



From Insights to Action: Enhancing the Aged Care Experience of Older Australians through Global Learnings

Jacqueline Quirke

Hugh DT Williamson Foundation Fellowship, 2024

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Table of contents

01	Acknowledgements	1
02	Executive Summary	3
03	Fellowship Background	6
04	Fellowship Learnings	14
05	Personal, Professional, and Sectoral Impact	40
06	Recommendations and Considerations	45
07	Dissemination and Stakeholder Engagement	48
08	Conclusion	50
09	References	51

01

Acknowledgements

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02

Executive Summary

This Fellowship was initiated in response to the pressing need for reform in Australia's aged care sector, as highlighted by the Royal Commission into Aged Care Quality and Safety. The Royal Commission revealed systemic shortcomings, including insufficient staffing, inadequate regulatory oversight and a widespread failure to provide truly person-centred care. These findings underscored the urgent need for comprehensive reforms to improve the quality of care and overall well-being of aged care residents in Australia.

One of the Royal Commission's key findings was the critical shortage of skilled staff, and the insufficient time allocated for care. The Commission recommended the implementation of mandated care minutes per resident per day to address these deficiencies. However, the current focus on nursing and personal care fails to encompass the broader needs of residents, such as emotional, cognitive, spiritual, cultural and social well-being—areas that could be better supported by including recreational therapy staff and allied health professionals in the care minute allocations. This Fellowship explored international models that effectively integrate such professionals into care teams, providing a more holistic approach to resident care that what is currently being offered within Australia.

The Royal Commission also identified the need for improved management of responsive behaviours, particularly for residents with dementia and other cognitive impairments. The lack of appropriate behavioural support programs has led to unsafe and undignified care environments in many

aged care homes. In response, this Fellowship examined Canada's Behavioural Supports Ontario (BSO) program, which has demonstrated success in managing responsive behaviours through interdisciplinary, non-pharmacological interventions. The research findings suggest that Australia could benefit from adopting a similar national program, improving the safety and dignity of care for residents with cognitive challenges.

In addition to staffing and behavioural support, creating enabling environments was a key focus of this Fellowship. Enabling environments are designed to empower residents to maintain independence, engage in meaningful activities and foster a sense of purpose. Through the observations of leading practices in North America, this Fellowship explored how thoughtfully designed spaces, innovative programming and resident-driven engagement can significantly enhance well-being. These environments go beyond traditional care models to foster physical, emotional and social engagement, promoting a more vibrant, fulfilling aged care experience.

Spanning 12 months from September 2023 to August 2024, the Fellowship involved a multifaceted methodology designed to provide an understanding of successful aged care practices in the USA and Canada. The Fellow undertook a literature review to establish a foundation of knowledge on current aged care models, staffing strategies and innovations. Site visits were conducted across ten aged care communities in North America, chosen for their diverse sizes, locations and care practices. These

visits allowed for direct observation of operations, resident engagement and the implementation of innovative, interdisciplinary care models. Additionally, the Fellow attended two international conferences to further enhance her understanding of global best practices.

Jacqueline Quirke, who brings extensive experience in aged care and recreational/diversional therapy to this research, identified key areas where Australian practices could be enhanced by adopting international interdisciplinary care models. Her focus on creating enabling environments and purpose-driven programs aligns with global trends in improving aged care outcomes. These findings offer valuable insights for fostering resident well-being and ensuring that the Australian aged care sector can meet evolving needs.

Fellowship learnings

The Fellowship provided a rich array of insights into innovative aged care practices, particularly in the areas of care models, staffing and environmental design. One of the most significant learnings was the effectiveness of small-scale domestic models, which prioritise a homelike environment and personalised care. These models, observed in care communities such as The Village Langley in Canada and The Gardens Episcopal Homes in the USA, demonstrated how smaller, community-oriented settings could foster a sense of belonging and improve the quality of life for residents. The integration of spaces designed for everyday activities, such as cooking and gardening, empowered residents to maintain independence and engage in meaningful, purposeful living.

Another key learning was the value of interdisciplinary staffing approaches in enhancing resident care. In both the USA and Canada, the Fellow observed how care teams composed of various health professionals—including nurses, recreational therapists, social workers and physiotherapists—collaborated to provide holistic care tailored to each resident's needs. This approach contrasts with the more medicalised models often seen in Australia and highlighted the importance of including allied health

professionals and recreational therapy staff in the care minute allocations to ensure comprehensive support for residents.

The Fellowship also underscored the importance of creating enabling environments that support both physical, social and cognitive well-being. Care communities like The Commons on Marice and Friendship Village of Bloomington demonstrated how thoughtful design—incorporating biophilic elements, accessible outdoor spaces and intuitive wayfinding—can significantly enhance residents' daily experiences. Additionally, the inclusion of intergenerational programs and community engagement initiatives was seen as crucial for reducing social isolation and promoting a vibrant, connected community within aged care settings.

Overall, the Fellowship reinforced the need for Australian aged care providers to adopt more person-centred, holistic care models that emphasise both the environment and the interdisciplinary nature of care. The integration of these elements into the design and operation of aged care homes will be vital in addressing the complex needs of an aging population and improving the overall quality of care in the sector.

Personal, professional and sectoral impact

The Fellowship has had a profound impact on the Fellow personally, professionally and has the potential to positively impact on the broader aged care sector. On a personal level, the experience deepened the Fellow's understanding of innovative aged care practices and reinforced a commitment to driving change within the sector. Immersing in different care environments across North America provided the Fellow with fresh perspectives and practical insights that will inform her work and advocacy efforts in Australia.

Professionally, the Fellowship has significantly expanded the Fellow's expertise, particularly in the areas of interdisciplinary care, holistic care model design and environmental design. The knowledge gained through site visits, conferences and interviews

will enhance the Fellow's capacity to implement and promote best practices within her current role. This includes advocating for the integration of allied health professionals and recreational therapy staff into care models, as well as fostering the creation of enabling environments that support resident well-being. The Fellowship has also facilitated valuable connections with international peers, opening doors for ongoing collaboration and knowledge exchange that will continue to benefit the Fellow's professional development.

At the sectoral level, the insights and learnings from the Fellowship are expected to contribute meaningfully to the ongoing reform of the Australian aged care system. By sharing these findings with colleagues, policymakers and industry stakeholders, the Fellow aims to influence the adoption of more person-centred, holistic care models across the sector. The Fellowship's emphasis on small-scale domestic models, interdisciplinary staffing and community engagement aligns with current priorities in aged care reform and provides a strong evidence base for advocating these changes.

Ultimately, the Fellowship aims to help shape the future of aged care in Australia by promoting innovative practices that enhance the quality of life for older adults. The adoption of these practices, inspired by successful models observed in North America, has the potential to transform the aged care sector into one that prioritises the well-being, dignity and autonomy of its residents.

Considerations / recommendations

The Fellowship has resulted in several key recommendations designed to enhance the quality and delivery of aged care services in Australia. These recommendations are grounded in the successful models and practices observed during the Fellowship and aim to address vital areas such as care models, staffing, community engagement and innovation. By implementing these recommendations, the aged care sector can better meet the diverse needs of its residents and foster environments that promote well-being, dignity and social connection.

One of the primary recommendations is to expand the Australian Government's mandatory care minute program to include recreational therapy and allied health professionals. This change would ensure that residents receive comprehensive support that addresses their physical, cognitive, emotional, social and spiritual needs. By broadening the scope of care minutes, aged care homes can deliver more holistic and person-centred care, leading to improved outcomes for residents.

Another key recommendation is the adoption of a national behavioural support program modelled on Canada's Behavioural Supports Ontario (BSO). This program would provide a framework for the ongoing management of responsive behaviours in residents with dementia and other cognitive impairments, promoting safer and more dignified care environments. Additionally, the Fellowship recommends fostering research partnerships and living labs within the aged care sector to drive continuous innovation and best practice approaches. These collaborations would enable real-time testing and refinement of new care practices, technologies and environmental designs, ensuring that research directly informs and improves aged care services.

To ensure these recommendations are effectively communicated and implemented, the Fellow plans to actively engage with her professional networks, industry stakeholders and policymakers. This includes presenting the Fellowship findings and recommendations at conferences, publishing articles in industry journals and holding discussions with aged care providers and government agencies. By sharing the tangible benefits of these recommendations and advocating for their adoption, the Fellow aims to influence positive change across the sector, ultimately improving the quality of life for older Australians.

03

Fellowship Background

The Aged Care Sector in Australia is currently undergoing significant transformation, driven by an aging population, evolving community expectations and extensive reforms in response to findings from the Royal Commission into Aged Care Quality and Safety. This sector includes residential aged care, home care and various support services aimed at older Australians. This Fellowship report focuses predominantly on the residential aged care component of the aged care system.

In the context of this Fellowship the relevant drivers of change in relation to residential aged care in Australia includes:

1. Findings from the Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety was established in 2018 to investigate the quality and safety of aged care services in Australia. This action was prompted by widespread reports of neglect, abuse and substandard care within the sector (Royal Commission into Aged Care Quality and Safety, 2021).

Key Findings relevant to this Fellowship:

Inadequate Staffing and Training: One of the critical findings of the Royal Commission was that many aged care homes were understaffed, and the care staff did not have sufficient time to provide the necessary care to residents. The Commission recommended specific measures to address these issues including mandated care minutes. The Royal Commission recommended that each resident in

an aged care home should receive a minimum of 200 minutes of care per day, of which at least 40 minutes should be provided by a registered nurse (Royal Commission into Aged Care Quality and Safety, 2021).

Staffing Standards: The Commission called for mandatory staffing standards to ensure that aged care homes have the appropriate number and mix of staff to meet residents' needs (Royal Commission into Aged Care Quality and Safety, 2021).

Lack of Focus on the Consumer: The investigation highlighted a systemic lack of focus on the consumer, failing to meet the individualised needs and preferences of aged care residents. This lack of person-centred care was evident in many aspects of the services provided (Royal Commission into Aged Care Quality and Safety, 2020f).

Widespread Neglect and Abuse: The Commission uncovered numerous instances of mistreatment, neglect and abuse of aged care residents. These cases highlighted significant failures in the duty of care owed to elderly Australians (Royal Commission into Aged Care Quality and Safety, 2020a).

Poor Regulation and Oversight: The Commission identified ineffective regulatory and oversight mechanisms that failed to hold providers accountable for substandard care. Regulatory bodies were often unable to enforce compliance and ensure the safety and well-being of residents (Royal Commission into Aged Care Quality and Safety, 2020c).

Financial Mismanagement: There was a lack of transparency and accountability in the financial management by aged care providers. This financial mismanagement contributed to the inadequate allocation of resources necessary for quality care (Royal Commission into Aged Care Quality and Safety, 2020d).

Inadequate Funding: The Commission found that insufficient funding was a critical issue leading to compromised care quality. Many aged care homes struggled to provide essential services due to financial constraints (Royal Commission into Aged Care Quality and Safety, 2020e).

The findings of the Royal Commission underscore the urgent need for comprehensive reforms in the aged care sector. These reforms must aim to ensure that aged care services in Australia are safe, high-quality, and responsive to the needs of older Australians.

2. Demographic Shifts

Australia, like many other developed countries, is experiencing a significant increase in its older population. According to the Australian Bureau of Statistics, as of 2023, there are approximately 4.2 million people aged 65 and over in Australia. This age group represents about 16% of the total Australian population (Australian Bureau of Statistics, 2023a). Approximately 533,000 people are aged 85 and over, making up about 2% of the total population (Australian Bureau of Statistics, 2023a). By 2057, the number of people aged 65 and over is projected to increase to around 8.8 million, representing 22% of the population. The number of people aged 85 and over is expected to reach around 1.5 million by 2057 (Australian Bureau of Statistics, 2023b).

Life expectancy in Australia has been steadily increasing over the past decades, contributing to the growing elderly population (Australian Institute of Health and Welfare, 2023a). Approximately 190,000 older Australians live in residential aged care homes, which represents about 4.5% of the population aged 65 and over (Australian Government Department of Health and Aged Care, 2023). The prevalence of disability increases with age; approximately 50%

of people aged 65 and over have some form of disability (Australian Institute of Health and Welfare, 2023b). For those aged 85 and over, the disability rate rises to around 80% (Australian Institute of Health and Welfare, 2023b). About 37% of older Australians were born overseas, and a significant proportion of older Australians speak a language other than English at home, reflecting the country's cultural diversity (Australian Institute of Health and Welfare, 2023c).

The demographic data for older people in Australia indicates a significant and growing older population, with diverse living arrangements, health needs and cultural backgrounds. This demographic trend underscores the importance of ongoing reforms and investments in the aged care sector to ensure that the needs of older Australians are met with high-quality, person-centred care (Royal Commission into Aged Care Quality and Safety, 2021). It must be acknowledged that these demographic shifts are putting increasing pressure on the aged care system. With this growing older population, there is a rising demand for both residential and home-based aged care services. The system needs to expand and adapt to meet these demands effectively (Productivity Commission, 2011).

3. Evolving Societal Expectations

There is a strong societal expectation for high-quality and safe aged care services (Royal Commission into Aged Care Quality and Safety, 2021). The public demands transparency, accountability and continuous improvement in care standards (Productivity Commission, 2011). In addition, there is a growing expectation for person-centred care that respects the dignity, preferences and rights of older Australians (Australian Government Department of Health and Aged Care, 2023). This includes better communication, involvement in care decisions and individualised care planning (Australian Institute of Health and Welfare, 2023).

4. Built Environment and Models of Care

The Australian Government is taking significant steps to improve aged care through the new Residential Aged Care Accommodation Framework,

which includes updated design standards. These new standards aim to support the independence and quality of life of residents by focusing on accessibility, dementia-friendly design and smaller group home models (Australian Government Department of Health and Aged Care, 2023). A review by the Royal Commission into Aged Care Quality and Safety (2020) highlighted that smaller group home models are scarce in Australia. Existing models mainly focus on building design and the concept of the ‘universal worker’ and have not made the fundamental shift away from an institutionally focused model. Unlike international models, Australia has not extensively explored or adopted an interdisciplinary team approach that include specialised recreation and life enrichment staff, nor have there been specific education and training programs to support a shift from task-focused care to person-centred, relationship-based care (Royal Commission into Aged Care Quality and Safety, 2020). The current system in Australia still largely operates within a medical model, focusing heavily on clinical care and outcomes. The Royal Commission stresses the urgent need for major transformations in the aged care sector to enhance service delivery and the quality of life for older Australians (Royal Commission into Aged Care Quality and Safety, 2021).

Encouragingly we are starting to see the beginnings of some alternative models emerge within Australia in particular Community Homes Australia is pioneering a model of care in the aged care sector that emphasises small-scale, community-embedded residential settings. These homes are designed to be part of the local community, encouraging and actively supporting residents to participate in community activities and maintain social connections as part of that local community. Their model focuses on six pillars: respect for the individual, independence and de-institutionalisation, enablement and support through practice and IT, community connection, expertise and specialisation and staff value (Jilek, 2022). Jilek (2022) explains that “the defining pillar of the model that sets them apart is that guests are encouraged and supported to continue their lives as active participants in the local community” (p. 2)

Globally, models like the ‘Household Model’ or ‘Small-scale Domestic Models’ are more common. These models offer homelike settings for up to 16 people, featuring functional kitchens, lounges, dining rooms and accessible outdoor spaces. Medical equipment is discreetly integrated, staff do not wear uniforms, and daily routines mimic normal living. These homes cater to both dementia-specific and general aged care residents (International Aged Care Models, 2023).

In the US and Canada, the Green House model, which supports small-scale living, has over 250 houses. These homes are designed for 7-10 residents, with staff trained to empower residents in their daily decisions and activities. The staff in these homes, known as Shahbazim, perform multifunctional roles, including personal care, meal preparation, leisure and recreational activities and housekeeping (Green House Project, 2023). Another model is the Eden Alternative, with over 200 homes focusing on homelike design and social and recreational programming. This model employs a variety of staff, including care partners, activity coordinators and interdisciplinary teams, to create a nurturing environment. Residents in this model stay connected to the outside world through interactions with pets, plants and children, which are facilitated by specialised staff trained in social engagement and therapeutic activities (Eden Alternative, 2023).

The Netherlands has pioneered ‘Dementia Villages’, which feature small-scale houses within a village setting, complete with retail services staffed by trained personnel to help residents engage in village life. In Canada, small-scale domestic living models are now required for all new and replacement government-funded homes. Canadian models like the Village model (Langley BC) and Schlegel Villages emphasise person-centred, relationship-focused services, supported by research organisations fostering innovation and collaboration among staff, families and the community (Dementia Village Research, 2023; Canadian Aged Care Innovations, 2023).

These small-scale domestic living models and dementia villages prioritise person-centred care, aiming to maximise residents' independence and engagement in everyday activities within homelike environments. Care is delivered by specially trained interdisciplinary teams. Although research on these models is limited, studies indicate increased social engagement, better goal attainment for residents, reduced use of restraints and psychotropic drugs and overall improved quality of care (Aged Care Research Studies, 2023).

Given the Australian Government's focus on exploring and encouraging the adoption of the small-scale domestic living models, this Fellowship sought to provide an international perspective that could drive alternative staffing models, support advancements in staff education and enhance the services offered to older adults living in these homes through various person-centred engagement and community programs.

The Fellowship primarily focused on exploring how small-scale domestic models of housing overseas were staffed, including the mix of staff qualifications and areas of expertise. Additionally, it investigated how residents in these homes were enabled and encouraged to engage in various aspects of life, such as recreational and leisure pursuits, community activities and occupational undertakings. Staff education and the process of cultural change and maintenance was also examined, as these aspects are not specifically or purposefully widely considered within an Australian context with the same models being implemented that are used within the larger institutional models. The Fellowship also aimed to provide insights into the role of environmental design, both indoors and outdoors, in influencing older adults' ability to engage in enjoyable and purposeful activities.

The Fellowship research concentrated on three key areas related to the provision of person-centred care within residential aged care, particularly from an engagement and purposeful living perspective:

1. **Models of Care:** The research investigated the various models of care implemented by aged care providers, with a particular focus on the small household model. This involved examining the structure and principles of these care models and how they were applied in different settings.

2. **Staffing:** The Fellowship explored how these care models were staffed, including the types of staff, their areas of expertise/focus and staffing levels. This examination aimed to understand the workforce composition and the roles each staff member played in providing comprehensive care.

3. **Enabling Environments:** The research delved into how these communities created enabling and active environments both indoors and outdoors. This was analysed through the lens of creating spaces that allowed residents to engage in meaningful and purposeful activities that matched their individual preferences.

Through these areas of focus, the Fellowship aimed to gather valuable insights and best practices from international models that could be adapted and implemented within the Australian aged care context, ultimately contributing to the improvement of person-centred care and engagement for older adults.

Fellowship methodology

To establish a foundation for the fellowship, a review of contemporary literature on models of care, staffing and innovations in residential aged care was undertaken. The literature review aimed to understand the current landscape of aged care, focusing on recent advancements and persistent challenges. The review encompassed peer-reviewed journals, government reports and key industry publications. Key areas of focus included various care models such as person-centred care and integrated care frameworks, staffing issues like workforce shortages and best practices for training and retention and technological innovations.

To gain practical insights and observe the implementation of care models, staffing practices and innovations in real-world settings, visits to ten

aged care communities in the USA and Canada were conducted. These communities were selected to represent a diverse range of sizes, locations and care practices, including both specialist (Greenhouse, Montessori and Eden) and generalist care settings. Each visit involved observation of daily operations and interactions between staff and residents, staffing levels, the use of technology and resident engagement activities. Semi-structured interviews were conducted with staff to understand their experiences, challenges and perspectives on care practices and innovations. Standardised areas of focus and observation checklists ensured consistency across visits and detailed notes were taken during observations and interviews to facilitate thorough analysis.

Participation in two key conferences provided additional insights and networking opportunities with professionals in the aged care field. The first conference attended was the National Activity Professionals Association (NAPA) conference held in Minnesota. This event focused on the role of activity and recreational professionals in enhancing the quality of life for residents in aged care homes, with sessions on innovative activity programming, resident engagement strategies and regulatory updates. The second conference was the Walk with Me conference in Ottawa, which centred on person-centred care and innovative practices in aged care. This conference featured keynote presentations, interactive workshops and panel discussions on the latest research and best practices in the field. Both conferences offered valuable opportunities to engage with experts, collect conference materials, and participate in discussions on practical applications of research findings. The Fellow also presented at both conferences and was a member of an International Panel at the NAAP conference along with representatives from the UK, Canada, Japan and the USA.

Fellowship period

The Fellowship covered a 12-month period from September 2023 through to August 2024. The international travel component was undertaken between 11 April-10 May 2024.



Photo 1: A Wild Life for WildLife Sculpture experience NY - The Rhino and Dogman by Gillie & Mare



Photo 2: Flower Garden, Canada - creating a sensory experience



Photo 3: Public swing, Kitchener Waterloo, Canada - creating engaging environments

Fellow biography

Jacqueline Quirke is a dedicated professional with a deep passion for transforming aged care through innovative, person-centred approaches. With qualifications including a Master of Community Health, Graduate Diploma in Health Science, and specialised certifications in Diversional Therapy and Health and Recreation, Jacqueline brings a wealth of knowledge and expertise to her role as Engagement and Purposeful Living Manager at Southern Cross Care (NSW & ACT).

In her current position, Jacqueline is committed to enhancing the quality of life for older Australians by developing and implementing best practice frameworks that emphasise resident engagement and purposeful living. Her work focuses on creating environments that empower residents, promoting autonomy, dignity and active participation in daily life.

Jacqueline's recent achievements within the aged care sector include spearheading the development of a Model of Engagement recognised for its excellence in positive ageing. Under her leadership, Southern Cross Care (NSW & ACT) was awarded the 2022 Award for Leadership in Positive Ageing by Catholic Health Australia based on this new model. Jacqueline was also recently awarded a Highly Commended in the Leader of the Year Future of Aging Awards 2024. These accolades highlight her innovative approach to aged care, which prioritises resident-centric decision-making and holistic well-being through leadership and mentorship.

Beyond her work in aged care, Jacqueline has made meaningful contributions to the field of education. She was the Owner and Business Manager of Redleaf College of Professional Education (2000-2012) a highly successful registered training organisation that offered Nationally accredited courses in diversional therapy, health & recreation and dementia care. She has also served as a lecturer at the University of Sydney and Western Sydney University, where she has influenced the next generation of professionals in recreational therapy and aged care. Her commitment to

knowledge-sharing is further demonstrated through her co-authorship of multiple manuals and books on documentation, policy development, leisure programming and essential knowledge areas in the community health and aged care sectors.

Jacqueline's work is driven by a profound belief in the importance of creating enabling environments that support meaningful, purposeful living for all older people in aged care. Her ongoing efforts to integrate international best practices into the Australian context are a testament to her dedication to improving the lives of older adults through innovative and compassionate care.



Photo 4: NAAP Conference - a wonderful learning and networking opportunity (Kim Mead & Catherine Sabatini NAAP Leadership Team and Jacqueline)

Abbreviations, Acronyms and Definitions

Diversional Therapy is the original term used to describe tertiary qualified allied health professionals who work with people of all ages and abilities to design and facilitate leisure and recreation programmes. Programs are designed to support, challenge and enhance individuals' psychological, spiritual, social, emotional and physical wellbeing. In Australia the profession has transferred from using the term diversional therapy across to recreational therapy in line with International practice and in line with the name of the University qualification in Australia.

Recreational Therapy is an internationally recognised term for allied health professionals who use recreation and leisure activities as a form of intervention to improve the physical, mental and emotional well-being of individuals with illnesses, disabilities or other conditions. It involves structured programs designed to enhance functional abilities, foster social skills and promote overall health, helping individuals achieve a higher quality of life through enjoyable and meaningful activities.

Enabling environments refers to physical and social settings designed to promote the independence, well-being and quality of life of older adults. These environments are intentionally crafted to support residents in maintaining their abilities, engaging in meaningful activities and feeling safe and comfortable (Smith & Gee, 2019)

Small household model in the context of the new aged care design guidelines released by the Australian Government refers to an approach to residential aged care that emphasises creating smaller, home-like living environments for residents. This model is designed to move away from the traditional institutional feel of aged care facilities and instead focuses on fostering a sense of community, autonomy and personalisation. The model typically involves small groups of residents, often between 8 to 16 people, living together in a household-like setting. Each unit resembles a home, with shared living spaces such as kitchens, dining rooms and lounges, designed to encourage social interaction and a sense of belonging.

04

Fellowship Learnings

The Fellowship provided an opportunity for broad-ranging learnings, which have been collated into three primary research themes: models of care, staffing and culture and enabling environments. These themes are further supported by additional noteworthy insights with each area of exploration contributing to an understanding of best practices and innovations in aged care.

Research Theme 1: Models of Care

A range of aged care communities were visited all with various models of care in practice including some who used multiple approaches across the one care community and others who were committed to a branded model of care. Among these, The Village at University Gates (Schlegel Villages, Waterloo Canada), Bruyère Continuing Care (Ottawa, Canada), The Village Langley (Canada) and The Gardens Episcopal Homes (Minnesota, USA) stand out as noteworthy models for further exploration.

The Fellow visited **The Village at University Gates Waterloo** which is one of the Schlegel Villages, a Canadian organisation providing long-term care and retirement living. They have developed a unique model of care focused on creating vibrant communities where residents can live life to the fullest which was observed by the Fellow in practice. Their key principles centre around the concept of “Living in My Today” which encompasses (1) meaningful and active engagement, (2) enjoyable mealtimes, (3) empowered care partners, (4) thoughtful design and (5) supportive approaches to care. The Schlegel Villages model emphasises resident-centred care,

community integration and continuous improvement through research and innovation.

The key components of the Schlegel Village model of care include:

1. Resident-Centred Care

Resident-centred care at Schlegel Village focuses on tailoring care and services to the individual preferences and needs of each resident. This approach ensures that residents have a voice in their care planning and daily routines, promoting autonomy and dignity (Schlegel Villages, n.d.). Residents are encouraged to maintain their own schedules, including mealtimes, activities and bedtime, rather than adhering to a rigid institutional routine.

2. Household Model

The Schlegel Villages model adopts a neighbourhood structure, where small groups of residents live together in a home-like environment. This approach fosters a sense of community and belonging (Armstrong & Lowndes, 2018). Each neighbourhood consisted of 10-14 residents who share common living spaces including a kitchen, dining room, activity rooms and a living room. Consistent staff teams work within each neighbourhood, building strong relationships with residents and providing continuity of care.



Photo 5: Lounge room, Schlegel Villages

3. Intergenerational and Community Integration

Schlegel Village is designed to integrate with the broader community and encourage intergenerational interactions (Schlegel Villages, n.d.). The Village includes a community hub that offer amenities and services accessible to both residents and the public including cafes, a fitness centre, a community library, hobby shop, parlour room and accessible and interactive outdoor spaces. Programs are developed to bring together residents, children and young adults from the surrounding community for mutual enrichment and learning.

The Village also run a number of day and respite programs for people living with a diagnosis of dementia and younger onset dementia.

4. Focus on Well-Being

The model places a strong emphasis on holistic well-being, encompassing physical, emotional, social and spiritual health (Chochinov & Breitbart, 2009). A variety of wellness programs are offered, including fitness classes, therapy services and mental health support. Residents also have access to a wide range of activities that promote engagement, such as gardening, art, spiritual programs, music therapy and volunteer opportunities. These activities are designed and facilitated by qualified and dedicated allied health professionals including recreational therapists. The focus is on maintaining residents' abilities while promoting social connections.



Photo 6: Activities space, Schlegel Villages

5. Research and Innovation

Schlegel Villages collaborates with academic and research institutions to continuously improve care practices and innovate in elder care (Schlegel-UW Research Institute for Aging, n.d.). The Waterloo Village is integrated with the Schlegel-UW Research Institute for Aging (RIA). The RIA is dedicated to enhancing the quality of life and care for older adults through research, education and practical innovations. The RIA integrates research, education and real-world application to improve aging experiences. The institute focuses on key areas such as dementia care, culture change, technology in senior living and workforce development. It plays an important role in bridging the gap between research and practice, translating academic findings

into effective programs, training and policies for aged care. The RIA collaborates with partners like Schlegel Villages, the University of Waterloo and Conestoga College, creating a unique model where researchers, students, care staff and older adults work together. This integrated approach not only enhances care quality but also contributes to the development of new educational resources and programs that directly benefit the aging population (The RIA) (University of Waterloo). The RIA also has a range of facilities to support living labs, co-design and age care specific research.



Photo 7: Map of RIA



Photo 8: Living Lab facilities, RIA

The Gardens Episcopal Homes, located in Minnesota USA was another Aged Care Community visited by the Fellow. This community included independent living, assisted living, memory care, skilled nursing and prides itself on offering concessional living.

One of the distinctive features of The Gardens Episcopal Homes is its incorporation of the Green House model within its skilled nursing areas. The Green House model is implemented across six houses (each house is a floor of a multi-storey building) with ten residents in each house. This approach emphasises resident-centred care, empowering staff and creating a home like environment (Rabig et al., 2006). The Green House model employs Shahbazim, who in theory provide care, including personal care, cooking, activities and housekeeping. A clinical support team, including nurses and therapists, supports the Shahbazim in delivering care to the residents. In this Model there were no nurses' stations, no medication trolleys, food was readily available for the residents to access and a laundry was available for resident use. The Green House Model had been modified at The Gardens Episcopal Homes in response to staffing challenges, so a dedicated recreation team and food service support was added to support the resident care teams. The training program was also modified to suit the specific needs of the organisation.



Photo 9: The Gardens Episcopal Homes

The Gardens Episcopal Homes was a very vibrant community with a strong focus on the holistic well-being of residents including specific programs covering physical, emotional, social and spiritual health (Episcopal Homes, n.d.). A variety of wellness programs were on offer, including fitness classes, health education and therapy services. Residents also had access to a wide range of activities that promoted social interaction, creativity and mental stimulation, such as arts and crafts, music therapy and volunteer opportunities. Volunteers were supported by a dedicated Volunteer Manager, and they supported the integration of the community within the home. There was a strong focus on hosting events that were open to both residents and the surrounding community, promoting social engagement and inclusion. Intergenerational programs were also available which were designed to connect residents with people of all ages, enriching the lives of both residents and community members.



Photo 10: Art studio, The Gardens Episcopal Homes

Bruyère Continuing Care, located in Ottawa, Canada, is an integrated care campus which includes independent living, assisted living, dementia care, day programs, enhanced assisted care and rehabilitation.

Bruyère Continuing Care is unique in offering a range of levels of support within its assisted living options including:

1. Enhanced assisted care which supports older people who do not have the money to buy into

retirement living and who required extra care support. This option is co-funded by Ontario Health and includes onsite registered nursing support, the option to purchase meals and access to shared spaces for interactions and social support.

2. Assisted living with additional supports. This service supports residents with medication administration, including reminders, dispensing and monitoring for adherence; help with activities of daily living including assistance with bathing, dressing, grooming, toileting, laundry, household tasks and other personal care tasks; meals including chef made lunches and dinners with breakfast support provided by a development support worker; and health monitoring which includes regular health checks and monitoring of chronic conditions to ensure residents' well-being. To date this model of care is achieving successful outcomes for the residents (Bruyère, n.d.).

Bruyère Continuing Care offers a day program which provides services to people living in the community with specialist days for people living with a diagnosis of dementia, men and those whose carers require respite. The program includes offering a range of activities based around Montessori principles including cooking, gardening, active games, crafts and mental stimulation. They have a dedicated space including an outdoor area. The program is staffed by qualified professionals including Development Support Workers (2-year qualification), Activity Coordinator and an Activity Facilitator along with a Manager and bus driver.

An additional stand out features of Bruyère Continuing Care's model of care included the integration of their 'living classroom' concept designed to provide hands-on, practical training for health care students in a real-world environment. This initiative integrates education, research and practice within a working long-term care home and Village environment. It allows students to learn directly on-site while contributing to the care of residents. Classrooms and training facilities are located within the Village allowing for immediate application of theoretical knowledge to practical

situations. Students involved in the program engage directly with residents, providing care under the supervision of experienced professionals. This interaction helps students gain confidence, improve their clinical skills and understand the complexities of elder care. Experienced health care professionals' mentor the students, provide real-time feedback and assess students' performance, helping them to refine their skills and knowledge (Bruyère, n.d.).

The Living Classroom also serves as a site for research on aging, geriatrics and long-term care practices. Students participate in research projects, contributing to the development of new knowledge and evidence-based practices and this integration of research helps in the continuous improvement of care practices and provides students with insights into the latest developments in the field. Residents and their families are actively involved in the educational process by providing valuable insights and feedback, ensuring that the training is grounded in real-world experiences and needs. The engagement of residents in the educational process fosters a sense of community and enhances the residents' quality of life through meaningful interactions with students (Bruyère, n.d.).

The key benefits of the integration of the 'living classroom' into Bruyère's model of care is that the students have enhanced learning through hands-on experience, improved clinical and interpersonal skills and exposure to interprofessional teamwork. For the aged care sector more broadly and specifically for Bruyère Villages they gain a well-trained workforce equipped with practical experience and interprofessional skills, leading to better overall care quality. Most importantly though the residents experience increased interactions and personalised care which contributes to improved wellbeing and overall quality of life.

In summary, Bruyère Village's Living Classroom concept creates a dynamic, real-world learning environment that enhances education, research and care for older adults, providing significant benefits to students, residents and the health care system as a whole.



Photo 11: Cycling without Age Bike, Bruyère Village



Photo 12: Accessible Swing, Bruyère Village

The Village Langley in Canada, operated by Verve, is a dementia specific care community set on a seven-acre property consisting of six houses, each designed to accommodate 12 residents (referred to as Villagers). The model of care is designed to create a supportive, community-oriented environment that prioritises the quality of life for its Villagers. Key features include:

1. Person-First Approach

Each Villager has a comprehensive “My Story” completed upon admission, ensuring that care plans are tailored to their personal history, preferences and needs. This individualised approach respects the unique identity and experiences of each Villager. The disease is viewed as secondary to the individual, emphasising personal history and preferences in all plans of care. The focus is on understanding and knowing the person and enabling them to have a “good day every day” rather than focusing on the symptoms and the disease.



Photo 13: Enabling resident independence and purpose, The Village Langley

Monthly care conferences with families ensure ongoing communication and collaboration. These meetings provide opportunities to discuss behaviour support strategies, share observations and make necessary adjustments to care plans.

2. Flexible Daily Routines

Residents have flexibility in their daily routines, such as waking up and having breakfast when they are ready. The residents are enabled and supported to wake up each day with purpose which is driven by them rather than being driven by the staff. For example, if a Villager decides they would like to cook a cake, then they can walk down to the community centre and gather all of the necessary ingredients, bring those back to their house and cook the cake. Support is available if they require specific support and other residents are able to join in.

Whilst at the Village the Fellow observed many Villagers out and about undertaking various everyday tasks and being involved in leisure-based activities. The environment supported independence, freedom of movement and decision-making and ample opportunities for engagement.

The Villagers are encouraged to gather daily supplies for their household from the supplies store in the community centre. Villagers were observed to be picking up milk, juice, eggs and other supplies along with activity kits and taking them back to their house.

Villagers have access to a range of activities offered at the community centre and the life enrichment staff also facilitate activities in the individual houses depending on the Villagers preferences and needs.



Photo 14: Activities station, The Village Langley

3. Engaging Physical Environment

The Village is designed to create a supportive, engaging and safe environment for its 75 Villagers. The Village consists of six cottages, each designed to accommodate 12-13 Villagers. The cottages are divided based on the level of care required. Two cottages for assisted living, two cottages for assisted living plus and two cottages for complex care.

Each cottage has identical interiors except for the sunroom and decor, promoting a sense of familiarity and comfort. All visitors enter the house via the front door. Staffing facilities and back of house requirements are located in a separate area which links two houses together and is not accessible to Villagers or visitors. Each cottage has its own kitchen where final meal preparations and cooking takes place (the main meal preparation is completed in a central kitchen). This approach creates familiar cooking smells, stimulating Villagers' appetites and offering opportunities for residents to participate in meal preparation. Sunrooms are available in each cottage, and they provide a quiet space for relaxation along with various activities, serving as versatile areas for Villagers to enjoy leisure time or participate in spontaneous or scheduled events.

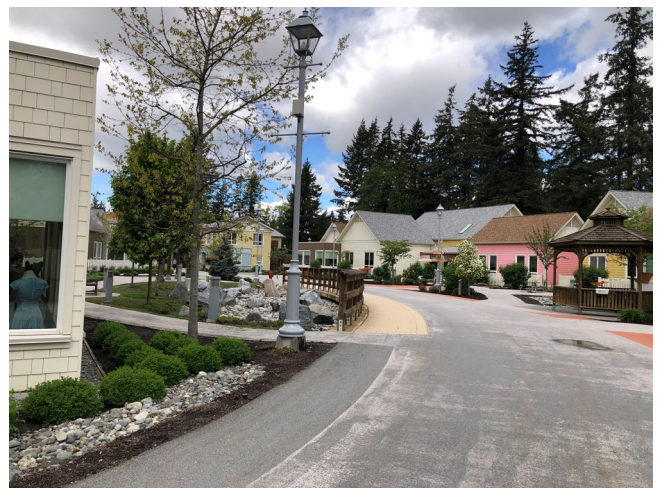


Photo 15, 16 & 17: The Village Langley

The community centre is a hub for social activities and engagement, providing a space for Villagers to interact and participate in organised events as well as being able to independently access a range of activity resources. The community centre also

includes a hair salon, a cafe, a medical clinic area and a store.

The Village features farm animals including chickens and goats, which provide therapeutic benefits and opportunities for residents to engage in animal care. There are raised garden beds where residents grow their own plants and vegetables, promoting outdoor activity and a sense of purpose. The produce grown is used in cooking providing another opportunity for purposeful living.

The village features various wayfinding strategies to help Villagers (and guests) to navigate the environment easily. The main features include:

- Each house has a distinct colour and signage
- Streets within the village are color-coded
- The entire property is fenced, and Villagers wear lifeline buttons that track their movements. Additionally, cameras are placed around the property to ensure safety while maintaining a sense of freedom.



Photo 18, 19 & 20: Community centre The Village Langley

The Village includes designated areas for both spontaneous and structured activities. This dual approach allows Villagers to engage in organised group activities as well as pursue individual interests and hobbies. The Fellow observed the environment to be stimulating with ample opportunities for Villagers to engage in a range of activities independently and at a time that suited them.

4. Integrated Family and Community Involvement

Families are actively involved in the Villagers' lives, especially during the initial transition period. Regular educational and counselling sessions are offered to families, enhancing their understanding of dementia and their loved ones' needs.

The Village organises events such as dinner dates, housewarming parties and monthly pub nights, creating opportunities for socialisation, memory making and community building. Families and Villagers participate together, strengthening bonds and reducing feelings of isolation.

Intergenerational programs and community engagement programs were also facilitated regularly within the Village.

5. Staffing and Training

A high staff-to-resident ratio ensures that Villagers receive the support they require to live the life they desire. Staff work in set shifts and are assigned to specific cottages, fostering consistency and building trust with Villagers. Staff do not wear uniforms but do wear name tags so they are easily identifiable.

The cottages are differentiated based on the level of care required and are staffed as follows:

- Assisted living cottages - one carer and one nurse per cottage
- Assisted living plus cottages - two carers and one nurse per cottage
- Complex care cottages - three carers and one nurse per cottage

In addition to the care staff the Village employs Life enrichment staff, cleaners, maintenance staff and other specialist staff as required to meet the Villagers needs.

Staff undergo continuous training, including involvement in the program "Cracking the Dementia Code" by Karen Tyrel, which equips them with the latest knowledge and skills in dementia care. Regular education sessions are conducted, and the staff have access to consultants who can provide specialised support and guidance when complex behavioural issues arise. When responsive behaviours occur, the approach involves asking "why" to identify the underlying causes. This might include physical discomfort, environmental factors or unmet emotional needs. By addressing these root causes, staff develop effective and person-centred interventions.

6. Enrichment Programs and Activities

The Village offers a varied life enrichment program with activities tailored to Villagers' interests. These activities are designed to be spontaneous and resident-driven, allowing for meaningful engagement on their terms.

Spiritual care and pastoral support programs are available, recognising the importance of spiritual well-being in holistic dementia care. This support helps Villagers maintain their spiritual practices.

The Village's model of care was impressive to watch in real life as you could see everyday examples of best practice in dementia care through its emphasis on personalised, person-centred approaches, a supportive and engaging environment, integrated family involvement, innovative staffing and training and a diverse array of enrichment programs. These features create a nurturing and dynamic community where residents with dementia are living with dignity, purpose and joy.



Photo 21: The Village Langley

Research Theme 2: Staffing and Culture

In both Canada and the USA, interdisciplinary healthcare teams play a crucial role in the delivery of comprehensive care in residential aged care homes. These teams are composed of various health professionals, each bringing their expertise to provide holistic and person-centred care. The focus on interdisciplinary teams created dynamic environments where residents are enabled and supported to experience reablement and wellness.

Typically, the interdisciplinary teams included nurses, recreation therapists and life enrichment staff, physiotherapists, social workers, dietitians, pastoral care and volunteer managers and other wellness related staff. Additionally, support staff such

as personal support workers (PSWs) and certified nursing assistants (CNAs) were also employed. An example was seen at the **Goodman Group** where the Fellow visited two of their Care Communities – The Lodge at the Lakes (Minnesota, USA) and The Commons on Marice (Minnesota, USA). In addition to nursing and care staff they employed recreational therapists (regional and community based), activities staff, spiritual care staff, physiotherapists and assistants, social workers, nutritionists and then /contract staff such as music and art therapists. By employing a diverse range of health professionals, the Goodman Group can provide a more holistic and comprehensive care experience for their residents, addressing not only their medical needs but also addressing their emotional, recreational, social, physical, cognitive and spiritual well-being. This

team-based approach was supported through regular interdisciplinary meetings, ongoing professional development and a collaborative culture that emphasises the importance of each team member's contributions to resident care (The Goodman Group, 2023). The Fellow attended a morning catch up at **The Lodge at the Lakes** which included a range of staff and started with a focus on the importance of respecting residents' privacy.

Interestingly along with this strong focus on interdisciplinary teams there was also a strong focus on employing qualified staff including staff with tertiary qualifications, diploma level qualifications and those who hold various certifications. For example, it was common to see multiple degree qualified recreational therapists employed in the care communities both in the USA and Canada. In contrast to this a degree qualified recreational therapist working in residential aged care in Australia would be an exception not the norm. The **Goodman Group** (USA) employed a regional degree qualified recreational therapist and then degree qualified recreational therapists at each of the Care Communities visited by the Fellow. All Care Communities visited employed degree qualified recreational therapists.

It was also noted that management teams in both the USA and Canada consisted of a broader range of professionals with the focus on management and leadership knowledge, skills and abilities rather than what is becoming more common in Australia with many facility and quality management positions being only allocated to registered nurses.

In Ontario Canada the government has mandated 240 minutes per resident per day for registered nurses, registered practical nurses and personal support workers. In addition to this they have also mandated 36 minutes per resident per day for Allied Health and other healthcare staff who play a key role in supporting residents to achieve a higher quality of life and promoting good mental health. This includes supports provided by recreation therapists, physiotherapists, social workers and other healthcare professionals who address physical, emotional, social and spiritual needs of residents (Ontario Ministry of Long-Term Care, 2020). The

Australian government has also mandated care minutes of 200 minutes per resident per day, but they have not taken the additional step of including Allied Health and other healthcare professionals. Since the introduction of care minutes in Australia in 2022 the exclusion of dedicated Allied Health minutes has led to decreasing rates of Allied Health and Recreational Therapy related staff which is impacting on residents' quality of life and is leading Australia into a medical model of care which is in opposition to the direction of aged care services in Canada and the USA.

Models of staffing in the USA and Canada, as observed by the Fellow, have evolved to prioritise person-centred approaches. These approaches are designed to support older adults in engaging with a diverse array of activities and programs that promote both physical and mental well-being. Such activities include community and intergenerational programs, exercise and rehabilitation initiatives, and a variety of engaging activities. These models focus on fostering active participation and holistic care through interdisciplinary teams, ensuring that older adults maintain a high quality of life through meaningful and stimulating experiences. As Jilek (2023) stated the future of aged care needs to involve a shift from traditional, siloed healthcare models to interdisciplinary and collaborative approaches. Older adults often have complex medical and psychosocial needs that require expertise from multiple disciplines, including medicine, nursing, psychology, social work, physiotherapy, exercise physiology, dietetics, speech pathology, recreational therapy and occupational therapy.

Another aspect related to the culture of the Care Communities in the USA and Canada which created inclusive, respectful and empowered communities was the use of language. The use of the term "care community" was commonly used rather than residential aged care or just aged care which is common in Australia. Areas of the care communities were referred to as neighbourhoods rather than wings or sections which is more common in Australia. The reference to older people living in the care communities was also broadened to include Villagers, neighbours, participants and residents.

Signage was also reflective of what you would see in the general community. An example of this positive use of language was observed at **The Village at University Gates Waterloo** (Schlegel Villages) where sections of the Village are referred to as neighbourhoods, the gym area was signed “Program for active living” and the calendar of programs included titles that would be seen in a gym in the broader community such as Total Body Fitness, Balance Class, Sit ‘n Get Fit. Their signage was in line with what you would expect in a community setting.

Research Theme 3: Enabling Environments

The term “enabling environments” in the context of this Fellowship refers to physical and social settings designed to promote the independence, well-being and quality of life of older adults. These environments are intentionally crafted to support residents in maintaining their abilities, engaging in meaningful activities and feeling safe and comfortable (Smith & Gee, 2019). By visiting a variety of care communities in both the USA and Canada the Fellow was able to observe and learn about key features that create enabling environments that supports engagement and purposeful living.

Wide Use and Access to Gym Spaces

In both the USA and Canada, a strong emphasis was placed on the availability and accessibility of gym spaces within aged care homes. For instance, **The Lodge at the Lakes** in Minnesota, USA, features a fully equipped gym room with boxing bags, stationary bikes, weights and other exercise equipment. They also offer boxing classes led by Rock Steady Boxing Certified Coaches, designed specifically for residents with Parkinson’s disease. This program focuses on overall fitness, strength training, reaction time, balance, HIIT, and circuit training. Similarly, **The Friendship Village of Bloomington** in the USA boasts a large gym with a variety of exercise and rehabilitation equipment, along with a heated accessible pool. The integration of such comprehensive fitness programs within aged care environments highlights the importance of physical activity in maintaining health and independence

among older adults (Taylor & Johnson, 2020). The programs offered were open to those living within and outside of the Care Communities.

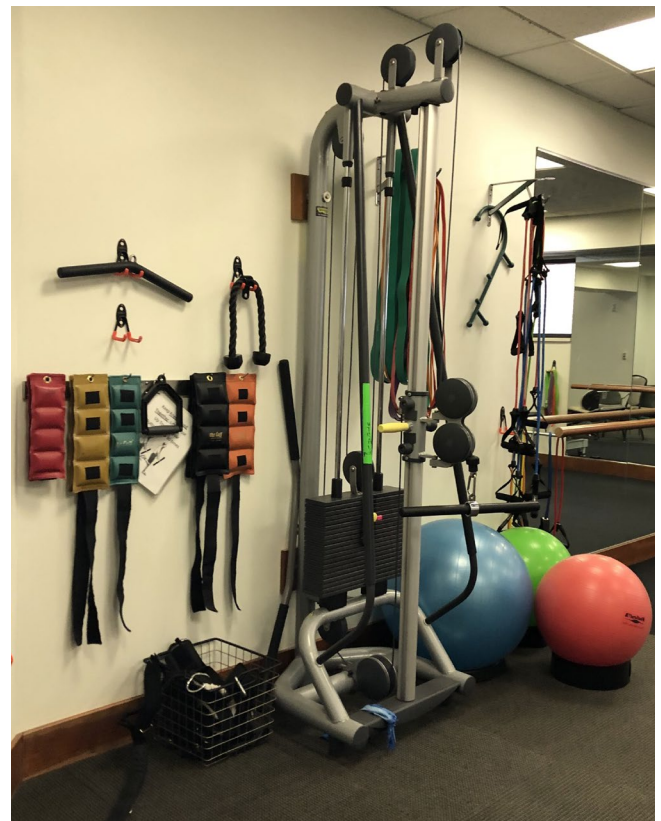
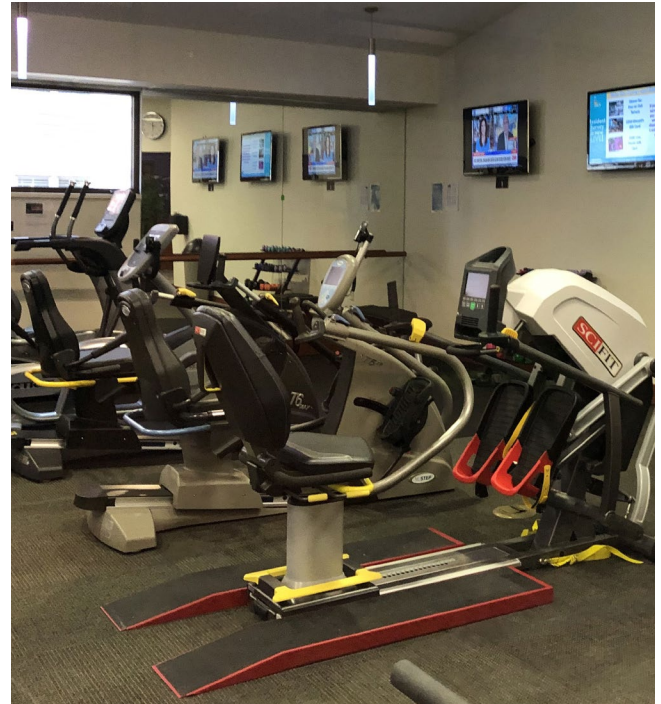


Photo 22 & 23: Gym spaces at Friendship Village, Bloomington



Photo 24: Gym at The Lodge at the Lakes

Homely Atmosphere

Creating a homely and inviting atmosphere is essential for fostering comfort and well-being in aged care settings. **Harmony Gardens** and **The Friendship Village of Bloomington** are exemplary in their use of furnishings and décor to create warm, home-like environments. At Harmony Gardens, there are no visible nurses' stations or clinical areas,

contributing to a non-institutional feel. The facility also features a large community garden, a café for residents and visitors and the broader community, and ample areas for social interaction. Similarly, The Friendship Village offers an accessible outdoor space with a fire pit, numerous activity stations such as puzzle areas and reading nooks and various sheltered outdoor areas with water features and raised garden beds. These design elements help to promote a sense of belonging and community (Smith et al., 2019).

The use of carpeting in non-dining areas was a common feature aimed at creating a homely and comfortable environment. This design choice contributes to a sense of warmth and familiarity, which is particularly beneficial for residents with dementia, as it helps reduce anxiety and promotes relaxation (Smith et al., 2019). Carpets also serve the practical purpose of noise reduction, further enhancing the serenity of the living spaces.

Photo 25: Café Friendship Village, Bloomington





Photo 26: Puzzle table The Lodge at the Lakes



Photo 27: Lounge room, The Commons

Spaces for Community Engagement and Intergenerational Programs

Community engagement and intergenerational programs are integral to creating vibrant and socially connected aged care environments. At **Bruyere Continuing Care** in Canada, residents and the broader community are brought together through various initiatives. A volunteer-run shop/bazaar and an annual fete are open to both the care community and the public. The facility also supports intergenerational programs. Two examples include the creation of an indigenous garden with residents and school students and a program where high school students interviewed residents and based

on the residents stories the students produced and performed a play. Regular community activities include a community choir program and the Timmy's Tuesday Coffee Club, supported by Tim Horton. Additionally, the Cycling without Age program allows residents to enjoy rides on a tricycle owned by the facility. **Harmony Gardens** also actively involves community members in regular volunteer activities, including coffee chats, pastoral care and recreational programs. These programs not only foster social interaction but also contribute to residents' sense of purpose and fulfillment (Brown & Henley, 2021).

Photo 28: Shop/bazaar at Bruyere Continuing Care





Photo 29: Community created mural, The Gardens Episcopal Homes

Vibrant and Engaging Common Areas

The presence of vibrant and engaging common areas is crucial for promoting social interaction and activity among residents. **The Gardens, Episcopal Homes** in the USA features a shop where residents can sell items they have made, fostering a sense of purpose and entrepreneurship. The facility also has a pub space that hosts special events, such as poetry evenings. At **University Gates, Schlegel Village** in Canada, a Town Hall serves as a central meeting space, while a general store run by volunteers and a hobby shop offer additional opportunities for residents to engage in meaningful activities. These spaces are designed to be lively and accessible, encouraging residents to participate in community life and maintain their social connections (Camp, 2020).



Photo 30: Resident shop, The Gardens Episcopal Homes



Photo 31: Schlegel Villages

Biophilic design was also widely used which incorporated natural elements to improve mental and physical health, reduce stress and enhance mood in aged care environments (Kellert & Calabrese, 2015). **Friendship Village of Bloomington (USA),**

The Lodge at the Lakes (USA), Schlegel Villages and The Commons on Marice (USA) provided many examples of how biophilic design has been incorporated into the design of the care community.



Photo 32: Friendship Village of Bloomington



Photo 33: Schlegel Villages

Wayfinding and Signage

Effective wayfinding and signage are essential for supporting the independence of residents, particularly those with cognitive impairments. At **The Village, Langley** in Canada, thoughtful wayfinding strategies were observed, including color-coded paths, street signs and clearly marked buildings. The use of natural wayfinding elements, such as landscaped gardens and pathways designed with distinct plantings, water features and paths were used throughout the The Village, Langley and these naturally guide residents through the Village.

Natural materials including wood and stone was used in flooring and wall treatments to create distinct zones throughout the **Friendship Village of Bloomington (USA)**. The subtle changes in texture and colour acted as intuitive wayfinding elements, allowing residents to feel the difference underfoot and recognise familiar visual cues as they moved through the Village.



Photo 34: The Village, Langley



Photo 35: Friendship Village of Bloomington

Montessori Approaches and Activity Stations

Montessori principles, which focus on residents' abilities rather than limitations, are increasingly being adopted in aged care settings to create engaging and supportive environments. **The Commons on Marice and the Lodge at the Lakes (USA)** are Montessori Inspired Lifestyle Communities, where residents are encouraged to participate in activities that align with their interests and abilities. Examples included the use of memory boxes which were small, personalised boxes filled with items that have personal significance to the resident. Residents were encouraged to organise, explore and share the contents with others. There were also opportunities for residents to be involved in daily tasks including folding laundry, sorting cutlery and setting the tables. Residents, staff and regular visitors all wore easy to read name badges which helped with orientation and the community knowing each other. These Montessori-inspired approaches have been shown to improve cognitive function and behavioural symptoms in older adults with dementia, making them a valuable addition to enabling environments (Sheppard et al., 2019).



Photo 36: The Commons on Marice



Photo 37: Montessori approach



Photo 38: Drinks station at Lodge at the Lakes

Many of the Care Communities visited had Montessori type activities and resources available throughout their homes including technology-based workstations and games. Volunteers of America (USA) had several 'lifeloop' enabled computers that residents and families could access, and these included a range of games and activities. Gardening was very common with lots of raised garden beds and easy access to outdoor spaces that included comfortable furniture and outdoor activities. **Bruyere Continuing Care** had several accessible swing chairs for residents to use.



Photo 40: Activity shelves



Photo 39: Montessori Name badges



Photo 41: The Collections Counter, Friendship Village, Bloomington

The observations and research presented in this Fellowship report highlight the importance of creating enabling environments in aged care settings that are supportive, engaging and adaptable to residents' diverse needs. The insights gained from the USA and Canada offer valuable lessons for the Australian aged care sector. By adopting principles of person-centred design, biophilic design, universal accessibility and intergenerational engagement, Australian aged care homes can enhance the quality of life for older adults, ensuring that these environments truly enable residents to live well.

Overall, most of the care communities visited were vibrant and lively mainly due to the integrated nature of the communities with a range of housing options, with many communal facilities such as cafes, gyms, activity related spaces, preschools all encouraging not only residents but community members to be involved.

Australia has many opportunities to model from these integrated care communities that enable and encourage social connections, engagement and purposeful living.

Research Theme 4: Additional Noteworthy Learnings and Insights

The innovations observed during the Fellowship visits showcase a diverse range of strategies

designed to enhance both the quality of care and the overall well-being of older people living within the care communities. From evidence-based programs like BSO and GPA to targeted interventions for loneliness and the integration of advanced technologies, these initiatives demonstrate a commitment to person-centred, holistic care. The strength-based approaches and peer-driven programs further illustrate the potential for fostering autonomy, social connection and empowerment among residents. Together, these innovations represent a forward-thinking approach to aged care, one that is responsive to the evolving needs and preferences of an aging population.

Behavioural Support Ontario (BSO): An Overview of Ontario's Approach to Dementia Care

Ontario's approach to supporting individuals with dementia who exhibit responsive behaviours is centred around the Behavioural Support Ontario (BSO) initiative. BSO is a province-wide program designed to improve the quality of care for older adults with dementia, mental health issues, addictions, or other neurological conditions who display responsive behaviours. Responsive behaviours are defined as actions, words, or gestures that arise as a result of unmet needs or as a way for individuals with dementia to communicate their feelings or discomfort (Behavioural Supports Ontario, n.d.).

Key Components of the BSO Approach

1. Interdisciplinary Teams and Behaviour Support Officers

BSO operates through interdisciplinary teams that typically include nurses, social workers, personal support workers, recreational therapists and most notably, Behaviour Support Officers (BSOs). These teams are specially trained to address responsive behaviours using person-centred, non-pharmacological interventions (McAiney et al., 2017). Behaviour Support Officers play a crucial role in identifying and managing responsive behaviours. They conduct assessments to determine the underlying causes of these behaviours, develop individualised care plans and work closely with care teams, families and other professionals to implement

strategies that reduce or prevent responsive behaviours (Ontario Ministry of Health, 2021). This support is ongoing and may include weekly visits and meetings until the defined goals and outcomes are achieved.

2. Person-Centred Care and Non-Pharmacological Interventions

The BSO approach emphasises person-centred care, which involves tailoring interventions to the unique needs, preferences and life history of the individual. Non-pharmacological interventions are preferred, focusing on understanding and addressing the root causes of responsive behaviours, which may include pain, environmental triggers, or unmet emotional needs (Behavioural Supports Ontario, n.d.). Examples of interventions include modifying the environment to reduce stressors, using therapeutic activities like music or art therapy and implementing communication strategies that resonate with the individual's history and personality (Seitz et al., 2012).

3. Collaboration and Capacity Building

BSO teams work in collaboration with long-term care homes, hospitals and community organisations to build capacity in managing responsive behaviours. This includes providing education and training to frontline staff, caregivers and family members on best practices for dementia care (McAiney et al., 2017). The program also facilitates knowledge sharing across the healthcare system, helping to disseminate effective strategies and approaches for supporting individuals with dementia (Ontario Ministry of Health, 2021).

4. Funding and Resources

BSO is funded by the Ontario Ministry of Health, which provides resources for staffing, training and program development across the province. This funding supports the deployment of BSO teams in various care settings, ensuring that individuals with dementia receive consistent and high-quality care regardless of where they live (Ontario Ministry of Health, 2021).

The BSO initiative has been credited with several positive outcomes in the care of individuals with dementia in Ontario:

- **Reduction in Responsive Behaviours:** By focusing on non-pharmacological interventions and personalised care plans, BSO has contributed to a significant reduction in the frequency and severity of responsive behaviours in care settings (McAiney et al., 2017).
- **Enhanced Quality of Life:** Individuals with dementia often experience improved quality of life as a result of the BSO approach, as their care is more aligned with their needs and preferences (Ontario Ministry of Health, 2021).
- **Improved Staff Confidence and Skills:** Care staff in long-term care homes and other settings report greater confidence and competence in managing responsive behaviours, leading to a more supportive and less stressful work environment (McAiney et al., 2017).

The Behavioural Support Ontario initiative represents a comprehensive and person-centred approach to managing responsive behaviours in individuals with dementia. Through the use of Behaviour Support Officers, interdisciplinary teams and a strong emphasis on non-pharmacological interventions, Ontario has made significant strides in improving the care and quality of life for older adults with dementia. The program serves as a model for other regions and countries seeking to enhance their dementia care strategies. Additional information is available at <https://brainxchange.ca/BSO>

The Gentle Persuasive Approach (GPA)

The Gentle Persuasive Approach (GPA) is a training program that was observed across several care communities visited, including **Hillel Lodge** (Ottawa, Canada) and **The Village at University Gates** (Schlegel Villages). This program is designed to equip staff with the skills and knowledge necessary to manage and de-escalate responsive behaviours in residents with dementia. Rooted in person-centred care principles, GPA emphasises understanding the emotional and psychological needs of residents, using non-violent communication and employing

respectful and empathetic strategies to ensure residents' dignity is maintained.

Hillel Lodge has integrated the GPA into its staff training programs, recognising the critical importance of preparing staff to interact effectively with residents who may exhibit responsive behaviours.

Experience Creator

The Experience Creator program was a trailblazer award winner at the 2024 Walk with Me Conference in Ottawa, Canada and the program is managed by Bryce McBain, General Manager, Village of Riverside Glen. The initiative is designed to help residents in long-term care settings live life to the fullest by enabling them to pursue their dreams and passions. This program focuses on identifying and leveraging the strengths and abilities of residents, rather than emphasising their limitations. By recognising what residents can do, rather than what they cannot, the program fosters a sense of autonomy and self-worth. In practice, the Experience Creator program involves the co-creation of activities and experiences that align with the residents' interests, abilities and life stories. The Experience Creator program empowers residents by listening to their aspirations—whether grand or modest—and making these dreams a reality. The program is committed to balancing acceptable risks to support residents in achieving their dreams, ensuring that safety considerations do not hinder meaningful life experiences. Examples of experiences offered through the program include:

Mechanical Bull Rides: A resident with limited mobility was able to experience riding a mechanical bull, fulfilling a lifelong dream.

Hot Air Balloon Rides: Residents have taken part in hot air balloon adventures, providing them with unforgettable memories.

Camping Trips and Outdoor Activities: The program has organised annual camping trips, tobogganing, wall-climbing and skydiving, making extraordinary experiences accessible to people living within the aged care community.

Targeted Loneliness Program

Loneliness is a significant issue in aged care, with profound implications for residents' mental and physical well-being. At Hillel Lodge (Ottawa Canada), a targeted program has been developed to address this issue systematically. The program utilises data from the Minimum Data Set (MDS) alongside participation and depression scores to identify residents who are at risk of loneliness. Once identified, these residents are enrolled in specific programs designed by a recreational therapist, tailored to their individual needs and interests.

This structured approach not only helps in reducing feelings of loneliness but also improves overall well-being by fostering social connections and encouraging active participation in meaningful activities. The program demonstrates the power of data-driven programs, which use robust assessment tools to inform the development of targeted interventions.

Technological Innovations in Aged Care

The integration of technology into aged care offers new ways to enhance care delivery, resident engagement and operational efficiency. During the Fellowship visits, several innovative technologies were observed:

Motitech Cycle (Bruyere Continuing Care): The Motitech Cycle is used for virtual cycling experiences that allow residents to engage in physical exercise while exploring familiar or exotic locations.

Motorised Medication Trolleys (Bruyere Continuing Care): Motorised medication trolleys improve the efficiency of medication administration, reducing the physical strain on staff and ensuring timely delivery of medications.

Welbi (The Lodge at the Lakes and The Gardens, Episcopal Homes): Welbi is a resident engagement software that personalises activities and programs based on individual preferences and needs.

LifeLoop (Volunteers of America): This platform enhances communication between residents, families, and staff, and helps in tracking activities

and care plans, thus ensuring a more coordinated and transparent approach to care.

Dividat Senso (The Lodge at the Lakes): Dividat Senso is a cognitive motor training tool that combines physical exercise with cognitive tasks, supporting both physical and mental health in residents.



Photo 42: Hayley Brandes, Life Enrichment Director demonstrating the Dividat Senso, The Lodge at the Lakes

Automated Vacuum Cleaners and Porters (The Lodge at the Lakes, USA): These technologies streamline housekeeping and portering tasks, allowing staff to focus more on direct resident care while maintaining a clean and safe environment.



Photo 43: Vacuum



Photo 44: Porter

These technological innovations reflect the potential for technology to not only improve the efficiency of care delivery but also enhance the quality of life for residents by promoting physical activity, cognitive engagement and social connection.

The JAVA Program

The JAVA Program, including the JAVA Memory Program and JAVA Mentorship Program, was observed across multiple organisations, including **Hillel Lodge** and **Bruyere Continuing Care** Ottawa Canada. This program is designed to combat social isolation and foster meaningful connections among residents. The JAVA Memory Program specifically targets residents with dementia, using small group settings to encourage interaction, reminiscence, and emotional expression.

The JAVA Mentorship Program pairs residents who are more socially active with those who may be isolated or withdrawn, creating opportunities for peer support and companionship. This peer-driven approach not only empowers residents to take an active role in their community but also strengthens the overall social fabric of the care environment. The success of the JAVA Program in fostering a sense of belonging and purpose among residents highlights the importance of structured, peer-led initiatives in aged care.

05

Personal, Professional, and Sectoral Impact

Personal Impacts

The Fellowship journey has been an enriching experience, both personally and professionally for the Fellow. It has broadened her perspective on aged care and provided invaluable insights that will shape her future contributions to her profession and the broader aged care sector. Immersing herself in this international study tour allowed her to fully engage with the learning process—observing, interacting and reflecting on the practices she encountered.

The personal impacts included:

Learning from best practices

The Fellow's visits to aged care homes across the USA and Canada provided valuable insights into the successful implementation of innovative practices and their positive outcomes. During these visits, she explored diverse care models, staffing strategies and person-centred programs designed to enhance quality of care. Observing the physical environments, staff-resident interactions and resident participation in various initiatives enriched her understanding and provided her with practical knowledge that can be applied to improving care settings in Australia.

Professional growth and networking

Attending and presenting at international conferences as part of the Fellowship significantly enhanced the Fellows professional knowledge and skills. The

variety of speakers, topics, trade/product companies and perspectives broadened her understanding of aged care challenges and solutions. Networking with professionals from around the world expanded her professional circle and opened up opportunities for future collaboration and knowledge exchange. These connections will continue to benefit her work long after the Fellowship has concluded.



Photo 45: Jacqueline with Sandy and Ellie, Around the World at 80 (<https://aroundtheworldat80.com/>)

Professional Impacts

The Fellowship has provided the Fellow with numerous professional benefits, significantly enhancing her capacity to drive positive change within her organisation and the broader aged care sector in Australia. The insights gained will have a lasting impact on her career development.

The professional impacts include:

Generating ideas and inspiring innovation

Exposure to innovative models and practices across aged care settings in the USA and Canada has sparked creative ideas for change. The Fellow has gained valuable insights that will directly enhance resident care and operations in her current workplace. One example is the exploration of how the BSO can be modified and applied within SCC to support our residents experiencing responsive behaviours.

Inspiration for change

Exploring diverse perspectives and alternative approaches has reinforced the Fellow's motivation to lead change within her organisation and advocate for practices that improve the quality of life for older Australians. The BSO and GPA approach used in Canada has provided inspiration for how approaches can be improved in relation to support residents living with dementia along with design ideas in line with the homely environmental design present within the care communities visited.

Quality improvement

The Fellowship has equipped the Fellow with practical knowledge to refine services and implement continuous improvements aligned with best practices. Exposure to the Welbi system, for example, has sparked ideas for how SCC's reporting of engagement data could be improved. Improvements have already been implemented to support this quality improvement.

Expanding knowledge and competencies

The Fellow has broadened her expertise through exposure to new strategies and approaches, enabling her to better mentor colleagues and contribute more effectively to the sector. Many practical ideas were gathered during the visits and also through participating in the NAPA conference and have started to be applied at the Fellows current workplace (SCC).

Knowledge sharing and education

A core focus of the Fellow's work involves disseminating the innovative approaches gained through the Fellowship via education sessions, learning materials and networking opportunities. Information sharing and learnings have already been communicated to fellow colleagues through informative posts on SCC's shared teams group including many Photos of the care communities visited.

Building networks and connections

The Fellowship has fostered valuable connections with industry peers and experts, facilitating ongoing collaboration, knowledge exchange and collective efforts to improve aged care services.

Enhancing professional skills

Conference presentations and interactive learning sessions have enriched the Fellow's skills and insights, which she will apply in her daily work. In particular the first days keynote session (Nouman Ashraf) at the Walk with Me Conference in Canada provided excellent insights into leadership and on the second day the keynote speaker (Dr Allen Power) shared thought provoking ideas around dementia beyond segregation.

Discovering innovations

The Fellowship provided exposure to emerging trends and technologies in aged care, helping the Fellow stay at the forefront of industry developments and ensuring her organisation remains innovative. The Healthy Aging Asset Index toolkit is a new tool that was presented at the Walk with Me conference that has the potential to be used across aged care services in supporting older people with creating an asset plan and identifying required supports to maintain their independence and quality of life.

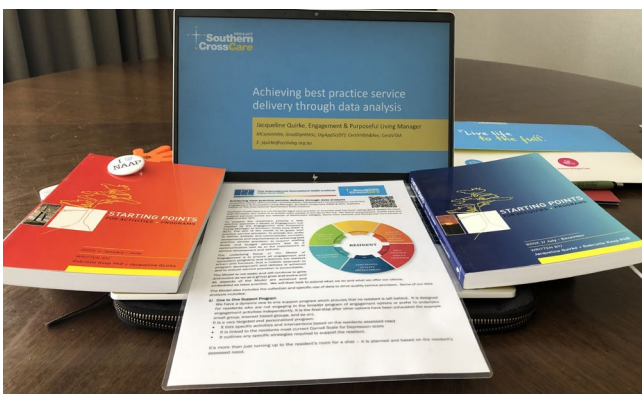


Photo 46 and Photo 47: Jacqueline at the NAAP conference where she presented at the round table/poster presentation sessions.

Organisational Impacts

The Fellowship has provided Southern Cross Care (NSW & ACT) (SCC) with numerous benefits, enhancing the organisation's capacity to deliver high-quality care and innovate within the aged care sector.

Prestige and professional development

One of the immediate impacts of the Fellowship is the enhanced prestige that comes with having a Fellow of the International Specialised Skills Institute employed within SCC. This accomplishment underscores the organisation's commitment to professional development, excellence and global engagement. It signals to current and potential employees, stakeholders and clients that SCC is dedicated to staying at the forefront of aged care innovation. This recognition may attract new talent to the organisation, strengthen stakeholder confidence and enhance SCC's reputation within the broader community.

Introduction of new ideas and programs

The Fellowship has served as a conduit for introducing some new ideas and innovative approaches to SCC. As a result of the Fellow's exposure to international best practices, the organisation is now exploring additional programs and approaches aimed at improving the quality of life for its clients (for example, targeted loneliness program, implementation of new engagement programs, improvements with data analysis and presentation to name a few). These initiatives are grounded in the successful models observed during the Fellowship and are being tailored to fit the specific needs of SCC's client base. This integration of fresh ideas has the potential to enrich SCC's capabilities and offerings, ensuring that the organisation continues to grow.

Enriched capabilities and collaborative opportunities

The knowledge and insights gained through the Fellowship have enriched SCC's organisational capabilities. The exposure to diverse environments and innovative care practices has inspired the consideration and implementation of new

approaches within SCC. This will not only enhance the quality of care provided but has also positioned the organisation as a leader in adopting cutting-edge practices in aged care.

Furthermore, the Fellowship has opened avenues for international collaboration. By creating connections with experts from different countries, SCC is now better positioned to engage in valuable partnerships, joint projects and knowledge exchange. These collaborations have the potential to bring new expertise and resources into the organisation, further enhancing its ability to innovate and deliver high-quality care.

Photo 48: Jacqueline presenting on the International Panel at the NAAP conference



Broader Sector Impacts

The Fellowship is expected to positively impact the aged care sector by contributing to advancements in policy discussions, innovative thinking and an enhanced understanding of how to more effectively meet the needs of older people.

Sector connection and influence on policy discussions

The Fellowship aims to create strong connections between the aged care sector and the insights gained from international best practices. By sharing learnings, the Fellow will be positioned to contribute to important discussions on policy and practice development. Evidence-based practices observed during the study tour will inform advocacy efforts to drive policy discussions and changes in the Australian aged care sector. These insights will be used to promote interdisciplinary teamwork and recognition, user-centred design in aged care homes and care models, focusing on creating environments that enhance residents' well-being and quality of life.

The Fellow's future participation in industry conferences and forums will offer valuable opportunities to present the Fellowship insights to policy and decision makers, potentially leading to future policy developments.

Promotion of innovation and research

The Fellowship is expected to be a contributor to innovation within the aged care sector. By documenting innovative practices from care communities in the USA and Canada, the Fellow will be in a strong position to advocate for the adoption of new approaches, care models and engagement programs that have been proven to improve the quality of life for older adults.

Beyond promoting innovation, the Fellowship is likely to contribute to advancing aged care research. The insights gained during the study tour will add to global knowledge on how to address the challenges of aging and enhance the quality of life for older people. These findings will be shared with researchers and practitioners in the field,

fostering collaborations, knowledge exchange and the development of shared solutions to common challenges.

Looking ahead, plans include continuing the dissemination of Fellowship findings through presentations and publications. The Fellow will explore opportunities for collaboration with other industry leaders to implement these insights on a broader scale. This could involve forming partnerships with other aged care providers, engaging with government agencies and participating in sector-wide initiatives aimed at elevating the quality of aged care in Australia.



Photo 49: Jacqueline presenting at the Walk with Me Conference on the SCC Model of Engagement.

06

Recommendations and Considerations

The following recommendations have been developed based on the insights and observations gathered during the course of the Fellowship. These recommendations are informed by best practices, innovative models and successful initiatives observed in the USA and Canada, and they aim to address some of the key challenges currently facing the aged care sector in Australia.

Recommendation 1: The Australian Residential Aged Care Sector should embrace new care models that include interdisciplinary teams

In alignment with the new building guidelines released by the Australian Government in July 2024, it is recommended that the industry adopts interdisciplinary staffing models that support the complex health, and wellness needs of older people. Older people deserve more than just basic physical care they deserve to be provided with a range of services by qualified professionals that support their holistic health and wellbeing. These services need to be integrated into the everyday care and programs for residents living in care homes not just provided as a once a week or once a month intervention.

Care models that have a desire to complement the new design guidelines and the small household model of build should emphasise interdisciplinary teams, including recreational therapists and a range of allied health professionals to deliver true holistic, person-centred care. Embracing an interdisciplinary

approach to care that focuses on resident autonomy, social engagement and reablement will support improved well-being and quality of life among older people living in care.

Models that focus solely on the use of universal workers deny older people living in care the opportunity to experience optimal health and wellness designed by qualified and specialised health professionals.

Recommendation 2: The Australian Government expand the mandatory care minute program to include Recreational Therapy related staff and Allied Health

To enhance the quality of care and ensure that residents receive comprehensive support tailored to their individual needs, it is recommended that the Australian Government expand the mandatory care minute program to encompass time allocated for recreational therapy staff and allied health professionals.

Currently, the care minute program focuses on direct nursing and personal care, which are crucial for residents' day-to-day physical well-being. However, this focus overlooks other essential dimensions of care that contribute significantly to a resident's overall quality of life. Recreational therapy and allied health services play a critical role in addressing the physical, cognitive, emotional, social, cultural and spiritual needs of residents.

By including recreational therapy and allied health in the care minute program, aged care service providers will be able to provide a more holistic approach that considers the full spectrum of a resident's well-being. This aligns with contemporary models of care that emphasise person-centred approaches and support aging in place.

Recommendation 3: The adoption a new, extended National behavioural support program be considered

The Australian Government should consider extending and enhancing existing behavioural support programs by adopting a national framework modelled on Canada's Behavioural Supports Ontario (BSO) program. This initiative would significantly benefit the aged care sector by reducing the frequency and severity of responsive behaviours in residents with dementia and other cognitive impairments, thereby promoting safer and more dignified care environments. The adoption of this program would also support those older people waiting in hospitals who require behavioural supports to more easily integrate into generalised aged care settings.

The BSO program's success is rooted in its evidence-based approach, which enhances access to specialised supports and services for individuals exhibiting responsive behaviours. A similar national program in Australia should:

- Focus on understanding each resident's unique needs from a holistic perspective based on an interdisciplinary team assessment.
- Develop tailored interventions based on specific behavioural triggers and underlying causes, emphasising non-pharmacological approaches and environmental modifications.
- Prioritise early identification of behavioural triggers to enable proactive management.
- Provide specialised training for staff and family members in managing responsive behaviours.
- Involve an interdisciplinary team that offers ongoing support until issues are resolved.

- Encourage the sharing of best practices across the aged care sector to ensure continuous improvement in care standards.

Implementing such a program would elevate the quality of care in aged care homes across Australia, ensuring residents receive compassionate and person-centred support.

Recommendation 4: Foster and Support Research Partnerships and Living Labs to Drive Best Practice Approaches in Aged Care

To drive innovation and ensure continuous improvement in the aged care sector, providers should establish stronger links with research institutes and universities and seek to create "living labs," similar to successful models currently in use in Canada. These partnerships will facilitate the co-design and real-time testing of new care practices, technologies and environmental designs in active aged care settings, ensuring that cutting-edge research directly informs practice and leads to improved resident outcomes.

Wider adoption of living labs, including collaborations between aged care providers, academic institutions, industry partners and government agencies, will offer multiple key benefits including:

- Accelerated innovation through real-time testing and implementation. Living labs enable the rapid prototyping and testing of new ideas in real-world environments. This accelerates the development and refinement of innovative care practices, technologies and environmental designs that can be quickly scaled across the sector.
- Continuous feedback from residents, staff and researchers ensures that innovations are user-centred and meet the practical needs of the aged care environment.
- Direct application of research by fostering closer connections between research and practice, living labs ensure that the latest scientific findings are directly translated into care practices, improving the quality of care and outcomes for residents.

- Innovations developed and tested in living labs come with a stronger evidence base, increasing their credibility and likelihood of adoption across the sector.
- The co-design process in living labs involves residents and staff in the development of new practices, ensuring that interventions are tailored to the specific needs and preferences of those receiving and supporting care.
- Innovations tested in living labs, such as new therapeutic approaches, assistive technologies and environmental modifications, can significantly enhance the quality of life for residents by addressing their physical, emotional, and social needs.
- Living labs provide a platform for ongoing staff training and professional development. Care staff and other healthcare professionals gain exposure to the latest innovations and research, enhancing their skills and knowledge.
- Living labs encourage collaboration across disciplines, bringing together expertise from healthcare, technology, design and social sciences. This interdisciplinary approach leads to more holistic and innovative solutions.
- By testing and refining innovations in a controlled environment before full-scale implementation, living labs help avoid costly failures and ensure that only effective solutions are rolled out.
- Data and outcomes generated in living labs can inform policymakers and regulators, leading to the development of evidence-based policies that support best practices in aged care.

By fostering research partnerships and establishing living labs within the aged care sector, Australia can position itself at the forefront of global innovation in aged care, ensuring that the sector continues to evolve and meet the needs of its aging population.

Recommendation 5: Prioritise Increased Opportunities for Community Engagement in the Residential Aged Care Sector

Building on the successful models observed during the Fellowship, aged care providers should prioritise

the enhancement of community engagement and social integration programs. By creating vibrant, community-centric environments that include spaces for intergenerational activities, volunteer involvement and partnerships with local organisations, providers can reduce social isolation among residents and foster a stronger sense of belonging and purpose.

Creating enabling environments that promote interaction between residents and the broader community can significantly enhance quality of life. The physical design of aged care homes should support community engagement by including accessible, welcoming spaces where residents and visitors can interact. Outdoor interactive, active garden spaces, cafes open to the broader community, and multi-purpose community spaces are examples of spaces that encourage socialisation and community involvement.

Regularly scheduled events such as community fairs, cultural celebrations and educational workshops can help integrate the aged care facility into the broader community. These events provide opportunities for residents to participate actively and for community members to engage with the facility in meaningful ways.

Prioritising community engagement and creating enabling environments within residential aged care homes not only enhances the quality of life for residents but also strengthens the home's role as a vital and vibrant part of the broader community. By integrating residents into the social fabric of their communities, aged care providers can ensure that their homes are places of connection, belonging and purpose.

The employment of dedicated and qualified recreational therapy staff to support this recommendation is essential.

These recommendations reflect a synthesis of the best practices observed internationally, while aligning with current challenges and opportunities in the Australian aged care sector.

07

Dissemination and Stakeholder Engagement

The Fellowship's success relies not only on the knowledge gained but also on the strategic dissemination of these insights to influence aged care practice, policy and innovation across Australia. To achieve this, the Fellow has developed a plan focusing on engaging key stakeholders and ensuring that the learnings have an impact within the sector.

Current Dissemination Activities

1. Internal information sharing: To date, the Fellow has actively shared learnings and observations through twelve information sharing posts, including Photos, within SCC's internal "Teams" group. These updates have been well-received by colleagues, sparking discussions and generating interest in the range of practices, programs and initiatives observed during the Fellowship.

2. Professional networking and social media: The Fellow has utilised LinkedIn to share reflections, key insights and learnings from the Fellowship with a broad professional network. By posting updates about her travels and experiences, the Fellow has engaged with aged care professionals both in Australia and internationally, expanding the reach of the Fellowship and fostering connections with like-minded peers.

3. Conference presentation: In September 2024, the Fellow will present at the Australian Recreational Therapy Association National conference, where she will share the key findings and innovative practices

observed during her international study tour. This presentation will focus on practical applications of these insights and their potential to drive positive change within aged care settings in Australia.

4. Fellowship ideas implementation plan: The Fellow has developed a document that outlines a range of potential ideas, projects and programs that can be implemented (some with modifications) within SCC. New initiatives will be documented and where appropriate and possible shared with the broader aged care sector.

Future Dissemination Activities

To ensure the insights from the Fellowship are widely communicated across the aged care sector, the Fellow plans to engage in broader dissemination activities. The Fellow plans to distribute the Fellowship report widely including across SCC, through the Australian Recreational Therapy Association, to all professionals involved in the Fellowship journey, via LinkedIn and through established professional networks.

The Fellow will also aim to publish articles in industry newsletters, sharing evidence-based practices and practical recommendations derived from the Fellowship. By contributing to widely read publications within the aged care sector, the Fellow aims to influence both care delivery, thinking within the sector and include policy decision making.

Influencing Policy and Sector-wide Change

To extend the reach of the Fellowship and influence aged care policy, the Fellow will focus on strategic initiatives:

1. Engaging with policymakers: The Fellow intends to meet with key stakeholders, including representatives from the Department of Health and Aged Care, to discuss the implications of her findings. By presenting evidence-based insights, the Fellow can advocate for policy changes that support the adoption of user-centred interdisciplinary care models, an incentive program for the employment of a broad range of health professionals and improved programs around well being, social connection and behaviour support.

2. Advocacy and thought leadership: The Fellow will leverage her profile within the sector to advocate for best practice approaches identified during the Fellowship. By contributing to policy forums, advisory panels and aged care reform initiatives, the Fellow will play an active role in shaping the future direction of aged care in Australia.

3. Developing pilot programs: The Fellow aims to spearhead the development of pilot programs that apply the innovative models and practices observed during her international study tour. These pilot programs will serve as scalable examples that demonstrate the effectiveness of new approaches, providing a foundation for broader sector adoption.

The Fellow's dissemination and stakeholder engagement plan is designed to ensure that the knowledge and insights gained from the Fellowship are not only shared but embedded within the aged care sector. Through a combination of internal information sharing, professional networking, strategic collaborations and advocacy efforts, the Fellow is committed to driving meaningful and sustained improvements across aged care services in Australia. By influencing policy and promoting innovation, the Fellow's work will contribute to enhancing the quality of care and well-being of older Australians.

08

Conclusion

The aged care sector in Australia is at a critical juncture, where the need for reform and improvement is widely recognised. As our population ages, it becomes increasingly important to ensure that aged care services are not only meeting the basic needs of residents but also enhancing their quality of life in meaningful ways. This requires a shift towards more person-centred care models, the recognition of the essential role of recreational therapy related staff and allied health, the integration of innovative practices and a stronger focus on community engagement and environmental design that supports engagement and purposeful living.

This Fellowship has been a transformative journey, offering deep insights into the potential for innovation within the Australian aged care sector. The exploration of successful models and practices in North America has underscored the importance of embracing person-centred, holistic approaches to care that prioritise the well-being, dignity and autonomy of aged care residents. The learnings from this Fellowship have highlighted important areas where Australia can evolve—through the adoption of small-scale domestic models that include the integration of interdisciplinary teams, the creation of enabling environments and the enhancement of community engagement that supports older people to remain valued members of their communities.

The recommendations arising from this Fellowship are not just theoretical; they are actionable steps that can lead to tangible improvements in the quality of care provided to older Australians. By expanding care minute allocations to include recreational

therapy and allied health, adopting a national behavioural support program that focuses on ongoing support for both the older person, the staff and family members and fostering research-driven innovation through living labs, the Australian aged care sector can move towards a future where every resident is supported to live a life of purpose and connection.

As the aged care sector in Australia continues to undergo significant transformation, the insights and recommendations from this Fellowship serve as a roadmap for change. By implementing these best practices and innovative approaches, aged care providers, policymakers and the broader community can work together to create a system that truly meets the needs of its residents—ensuring that every older Australian can experience the highest quality of life in their later years. The journey does not end with this report; it is a call to action for all stakeholders to embrace these opportunities for improvement and to commit to the ongoing pursuit of excellence in aged care.

09

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