

It is a start but we are not there yet

THE AUSTRALIAN Recreational Therapy Association is the peak body representing and advocating for members working in recreational therapy, diversional therapy, leisure, lifestyle and wellbeing roles.

The association was renamed from Diversional and Recreation Therapy Australia in September 2022 for clarity in understanding what we do as a profession with one title – as a united front to move us forward in terms of recognition.

We welcome the recent government change of stance with recreation and lifestyle staff being considered direct care workers and therefore entitled to the 15 per cent pay increase from 1 July this year.

This is a step in the right direction for the recognition of recreation and lifestyle within aged care.

During Covid, at times residents were unable to have visitors, socialise or pursue



Charlise Bennett, executive officer at Australian Recreational Therapy Association

leisure or recreation outside the facility. Throughout this extended period, those working in leisure and lifestyle were essential to the emotional wellbeing of residents and in providing meaningful engagement within Covid restrictions.

This often required recreation staff to shift their entire construct of provisioning

meaningful leisure and recreational activities.

Currently, staff working in recreation and lifestyle positions are leaving the aged care industry in droves.

Reaching critical mass post-Covid restrictions is one reason; the new funding mechanism that does not specifically recognise the importance of our profession in aged care may be another.

In a recent survey, ARTA members working in aged care reported multiskilling and providing personal care in lieu of meaningful leisure.

Many are told to provide leisure and recreation with groups only – as opposed to a mix of individual and group programs based on person-centred, leisure and recreational needs – to optimise their time.

This not best practice. Best practice recreation and lifestyle in aged care would meet the social, cognitive and emotional needs of residents.

There would be staffing for recreation and lifestyle programs seven days a week, with a staffing ratio of one full-time staff member per 20 residents.

In a facility of 100 residents, 190 hours a week, or 27 hours a day would be dedicated to behavioural support and the provision of services would be extended from 7am to 7pm to cater for the individual needs and demands of residents and deliver holistic person-centred care.

This would allow individual and group programs to run, and ultimately, lead to better health outcomes and a higher quality of life for residents.

We continue to advocate and highlight the value that qualified leisure and lifestyle staff can provide vulnerable populations across the lifespan.

The skills and knowledge that sits behind our qualified members enable a restorative and enabling approach to person-centred care delivery. ■

Australia's multi-cultural workforce

AUSTRALIA IS home to people who speak more than 400 different languages and identify with over 270 ancestries.

Harmony Week, held in March each year, is a celebration that brings together our diverse cultural communities. This year, the theme is 'Everyone belongs'.

Australians using home, community and residential aged care services reflect this diversity, as does the aged care workforce providing those services.

There are also many other sectors – including hospitality, transport, and retail – where people from multicultural backgrounds interact daily with older people.

From our Indigenous people to recent arrivals in this country, our cultural diversity brings a richness to the lives of older people.

Every interaction is an opportunity to build cross-cultural understanding and respect.

Yet, too often, our multicultural workforce experiences unconscious bias or even overt racism, from co-workers, older people receiving care, and the public.

We know this behaviour damages the health and wellbeing of individuals and teams.

Culturally safe practice is a key recommendation of the Royal Commission into Aged Care Quality and Safety, both in designing and delivering services, with training on cultural safety and trauma-informed service delivery recommended.

To ensure a culturally safe working environment for all, this needs to be extended to the multicultural workforce, enhancing communication and relationships between team members.

With our focus on ageing and aged care, our first step towards a fair multicultural society is to formally acknowledge different cultural and linguistic



Dr Claudia Meyer, president of the AAG

identities within this context.

But the next step is perhaps more challenging: we need reliable information about cultural and linguistic diversity.

This is important, because otherwise we're making assumptions about people, including those who design, provide and receive aged care services.

AAG recently released a report that demonstrates the complexities of capturing

and measuring cultural and linguistic diversity in government data sources. It recommends improving the capture and management of diversity data.

Another critical step in the journey towards a fair multicultural society is effective leadership.

Leaders in the aged care sector need to promote their values around diversity, equity and inclusion.

When staff feel safe and valued, leaders can build an inclusive workplace environment, support a transparent no-blame reporting culture, and integrate workers into a cross-cultural team.

That's how we create and nurture a workforce where everyone belongs.

And we know that this is the workforce that can provide the best care to older Australians. ■

