Australian Government
Department of Health, Disability and Ageing

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

## Webinar 4: Principle 2 – Cultivate a Home
## 16 April 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

**Do the panel think the increasing frailty of residents entering residential aged care might impact the ability to create homely environments (or the degree of homeliness achieved) (e.g. more clinical care requirements)?**

Response from Natasha Chadwick, CEO, NewDirection Care: No – at NewDirection Care Bellmere we have residents at the highest level of complex care and clinical needs. All residents benefit from the home environment as well as the community through our ActivEngagement approach within the MICROTOWN model. The small house or household model can support people at the highest level of care and support services with over 97% of residents being supported through end of life in the same house and same room that they entered when joining the MICROTOWN. All services and equipment are brought into the house to support an individual's needs.

Response from Angela Raguz, Head of Aged Care, The Salvation Army: In many ways, the household model is even more important for those with higher care needs. The normal 'rhythms' and the smell / sight of food cooking enables passive engagement. It is not just about people participating in the home actively. It is about what people see or sense. It also enables staff to get to know each individual at a deeper level and have a flexible approach to care delivery whilst maximising independence and choice.

**To open up the memory support communities, what interventions have you put in place to reduce risk and ensure safety of the wandering residents?**

Many people living with dementia experience changes in behaviour including walking, pacing or exit-seeking. Dementia Support Australia (DSA) is available to provide free government-funded behaviour support services anywhere across Australia. 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 visiting **dementia.com.au**.

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 **dta.com.au**.

Response from Natasha: At NewDirection Care Bellmere we don't label someone who is going for a walk as a 'wanderer', they are simply going for a walk. To assist and support freedom of movement within and around the MICROTOWN, we created a House Companion Support Worker Community role. This role works out in the community to support anyone who is freely moving around and attending the services precinct. They ensure that residents are appropriately dressed for the outdoors, receive drinks and snacks, are supported with toileting and other care needs and are supported to return to their home for rests and meals during the day.

**I am convinced small house / home models are the best way to deliver care. But so often there is push back from providers relating to change being difficult for staff; and that minimising risk is resolved through duplicating things, like kitchens, making**

**construction more expensive. I know the panel members provide it, but how can we convince other providers?**

There is strong evidence supporting small household models, but it's also clear that change can be challenging for providers. Concerns about cost, risk and workforce impacts are understandable. The department acknowledges that changing the design of aged care homes will take time and the right combination of supports and policy settings.

The evidence shows that better environments support better outcomes. Small household models can help reduce agitation, pacing and exit-seeking, while improving social interaction, eating and infection control, and creating safer, more supportive workplaces. The National Aged Care Design Principles and Guidelines were developed to help providers make this shift in a practical and flexible way. Guideline 2.2 – Small Households, highlights that households of 15 or fewer people, with familiar and domestic activities, are associated with better health and wellbeing outcomes. It recognises they can be implemented in various ways, including as standalone homes, self-contained clusters within larger homes, or as co-located suites.

Importantly, this is not just about building design. Small households work best when supported by an aligned model of care including governance, operations, staff training, daily activities and cultural needs. Even small changes to the built environment combined with a well-defined and implemented model of care can make a meaningful difference.

While construction costs for small household models may be slightly higher, evidence suggests operating costs are comparable and may be lower over time. Providers operating small home models also report fewer hospital admissions, reduced medication use, improved quality of life for residents and better staff retention.

The Principles and Guidelines are voluntary and the department encourages providers to use them to identify practical improvements that suit their context. Starting with achievable, less expensive projects and staging improvements can help people see the benefits of change in practice and build support over time.

## Staffing

**For the household model, or micro town, what is the staff to resident ratio?**

The National Aged Care Design Principles and Guidelines encourage providers to consider people living in households with 15 people or less, supported by safe staffing levels and an aligned model of care.

The Australian Government has not implemented any specific staffing ratio requirements in residential aged care, although some states and territories may have their own requirements regarding staffing levels. Instead, residential care providers must deliver a minimum number of minutes of direct care per day to each resident. They must also meet their 24/7 registered nurse requirement, by ensuring at least one registered nurse is onsite and on duty at all times at each residential home. For more information, including exceptions to these requirements, visit Care minutes and 24/7 registered nurses in residential aged care

Response from Natasha: The NewDirection Care MICROTOWN is a small house, not a household model, as only 7 people live in a house together. At NewDirection Care we meet our care minute requirements for registered nurses and care workers with our House Companion Support Worker role. We also employ a multi-disciplinary team that includes Wellness and Lifestyle and focuses on preventative, not reactive, care. This full team approach enables residents to engage in an average of 50 minutes active engagement a day vs 30 minutes or more of physical activity on most days for people 65+ (as recommend by the 24-hour movement guidelines for all Australians).

**Ratio over a 24hr period. Do we have the same amount of staff on all shifts?**

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Under the strengthened Aged Care Quality Standards all providers are also expected to have a workforce strategy (Outcome 2.8). This ensures there is enough, suitably qualified workers to provide safe and quality care and services. Providers must show they understand and manage their workforce needs, including strategies for possible workforce shortages and future planning to meet their provider obligations.

Under Outcome 2.8, providers should identify the number and mix of workers needed to provide care and services that meets older people's needs and their legislative obligations, considering:

- the number of older people they are caring for
- the specific needs of the people under their care
- the number and mix of current workers along with the skills and services they can deliver
- support for diverse workers
- rostering processes, ensuring these processes support flexible working for directly employed workers.

Providers also need to ensure that enough workers are available at times when older people need more support. For example, during mornings, bedtime and mealtimes.