

**Australian Government
Department of Health**

***New residential aged care design
standards***

Occupational Therapy Australia submission

December, 2021

Introduction

Occupational Therapy Australia (OTA) welcomes the opportunity to provide a written submission on the new residential accommodation design standards.

OTA is the professional association and peak representative body for occupational therapists in Australia. As of September 2021, there were more than 25,300 registered occupational therapists working across the government, non-government, private and community sectors in Australia. Occupational therapists are allied health professionals whose role is to enable their clients to engage in meaningful and productive activities.

Occupational therapists work with older people with age-related conditions such as poor balance and coordination, memory loss and confusion, and vision and hearing loss, which lead to changes in their ability to participate in the meaningful activities of everyday life. Occupational therapists provide services such as physical and mental health therapy, vocational rehabilitation, chronic disease management, assessments for assistive technology, and the assessment of environment and safety risks.

We endorse many of the design and innovation features proposed in the consultation paper on 'A New Residential Aged Care Accommodation Framework: Design and Innovation' (Design and Innovation). However, we believe many of them could be extended still further to truly optimise the quality of life of residents in aged care accommodation through encouraging design that facilitates residents' sense of belonging, control and autonomy. All these aspects can enable residents to truly feel at home.

Design elements: our vision for quality design

There are numerous ways to enable residents to participate in meaningful activities and the wider community, from having a variety of rooms of different sizes and stimulation levels to incorporating co-location principles or small home environments.

While it would be ideal if all new residential aged care facilities (RACF) were built as co-located compounds or small home environments, we recognise that this is unfeasible. Instead, the New Residential Accommodation Design Standards might borrow from the LHDG and incorporate a tiered system of its own. It could judge each RACF according to its capacity to facilitate residents' belonging, control and autonomy.

As part of the tiered system:

- Silver standard could be a mandatory minimum requiring RACFs to have a variety of rooms with different sizes and stimulation levels for dementia friendly care;
- Gold standard RACFs could incorporate co-location or small home principles such as a kitchen accessible to residents or a multipurpose space that could be used by community groups such as child care centres, churches or dance classes; and
- Platinum standard RACFs could be reserved for true examples of co-location and small housing environments.

Given that 50 per cent of aged care residents have dementia, and that number is expected to increase (ADOH, 2021, 4), having basic dementia care as a mandatory minimum would acknowledge that every RACF in Australia will likely have a significant portion of residents with dementia. Meanwhile, the increased sense of purpose and community facilitated by the gold and platinum standards will benefit older people of all levels of cognition.

Moreover, a tiered system would encourage competition between providers and assist those older Australians choosing an RACF.

Design that enables continued engagement in activities of interest

The Design and Innovation Consultation Paper mentions the need to ‘support movement and engagement as part of the proposed design principles for people living with dementia’ (ADOH, 2021, p. 9). Movement and engagement is so crucial to the wellbeing of all residents in aged care accommodation that we recommend they be considered a benchmark for true innovation in designing aged care accommodation.

The availability of opportunities to engage in meaningful activities is a key consideration of senior Australians and their families when choosing aged care accommodation. Hefele et al. (2016) interviewed 105 family members of residents in aged care accommodation and 24 of respondents cited the presence of a leisure and recreation programme as a deciding factor for choosing aged care an aged care home (p. 1173). Family members also criticised aged care homes where residents were ‘just sitting there all day’ and ‘staring off into space’ (Andrews and Everts 2020, 24). It was also mentioned that the variety of engagement opportunities was important because not everyone enjoyed the same thing (Andrews and Everts 2020, 25). Each aged care home should be designed and built with an awareness of how it will enable residents to engage in meaningful activities.

Upon moving into an institutional environment, people may lose their sense of identity and purpose as they cease participation in long held roles and routines. This doesn’t have to be the case if the built environment of aged care accommodation is sensitive to these needs. RACFs could offer environments that mimic or facilitate ongoing engagement in meaningful occupations and daily tasks. By having accessible kitchens that are centrally located to replicate a home environment, residents may feel encouraged to move and engage in daily activities. Participation in daily activities like food preparation are vital in supporting the maintenance of physical, cognitive, and emotional wellbeing. It also provides residents with choice and control, fundamental when supporting dignity of risk and optimal quality of life (Woolford et al, 2019).

Likewise, laundries could be open and available to enable people to carry out their own washing, sorting or hanging out clothes on a clothesline. For people living with cognitive impairment, like dementia, long held activities and routines like folding a basket of clothes, can support the re-establishment of responsibility and contribution. Opportunities to engage in these types of activities may avoid commonly reported behavioural and physical complications of dementia like irritability, restlessness, and loss of mobility.

Moreover, gardens – and the chance to participate in gardening – can be a deciding factor for participants and their families when choosing a facility. A daughter tells of how:

“Gardening was a big hobby of Dad’s and we [chose] them because they have fabulous gardens there. While I was there, they were planting bulbs back in the late summer and Dad was sort of taking part.”

Andrews & Everts, 2020, p. 27.

There may also be space in and around the facility for animals such as dogs, birds or cats. Indeed, another family commented on how their parents were cat lovers and the joy the resident cats brought to them: “Mum is a cat lover. The residential care had a cat which took a shine to her. She absolutely loved it.” (Andrews & Everts, 2020, p. 27).

Design that facilitates participation in the community

To enable people to be alone and with others, and to foster participation with the community, a key consideration should be the variety of spaces incorporated in the design of aged care homes. There should be a space large enough to afford a significant portion of the aged care home population to congregate; as well as several large areas big enough for exercise groups and other group activities; and smaller, more intimate spaces for family to come and visit.

Enabling participation outside of the residential facility is just as important to a resident’s wellbeing and quality of life. One OTA member enables a woman with moderate to advanced dementia who had not participated in community groups or handled money for several years to participate in an intergenerational community garden. This participation promotes social interaction, structure and personal enjoyment where she can:

Recall how much she enjoys going to this activity and spending time with the mothers and young children, she has also commented that she feels so good about giving her donation of \$10 each week, as it is helping this program and the garden to be looked after... the photos of her engaging in this activity have been just beautiful seeing her look so happy.

Every resident of an aged care home should have the opportunity to participate in such meaningful opportunities, and building aged care accommodation with an awareness of this is the first step.

This might be achieved by co-locating residential facilities alongside community buildings and spaces. If one resident feels so much joy in taking take part in a community garden once a week, the value of a community garden on site for everyone to enjoy could be immense. Another opportunity for co-location is building aged care homes alongside childcare centres. For example, the intergenerational Learning Centre (ILC) in West Seattle is both a childcare facility and an aged care home, and more and more shared care homes are being opened, particularly in the United States (ConnectAbility, 2021). These shared spaces have mutual benefits for both generations. Children learn to accept people with disabilities and receive and give unconditional love and attention; residents benefit from frequent interaction with children throughout their day, a renewed sense of self worth and an opportunity to transfer knowledge (ConnectAbility, 2021). Other possibilities for co-location might be:

- Libraries
- Galleries and museums
- Recreation centres
- Cafes
- Theatres or cinemas
- Community halls
- Churches
- Dancing studios

Where co-location is unviable, there might still be some ways to bring the community into the aged care home by building the aged care home with a large, multipurpose space that might be used by the broader community as a cinema, ballet studio, church etc.

Design that accommodates shared residences

Shared residences are an extension of the co-location principle. This can allow a couple to continue to live together, where one person requires care and their partner may not. Multiple aged care design options should be available on the same site to allow couples with different care needs to continue residing together in close proximity. This allows for each individual to receive the appropriate level of care required, whilst maintaining important and meaningful social connections.

There are also overseas models with young people, such as students, living within aged care homes and being volunteers and companions for the elderly residents. An innovative arrangement in the Netherlands allowing university students to live in aged care accommodation saw significant improvements to the socialisation, community connectedness and emotional wellbeing of both the residents and the students (Arentshorst et al, 2019).

Design that creates the familiarity of home

The transition to residential care can be a distressing and grief provoking one, with many older people leaving behind a lifetime of personal items and memories. Aged care homes should allow residents to bring items from their previous dwellings into their new residence to support their transition and provide a sense of 'home'. Particularly for people experiencing cognitive decline, having items that are familiar to them will ensure ongoing connection to their past and foster their sense of identity. Without these, a new and unfamiliar place and surrounds may encourage a more rapid decline in cognition and negatively impact on their emotional wellbeing.

Furthermore, creating an environment that supports family to come and visit, to participate in long held family rituals or gatherings, or that allow family pets to come and stay, can also support a more successful transition to residential care. There are numerous studies that have demonstrated that animal assisted therapy in aged care is a meaningful activity that provides stimulation and social interaction, and improves the participants' mood (Travers et

al, 2013). Engaging with animals is associated with generating an optimistic atmosphere, one that can have a positive impact on social wellbeing and quality of life (Travers et al, 2013; Lundqvist, 2020).

A study conducted by the Animal Welfare League found that in 2018 only 18 per cent of aged care accommodation allowed for pets to be brought in with their resident owners. This is despite one in two people aged over 65 owning a pet (Alderslade, 2019). Many older Australians face the distressing decision to have to relocate or euthanise their pets when moving into aged care accommodation, further exacerbating the distress of such a transition. To ensure true inclusivity, quality of life and optimise meaningful engagement and healthy ageing, RACFs should be designed to offer the ability for residents to not only engage with animals but to have their own pets attend and stay with them.

Design that incorporates IT and smart technology

The use of digital or SMART technology should be central to the design of RACFs. Digital technology can not only support the safety and care received in residential care settings, it can also be tailored to provide individualised environments that facilitate meaningful occupational engagement.

Technology like SMART phones is ubiquitous and widely used by older Australians. The Australian Communications and Media Authority reported a significant increase in mobile phone use amongst older Australians, with 78 per cent using their phones to access the internet in the first six months of 2020, up from 51 per cent in 2017 (ACMA, 2021). The COVID-19 pandemic has demonstrated the need for innovative technology to be readily available, and telehealth technology has ensured many vulnerable older Australians have continued to have access to essential health and social care supports.

The integration of digital technology and infrastructure into residential aged care design will not only address the existing needs of older Australians entering aged care accommodation, it will support their health, communication and socialisation needs as they age. Web-based platforms and digital cameras allow for virtual engagement in social, religious, and educational opportunities when physical attendance is not possible. Virtual reality and robotic devices can support “real world” engagement and can be integrated with existing interventions like reminiscence therapy. Projected images combined with music and lighting can be used for sensory modulation therapy. Digital gaming platforms can support online connection as well as opportunities for cognitive and physical exercise.

Not only do the environments need to have the necessary infrastructure required for such technology use, they also require clinical expertise to ensure safe and optimal use. Occupational therapists are skilled in using digital technology to support meaningful engagement in daily activities. The role of the occupational therapist in the prescription of digital technology takes into consideration the needs of the individual, their supports, the environment, and their occupational goals. As with the prescription of any assistive technology, there is always a careful balancing of risks vs benefits, and this is certainly the case with the prescription of digital technology. Aged care homes that not only offer the necessary infrastructure, but combine that with in-house occupational therapy services, will be truly innovative and best equipped to support the optimal uptake of digital technology.

When designing aged care accommodation, it is vital to consider how it will foster a sense of belonging, control and autonomy in its residents. We have listed just some of the ways that aged care accommodation design might demonstrate its capacity to enable residents to participate in meaningful activities and the wider community. Aged care accommodation that incorporates some of these design elements to give its residents a clear sense of autonomy, control and belonging might be considered gold standard. Meanwhile, co-location compounds, small home environments and shared residences might be recognised as platinum standard.

Accessibility

A 'Residential aged care services built environment audit tool' published by the Victorian Government outlines accessible features for aged care accommodation. Some are similar to the silver level of the Liveable Housing Design Guidelines (LHDG) such as level entrances and exits, easy access to a toilet and wide entrances and hallways (VDOH, 2012; LHA, 2017 p. 13).

Other aspects are more particular to a larger environment. Lifts and ramps are required to provide access to inside areas and the doors of lifts should provide enough time for residents to get in and out. Hallways should have handrails, but be 'non-institutional and [be] broken up with landmarks to assist with wayfinding' – these landmarks should include artworks and alcoves where people can rest (VDOH, 2012). Moreover, these artworks and other visual cues will assist people with vision or cognitive impairments and provide a stimulating and engaging environment.

A tiered system specifically for accessibility may not be necessary, but design aspects such as lifts, level entrances and wide hallways should be considered the mandatory minimum required for RACFs.

Dementia friendly design

A well-designed environment incorporating dementia specific design features can improve way finding, behaviour, mobility, independence in activities of daily living, and wellbeing, significantly reducing the reliance on physical help and psychotropic drugs. Features like adequate lighting, contrasting colours to identify key items (e.g. grabrails, door handles, toilets), lines of sight (e.g. to care staff or toilets), and temperature controlled spaces all work to support a dementia enabling environment.

The Innovation and Design consultation paper address the need for dementia friendly design to reduce unhelpful stimulation and to optimise helpful stimulation (AGDH, 2021, p. 8). For some people living with dementia, certain environments and stimulation can lead to distress. Sensory overload such as loud noises can be triggers for irritability or even aggression, and quiet, calming areas are necessary in aged care accommodation. There might be "hideaways," places they can be by themselves but outside their own rooms such as small sitting areas in hallways or in corners where they can be alone but watch everyone else (Social Care Institute for Excellence, 2020).

However, some people with dementia can become distressed, anxious, and even delusional without useful stimulation. Therefore, positively stimulating environments like gardens, music rooms and activity spaces play a vital role in the health and wellbeing of aged care residents.

Occupational therapists assess people with dementia through the use of sensory profiles to identify strategies to optimise their occupational engagement. This can be through the integration of dementia care strategies and evidence-based practice with the built environment. Environments that maximise an individual's strengths, whilst supporting dignity of risk and quality of life, not only ensure quality care, they also ensure maximal health and wellbeing outcomes. Evidence on the significance of understanding the 'experience' of the person with dementia in everyday life for creating appropriate environments is growing. Occupational therapists have the valuable skills and experience necessary to not only assess the 'living experience' profile of consumers, but to support the design and integration of physical and social environments that enhance quality of life (Davis et al, 2009).

Since dementia is so prevalent in aged care homes, all aged care accommodation should be able to demonstrate a baseline awareness of dementia friendly design, even if this is just a variety of different spaces and some awareness of the need for different levels of stimulation. Meanwhile, true co-location which brings a community space in or alongside the residential facility, supplemented by SMART technology that fosters other opportunities for participation, would be closer to platinum level.

The ideal of co-locating aged care homes would see increased traffic going in and out of the facility and a more open lay-out. However, this raises a possible tension with the need to prevent people with dementia from absconding from the facility and going missing. There will be some precautions that aged care homes will need to retain, such as keyed entrances to outside the compound, and obviously people with dementia will not be able to simply leave whenever they please. However, there should be ways to make locked exits unobtrusive, while co-location, meaningful activities and participation fostered through SMART technology will hopefully reduce the need to abscond.

Diversity

Standard 1 of the Aged care quality standards supports consumer-centred care where each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Aged care homes need to be responsive, inclusive and sensitive to a person's culture, language and spiritual needs. It also needs to address the needs of vulnerable communities like First Nations and LGBTIQ+ people.

First Nations People

Planning for aged care services that account for the specific needs of First Nations People begins at 50 and over because they have higher rates of fertility and deaths at younger ages. Moreover, they face challenges ensuring access to culturally appropriate care, especially those living in remote and very remote areas.

However, most First Nations People live in cities and living in an urban location doesn't necessarily mean they receive better access to services, particularly when their cultural values and community preferences are unrecognised (NEURA, 2019).

The Royal Commission into Aged Care Quality and Safety (2021) recommended that aged care for First Nations People be integrated with other First Nations organisations such as healthcare providers, disability services and social service providers, and these would ideally be run by companies owned by First Nations People (NEURA, 2019).

Pholeros et. al. (2017) designed an Indigenous Environmental Assessment Tool (IEAT) which is designed around principles of small home environments that allow for movement inside and outside the facility (p. 30). It asks:

- Is there an outside area or room somewhat removed from the main dining room where families can share meals with their relatives?
- Is this outside room/area familiar in nature, to reassure family members and friends and encourage them to visit and to participate in the care of the resident? (NA if no room)
- Is the facility in a location which allows community links to be easily maintained?

(Pholeros et. al., 2017, p. 308).

The IEAT also raises the 'pleasure and importance of being near a well protected fire inside the [aged care accommodation]' (Pholeros et. al., 2017, p. 319). Safety measures can include a screen, ensuring the fire is in a location that allows line of sight and can be easily supervised by staff, and ensuring clear areas around the fire are maintained (Pholeros et. al., 2017, p. 319).

LGBTIQ+ People

LGBTIQ+ Health Australia describes how many LGBTIQ+ elders have experienced violence, isolation and stigma throughout their lives, and observes that these people 'often do not or cannot disclose their identities or histories to services and can remain invisible in the aged care sector and broader community' (2021). Moreover, older LGBTIQ+ people have reported fear of social exclusion in the aged care system since they have not reached 'heterosexual milestones such as marriage and having (grand)children, as well as having to go back in the closet' (Leyerzapf et. al., 2016). Finally, if a provider is not aware of any LGBTIQ+ people in the facility or claims not to have any, this is a likely signal they have been socially excluded (Leyerzapf et. al., 2016).

In 2005 a vast majority of participants indicated that they would prefer a gay or gay-friendly retirement facility, however in 2016 there were more diverse views about whether they would prefer LGBTIQ+-specific housing above mainstream housing that was LGBTIQ+-friendly (AAG, 2020, 18). This demonstrates that some LGBTIQ+ older people may also need an LGBTIQ+ specialised and/or community controlled facility (LGBTIQ+ Health Australia, 2021). Meanwhile, others may accept or prefer a mainstream facility but need assurance that the service has policies and practices in place to prevent homophobia, transphobia or other

discrimination and ensure a welcoming, supportive environment where they can belong (LGBTIQ+ Health Australia, 2021).

Small home environments have been identified as preferable to older LGBTIQ+ people and these might be more viable than LGBTIQ+ specific aged care accommodation (AAG, 2020, 19). However, a key consideration remains a connection to the LGBTIQ+ community. A 2017 study:

Found that residents of a LGBTI senior housing building found 57% said their social group had expanded since moving in. 31% said the location of the building in a neighbourhood that was strongly identified as an LGBTI community was also a key reason why they chose to live there.

AAG, 2020, 22

Connection to community is integral to quality of life for both First Nations People and LGBTQI+ people, and this might be achieved through incorporating co-location principles in aged care accommodation. Likewise, small home environments are also flagged as important by both groups.

Small home environment

The design elements of a small group of people living together combined with a small team of 'universal workers' who do not wear uniforms and keep medical equipment hidden go a long way towards reconciling the need to provide home-like environments with the provision of clinical care for residents (AGDOH, 2021, p. 11).

OTA applauds this innovation and is especially interested in how 'smaller-scale housing can be constructed as standalone aged care homes or operate in cottage-like clusters as part of a larger development' (AGDOH, 2021, p. 11). Both styles present opportunities for co-location. Smaller compounds might allow residents to engage in activities of interest such as making kitchens and laundries accessible to residents or co-locating with spouses or volunteers, while larger compounds might allow space for community gardens, multi-purpose halls or other community buildings such as childcare centres, libraries and churches.

Small purpose-built villages to support the independence and healthy ageing of residents living with dementia are starting to be established in Australia. The Korongee village in Tasmania features 12 houses in four cul-de-sacs with design features such as coloured front doors and memory boxes outside each resident's bedroom door to help residents identify their space. The village also accommodates many accessibility and co-location features including a community centre, gardens, a general store, café, and wellness centre. Models like this support the occupational engagement, quality of life and healthy ageing principles that underpin aged care occupational therapy practice, and OTA welcomes actions taken in the design framework to adopt these features in aged care accommodation across Australia.

Ensuring design standards do not limit innovation

A tiered system should provide a balance between innovation and prescription. Those providers that demonstrate innovation and adopt the proposed design standards – especially the ones incorporating co-location principles – might declare it on the My Aged Care website. This would assist senior Australians choosing accommodation by informing them of the capacity of aged care homes to help them maintain their interests and links to their community.

The recommendations made in this submission would foster innovation by being aspirational in nature and addressing the high level needs and desires of residents and their families.

Conclusion

OTA thanks the Department of Health for the opportunity to comment on New residential aged care design standards. Please note that representatives of OTA would gladly meet with those progressing the New residential aged care design standards to expand on any of the matters raised in this submission.

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