Australian Government
Australian Aged Care Quality Agency

Introduction

Thank you for taking the opportunity to read and consider the draft guidance material that has been developed to support providers of aged care services to meet the new aged care quality standards. We welcome your feedback.

Once completed please save and send this completed form by email to qualityagencypolicy@aacqa.gov.au

Should you require additional support to complete this form, please contact the Australian Aged Care Quality Agency via email qualityagencypolicy@aacqa.gov.au or via phone on 1800 288 025.

1. What is your email address? *(This information will not be published)*

Email:

2. Are you answering on behalf of an organisation? If so, please provide your organisation's name

◉ Yes, on behalf of an organisation	○ No, not on behalf of an organisation

Organisation name: Diversional & Recreation Therapy Australia

3. Do you give consent for your submission to be published in whole or part?

◉ Yes, I give consent	○ No, I don't give consent

4. Where do you live, or, where does your organisation operate? Please select all that apply

☑ NSW	☑ VIC	☑ QLD	☑ WA	☑ SA	☑ TAS	☑ ACT	☑ NT

5. Do you have any specific suggestions in relation to the draft guidance for Standard 1: Consumer dignity and choice? If so, what are they?

6. Do you have any specific suggestions in relation to draft guidance for Standard 2: Ongoing assessment and planning with consumers? If so, what are they?

7. Do you have any specific suggestions in relation to draft guidance for Standard 3: Personal care and clinical care? If so, what are they?

8. Do you have any specific suggestions in relation to draft guidance for Standard 4: Services and supports for daily living? If so, what are they?

Leisure and Lifestyle needs to be highlighted along with Quality of Life throughout this standard.

9. Do you have any specific suggestions in relation to draft guidance for Standard 5: Organisation's service environment? If so, what are they?

This standard mentions leisure spaces, posters for events, and cultural events. This area of care is mostly planned and implemented by Diversional / Recreation Therapist and Recreational Activity Officers which are not mentioned, nor is the term leisure and lifestyle ,choices or activities.

As the professional body we strongly recommend the terms Diversional / Recreation Therapist and Recreational Activities Officer (RAO) be used within this standard, as only a degree DT / RT can assess and evaluate and with the support of a team of RAOs implement a client centred program that meet the cultural, spiritual, emotional, cognitive and social needs of a resident .

10. Do you have any specific suggestions in relation to draft guidance for Standard 6: Feedback and complaints? If so, what are they?

11. Do you have any specific suggestions in relation to draft guidance for Standard 7: Human resources? If so, what are they?

The profession of Diversional and Recreation Therapy is focussed on person centred care, quality of life, choice and decision making whilst focussing on leisure and recreation interests and how residents choose to spend their time. This is all intertwined and results in health benefits of decresing behaviours of concern, decresing falls, improving social interaction, promoting choice, providing dignity and enhancing self esteem, maintaining indepedence and maintains cultural, religious, and leisure lifestyles choices.
With appropriately trained Diversional and Recreation Therapy teams these skills, knowledge and benefits is what you will receive, this would require that within the guidelines it is stated all staff are to be trained that's a Diversional and Recreation therapy team lead by a degree qualified Diversional or Recreation Therapist with all Recreation Activities Officers or Lifestylee assistants having a minimum of a certificate 4 in Leisure and Health as well as a highly recommended action of membership to their professional body DRTA (Diversional and Recreation Therapy Australia).
Like in America we are moving forward to a strong recreation based non pharmaceutical approach to improve care delivery and overall quality of life for residents, so they are supported into aged care services to actively live their life.
Staff ratios are also a major concern recently, we have been very concerned to find out via support networks, chat groups and from education staff having difficulties placing students, that more and more facilities have untrained laisure staff. Staff ratios are also a great concern where we are hearing of 1 staff to 30/40 residents and in many cases 1:60-80 residents and in one case no leisure staff at all.

12. Do you have any specific suggestions in relation to draft guidance for Standard 8: Organisational governance? If so, what are they?

Page 14 where it is mentioned groups who are at risk, DRTA suggests the group of “socially isolated “should be included as it is a very prominent problem in aged care that is so often overlooked or goes unrecognised due to lack of staffing hours and lack of trained staff.
As trained DRTs have the skills in assessing clients to ensure the service is delivered equitably and not just to thos who are more demanding or have behaviours of concern.
Other groups who are at risk include: men, residents with NESB and or revert to their original language due to their increase in symptoms of dementia.

13. On a scale of 1 to 10 (1 being not clear at all and 10 being very clear) how clear is the guidance material overall?

☐ 1	☐ 2	☐ 3	☑ 4	☐ 5	☑ 6	☐ 7	☐ 8	☐ 9	☐ 10

What would make it clearer?

DRTA is of the opinion the intent of the guidelines is purposeful and caters for what is needed mostly resident choice and input into care. Our concern is without more detailed guidelines of what is expected like lists of specific areas of care and services like Diversional and Recreation Therapy not being listed the same issues will arise..
That is facilities will look good on paper with records, policies, procedures and education records but in practice staffing will be very limited , stretched and not practical in spending time on the floor with residents delivering care, consultation creating opportunities for choices and implementation of leisure services activities, outings and celebrations .
Without qualified staff as mentioned in previous standards we fear many facilities will not improve on staff ratios and training but instead decrease its hiring of qualified leisure staff which will lead to and has led to many staff burning out as they have immense and impractical expectations on their role without often in many cases being untrained not possessing the necessary skills in : Assessment, Programming, Implementation and Evaluation of a group and individual program as well as outings, special events, running resident and relative surveys, meetings, completing a newsletter, organising religious and cultural services, events, birthdays, anniversaries, often staff parties and events, not to mention on a very limited budget or having to fundraise for resources.
As the Professional Association we strongly urge you to take these suggestions on board as it will allow with trained

14. Are there any gaps in the guidance material? If yes, what else should be included in the guidance material, to help aged care service providers to meet the draft new Aged Care Quality Standards?

Please see above

15. Do you have any other feedback on the guidance material?

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If you wish to contribute more information than the feedback boxes will allow, please attach a Word document or write to us in the body of your email.

Should you require additional support to complete this form, please contact the Australian Aged Care Quality Agency via email qualityagencypolicy@aacqa.gov.au or via phone on 1800 288 025.

Thank you for participating in the survey.

Diversional & Recreation Therapy AUSTRALIA
ABN 84 066 487 821

To whom it may concern,

Please find attached initial feedback to the draft guidelines.

As the professional body representing Diversional and Recreation Therapists (degree qualified) and Recreation Activity Officers (minimum cert 4 in leisure and health qualified) we are very concerned that by not mentioning Diversional Therapy or leisure in these standards and by NOT specifically stating that leisure and recreation activities should be implemented by these trained workers, that the aged care industry will continue to have low staff ratios, with untrained staff.

In most cases staff ratios of 1:30-40 residents and in many incidences we see a staff ratio of 1:40-60 residents or in one case no leisure staff at all. With no specific mention of the above it is our fear that leisure, recreation, lifestyle and choice of what residents do with their time will become an afterthought, instead of an important directive of care.

As it is our understanding from reading the draft guidelines, the intent is for residents to be supported in future care planning to ensure they have choice and are actively involved in choosing how they spend their time, with consultation and follow up of care and activity provision.
With this intent in mind it is our opinion that Diversional and Recreation trained staff will be key in providing and implementing these guidelines as it is our profession that provides this service.

Through appropriate leisure and recreation practice that is assessed, implemented and evaluated by qualified staff the benefits to residents are numerous including meeting: social, emotional, cognitive, cultural and physical needs whilst promoting choice, dignity, independence, person centred care which results in residents may sleep better, a decrease in falls, assistance in dealing with behaviours of concern non pharmaceutically, increasing social engagement, minimising wandering and an overall increase in quality of life.

We would like to offer further assistance in the future stages of the draft guidelines and in writing guidelines for how these standards may be achieved. Our professional roles that we already full fill in our job description of providing leisure, cultural, community, religious events and activities as well as providing and enhancing the home like environment and providing opportunities for choice, independence and having a say via surveys and resident and relative meetings will have a significant impact in most of the standards.

To truly achieve resident focused and directed care there needs to be trained leisure staff to full fill these important aspects of care and to advocate for the resident. It needs to be a directive within these guidelines and not something that is an afterthought, or the responsibility of care staff if they have time or when they have time half an hour before lunch after the showers are done.

We as an Association would like to ensure that these directives are written and cemented within these guidelines as we have many members who continue to work within a highly demanding role often solely or with little to no support with budget, resources or co-workers and most troubling is that we are seeing an increased trend in hours being increased prior to accreditation visits and then decreased after accreditation audit has been successful.

This area of care should be a full time designated role that requires a team of leisure staff and an area that residents deserve to have some ones' full attention and not to be shared a staff member to 30 or more people, we would not hire a nursing staff member without a minimum of cert 3 qualification so why should we for leisure staff.

We would like to offer any support and assistance that you may require and have access to many members who are qualified Diversional and Recreation Therapists and industry experts with a wealth of knowledge who have been in the industry for many years in a variety of setting including aged care, dementia specific care and also in the education and private RTO industry.

We look forward to your response and future working partnership.

Kind Regards
Kylie Rice (President DRTA)

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