Industry Factsheet

Ageing in Place with Dementia: A Practical Guide to Home Modifications for Occupational Therapists

PEER REVIEWED

This factsheet outlines how person-centred, staged and adaptable home modifications can support safety, autonomy and quality of life for people living with dementia, while preserving familiarity and opportunities for meaningful activity. It is primarily intended for occupational therapists and other allied health professionals, but is also relevant to people living with dementia, their families and carers.

Who is this factsheet for?

This factsheet is primarily intended for occupational therapists involved in assessment, recommendation or implementation of home modifications for people living with dementia. It summarises practice-relevant findings from the *HMinfo Evidence Based Practice Review Ageing in Place with Dementia: Modifications and Design Innovations for the Home.*

What does the evidence review show?

Most people living with dementia prefer to remain in their own homes for as long as possible. The domestic environment can support safety, independence and wellbeing, but cognitive and functional changes can make ordinary homes increasingly challenging.

The review (Ageing in Place with Dementia) mapped evidence on environmental, architectural and design-related interventions, including home modifications and assistive technologies, in domestic settings. Thirty-five full-text publications were reviewed and 23 studies met the inclusion criteria.

Key Takeaways

- Treat dementia-friendly home design as a phased, longitudinal process, not a one-time retrofit.
- Prioritise bathrooms, stairs and thresholds, circulation routes, lighting and clutter.
- Evaluate outcomes using both safety and participation/autonomy.
- Preserve familiarity and the domestic character of the home wherever possible.
- Build cognitive accessibility into design through visual access, simplified layouts, cues and routines.
- Start with low-cost, low-tech modifications before considering more complex solutions.
- Use assistive technology selectively, when it is tailored, supported and aligned with daily routines.
- Support early professional home assessment to reduce reliance on crisis-driven changes.

1. Start with the person, not the house

The review's (Ageing in Place with Dementia) findings frame the home as a dynamic system. Dementia-friendly design is an ongoing, iterative process that changes in response to cognitive and functional needs, emerging risks and caregiver capacity.

Balance safety with autonomy

Physical safety, particularly falls prevention, is a common design driver in the empirical evidence. However, the review also identifies autonomy, identity and meaningful activity as important outcomes of home design. Modifications that support preferred activities and daily routines can provide benefits beyond risk reduction.

Home modification planning should therefore address both objectives: reducing risk and supporting participation.

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Preserve familiarity and home-ness

Familiar surroundings, personal belongings and established routines can support orientation, reduce anxiety and enable participation in everyday life. At the same time, changes may be needed to manage risk.

- Use incremental changes where possible.
- Prefer domestic-looking adaptations rather than changes that create an institutional feel.
- Maintain continuity of visual and material cues where possible.
- Introduce changes in stages rather than making extensive changes all at once.

Cognitive accessibility

Cognitive accessibility (the ease with which a person can perceive, understand and use their environment) is identified as a core design objective.

Table 1. Strategies to support cognitive accessibility in the home

Strategy	Examples identified in the review
Additive	Labels and cues
Subtractive	Removing clutter
Behavioural	Routines and prompts
Transformative	Lighting and layout changes

2. Prioritise high-impact areas of the home

The evidence converges on bathrooms and toilets, stairs and thresholds, circulation routes, lighting and clutter as high-risk and high-yield areas. Targeted modifications in these areas were associated with improved safety and usability and, in intervention studies, reduced falls risk.

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Table 2. Priority home modification areas and key evidence messages

Priority area	Examples identified in the review	Evidence message
Bathrooms and toilets	Bathroom adaptations; level-access showers; grab rails; non-slip flooring.	Strong and consistent evidence for improved safety/usability and reduced falls risk.
Stairs, thresholds and access	Handrails; removal of steps; ramps; improved stair safety.	Repeatedly identified as high-risk/high-yield areas.
Circulation routes	Removal of tripping hazards; furniture reconfiguration; clearer circulation.	Improved circulation safety and usability are recurring findings.
Lighting	Improved, evenly distributed lighting; lighting improvement.	Lighting improvements are consistently associated with improved safety/usability.
Clutter and hazards	Decluttering; removal of tripping hazards; flooring/visual changes.	Cluttered pathways and hazards are repeatedly identified as sources of falls risk and functional difficulty.

The minimum viable dementia-friendly home package

The review identifies a minimum viable package combining:

- Lighting
- Bathroom safety
- Circulation clarity
- Familiarity-preserving cues

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The package is described alongside early professional assessment and policy frameworks that embed dementia-inclusive, adaptable features into mainstream housing.

Look beyond falls risk

Although falls prevention is critical, the review recommends evaluating home design using both falls risk and participation/autonomy outcomes. Safety should not be the sole measure of success.

3. Low-tech first, technology when it fits

Low-cost, low-tech adaptations

Simple and low-cost adaptations were the most commonly implemented and often the most valued across the evidence base.

Examples identified include:

- Memory aids, reminders and cueing tools
- Orientation clocks and calendars
- Labelling systems for cupboards, rooms and appliances
- Simple communication aids
- Monitoring and safety alert devices
- Cooking safety systems

These aids can support daily activities and reduce caregiver burden when well matched to the person's cognitive abilities and routines. Inconsistent uptake and abandonment were common when aids were poorly explained, overly complex or not embedded into everyday practices.

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Assistive and smart-home technologies

Assistive, digital and smart-home technologies are a rapidly expanding area of innovation, but the evidence is less mature, heterogeneous and largely pilot-based compared with traditional home modifications.

Potential applications identified in the review include:

- Night-time movement monitoring and fall detection
- Wandering detection and door sensors
- Environmental prompts, reminders and cognitive support
- Remote reassurance for carers

Pilot studies often show feasibility, particularly for monitoring and caregiver reassurance, but long-term adoption and real-world effectiveness are rarely examined in depth.

Technology should be embedded, not imposed

- Tailor technology to the person.
- Ensure usability and simplicity.
- Align it with everyday routines.
- Provide appropriate support.
- Consider ethical, privacy and autonomy issues alongside implementation.

4. A staged approach to OT home modification

The review (Ageing in Place with Dementia) supports early, proactive and staged environmental intervention. It describes the home as something that needs to be recalibrated over time as dementia progresses, rather than as a setting that can be permanently fixed through a single retrofit.

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Table 3. A staged approach to occupational therapy home modification for people living with dementia

Stage	Key actions
1. Assess	Incorporate systematic home environment assessment into routine dementia care and identify environmental risks, functional difficulties and opportunities to support participation.
2. Identify priorities	Begin with high-impact areas: bathrooms and toilets, stairs and thresholds, circulation routes, lighting and clutter.
3. Co-design	Balance safety with autonomy, identity, familiarity and meaningful activity. Engage the person living with dementia and carers early in design processes.
4. Modify	Prioritise practical, low-cost and low-tech changes first. Use incremental, domestic-looking changes that preserve familiarity.
5. Review	Evaluate both risk reduction and participation/autonomy outcomes rather than safety alone.
6. Adapt	Revisit the environment as cognitive and functional needs, risks and caregiver capacity change.

Activity and engagement matter

Activity-focused modifications included tailoring environments to enable preferred activities such as cooking or gardening, adjusting storage and spatial organisation to support routines, creating clearly defined activity zones, and enabling autonomy, self-efficacy and meaningful occupation.

Small intervention studies indicated that these strategies could enhance self-efficacy, confidence and engagement in meaningful activities.

Early professional involvement

The review identifies a need for systematic home environment assessment within routine dementia care and for early, proactive environmental interventions. Nurse- and OT-led

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interventions demonstrate measurable benefits, yet many households continue to adapt reactively without guidance.

5. Practical OT checklist

The following practice prompts translate the key findings and design recommendations of this review into considerations for occupational therapy home assessments. They are intended to support clinical reasoning rather than serve as a validated assessment tool.

- Have the bathroom and toilet been considered as priority areas?
- Have stairs, thresholds and circulation routes been considered?
- Is lighting adequate as part of the environmental assessment?
- Are clutter and tripping hazards affecting circulation or function?
- Does the proposed change reduce risk while also supporting autonomy or participation?
- Will the change preserve familiarity, identity and the domestic character of the home?
- Could visual access, simplified layouts, cues or routines improve cognitive accessibility?
- Can a low-cost or low-tech adaptation address the need before a more complex solution is considered?
- If assistive technology is proposed, is it tailored, usable, supported and aligned with everyday routines?
- Has the person living with dementia and their carer been involved early in decisions?
- Is the modification likely to need review as needs, risks or caregiver capacity change?
- Will outcomes be considered in terms of both safety and participation/autonomy?

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Key evidence messages for practice

- Use a person-centred, staged approach that balances safety with autonomy, familiarity and meaningful activity.
- Prioritise practical environmental changes in high-impact areas, beginning with low-cost and low-tech options where appropriate.
- Treat cognitive accessibility and familiarity as core design considerations, not as additions to safety-focused modification.
- Consider assistive and smart-home technologies selectively, with attention to personal fit, usability, support, privacy and autonomy.

Where can I find more information?

The HMinfo Evidence Based Practice Review*: Alizadeh, S. (2026), Ageing in Place with Dementia: Modifications and Design Innovations for the Home. Home Modification Information Clearinghouse, UNSW Sydney.* Available from www.homemods.info

Dementia Australia. Creating a dementia-friendly home

Stay on Your Feet. Home-safety information and checklist

Assistive Technology Australia.

Other topic and home modification resources on the www.homemods.info website:

- Industry Factsheet: Home automations for older people and people with disability
- Consumer Factsheet: Home lighting
- Evidence Based Practice Review: Self-assessment tools for person-environment fit
- Consumer Factsheet: Arranging Home Modifications
- Dementia design guidelines: home and community care capital works program

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