



## Creativity proves valuable in dementia care

**Art therapy is becoming increasingly recognised as having a contribution to make in the area of quality dementia care.**

Defined as the engagement with a person's creativity to initiate a process – whether through drawing, painting, sculpting or writing, art therapy is proven to be very healing and beneficial to those aged care residents with dementia.

Art therapy is definitely growing in popularity throughout Australia and confirms the belief that everyone has an element of creativity within them, says art therapist and counsellor for Alzheimer's Australia, Pat Baines.

"Many people have great long-term memories, but unfortunately have lost much of their short-term memory and may find it hard to verbally express themselves. For this reason, art therapy often gives them a new outlet with which to express their feelings without the use of words."

Pat currently runs art therapy at three aged care homes in Tasmania. One and a half hour sessions are run twice per month and although all residents with dementia are welcome, there are certainly no obligations on anyone to attend.

"Many residents with dementia can have quite low self-esteem or maybe have anxiety worries about how they

may perform in a group setting," Pat explains, "so we need to be very sensitive to this. If they want to just sit and watch to begin with, then that is fine."

She says that once in a session, it is very rare that a resident will do nothing at all. However, often it is important to start the resident off with that first step.







"Just starting someone going with a pen, for example, really helps as often a resident's first step is the hardest."

It is also often underestimated what residents with dementia are capable of achieving, says Pat.



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## Just a word



As I mentioned in the December issue of *The Standard*, our aim is to continue to build *The Standard* further on a themed focus. You will see that this issue is focused on dementia care, and the various approaches that some homes have used, and research undertaken that have helped in this area. I hope there is something you can take away from this issue that may affirm what you are doing, or perhaps provide another insight into this very complex area of care.

In upcoming issues we aim to focus on topics such as infection control, pain management, leisure interests and activities, clinical care, specialised nursing needs, continuous improvement, human resource management, information systems and behavioural management. If you believe your home is doing great things in these areas, please send an email to [editor@accreditation.org.au](mailto:editor@accreditation.org.au). We'd like to hear more about it and perhaps feature your home in an upcoming issue of *The Standard*. We receive many submissions to *The Standard* each month and are grateful for your input. It is one of the reasons our surveys continually show *The Standard* to be a well-read and useful tool.

The Agency has recently launched its Governance and Accreditation Toolbox, a learning package for boards and proprietors to help them understand the increasing demands and responsibilities of directors. Please read the article on page 7 about the package, and for more information go to [www.accreditation.org.au](http://www.accreditation.org.au). I believe it is a very valuable tool for boards and management to help provide greater strategic guidance and leadership.

A handwritten signature in black ink, appearing to be 'Mark Brandon'.

Mark Brandon,  
Chief Executive Officer

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"I have known staff to be totally shocked when a previously quiet man with other physical disabilities suddenly becomes happily absorbed in art activities after being handed some paper and a few pastels.

"Having the art therapy then added into the resident's care plan can be really helpful."

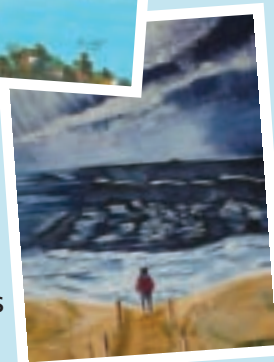
Although care staff do not always get directly involved within the art and the post-art discussions, Pat says that their involvement in the process cannot be underestimated.

She says that care staff at residential homes are usually very encouraging of the programs. "I find staff are often good at gently encouraging their residents.

"This often proves invaluable as many people with dementia do not realise how much they will enjoy it and benefit from it until they actually do it."

Likewise, she says, it is important for her to be consistently communicating with care staff regarding resident needs such as any physical disabilities or emotional worries which may have an effect on their participation in a program.

"Nurturing the heart: creativity, art therapy and dementia" is available on the Alzheimer's Australia website. It can be downloaded free. The web address is: [www.alzheimers.org.au](http://www.alzheimers.org.au) (see under "News and events").



# New Minister for Ageing, Justine Elliot MP

Justine Elliot has been the Federal Member for Richmond since 2004 and was appointed as the Minister for Ageing following last year's election.

Mrs Elliot has lived at Fingal Head in NSW for nearly 20 years. She lives there with her husband Craig and their two young children, Alexandra, 9 and Joe, 7.

Prior to becoming a Federal MP, Justine was a community representative on the Northern Rivers Area Health Service Hospital and Community Health Council and a representative for Fingal Head on the Tweed Coastal Committee. Justine has worked as a Youth Justice Convenor with the NSW Department of Juvenile Justice and was previously a police officer. Mrs Elliot has also been an active member of local community groups including community associations, Neighbourhood Watch groups and the RSPCA.



Minister Elliot with her family: husband Craig and children Alexandra, 9, Joe, 7, and dogs Paw and Misty

"I am honoured to have been appointed by Kevin Rudd as the Minister for Ageing," Mrs Elliot said.

"As the Minister for Ageing, I will focus on delivering the Government's election commitments.

"Those commitments include providing 2,000 more transition care beds for older people who are currently waiting in hospital and also assisting aged care providers to undertake capital works to increase the number of permanent residential aged care beds available.

"And while beds, bricks and mortar are important, we also need to ensure that our aged care system has a dedicated and experienced workforce in place to deliver the care older Australians deserve.

"The Government will invest \$7 million over five years to encourage 1,000 qualified nurses who have been out of the workforce for more than 12 months to come back to the aged care sector.

"We will also increase the number of training places available for personal care workers throughout Australia.

"The Government recognises that our seniors deserve a strong voice. Later this year, I will be appointing an Ambassador for Ageing who will actively work with the community to positively promote ageing and aged care programs, activities and the needs of senior Australians.

"I look forward to working with aged care providers, nurses, residents and our seniors to build a better aged care system for Australia," said Minister Elliot.

## Reducing drugs to great success

The reduction of drugs in the treatment of dementia and other geriatric mental conditions has been the aim at Simpkin House in Bendigo, Victoria.

The 40-bed psycho geriatric nursing home has seen success with its Reduction of Psychotropic Medication Program in reducing the amount of drugs taken by residents to control their behaviours.

Simpkin House Manager Ronalda Cowcher was one of those who initiated the program in early 2005. "We identified that many of our residents were on a whole concoction of drugs that were not necessarily improving their condition or their behaviour," she says.

"So we significantly reduced their intake of drugs with sedative effects such as anti-depressants and anti-psychotics, and instead concentrated on natural techniques such as diversional activities."

Not only has the use of medications reduced, but there have been significant improvements in the quality of life for residents, with several now living in a mainstream residential aged care facility.

Other benefits have been demonstrated by fewer falls, improved sleeping patterns, increased appetite, more social interaction and overall alertness and resident well-being.

Ronalda was the winner of the Aged Care category in the Victorian State Nursing Excellence 2007 Awards, which recognises the contribution of aged care nurses working in public sector residential aged care.

# Innovative strategies for dementia



## Knowing how to deal with residents with dementia comes as second nature at the Manellae Lodge aged care facility in Manilla, New South Wales.

The 20 bed home has 13 high-care residents with varying degrees of dementia.

"We have a very well trained staff who are able to identify and deal with the many levels of dementia that we see in residents," she says.

Challenges on a day-to-day level can be diverse, but always have their solutions, many of which are dealt with by actively involving residents' family members. "One lady was adamant that she would not have a shower and consequently this became a very stressful situation for everyone. However, we had a long chat with the lady's daughter about it and discovered that her mother had actually never had a shower before! In fact, being from the country in days gone by, it transpired that she had always bathed in an old fashioned metal tub in front of the fire.

"So eventually the daughter decided to bring in a tub that could be placed in the shower recess for her mother to use. It really worked well and overcame the problem."

Involving the family, says Cheryl, is one of the crucial strategies in being able to improve the quality of life for residents with dementia. "In the initial stages when residents are first admitted, they can be quite frightened. Getting family

members to talk to us about the resident's needs and likes/dislikes and involving them in their care plans, really goes a long way in us providing quality, ongoing care.

"For example if we are told that a resident hated playing bingo in an earlier stage of life, then we would not encourage them to do that."

Cheryl also refers to one resident who has both dementia and schizophrenia. "This situation is a fairly unusual one but one that can be managed with extra time devoted to the scheduling of routines and activities.

"Due to the combination of mental conditions, this lady needs a very ordered routine, so that she doesn't end up flustered with nothing to occupy her. Our whole ethos is really about being flexible to individual needs. You can't pigeon-hole everyone."

Taking the family involvement one step further, Cheryl says that there has been very successful support of the Lodge from the volunteer support group. Made up of a mixture of family, friends and the local church group, the group meets quarterly. "We provide them with basic training such as manual handling techniques, as well as host visits from organisations such as the Royal Australian Blind Society. They kindly provided some visual aids that enabled volunteers to get an idea of how a sight impaired resident may see."

# Dealing with a difficult time of day

**The hours between four and seven in the evening is known to be a potentially disruptive time of day when it comes to caring for those with dementia.**

Peter McHale, a dementia specialist for Southern Cross Care Homes, knows only too well the challenges involved in what is known as 'sun-downing'.

"Around this time of the late afternoon, many dementia residents are observed to become restless, insecure and maybe a little confused," says Peter.

Nobody is entirely sure why the sundown effect occurs but there are certain theories relating to the damage to the brain affecting the rhythms which control our responses to night and day.

For carers, however, it can also be a difficult time, as they must effectively look after residents who may become far more agitated than normal.

"We train carers on the warning signs to watch for. There are various things that must first be eliminated too, such as any pain that a resident may be in. This is often an under-reported condition, however it can add to any confusion and anxiety and must be dealt with.

"Obviously we are trying to manage residents' days as best as possible and that means making sure that they have adequate amounts of both stimulation and rest throughout, so that they are not over-tired by the time it comes to the late afternoon."

Once the time arrives, says Peter, diversional activities are instigated to signal the day's end and prepare residents for bedtime.

"Monitoring lighting is very important. If the lights are dimmed slightly, for example, this provides them with a cue that we are winding down for the evening. Sometimes, relaxing music also helps although you have to bear in mind that everyone's tastes are different!"

Making sure residents' food and drink needs are also met is crucial to ensure that hunger and thirst do not contribute to later concerns, says Peter.

"It's important that we are continually communicating with residents to see what is driving them. Sometimes, just providing a resident with some quiet, one on one time out in the garden or maybe going on a short drive, can be just what they need to keep them relaxed and happy. If we just invest time before the late evening period, in smoothing things over, this can pay off later on by reducing the anxiety for everyone."



# Wandering

**Wandering is an issue that requires special attention by those concerned with the care of those with dementia.**

Researchers from The University of Northumbria, The University of Edinburgh, The University of Ulster and the Royal College of Nursing (RCN) Institute in the UK have developed an international network on 'wandering' among older people with dementia.

Jan Dewing, an expert in dementia care nursing and wandering says: "For too many years we have resorted to ineffective methods for responding to wandering such as locking doors and restricting freedom to move around. "Whilst the risks associated with wandering are obvious, we know that locking doors is not the answer. We have a lot to do in this area to change values and beliefs."

The network continues to bring together researchers, practice based staff and older people through a series of seminars across the UK in order to develop an action plan for future action.

"As yet, there is no published research telling us what persons with dementia think and feel about wandering," says Jan. "However, we do know that persons with dementia want freedom to move around and to explore their environments.

"Persons with dementia have concerns about having their freedom to move around reduced by others. Some persons are willing to take risks connected with wandering, whilst others with dementia want to be able to wander but in a safe place."



## Are there any strategies that help with the management of wandering?

- A research project recently reported that there is no robust evidence to recommend any specific non-drug interventions to reduce wandering in dementia (Robinson et al 2006). There was some evidence, although of poor quality, for the effectiveness of exercise and providing multi-sensory environments.
- Random wandering is the most common pattern and is known to be influenced by noise, activity and other environmental stimuli and is often amenable to distraction and diversion. The more tailor-made the distraction, the more likely it is to get the person's interest.
- Lapping type of wandering is known to occur more often early in the day or after periods of rest. As lapping is associated with orientation and searching, interventions aimed at accompanying the person and helping them with their orientation and searching can be helpful.
- Pacing is the least common type of wandering. Because it is linked to anxiety, fear or anger, it is often the least responsive to distraction or diversions. With this type of wandering, early rather than late or crisis intervention is better.

For more information, visit [www.wanderingnetwork.co.uk](http://www.wanderingnetwork.co.uk)



## Governance and Accreditation Toolbox

The role of boards has become more demanding and increasingly scrutinised – by government, the media, stakeholders and the community more broadly. With this in mind, the Aged Care Standards and Accreditation Agency Ltd has developed the Governance and Accreditation Toolbox to support boards and proprietors in monitoring the performance of homes in relation to the Accreditation Standards.

The development of the toolbox is part of the Agency's mission to promote innovation and best practice, and to work with homes to improve their performance in care for residents.

The toolbox was developed by Michael Goldsworthy of Australian Strategic Services Pty Ltd, in conjunction with an industry reference

group. The toolbox is an easy-to-use package that provides directors with clear guidance on roles and responsibilities, as well as a set of useful tools and reporting templates that can be used 'off-the-shelf' or customised to suit your organisation.

Sections of the package can also be used for inductions of key personnel, job orientation or even general staff induction, training and introduction to aged care.

We have developed a special section of our website so that you can browse the toolbox and view a comprehensive overview of its contents and key features. Go to [www.accreditation.org.au](http://www.accreditation.org.au).

The brochure and toolbox order form are also available on the website.

### What is governance?

*Governance is "the framework of rules, relationships, systems and processes within and by which authority is exercised and controlled." Australian Stock Exchange Corporate Governance Council*

Governance is a process undertaken by directors of a board.

Directors undertake this leadership process, and therein their respective roles and responsibilities, as stewards or custodians of the organisation, on behalf of members or shareholders.

Directors are appointed or elected to direct and guide the organisation. The board translates the wishes of the members or shareholders – the owners – into organisational performance.

The board should develop and drive the organisation's vision, mission, values and core business, leaving management to develop and deliver the products and services.

# Director profile - Jon Gregerson



◀ Jon Gregerson

*The Standard* is featuring a profile on the directors of the Agency.

This month, we profile Jon Gregerson.

His background includes:

- Consultant to Finlaysons Law Firm SA – Senior Partner 1993-2003
- Member of Law Council of Australia, Business Law Section
- Board Member of Wyatt Benevolent Institution Inc
- Council member of Neurosurgical Research Foundation Inc
- Past Lecturer for Australian Institute of Company Directors Course 1998-2000
- Past SA Chair of Trade Practices Committee and Resources and Energy Committee
- Past Board member Adelaide Festival Centre Foundation Inc

- Past SA Chair of Australian Mining and Petroleum Law Association
- Past member of Law Society's Professional Standards Committee.

## What perspective/historical experience do you bring with you?

I have spent a lifetime in the legal professional which has made me keenly aware of the need to respect the legal rights of individuals and organisations. These rights come from various sources, the common law, contract and statute and it is important to give perspective to these rights in resolving conflict between individuals and the organisations with which they come into contact. Also as a lawyer I have respect for process. If the process is well designed it can improve performance generally without stifling out performance and it helps achieve consistent outcomes.

## How do you see aged care compared with other human services?

Aged care is particularly important because most people will need it and probably for a longer period of time. It also seems that as we live longer our bodies are more often outlasting our mental abilities. I think that this is the challenge for aged care as compared with other human services which, as far as I can see, do not face such a change.

However, it is possible to prepare for a change that can be identified. The development of appropriate standards and education are the key.

## What has been the biggest change in aged care over the past 10 years?

I do not have a history in aged care but it seems to me that over the last 10 years aged care has captured the interest of major commercial businesses. Packages of aged care facilities have been bought and sold by major investment groups. Some of these groups seem to have done well and some not so well. With the so-called baby boomers admitting their parents into aged care the facilities have come under increasing scrutiny. It seems to me also that the press has shown a more regular interest in the industry which has put more of a spotlight on it. Although the press tends to focus on what is bad rather than what is good (which can be frustrating as there is so much that is good), that is the nature of the press and will presumably continue. Furthermore, although I have only very recently become involved it seems indisputable that the accreditation regime has been successful in lifting standards generally.



Aged Care

Standards and Accreditation Agency Ltd

## Contact information

The Editor, Aged Care Standards and Accreditation Agency Ltd  
PO Box 773, PARRAMATTA, NSW, 2124  
email: [editor@accreditation.org.au](mailto:editor@accreditation.org.au)

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