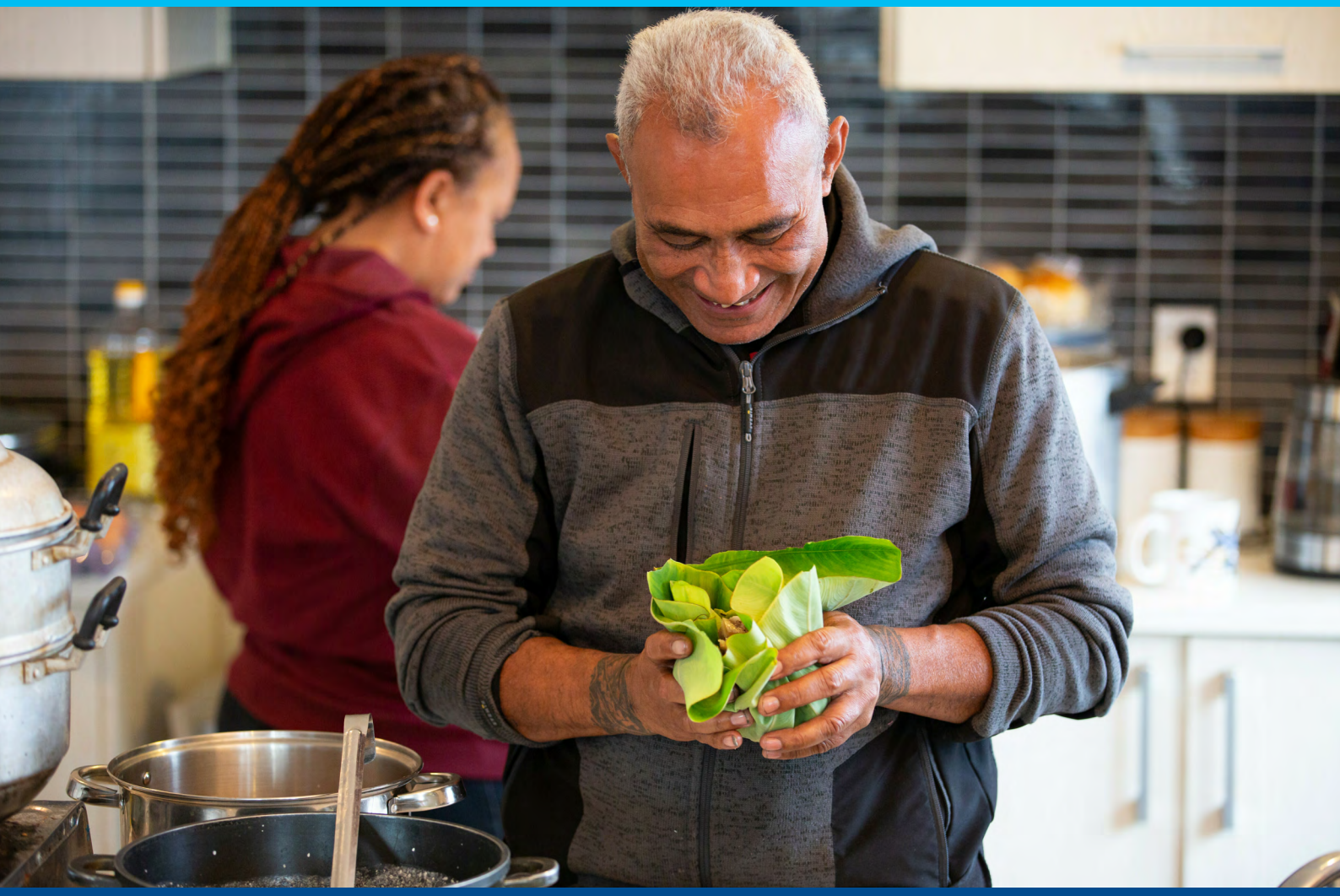
An introduction to **Dementia Design Aotearoa**

Alzheimers New Zealand • The Village Architect • University of Auckland



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Introduction

In this guide we set out the new Dementia Design support package, developed to help services make small or more substantial changes to their setting. At its heart is a values framework, Dementia Design Aotearoa that guides the work, and around it sits a wider set of resources.

The e-learning modules

The e-learning has foundational and advanced modules setting out why good design matters. Foundational modules are open to anyone. Specialist pathways then follow for both at home and aged care settings.

The advanced training programme

A one-day in-person programme for those working on residential housing creation and modifications and a second day for those with responsibility for the environments where people live and work: facility managers, clinical leads, registered nurses, allied health, quality personnel, architects, interior designers. It goes deeper into how to apply the framework in practice, lead a design process with whānau and residents, and make the case for investment.

The self-audit tool (under development)

A structured tool that helps a service identify where the environment is doing well and where it is falling short. It is designed for teams, produces a picture of the facility and shows small to larger changes that can be made. It is designed to work in conjunction with the e-learning modules.

Full independent review

Led by Alzheimers New Zealand, this is an independent audit that aggregates multiple datasets to give a full picture of how well the organisation performs in terms of dementia design and how this sits alongside the current needs of individuals, families, whānau and other stakeholders. It is designed for organisations that want a comprehensive, external view of where their environment sits and what to prioritise next.

Accessing the audit tool

Once developed, the self-audit tool will be available after completion of the e-learning modules. This is intentional: the audit is only meaningful when the people using it understand the values and principles it is built on.

Why good design matters

Connection sits at the heart of dementia care. People need to stay connected to others, to place, and to the routines that have shaped their lives. When environments are confusing or lifeless, they stop reaching the person. Design should reach people, not just surround them. Environments that support interaction and belonging sustain wellbeing; those that don't, increase care needs and operational pressure.

People living with dementia deserve environments that feel like home, places that are calm, familiar, safe and secure. Good dementia design makes this possible. When done well, it improves quality of life, reduces critical incidents, and supports the workforce to get on with the business of caring.

For a sector under chronic funding pressure, good design is prevention. It lowers risk, improves efficiency without major investment, and delivers meaningful change without large budgets. Small, practical changes such as clearer cues, better lighting, calmer spaces and easier flow make daily life better for residents and staff alike.

The New Zealand challenge

The 2016 Secure Dementia Care Home Design Information Resource, developed by the Ministry of Health, laid strong foundations. Since then, expectations have changed and research has moved on. We now understand more about how everyday care practices interact with the built environment, and how design can be used strategically to improve outcomes for both people and services.

Nearly 90 percent of aged-care facilities in Aotearoa are more than twenty years old, built before dementia-friendly principles were widely understood. The Office of the Ombudsman (2025) has highlighted that poor layouts, limited outdoor access, and a lack of private or social spaces directly impact wellbeing.

At the same time, services are diversifying. Many services now operate multi-use spaces that combine aged care, day programmes, and community activities. These shared environments can be confusing or overstimulating for people with dementia. Design must balance flexibility with familiarity, which can be challenging.

These resources focus on improving existing facilities, where the majority of people with dementia currently live and receive care, and where the greatest potential for immediate impact lies. While new builds offer opportunities to embed best practice from the outset, the priority is the systematic improvement of the buildings we already have. Incremental, evidence-based improvements can deliver significant benefits within existing budgets and constraints.

This framework recognises the financial pressures services face. Most operate within tight budgets, and large capital projects are often unrealistic. Good design doesn't have to be expensive, it's about using existing resources intelligently to achieve maximum impact. Small, low-cost changes, such as lighting improvements, clearer cues, or quieter communal areas, can make an immediate and measurable difference. The challenge for most services is knowing where to start.

The scale below sets out the range of changes that make a difference from those that cost almost nothing to major works so a service can see what is within reach now and plan the rest over time.

The dementia enabling design intervention scale

We built the scale so that every service has a meaningful next step, whatever its resources. It moves from changes a facility can make immediately at minimal cost, through to major works that belong in a longer-term capital plan.

Level 1 – Easy wins
Minimal cost, no trades required. For example, paint changes to support visibility and wayfinding, or dementia-appropriate signage.

Level 2 – Furniture, fittings and equipment upgrades
Moderate cost, no construction, can be staged. For example, replacing institutional seating with domestic-style furniture, or adding blackout curtains to support sleep.

Level 3 – Minor works
Requires trades and moderate disruption. For example, lighting upgrades that remove shadow-casting fittings, or replacing high-contrast flooring transitions.

Level 4 – Major works
Significant construction, typically requiring building consent. For example, reconfiguring rooms to improve circulation and sightlines, or opening up indoor-outdoor connections.

Level 5 – Technology
Variable in cost and complexity. For example, simple sensors and wearable devices at the lower end, through to integrated access control and building-wide monitoring systems.

Knowing where to begin on this scale, and what the right next step is for your facility, is what the audit tool is designed to answer.

About Dementia Design Aotearoa

Dementia Design Aotearoa is a framework and a set of practical resources developed for the aged-care sector in New Zealand. It builds on the strong international foundation of work which shows that universal dementia design principles can adapt across cultures to meet shared human needs.

What makes this framework distinct is its starting point. This framework begins with what matters to people, the values that shape a life worth living. Those values are drawn from mātauranga Māori (Māori knowledge), and speak to human needs of belonging, connection, safety and meaning. As one consultation participant put it, the values "come from Māori but are for all".

The framework was co-created by Alzheimers New Zealand, the Centre for Co-Created Ageing Research at the University of Auckland, and The Village Architect. It draws on Māori understandings of dementia, kaumātua housing research, international dementia-design evidence, and the lived and professional expertise of the sector.

How it was developed

Development included two consultation streams in 2025:

- Sector consultation with architects, clinicians, care staff, and whānau (family) through the Dementia Learning Centre network.
- Māori consultation through hui (meetings) to ensure the framework reflected wider community values.

The six values at a glance

The framework is built around six core values, organised under three wellbeing domains. Each value names something that matters in the life of a person living with dementia, and each translates into specific design intentions. The e-learning module introduces each value in depth; what follows here is a short orientation.

Haumaru ā-hinengaro | Psychological safety

Wairuatanga | Spirituality

Upholds the spiritual essence linking kaumātua (older people) to whakapapa (heritage), whānau (family), and whenua (homeland). Spaces support calm, ritual, reflection, and continuity of wairua (spirit).

Includes creating calm and restorative spaces.

Whanaungatanga | Relationships

Builds and maintains caring relationships among kaumātua (older people), staff, whānau (family), and community. Environments encourage shared connection, presence, and belonging.

Includes building connections between people, animals and important objects.

Māramatanga | Understanding

Cultivates clarity and awareness through culturally responsive design. Intuitive layouts and balanced sensory cues foster confidence, calm, and autonomy.

Includes understanding the person and their environment.

Haumaru ā-tinana | Physical safety

Mauri ora o te whenua | Living essence of the land

Connects wellbeing to the natural world. Aligns buildings with sun, season, and place so kaumātua (older people) feel grounded in Papatūānuku (Mother Earth) and local rhythms.

Includes connecting the natural environment for wellbeing.

Mauri ora o te whare | Living essence of the home

The home or care space as a living being. Human-scaled, safe, and familiar environments support movement, rest, and adaptability across life stages.

Includes awakening the built environment.

Haumaru ā-katoa | All-encompassing safety

Manaakitanga | Care and hospitality

Expresses aroha (love) and respect in action. Every aspect of design and care uplifts mana through kindness, generosity, and relational balance.

Includes creating environments where people can care for, contribute to and receive from one another.

What the framework looks like in practice

FLOW DIAGRAM (PROCESS OVERVIEW)

DOMAIN
Defines the types of safety

VALUE
Defines Wellbeing

DESIGN PRINCIPLE
Translates each value into design intentions

APPROACHES
Broad directions that come from those design intentions

RESPONSES
The audit questions used to apply the approach

DESIGN INTERVENTION
Changes that were made to the environment

Rosie’s case study

Rosie is 81 and worked as a cleaner for most of her adult life: early starts, always moving, always with somewhere to be and something to do. Stillness was never her natural state. She has a walking stick, which she sometimes forgets to use.

The dining room, which she passes through several times a day, has become a place of storage as much as eating: chairs stacked against the walls between meals, tables pushed into configurations that serve the staff roster rather than the people living there, a trolley parked in the corner that has not moved in weeks. The dining room carpet is much lighter than the living room and appears to Rosie as a step, so she hesitates every time she crosses it, sometimes stopping altogether. The corridor lighting is dim, with recessed spotlights that cast pools of shadow on the floor, shadows that read as holes to someone whose brain is already working hard to interpret the environment. There is nothing along the route to help her navigate: no landmarks, no cues, nothing that tells her where she is or where she is going. The door to the garden is heavy and opens towards her, impossible to manage while holding a walking stick, and the ramp beyond it is narrow and steeper than it should be. The garden, which she would otherwise walk to, is effectively out of reach.

Design Interventions

Surplus furniture was removed from the dining room rather than stacked, and the tables set in a consistent arrangement that does not change between meals. The dining room carpet was replaced so it was a similar tone as the living room. The recessed spotlights were replaced with continuous, even lighting along the full length of the corridor no pools of shadow, no dark patches that read as holes in the floor. The garden door was fitted with a lever handle and a slow-release mechanism so that it opens with one hand and holds itself while Rosie moves through. The ramp was widened and its gradient reduced, and a small hook beside the door was added at the right height for her to rest her walking stick while she manages the threshold.

Navigation cues were introduced along the route: a distinctive colour on the wall at each decision point, a familiar object on a shelf that marks a turn, consistent landmarks that give Rosie something to navigate by. Rather than attempting to create a continuous walking loop which would be very expensive, the dead ends along Rosie's route were each turned into destinations. A recess at the end of the main corridor that had previously held a noticeboard nobody read became a small music station with a simple screen and speaker that responds when Rosie approaches. A wide window seat was added further along the route where it didn't restrict access, looking onto the garden and visible from a distance, giving Rosie somewhere worth walking toward and somewhere to rest when she gets there. Along the corridor wall a small shelf at hand height holds objects chosen for texture and familiarity, the same things in the same place every time.

How this links to the framework

Design interventions	Approaches
The route was cleared of clutter, a heavy door removed and a narrow ramp widened, so Rosie can move through it independently.	2.2.1.1 Design environments that enable independence and free movement.
A window seat further along gives her somewhere to stop and rest on the way.	2.2.1.2 Provide rest points along journeys.
The route is not a loop; making one would have meant major works. What changed is where it leads: each end now arrives somewhere worth reaching, visible from a distance.	2.2.1.3 Ensure circulation routes are continuous, lead to meaningful places and provide visual connection to key destinations.
Replacing the dining room carpet so it matches the tone of the living room, and swapping shadow-casting spotlights for even lighting, stop the floor reading as a step or as holes.	1.3.5.2 Use colour, contrast, texture, and light to support visibility and clarity; 2.2.2.2 Use tonal contrast and light to support orientation and recognition.
Distinctive colour at each decision point and a familiar object marking each turn give her consistent landmarks to navigate by.	1.3.5.1 Adapt environments to make objects and key features visible and easy to interpret.
Tables set the same way between meals and a shelf holding the same objects in the same place keep the space familiar, and that shelf, at hand height, adds tactile variety as she passes.	1.3.5.4 Protect and maintain familiarity; 1.3.6.3 Use a range of textures, surfaces, and materials that provide vibration, warmth, and tactile variety.
A lever handle and a slow-release door she can manage one-handed give her safe control of her environment, and the widened, gentler ramp eases the move between inside and out.	1.1.3.3 Provide adapted controls so the person living with dementia can manage their own environment safely; 2.1.4.1 Design environments that encourage natural movement between indoors and outdoors.
When she stays in, the window seat keeps her connected to the garden by sight, and the music station, responding as she approaches, uses technology to support her interaction with the space.	1.2.2.2 Enable engagement with the outdoors and the natural environment; 2.1.1.5; Ensure connection with nature is possible for everyone, including those who remain indoors or are at the end of life; 2.2.7.3; Use technology to support human interaction with the environment.

Worked example of a design intervention

Every design intervention can be traced through the framework from the approaches all the way back to the overarching domain. One of Rosie's design interventions has been illustrated below to show you their interconnected relationship with the framework. Each design intervention will have its own lineage.

1. Psychological Safety	2. Physical Safety	
1.2 Relationships	2.1 Living essence of the land	2.2 Living essence of the building
1.2.2 Enable meaningful connections	2.1.1 Connect to nature and land	2.2.7 Integrate technology
1.2.2.2 Enable engagement with the outdoors and the natural environment	2.1.1.5 Ensure connection with nature is possible for everyone, including those who remain indoors or are at the end of life	2.2.7.3 Use technology to support human interaction with the environment.

When she stays in, the window seat keeps her connected to the garden by sight, and the music station, responding as she approaches, uses technology to support her interaction with the space.

What you can do now

No matter how you have arrived at this introduction,as an owner-operator, a care manager, a clinician, an architect, a planner, or an educator, there are changes within reach that do not require a large budget or a capital works programme. Most of what is described in the case study above sits at Levels 1 to 3 of the intervention scale. The intent is not to wait for a major refurbishment to begin.

If you want to start immediately, the foundational and advanced e-learning modules are the right next step. Once you complete them, you will have access to the self-audit tool, which takes you through the framework value by value and helps you identify where your environment is doing well and where it is falling short.

Going deeper

If this introduction has raised questions you want to explore further about how to apply the approaches in practice, how to lead a design process with whānau and residents, or how to make the case for investment the advanced training programme is where that work happens. We run it both online and on-site, and it is designed for the people who are responsible for the environments where others live and work. We would love to have you there.

To access the e-learning modules, the self-audit tool, and information about the advanced training programme, visit

Introduction to Dementia Design Aotearoa

Dementia Design Aotearoa: Design Essentials

Dementia Design Aotearoa Pathway 1: At Home

Dementia Design Aotearoa Pathway 2: Aged Residential Care