

**Subject:** Draft Guidance - feedback  
**Date:** Mon 21/05/2018 5:44 PM

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Hello

THERE IS NO MENTION OF DIVERSIONAL THERAPY, RECREATIONAL ACTIVITIES OFFICERS AND MOST IMPORTANTLY HAVING TRAINED LEISURE STAFF TO IMPLEMENT LEISURE, CHOICE AND IMPROVING QUALITY OF LIFE THROUGH LEISURE AND RECREATION ACTIVITIES

We are an integral part of aged care!

Thank you

**Subject:** The most important issues for lifestyle staff are:  
**Date:** Fri 8/06/2018 7:42 AM

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The most important issues for lifestyle staff are:

1. Poor staff ratios
2. Needing and encouraging all staff to achieve a cert 4 in leisure and health, and to promote membership to DRTA and continuing professional development
3. Needing staff hours to remain stable and not fluctuate around accreditation etc...
4. Dedicated leisure staff to leisure program, not leisure programs after personal care is delivered, and not just 9-4/5 try extending hrs till 6/7 to cater for those who have wandering, behaviours of concern and they should not all be in bed by 5/6 pm that's how agitation and increased falls happen, it's along 12-14 hours in bed...  
bare minimum of 1.5-2 hrs per resident per week (eg... 40 residents should have 80 hrs of leisure dedicated staff hours per week) this is to allow for appropriate assessment, implementation, planning and evaluation of all residents, individual and group programs, outings, special events, cultural and special days, as well as reourcing budgeting, newsletter, survey and meetings..

That having a cert IV in leisure and health does don't mean you are qualified to toilet people nor be a tea lady or feed people that are at risk of choking and that we need time to be able to plan quality and meaningful activities together.

Cert IV is bare minimum

There must be provisions for degree DTs to be employed