



Webinar series: Home matters – Rethinking aged care design Questions & Answers

Webinar 1: Living well in care – A conversation for older people 26 February 2026

Thank you to everyone who attended and submitted their questions. This document provides answers to questions that were not addressed by the panel during the live session. If you have any further questions, please contact: design.dementiasupport@health.gov.au

Design

To promote ease of showering, what is attractive to people living with dementia?

The [National Aged Care Design Principles and Guidelines](#) aim to create familiar environments in residential aged care, so people have privacy, control and feel they belong. Guideline 2.8 Ensuite bathrooms, suggests that each resident has their own private bathroom. Ensuite bathrooms should be provided for all bedrooms, with homes working towards single occupancy if there are shared bathrooms. When considering the design of an ensuite bathroom it should contain a level access to shower, wash basin and toilet. Providing a direct line of sight to the bathroom from the bedhead where possible also supports independence.

Additionally, Dementia Support Australia (DSA) has [educational resources](#) that may assist. These resources outline that a person living with dementia may experience changes in behaviour such as anxiety or aggression, which may complicate the showering experience. These behaviour changes often occur due to physical changes in a person's brain or their environment, and circumstances out of their control, such as changes in temperature, light, pain and discomfort. An empathetic and supportive approach to understanding the person's needs can reduce stress and improve the wellbeing of the person living with dementia as well as their carer.

DSA provides free specialist behaviour support services to assist service providers manage people with behavioural changes of dementia in the community and in residential aged care. DSA's 24-hour helpline can be accessed by contacting 1800 699 799 or [online](#). Broader education and training on all aspects of dementia care (including changed behaviours) is also freely available online and face-to-face nationally through the government's Dementia Training Program, delivered by [Dementia Training Australia](#).

Under the National Dementia Support Program, delivered by Dementia Australia, people can access the *At Home with Dementia* service. Occupational therapists work directly with people to assess their home environment and make their homes safer, more comfortable, and more dementia friendly. Dementia Australia also provides online resources, including an interactive video that provides strategies and practical tips to help create safer, more accessible home environments. You can find these resources at www.dementia.org.au/get-support/home-dementia

Many elderly, especially migrants, revert back to their first language, how is this addressed in the design process?

The [National Aged Care Design Principles and Guidelines](#) are designed to be flexible and work in different social, cultural and geographical settings. They recognise the importance of cultural diversity considerations in all aged care developments and this is reflected throughout the design guidelines and checklist items. The Principles and Guidelines also highlight the need for a well-defined 'model of care' that addresses governance, staff training and daily activities, and the culturally-specific needs of each person.

Additionally, all aged care providers are expected to provide services that meet the needs of people from diverse backgrounds, including older people who are culturally and linguistically

diverse (CALD). The *Aged Care Act 2024* embeds diversity and inclusion through the [Statement of Rights](#) and [Statement of Principles](#).

The Australian Government offers a range of services to support the delivery of culturally safe and appropriate care and access to information in a person's preferred language:

- [free interpreting and translating services](#) for older people, families and carers
- [Partners in Culturally Appropriate Care](#) supports training to equip providers with the skills needed to support older people from CALD communities
- [Planning for Diversity workshops](#) offer training for providers to create inclusive environments and service delivery for people from diverse and marginalised groups.

To include how adults with dementia are incorporated into the design and have equal access to life, community, services and the like. I may refine this question as the series progresses, however, adults with dementia need to be included in home and nursing home environments to meet their varied and changing needs.

The [National Aged Care Design Principles and Guidelines](#) help improve quality of life for older people living in residential aged care, including people living with dementia. They were developed with input from older people, families, carers, the aged care sector and design experts. They are designed to be flexible and work in different social, cultural and geographical settings.

The Principles and Guidelines support co-design by involving older people, their families and carers in design decisions. Co-design helps people agree on a shared vision and makes sure design solutions suit local needs. For example, Guideline 3.4 Garden destinations, suggests setting up a variety of outdoor places with meaningful activities to encourage older people to spend time outdoors. These may include domestic activities, morning tea, gardening, animal tending or exercise. Involving residents and families in decision-making helps ensure these spaces reflect people's interests, feel familiar and support cultural traditions. It can also help provide quiet areas for rest or reflection or to entertain family and visitors.

Additionally, under the [strengthened Aged Care Quality Standards](#), all aged care providers are expected to work in partnership with older people, their families and carers to make sure the care environment meets their needs, goals and preferences. This includes encouraging older people to actively take part in decision-making processes and seeking, listening and responding to their feedback and concerns.

That was very insightful. Was there any structural design e.g. colours, building layout, room layout, communal areas, that impacted your [Gwenda] choice for a RAC home?

Response from Gwenda: I looked at floors, for flecks that do my head in. Colours particularly clear doors, etc. but couldn't find a pink facility. ❤️ I also looked very definitely at dining areas. Tables had to have 4 chairs: spaces so walkers could remain close. A lot of providers have line walkers along the walls of dining rooms with 6-seater tables which is restrictive practices. Of course coloured toilet seats and clearly marked taps are important to me. The fashion seems to be 1/4 turn temperature control taps have yellow markers nowadays. What does that mean? What? 🐱 I only know red or blue. Room size for a larger bed and visitor chairs was also important to me.

Unfortunately the RAC buildings where we currently work are already well established, and it is hard to rebuild that, if not impossible. Some facilities are also designed back in the 70s / 80s. How do we improve it?

The existing stock of aged care homes includes older buildings that no longer meet the needs and expectations of older people. The [National Aged Care Design Principles and Guidelines](#) encourage practical retrospective changes to existing homes, alongside more substantial design strategies better suited to new builds. Importantly, even small, low-cost changes can make a meaningful difference.

Principle 1 – Enable the Person is among the easiest to apply retrospectively. Many actions are low-cost and non-structural, such as decluttering programs, upgrading furniture, or incorporating improvements into routine maintenance, like renewing flooring. For example, minimising visual clutter, particularly excessive signage can help reduce physical or cognitive stress. Guideline 1.1 encourages decluttering resident areas to create calmer, more supportive environments.

The department encourages providers to refer to the Principles and Guidelines and consider practical, achievable ways to improve existing environments over time. The [third webinar](#) in this series explores Principle 1 – Enable the Person in more detail. [Webinar 8](#) will focus on case studies and learnings from refurbishing existing homes, including through staged work and small projects.

The Care Home Assessment Tool (CHAT) also supports providers to assess existing environments against the Principles and Guidelines. It guides users through each principle and supporting guidelines and generates a report to assist with planning improvements across part or all of a site. To access the CHAT and more information and resources, visit Dementia Training Australia's [Environments Hub](#).

Re: bedroom privacy and personalisation, this can be challenging for some, for example, when "intentional rounding" or "visual sighting" is required. What is the best way to balance privacy and the clinical care requirement? Something that is useful for us, we use a memory box (provided through Dementia Australia shop) and personalise it for the resident.

The [National Aged Care Design Principles and Guidelines](#) recognise that privacy in bedrooms is essential to residents' dignity. A private bedroom is often the main space where a resident has personal control. Guideline 2.7 'Private Bedrooms' recommends that residents are provided with lockable private bedrooms and the freedom to keep their rooms the way they choose. This includes room layouts that support at least two defined areas and allow space to sit, keep plants, rearrange furniture and display personal belongings. Guideline 2.10 'Clinical Support' recognises that people living in aged care homes often require a high level of clinical care. Thoughtful design and an aligned model of care can support complex clinical needs, while ensuring care is delivered in a respectful and unobtrusive way.

Free education and training on all aspects of dementia care, including supportive care environments, is available through the government's Dementia Training Program, delivered by Dementia Training Australia. Training is offered both online and face-to-face. Further information is available at www.dta.com.au.

How can we support management to see the benefits of an enabling environment while considering cost and views of 'this is the way we've always done it'?

Better environments help improve wellbeing and quality of life for residents, while providing safer and more supportive work environments for staff. The department encourages all providers to refer to the [National Aged Care Design Principles and Guidelines](#) and consider practical ways they can make improvements. Importantly, we know that even small changes can make a meaningful difference. Starting with achievable, less expensive projects can help people see the benefits of change in practice.

Principle 1 – Enable the Person is among the easiest to apply retrospectively. Many actions are low-cost and non-structural, such as decluttering programs, upgrading furniture, or incorporating improvements into routine maintenance, like renewing flooring. For example, minimising visual clutter, particularly excessive signage, can help reduce physical or cognitive stress. Guideline 1.1 encourages decluttering resident areas to create calmer, more supportive environments. The [third webinar](#) in this series explores Principle 1 – Enable the Person.

The Strengthened Quality Standards also outline expectations for residential aged care environments to be clean, safe and comfortable, and to support belonging, interaction and function ([Outcome 4.1b](#)). When designing and maintaining service environments, guidance for this outcome encourages consideration of spaces that:

- promote movement, engagement and inclusion for older people
- enable older people to move easily indoors and outdoors
- support older people to choose how much interaction they want
- are culturally safe
- support dementia-friendly design principles
- allow older people to keep personal belongings, if they wish
- provide opportunities for privacy when needed.

Further resources about this outcome can be found on the Aged Care Quality and Safety Commission's [Quality Standards Resource Centre](#).

Hi, I work in a large RACF facility (230+ beds across 3 levels). We are looking to improve our lounge rooms to be more flexible and useful for our residents. Would love suggestions on how to make our loungerooms more engaging for residents? At present some staff are great at encouraging activities such as singalongs, aromatherapy and there is access to resources such as puzzles etc. We have many lounge rooms and not all have TVs or have small group activities occurring.

The [National Aged Care Design Principles and Guidelines](#) provide useful guidance for making communal areas more engaging and flexible. Principle 2 – Cultivate a Home is particularly relevant for improving shared living areas. It encourages moving away from large, institutional spaces that rely on scheduled, large-group activities. Instead, it supports environments that enable choice, smaller group interaction, and everyday domestic activities. This includes setting up common areas so residents can choose how and where to spend their time, rather than spaces being defined by programmed activities.

Guideline 2.2 recommends setting up areas to promote a range of domestic activities that relate to residents' cultures. Guideline 2.5 acknowledges that large spaces can feel

overwhelming, busy, noisy and lack meaning. Where possible, it encourages a variety of common spaces including open-plan lounges, dining areas and kitchens alongside smaller rooms for quiet or small-group activities. Involving residents and families in decisions about what activities take place in each room is also important.

The department encourages providers to refer to the Principles and Guidelines and consider practical, achievable ways to improve existing environments over time. [Webinar 8](#) in this series will explore case studies and learnings from refurbishing existing homes, including through staged work and small projects.

The Care Home Assessment Tool (CHAT) supports providers to assess existing environments against the Principles and Guidelines. It guides users through each principle and supporting guidelines and generates a report to assist with planning improvements across part or all of a site. To access the CHAT and more information and resources, visit Dementia Training Australia's [Environments Hub](#).

Several organisations also offer training, education and consultancy services to help aged care providers and design professionals design environments aligned with the Principles and Guidelines. These include [HammondInnovations](#), [Dementia Training Australia](#), and [Dementia Australia](#).

How can we reach out to the experts to come and review current spaces?

Several organisations offer training, education and consultancy services to help aged care providers and design professionals design environments aligned with the [National Aged Care Design Principles and Guidelines](#). These include [HammondInnovations](#), [Dementia Training Australia](#), and [Dementia Australia](#).

The Care Home Assessment Tool (CHAT) also supports providers to assess existing environments against the Principles and Guidelines. It guides users through each principle and supporting guidelines and generates a report to assist with planning improvements across part or all of a site. To access the CHAT and more information and resources, visit Dementia Training Australia's [Environments Hub](#).

What support is available for new residents from different cultures to adapt to a new environment in the first week at the facility?

New residents from culturally and linguistically diverse (CALD) backgrounds can access a range of supports across the aged care sector, including:

- Resources such as the [10 Questions to Ask](#) available electronically, in hard copy and in multiple languages to help residents and families understand the care environment.
- [The Aged Care Diversity Framework](#) and its CALD Action Plans guide providers in delivering culturally safe, inclusive and person-centred care for residents from diverse backgrounds.
- Free government-funded interpreting and translating services help residents communicate in their preferred language during admission, care planning, early orientation and ongoing time in residential aged care. Further information can be found at [Translating and interpreting services for aged care](#).
- Aged care homes also aim to offer culturally appropriate meals, support residents to express cultural and spiritual preferences, and connect them (where possible) with bilingual staff, family, or multicultural community organisations to help them settle in.

Dementia support and training

How do I raise the question of dementia with my mother? Her mother had dementia and my mother gets upset thinking that she'll be the same as her mother.

The National Dementia Helpline, operated by Dementia Australia, provides 24/7 access to expert advisors. They can provide advice on ways to discuss this sensitive matter with a loved one. The helpline can be reached by phone on 1800 100 500, via email at helpline@dementia.org.au or [online](#).

The helpline can also connect you to a range of free support services delivered by Dementia Australia through the National Dementia Support Program (NDSP). These include information, education, counselling and group support for people living with dementia and their families, carers and representatives. Resources to [help families talk about dementia](#) are also available online. Please note that a diagnosis of dementia is not required to access these services.

What are the factors to take into consideration to decide if aged care facilities are the best choice for a person who expressed his/her wish to stay at home? How can their wishes be honoured and protected?

As dementia progresses, it can become harder for someone with the condition to live at home. They might need more support or medical care, or living at home may no longer be safe for them. If you are caring for someone with dementia, you may need to make decisions about residential care. This can be a difficult and emotional process.

The National Dementia Helpline, operated by Dementia Australia, provides 24/7 access to expert advisors who can provide you with personalised guidance. The helpline can be reached by phone on 1800 100 500, via email at helpline@dementia.org.au or [online](#).

The helpline can also connect you to a range of free support services delivered by Dementia Australia through the National Dementia Support Program. These include information, education, counselling and group support for people living with dementia and their families, carers and representatives. Resources about different [care options](#) for people living with dementia are also available online.

My Aged Care also supports older people, their families and carers to find information about aged care and access the services they need. For help you can visit the [My Aged Care website](#) or call 1800 200 422 Monday to Friday, 8 am to 8 pm, and Saturday, 10 am to 2 pm.

When a resident is asking for his/her family members like mum and dad who are not alive, when care staff tells them they are coming just to make the situation better - does that make the resident upset after some time because their family members were not there as promised?

Dementia Australia delivers supports under the National Dementia Support Program, the Australian Government's principal community-focused support program for people with dementia, their carers and families. These supports include practical communication resources that provide clear, compassionate strategies for people caring for someone with dementia.

The resources encourage person-centred responses that validate feelings and reduce distress, rather than correcting or arguing. They are available at www.dementia.org.au/living-dementia/staying-connected/talking-someone-dementia.

Anyone supporting a person living with dementia can also contact the National Dementia Helpline for advice on sensitive communication. The helpline is available 24/7 on 1800 100 500 or online at www.dementia.org.au/helpline.

The government's Dementia Training Program, delivered by Dementia Training Australia (DTA), offers free education and training to the health and aged care workforce. This includes training on all aspects of dementia care including communication strategies. Training is available online and face-to-face nationally, and further information is available at www.dta.com.au.

Should door sensors be on day and night in dementia units?

A restrictive practice is defined as any action that restricts the rights or freedom of movement of an older person. Providers of funded residential aged care homes have specific requirements they must comply with when using a restrictive practice.

A restrictive practice is a practice or intervention that has the primary effect of influencing the older person's behaviour. A practice or intervention in one case may not be a restrictive practice in another case. The Aged Care Quality and Safety Commission (the Commission) has a dedicated Behaviour Support and Restrictive Practices Unit to support providers in managing their responsibilities and obligations relating to restrictive practices.

For further information, we recommend you contact the Commission via email at: info@agedcarequality.gov.au or phone: 1800 951 822 (free between 9am–5pm Monday to Friday).

Free government funded behaviour support services are also available anywhere across Australia through Dementia Support Australia (DSA). DSA assists service providers to manage people with behavioural and psychological symptoms of dementia using non-restrictive practices. DSA's 24-hour helpline can be accessed by contacting 1800 699 799 or [online](#).

Broader education and training on all aspects of dementia care, including changed behaviours, is also freely available. Through the government's Dementia Training Program, delivered by Dementia Training Australia, training is available both online and face-to-face nationally. Further information is available at www.dta.com.au.

How are organisations helping nursing staff to change from a 'fixer' style of caring to a 'supporter' style that encourages autonomy and maintains independence?

Broad education and training on all aspects of dementia care, including a person-centred approach, is freely available through the government's Dementia Training Program, delivered by Dementia Training Australia (DTA). Training is available both online and face-to-face nationally, and further information is available at www.dta.com.au.

Free government funded behaviour support services are also available anywhere across Australia through Dementia Support Australia (DSA). DSA assists service providers to manage people with behavioural and psychological symptoms of dementia. Care strategies are tailored to an individual's needs to support the autonomy of the individual. DSA's 24-hour helpline can be accessed by contacting 1800 699 799 or visiting www.dementia.com.au.

For more information about education and training opportunities for aged care workers, including [opportunities for nurses in aged care](#), you can visit the [learning and development](#) page on our website.

At what stage should we begin looking at or planning for residential aged care? My mother-in-law with dementia is currently well supported in her own home, but we want to make sure we're planning for her future needs as opposed to being pressed into decision-making during a crisis situation.

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The National Dementia Helpline, operated by Dementia Australia, provides 24/7 access to expert advisors who can provide you with personalised guidance. The helpline can be reached by phone on 1800 100 500, via email at helpline@dementia.org.au or [online](#).

The helpline can also connect you to a range of free support services delivered by Dementia Australia through the National Dementia Support Program. These include information, education, counselling and group support for people living with dementia and their families, carers and representatives. Resources about [planning ahead](#), [residential care](#) and other [care options](#) for people living with dementia are also available online.

My Aged Care also supports older people, their families and carers to find information about aged care and access the services they need. For help you can visit the [My Aged Care website](#) or call 1800 200 422 Monday to Friday, 8 am to 8 pm, and Saturday, 10 am to 2 pm. Information about planning ahead is also available online at: [Planning ahead | My Aged Care](#).

How do we manage residents who occasionally send other occupants out, from lounge and their bedroom thinking they are intruders and the entire environment is their home?

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Broader education and training on all aspects of dementia care, including changed behaviours, is also freely available through the government's Dementia Training Program. Delivered by Dementia Training Australia, training is available both online and face-to-face nationally. Further information is available at www.dta.com.au.

General

Will we get a certificate for this participation?

The department will not be issuing certificates of completion. The series is designed to be accessible so that as many people as possible can participate and benefit from the sessions. If you need proof of participation for your own records or organisational requirements, you may wish to use your registration confirmation emails.

For more information about education and training opportunities for aged care workers, you can visit the [learning and development](#) page on our website. To find out about accredited and non-accredited dementia education and training programs and opportunities, you can visit the [Learning Pathways](#) tool.

Our organisation needs to conduct a dementia prevalence study in Mongolia and would like to contact a research consultant for advice.

The Australian Institute of Health and Welfare (AIHW), an independent statutory Australian Government agency, has produced the most recent comprehensive estimates of dementia prevalence in Australia.

The number of people living with dementia was estimated based on the methodology used in the previous AIHW 2012 Dementia in Australia report (AIHW 2012), with some data source adjustments. For details on the methodology used see [Dementia in Australia, Methods - Australian Institute of Health and Welfare](#).

The AIHW have a project underway which aims to improve their methods for estimating dementia prevalence in Australia using linked data. For further information contact dementia@aihw.gov.au.

How can I get job with sponsorship?

The Government considers that migration has a role to play in relieving workforce pressures in the aged care sector. The Government encourages the use of employer-sponsored visa programs, including the Pacific Australia Labour Mobility (PALM) scheme and labour agreements, by aged care providers to access direct care staff from overseas where there is evidence of genuine local labour shortages.

The Aged Care Labour Agreement enables aged care providers to use temporary and permanent sponsored skilled visas to fill vacancies in personal care occupations. It also provides protections and support for migrant workers while ensuring providers continue to support existing local workers and actively recruit from the domestic workforce pool. A list of aged care providers that have a current Aged Care Industry Labour Agreement in place can be found at [List of current labour agreements](#) and by selecting 'Industry – Aged Care' from the drop down options. Individuals interested in working in aged care can search this list to see if there are any positions available.

In addition, the Government is assisting aged care providers to employ more workers through the PALM scheme by increasing its investment in training for aged care workers

from Pacific Island nations. Information on how workers may apply can be found at [PALM scheme](#).

To work as a registered nurse in Australia, you must be registered with the Nursing and Midwifery Board of Australia (NMBA). Health Ministers recently approved a new registration standard for eligible internationally qualified registered nurses (IQRNs), which came into effect on 23 April 2025.

The standard streamlines the assessment and registration process and applies to IQRNs who hold a qualification relevant to the profession and have practised for at least 1,800 hours in a comparable country approved by the NMBA. These pathways will apply to IQRNs from the Canadian provinces of British Columbia and Ontario, Ireland, Singapore, Spain, the United Kingdom and the United States of America. More information is available on the NMBA's website at [General registration for IQRN](#). The pathways increase flexibility for eligible IQRNs, who do not have to complete NMBA examinations to obtain further qualifications to meet NMBA requirements.

As part of the Department of Home Affairs (DOHA) visa requirements, IQRNs must also apply separately to the Australian Nursing and Midwifery Accreditation Council (ANMAC) for a skills assessment. ANMAC are the approved skills assessors and complete a migration skills assessment on behalf of DOHA, assessing an applicant for work in Australia. On 1 July 2025, ANMAC expanded the eligibility criteria for the Full Skills Assessment to align with the new registration standard. This offers a clearer, earlier migration pathway for eligible nurses.

How can a virtual ward help in managing patients in their homes?

The [Support at Home Program](#) delivers government-funded aged care services to help older people stay independent and at home longer. Although, 'virtual wards' are not funded through Support at Home, older people can access clinical support services, which may be delivered via telehealth. This may include nursing care, allied health and therapeutic services, nutrition, care management and restorative care management. These services aim to help older people maintain or regain functional and/or cognitive capabilities.

In addition, the [Transition Care Program](#) helps older people recover after a hospital stay by providing short-term care for up to 12 weeks. Nursing care, allied health and therapy services can also be delivered via telehealth. Under the [Commonwealth Home Support Program \(CHSP\)](#), providers can deliver a range of entry-level services to help eligible older people continue living independently and safely at home and their community. These services can include nursing, personal care, transport, meals, allied health and therapy services and respite services to support the carer.

You may be interested to know that the department is also exploring a [Virtual Nursing Project](#) in residential aged care homes. The Virtual Nursing in Aged Care Project is testing a framework to deliver virtual nursing services in residential aged care. The project, which runs to 30 June 2027 is seeking to build evidence of how virtual nursing can support the delivery of person centred, quality clinical care aged care services. Further information can be found at [Virtual nursing in aged care](#).

Can I hear some of the objections you frequently get from providers about how we manage the personalised care and a flexible approach within staffing constraints and how you respond to those?

Staffing and workload pressures are common concerns in the sector. Mandatory care minutes ensure that older people in residential care homes receive the dedicated care time they need. Care minutes are the amount of direct care that older people living in residential care receive from a registered nurse, enrolled nurse, personal care worker, or assistant in nursing. Providers must also give older people proper care, based on their specific care needs in their individual care plans.

Under the Strengthened Quality Standards, providers are expected to provide person-centred care ([Outcome 1.1](#)). This includes partnering with older people to develop and review care plans and putting strategies in place to support tailored care for each older person. Providers are also expected to ensure workers have the time, skills, resources and support needed to deliver safe, high-quality person-centred care. This includes having a workforce strategy that ensures enough suitably qualified staff are available to meet care needs ([Outcome 2.8](#)).

Alongside these expectations, the Australian Government is committed to building a valued, skilled and supported workforce. To guide this work, the Government has published the [Professional FrameWork – to build and strengthen the aged care workforce](#) (FrameWork).

The FrameWork provides the strategic direction for the actions needed to support the workforce, including uplifting pay and conditions, boosting education and training, increasing career pathways and building leadership capability. Some examples of initiatives in the Framework include:

- funding to support award wage increases for aged care workers
- continued investment in workforce development programs and nursing pathways
- Fee-Free TAFE places to support training and upskilling
- the Aged Care Business and Workforce Advisory Service, which provides free and confidential advice on workforce planning.