

# Reimagining residential aged care

## A journey, and not a destination

We're hosting a conversation with leaders in aged care to consider new models of care, models that preference relationships & communities. Join us to explore & create new ways to support residents to feel happier & more connected.

### “Don't send me to a home”

The desperation in Stella's voice is palpable, but as with many aging Australians the need for help showering and frequent falls has forced her into submission.

Embedded within her words is an underlying fear- for Stella, she described this as a fear she will be “put” somewhere, a fear her autonomy, identity, past and connection to community will be erased.

As Stella makes her transition into residential aged care, COVID emerges and visits in and out of her residence are prohibited. Her family cannot sit with Stella, weave those critical connections to her identity, her past and her community.

### Can we reframe this journey?

How can we reframe this journey for Stella and for the 240,000 Australians who are in residential aged care?

Can we tackle the potential trauma of this transition head-on? Can we work together to ensure our aged care homes are places that embed trauma informed practice and respond the challenges like the pandemic? Can we support our workers to preference relationships over transactions, and truly recognise each individual their strengths and journeys?

### Together, we think we can

At the MacKillop Institute we've already trained a significant number of professionals and embedded trauma-informed practice into residential care homes for children and young people and into schools and workplaces.

We've seen first-hand (and measured), the impact that these changes to practice have had on individuals, workers and communities.

We're excited to partner with providers, to explore opportunities and most importantly to listen and to work together to improve aged care. Together, so much more is possible.

### We know there is such a strong commitment for change.

The Royal Commission into Aged Care Quality and Safety has called for radical change.

The aged care system exists to provide care for people in older age: our grandparents, parents, partners, wives and husbands, our entire extended family and friends, and, ultimately, ourselves and our descendants. It can, and must, be better

Royal Commission, Final Report, p3

We're excited to be part of this change.

Join us.

# Reimagining residential aged care

## Intentional communities – a conversation paper

A Melbourne University conversation paper, in partnership with The MacKillop Institute.

### **The pandemic has put residential aged care under the microscope**

As COVID storms the globe, residential aged care homes in Australia are under siege. The struggles and vulnerability of residents, their families and staff are in the spotlight: visits through glass, loneliness, fear and deaths.

The media have highlighted the outrage, fear, sadness, blame and anger.

Front-line workers in residential aged care (cleaners, personal care workers, nurses, administration, volunteers and lifestyle coordinators) continue to provide care and support at personal risk. For a large part their heroic efforts have not been addressed in a meaningful long-term way.

We can only begin to imagine how frightening and isolating this period has been for residents and their families and the staff who support them.

### **The time for change is now**

The need for reform in the sector is not disputed. The Commission heard and published harrowing stories of neglect and despair. The Commonwealth government has responded to the Commission, with a significant reform agenda.





COVID has compounded the deficits in the current system. Providers continue to manage COVID risks and many settings are operating on a crisis model, with acute stressors accumulating for staff, residents and their families.

In an effort to keep COVID out of residential care, we have, by necessity physically isolated our aged care residents from the people they love. In response we must focus on building 'intentional communities' within aged care focusing on connection and understanding.




The number of people entering residential aged care is set to double over the next thirty years. We have an imperative to think about how we address the challenges ahead and create new and more meaningful models of trauma-informed and relationship-based care.

# Snapshot- Residential aged care in Australia



## Residents

 <b>x 240,000</b>	On any given day approximately 240,000 older Australians live in residential aged care homes
 <b>85 years</b>	The average age of residents is 85 years
 <b>Two thirds female</b>	There are twice as many females as males.
 <b>x 2</b>	The number of Australians 85 years and over is projected to double by 2042, increasing to over 1 million, increasing demand on the system

## Providers

 <b>57% NOT FOR PROFIT</b> <b>34% PRIVATE</b> <b>9% GOV</b>	Residential aged care is provided by not for profit, private providers & government
 <b>150 beds</b>	Residential care homes have increased in size, with an average of 150 beds per service
 <b>Metropolitan</b>	Almost two-thirds of residential aged care services are in metropolitan areas

## System

 <b>\$100,000 p/a</b>	On average it costs \$100,000 per resident, per annum to provide residential aged care
 <b>Regulated</b>	The industry is heavily regulated- the Aged Care and Accreditation Agency visits all facilities on a regular basis, rating them against criteria

## Making residential aged care feel like home

Many residential aged care providers work hard to make Residential Aged Care Facilities (RACFs) feel like a home.

However, when aged care residents were asked what made them feel most at home—they agreed that places could be made to “feel homely,” but what mattered most was relationships. It didn’t matter so much who they were with, but what made a real difference was that quality of these relationships (Australian Ageing Agenda, 2021).

The success of aged care homes for residents, their families and friends critically balances on how residents, and their loved ones are treated.

Focusing on relationships, or relationship-based care signals a shift away from a solely clinical health care model to a community-based model, where we can think more intentionally about the communities that we are building.

## Reimagining residential aged care homes as intentional communities

In their pioneering book *Creating Aging-Friendly Communities* (2016), Scharlach and Lehning also move beyond the clinical care model, providing an integrated model for thinking about aged care.



A nursing home is an intentional community which has been established to provide holistic person-centred care for residents, their family and friends— a key measure will be that people want to visit their relatives and feel supported and cared for when they do.

Retaining and keeping staff is central, as residents deserve and need staff members that care, that they can trust, and can provide continuity of care.

The nursing home must embrace and focus on creating an environment that is safe, cares, listens, and supports learning and development for all.

Scharlach and Lehning, 2016

In their final report- ‘Care, Dignity and Respect’ (2021) the Royal Commission into Aged Care Quality and Safety echoes the need to build understanding and empathy:



What is needed is a deep understanding of—and, at times, empathy for—the difficulties experienced by various actors within the system, while remembering that the system’s pre-eminent purpose is to facilitate high quality, safe and compassionate care for older people.

Royal Commission (2021, p3)

## The Sanctuary Model: A model for deeper understanding and action

The Sanctuary model has been transformative in mental health and child and family services-placing relationships and relationship-based care at the forefront.

The model recognises the importance of creating safe and transformative environments and it:

- ✓ offers a blueprint for clinical and organisational change
- ✓ promotes safety and recovery from adversity
- ✓ actively creates a trauma-informed workforce
- ✓ recognises that trauma is part of the experience of human beings
- ✓ Focuses on empowering all parties in creating intentional communities

Sanctuary's application of safety, safety plans, self-care plans, community meetings, growth and change can provide staff with an 'operating model' to shift the focus of the care provided.

The Sanctuary model has at its core, the need to provide safety, emotional care, recognise loss and grief and to create narratives of growth and hope – which are lacking in our aged care system.

The model helps in reducing stress, increasing productivity and providing better outcomes by:

- ✓ creating a culture that promotes and celebrates growth and change and understands the potential of each human being within the community
- ✓ challenging discrimination (e.g. racism and ageism)
- ✓ recognising that trauma can be a part of the lives of all members of the community
- ✓ encouraging open communication and a culture of 'wondering' and curiosity
- ✓ providing training and development opportunities that encourage learning and development.

Trauma informed practice is central to Sanctuary and entering a residential aged care facility is traumatic: this is well documented in the literature (outlined on next page).

**From an aged care perspective, the Sanctuary model is worthy of closer attention.**

**Through conversation, partnership and iteration the model has capacity to help in building a new and more meaningful models of care.**

## Addressing the trauma of entering residential aged care

Entry into aged care is often portrayed as a linear and static process, whilst in reality it is a continuous flow of experiences and events as residents make adjustments to stabilise their lives in a new home (Lee, Woo and McKenzie 2001, p.24).

As residents adjust to decreasing autonomy and functional capacity a multifaceted view is required to understand their journey (Sterns 1999, p.11).

Entry to a residential aged care can reawaken previous trauma. Awareness of what the person brings with them, alongside their immediate and longer-term reactions must be recognised.

As an Executive General Manager at Regis Aged Care told us "I have never met a resident coming into residential aged care who had not experienced trauma in their lives."

The transition to care can also be traumatic for partners, children, families and friends. It is important that we understand the resident's past, so that we can meet their current needs, and maximize their quality of life.

St. Vincent's Health Group CEO, Toby Hall echoes this sentiment.



Aged Care is not a nursing home it is fundamentally a place of safety and security where the holistic needs of an older person can be met. These are varied and complex, inevitably many people only arrive at an Aged Care facility following a fraught and traumatic period in life. There is a need for trauma informed care, for love, for community and overall for belonging, these demands go well beyond the skill set of nursing which is vital but is not the answer on its own". Steps to help heal and provide acceptance of the need to change are missing and need to be addressed.

Alison Patchett in her recently published book [Residential Aged Care Transformed](#) asks organisations and workers to embrace a true partnership with residents and staff – getting to know what the resident's wants and needs are, listening deeply, and resisting a 'cookie cutter' approach to care plans.

This nails it: the system must be built on relationships and empathy - transactions alone are not enough.

## Re-conceptualising residential aged care as a journey

Even although for most residents their aged care home will be their last home, ongoing adjustments are still required as the journey unfolds.

The journey may include:

- changing health (e.g. walking long distances may become more problematic)
- staff and management changes
- movement of residents, changes to their health and death
- death of a partner
- ongoing adjustments are needed to live in changing environments.

In fact, despite the popular image of aged care homes as 'God's waiting rooms', they are living, complex organisations (Hampson, 2009, p152), intentional communities. We must support and promote actions that enable these communities to thrive and flourish.

...My message ... is that change is ever-present. Don't fight it – learn to embrace it and use its power to achieve better results in staff management, clinical management and lifestyle results for your residents.

Patchett, Allison. Residential Aged Care Transformed (p. 8).

When a person enters the facility staff play a key role in shaping their experience. Their journey needs to be recognised, understood and supported.

**We can help people prepare for the journey, talking with them about what it will mean to live in the community, that they will need time to adjust, and that they can have meaning and purpose in their lives.**

## Listening...

It is imperative that we create opportunities to understand the resident's past, their current needs, and how we can provide opportunities for growth and development. Staff are key to ensuring that these narratives are heard, respected and honoured.



...I had a cat and a dog and a comfortable little flat, and had to go to have this operation and then the doctor, I said to him one day when can I go home, I've been here weeks, and he said you can't go home again ,you've got to go to a nursing home and so I was very upset because I missed my animals [laughs] after always having them, but I settled down really...

No. I had to give them away. In fact I had to have my dog put down, he was 12, he was too old to find a new home...

Aged care resident



... I'd want a garden, to sit in, and forget that you are not home for a little while. With a garden, and you can sit outside and look. They also wanted meaningful activities to engage in...

Aged care resident

## A Way Forward

Change Is possible. Inspirational leaders have already shown us how in their pioneering work– Dr Bill Thomas, who created the Green House movement in the United States and Hans Becker who created Humanitas in the Netherlands.

These programs were (and still are) ground-breaking - creating environments where older people can thrive, rather than decline.

We know that aged care staff are the key to this change. We know that staff, aged care residents and families need a system that:

- ✓ values relationships over transactions
- ✓ shifts from a deficit model, and recognises strengths alongside vulnerabilities
- ✓ plans for the journey- acknowledging that transition into aged care is not static process- it has many stages (preparation; entry; adjustment; living; and, leaving).

We are on a precipice. We have an unprecedented opportunity to transform the delivery of services to older people who live in aged care homes in Australia.

We have leaders committed to reform. We have a pandemic which has exposed the system and a recognition by the Government and the community as a whole, that change must happen now.

We have tools, like Sanctuary, which have the power to upskill providers and carers to place relationship-based care at the centre and to build intentional communities and environments where residents are understood and supported to live a life with meaning.

**Join our conversation.**

## Consider including event details here

To explore ways of joining the conversation about the future of aged care visit (WEBSITE) or contact the authors of this paper directly:

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