## Leading the charge

A group of government officials, supported by experts on dementia and caregiving, will oversee the Action Plan. They will look at how things are going and find ways to do better and work together. This group will also help create the collective priority frameworks.

## Creating the Action Plan

When we made this Action Plan we heard from:

* people living with dementia
* their families, friends and carers
* advocacy groups
* peak bodies
* researchers
* service providers.

Their thoughts are a big part of the full plan, showing we’re putting them first. The 8 Actions in the plan came from what people with experience of dementia, experts, and the community said were important areas to improve.

We asked for feedback on a consultation paper, and over 1,000 people and groups responded. There were online sessions, targeted consultations, and a roundtable meeting with key leaders that helped shape the final plan. This plan represents the combined effort of many people who are dedicated to making life better for those with dementia and their loved ones.

A report summarising feedback from the public consultation on the key elements of the consultation paper is available at: [www.health.gov.au/resources/publications/development-of-the-national-dementia-action-plan-summary-of-consultation-outcomes](http://www.health.gov.au/resources/publications/development-of-the-national-dementia-action-plan-summary-of-consultation-outcomes)

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