Service Design Submission to the

Royal Commission into Aged Care Quality and Safety

24 January 2020

Contents

1. Submission Details

Submitting organisation

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About Meaningful Ageing Australia

Meaningful Ageing Australia is a growing, charitable, peak organisation dedicated to improving contemporary spiritual care for older people, including those with and without a faith. The World Health Organisation views spirituality as inextricably linked to quality of life ("WHO, Health Promotion", 2014)[1].

There is a growing body of evidence internationally about the importance of each person's spirituality for their wellbeing. Our vision is for meaning, purpose and connectedness to be part of every ageing journey. We are primarily funded through membership fees. In 2014-2016 we received a tied grant from the Australian Government to research, develop and publish *National Guidelines for Spiritual Care in Aged Care*.

In April 2019, we were contracted by the Australian Government to develop and disseminate resources to improve the spiritual literacy of older people when selecting a care provider ('See me. Know me.'); and to assist the aged care sector to better understand the links between the new Aged Care Quality Standards and spiritual care. Refer to Appendix II for a summary of current resources.

Representation

Meaningful Ageing Australia membership is open to organisations and groups who provide support, care and/or accommodation for older people. We promote recognition of spirituality defined by individuals according to what brings them meaning, purpose and connectedness. A spiritual care approach is intrinsically person-centred.

Our members reflect a diversity of providers: faith-based, secular, private, government, charitable, cultural-specific and multicultural. Our members are located in metropolitan, rural, regional and remote areas across Australia. We support our members through advocacy, as well as a range of practical, evidence-informed tools, resources, workshops and events. We currently have 110 member organisations who provide residential aged care services and community care across every state and territory in Australia. Collectively, our members provide care, support and/or accommodation to over 200,000 older people.

We also equip seniors by increasing their spiritual literacy so they can make an informed choice when selecting a potential aged care provider. Central to meeting spiritual needs is seeing the whole person and knowing their history, what is important to them, their hopes, beliefs, values, preferences and needs. This means meaningfully connecting, seeing and knowing the person in their entirety, rather than just viewing the person through the prism of clinical assessments and tasks. This has led to supporting older people through the 'See Me Know Me' website to understand spirituality and to ask discerning questions of potential providers. During 2019, government funding made it possible to increase the reach of this work.

We gather feedback regularly from our members through surveys, forums, meetings and events, in addition to monitoring the aged care sector as a whole. Our views in this submission are based on our exploration of current evidence and our collaborative work to improve on full quality of life for people accessing aged care services.

Nature of this submission

The Royal Commission has invited submissions on:

- principles to guide design of a new aged care system
- options to create the best possible program, structures and system overall
- how aged care supports, services and care can help older people have the best life possible
- any other issues the Royal Commission needs to consider about system design under its terms of reference.

This submission provides feedback and suggestions that are related specifically to facilitating the spiritual wellbeing of older people through a sense of meaning, purpose, and connectedness. Our responses are set out to respond to the design questions from the perspective of spiritual wellbeing and the social context of ageing.

This is our second submission, the first being in May 2019.

Consent regarding this submission

Meaningful Ageing Australia consents to publication of this submission. Meaningful Ageing Australia is available to meet with Commission representatives to further discuss any aspect of this submission.

2. Executive Summary

Meaningful Ageing Australia is a growing, not-for-profit, peak organisation dedicated to improving contemporary spiritual care for older people, including those with and without a faith. Our vision is for meaning, purpose and connectedness to be part of every ageing journey. We promote this through a recognition that humans have an intrinsic sense of their spirituality as meaning, purpose and connectedness, including connectedness with ourselves, others, creativity, nature and Something Bigger (sometimes called 'the sacred'). This may, or may not, include a religious faith. Such a spiritual care approach is intrinsically person-centred and holistic.

Within the context of this 'Aged Care Program Redesign: Services for the Future', this is a unique opportunity to move into a bio-psycho-social-spiritual paradigm, which builds on the dominant bio-clinical model. From this perspective, Meaningful Ageing Australia has responded to the relevant principles outlined in the consultation document with 28 explanatory notes, exploring the issues under the headings of Principles; Model of the proposed aged care system; Pre-service engagement; Ageing supports service philosophy; Navigator; Holistic assessment; Linking and engagement; Home care and residential care; Respite support; and Financing aged care. Under these headings and notes, we have developed 18 specific recommendations that we believe will better position Australia's aged care sector to enable flourishing in later life, whether in the context of community or residential care. We have included some bold recommendations that will put our society and service supports in a better position to enable older people to live with the dignity and sense of wellbeing that they all deserve.

Much of our thinking concerns how we also begin to understand and prepare for the ageing journey. If individual Australians and their communities are resourced, and are enabled, to actively engage in thinking about, and planning positively for their own ageing, they will have more supports in place before they really need them. This also gives future aged care services an easier way to engage in wellbeing and strengths-based supports alongside of clinical interventions. Again, our recommendations will highlight some ideas about how the design of services could position the sector for the future.

Finally, our submission ends with reference to the published research in the field, as well as our own evidence-based resources. The evidence is building that a more holistic approach to ageing and aged care brings great benefits to both the individual, the carer and the organisation. To move this approach from the margins to become an intrinsic part of the design of services will allow those benefits to grow proportionally.

Summary of recommendations:

Recommendation 1: For a future aged care system, we recommend there is a need for a stronger principle that ensures that the wellbeing of informal carers is promoted with appropriate care, support, respite and financial assistance where needed.

Recommendation 2: It is recommended to review the term 'investment stream' – all aged care services are an investment in the wellbeing and quality of life of older people.

Recommendation 3: Funding for intergenerational engagement between primary/secondary schools and older people.

Recommendation 4: A planned national strategy to be piloted to invite people to establish their own interpersonal social connection list and encouragement for each person to identify their 'My Five' group, with the support of professional services if required.

Recommendation 5: Fund a suite of self-reflection content and processes promoting an engagement with ageing and marking key transitions. Provide this for free to councils, workplaces and other major institutions to support the holistic wellbeing of older people.

Recommendation 6: All built environments promote wellbeing, quality of life and/or dying well, following best practice design principles.

Recommendation 7: Local hubs/contact centres where people can access the aged care system via face-to-face meetings.

Recommendation 8: A small support team is allocated to an individual. This team can then be called on over an extended period of time as needs change.

Recommendation 9: Any assessment includes the full assessment of needs of a person in the context of support across health promotion and development of a social support network.

Recommendation 10: Increased investment and support in development of small-scale residential services.

Recommendation 11: Residential aged care must demonstrate community integration in new builds.

Recommendation 12: Nursing and allied health should be bundled with care funding in residential care to reduce the administrative burden, unless the practitioner is consistent with who they were seeing pre-residential aged care.

Recommendation 13: Investment in training and development for the current and future community and residential care workforce to enable holistic care and sustained quality practice. Funding for roles that are holistic and wellbeing focussed.[2]

Recommendation 14: Consistent assignment models are common practice.

Recommendation 15: To review use of the term ‘respite care’ in light of its negative connotations.

Recommendation 16: Increased investment to support respite services and support for the wellbeing of carers to minimise the strain on the aged care system itself.

Recommendation 17: Develop new recurrent funding strategies for the support of a sustainable workforce.

Recommendation 18: Funding to enable the implementation and transition of a new aged care system to support older people, their carers, assessment activities, the workforce, integration of the greater health care systems and community engagement and health promotion.

3. Service Design for Aged Care Submission

Our submission is arranged as follows:

A Introduction
B Principles
C Model of the proposed aged care system
D Pre-service engagement
E Ageing supports service philosophy
F Navigator
G Holistic assessment
H Linking and engagement
I Home care and residential care
J Respite support
K Financing aged care

A. Introduction

The social context of ageing, as already identified by the Royal Commission, has a major impact on each person as well as their family and systems of care. As they age, people seek greater meaning from their lives and the world. There is an opportunity to recognise that aged care services do not operate in a vacuum and instead, the broader community and aged care system should facilitate an inclusive and positive experience that supports active ageing initiatives, health promotion and positive stories of ageing and aged care.

In considering the principles as outlined in the consultation paper to guide the best possible outcomes for an aged care system, our submission includes recommendations about the ageing journey *before* engagement with aged care services. It includes some bold recommendations that will put our society and service supports in a better position to enable older people to live with the dignity and sense of wellbeing that they all deserve.

3.1 Promoting positive ageing and an ageing inclusive society

Central to our submission is the widely accepted knowledge that social *networks* are associated with positive health outcomes in the general population, and an examination of some particular evidence about how this is relevant to older people.[3] Published evidence tells us that social *networks* are not enough, since being in a network does not necessarily bring trust or closeness. We all need people who can offer us particular types of *support*. The three specific types are:

- *tangible* support (obtainability of material aid),
- *belonging* support (availability of people one can do things with), and
- *appraisal* support (availability of someone to talk to about problems) (Interpersonal Support Evaluation List (ISEL).[4]

As the peak body for spiritual care and ageing, we are constantly assisting organisations with how to improve on the quality of relationship between older

people and those supporting them, therefore contributing to their sense of belonging and trust. These relationships often function as a bridge or enabler to access *tangible support*.

3.2 Establishing social supports

There is evidence that if specific types of social *supports* are missing (such as those outlined above), an older person can be at increased risk of emotional, physical, financial and sexual mistreatment, and potential neglect.[5] We are therefore proposing that consistent engagement with these specific types of social support should be a feature of how our population is enabled to live the best life possible, *before and* during engagement with aged care services. We are suggesting this is achieved by asking individuals to identify a small group of people and/or services they can call on. We suggest the name 'My Five'.

Imagine Paula. She is in her late 70s, is single, and has lost contact with her siblings. She has a few friends who are the same age, who she shares friendly conversation with, but doesn't want to bother them with anything very personal. Besides, they have their own challenges. What would her social supports look like if Paula had been encouraged to think about who her 'My Five' would be at regular intervals, beginning some twenty years earlier? This invitation includes the offer of a local hub to assist her to think this through if she is interested by not able to work it through alone.

3.3 The ritual of ageing well

Each older person should be supported to have a strong inner world. The evidence tells us that this is created by nurturing their sense of self, and embedded connections with others, creativity, nature, and/or 'Something Bigger' (if relevant), and, if relevant, their faith. This can be done in a number of ways. For example, the offer of rituals at key turning points. Rituals are as old as humanity and are experienced in every-day life activities. They are vital to help us move from one identity to another. The process has been called by anthropologists *crossing a liminal threshold*. Rituals do not need to be religious. The rise of civil celebrants is an example of the need for rituals in our communities, and the wide range of ways this can occur. Providing creative and simple ways for individuals and groups to engage with their sense of self as they age is one way Australia could assist our population to age well. We note that we may not be able to use the word 'ritual' given many people are anxious about an association with religion (whilst for others this association may be positive).

Imagine Costa. He is about to lose his driving licence due to his age and decreasing ability to drive. He is not looking forward to this. Instead of just receiving a notice that it was cancelled, he also receives a letter that acknowledges his importance to our community as an older person. He is invited to a special event at the local community centre where anyone who has recently been declined a licence due to age is invited. The event recognises their value and gives them ways to connect with others without having to drive.

B. Principles

We propose the following changes to the principles as proposed by the Royal Commission in their consultation paper:

3.4 Principle point 1

We propose to reword this point to read as "*be based on a holistic, person-centred approach* underpinned by respect and support for the rights, choices and dignity of older people".

3.5 Principle point 3

We propose to reword this point to read as "provide equity of access, regardless of location, means, *diversity, or special needs".*

3.6 Principle point 7

We propose to reword this point to read as "support older people to *die well and to cope with loss and grief".*

3.7 Principle point 8

We agree with the principle point 8 as "supporting older people's informal care relationships and connections to community".

Recommendation 1: For a future aged care system, we recommend there is a need for a stronger principle that that ensures the wellbeing of informal carers is promoted with appropriate care, support, respite (interim support) and financial assistance where needed.

3.8 Principle point 10

We propose to simplify access to health systems by ensuring they are integrated rather than separate systems and more clarity is required for point 10 to include *"aged care and other relevant health and care systems that are designed to work together in an integrated way to meet the changing, holistic needs of the person".*

C. Model of the proposed aged care system

3.9 Inclusion of holistic principles in model

The static diagram on page 7 of Consultation Paper 1 called Figure 1: Proposed model for the aged care system (Figure 1) does not provide a suitable design model for a dynamic service system that needs to respond in a holistic and person-centred way to a broad range of needs that can change in a non-linear and unpredictable fashion. Figure 1 does not reflect many of the design principles proposed in the discussion paper. For example:

- It does not include the person or their holistic needs, which you would expect to be at the centre of the design of the aged care service system.
- It does not include the workforce and its roles/capabilities, which is critical element of the service system and realising the design intentions in practice.
- Basic screening and comprehensive assessment are referenced in this model at the point of entry, whereas ongoing assessment is essential in the design of a dynamic and responsive service system.
- The care finder may represent the service navigation and coordination roles; however, these are essential ongoing features of a responsive service system that enables people to access the right care at the right time and in the right place. This must be a structural element of the design of the system, not simply an *ad hoc* role performed by disparate individuals or teams.
- The entry-level, investment stream and care and health stream/ associated services in the model continue to focus on services rather than responsiveness to diverse, complex and changing needs of older people which are not so readily compartmentalised. The investment stream is represented as a silo rather than being an integral part of providing responsive and tailored services to optimise the quality of life and wellbeing of the older person and their carers.

3.10 Investment stream

The focus on early intervention, prevention and restorative care is important throughout a person's experience of ageing and the aged care system. For example, help at home may be provided in ways to facilitate restoration of function as well as proactive reinforcement or development of social supports. Figure 1 unfortunately presents it as a silo.

Recommendation 2: It is recommended to review the term 'investment stream' – all aged care services are an investment in the wellbeing and quality of life of older people.

D. Pre-service engagement

Confronting ageism must be multi-pronged and occur over a long time. We have a number of bold recommendations to assist the government and our communities in 'normalising' ageing and embracing older people.

3.11 Intergenerational engagement

A number of studies have been undertaken in Australia, in particular at Griffith University (one of which has been broadcast recently on the ABC[6]) showing the positive outcomes of intergenerational engagement. International research[7] demonstrates that older people make strengthened connections based on closeness and confidence through intergenerational programs where people felt better emotionally and even physically.

There is a need for incentives for intergenerational engagement between schools and older people to shift ageism amongst younger generations and contribute to older people having a sense of purpose and legacy. Our *Intergenerational Reminiscence* program is just one example. The Commonwealth could share the cost with states and territories to fund a wide range of programs including, for example, intergenerational playgroups, to retirees coming into schools to teach specialist skills, through to students visiting older people in aged care homes to create life histories.

Recommendation 3: Funding for intergenerational engagement between primary/secondary schools and older people.

3.12 A national program to establish social support connections

Enable and encourage people to engage with ageing as a human experience, when it is still a distant thought for most. This can be achieved via an holistic population-level intervention as part of the National Bowel Cancer Screening Program.[8] Australia has one of the highest rates of bowel cancer in the world – we have even higher rates of ageing. When people receive their bowel screening kit in the mail when they turn 50, each person should also be sent an invitation to engage with ageing – their own as well as those around them (friends, family). The mailout should include an opportunity to identify their 'My Five' group based on the Interpersonal Support Evaluation List, either individually or with the assistance of a support service. They could keep this information in digital or hard copy, whichever they prefer. By starting to think about their need for specific social support before it is critical, our population will be better equipped to prepare for their needs as they age, as well as being able to better support those around them who are ageing and may be facing struggles. 'My Five' can then be re-visited at other points of engagement with the public health system, such as routine health checks with the GP or nurse as well as any point of engagement with the aged care system.

Recommendation 4: A planned national strategy to be piloted to invite people to establish their own interpersonal social connection list and encouragement for each person to identify their 'My Five' group, with the support of professional services if required.

3.13 Engaging with ageing through workplaces

The workplace is often the environment where people will first indicate a need to change their work patterns and reflect on transition pathways to retirement. There is social benefit to encourage workplaces and local councils to engage with ageing. For example, if/when someone changes their work pattern significantly due to their age/retires, the workplace can be equipped to institute a rite of passage ritual. There are many ways to do contemporary rituals that are grounded in the reality of the group. They may include religious elements if this is relevant. We included an example about a driver's license above.

Recommendation 5: Fund a suite of self-reflection content and processes promoting an engagement with ageing and marking key transitions. Provide this for free to councils, workplaces and other major institutions to support the holistic wellbeing of older people.

E. Ageing supports service philosophy

3.14 Wellbeing orientated

Keeping to "clinical necessity" is an historic issue with the system that means people's quality of life is not fully supported (assuming clinical necessity refers to biological need only).[9] The system should be wellbeing orientated (salutogenic) with a focus on holistic person-centred care. This includes a philosophy where clinical needs are balanced equally with the needs of the whole person (bio-psycho-social-spiritual).

3.15 Workforce

Attracting a competent workforce to the aged care system needs to also consider that the workforce is stable. This includes, where possible, using consistent assignment models where there is access to sufficient people to allow for staff to work alongside individual residents/clients on a regular basis allowing for relationships of trust to be built. Consistent assignment is especially important in relation to intimate care.[10]

3.16 Built environment

All built environments impact wellbeing and quality of life, especially for people with dementia and those who are dying.[11] When there is a built environment, such as day centres or residential care, there should be appropriate regulations about that environment meeting best practice design principles and guidelines to promote wellbeing, particularly for people who have dementia.[12] This includes education and awards to inform high quality design of these environments.

Recommendation 6: All built environments promote wellbeing, quality of life and/or dying well, following best practice design principles.

F. Navigator

3.17 Skilled and knowledgeable navigators

Navigating the aged care system is one of the most important areas needing investment to help people access the right services at the right time and in the right place to meet their holistic needs. A responsive service system needs to be able deal with complexity and diversity. There is a need for very effective, timely support with navigation and coordination of services by people with the requisite knowledge of the system. “Aged care finders” or navigation needs to be offered locally, face-to-face, in community languages, through a range of modalities and suitable for people with special needs, online and via phone and readily accessible across Australia, including rural and remote areas.

Service navigation and design should be a central feature of service design and delivery of holistic person-centred care. This would also need to address navigation across health, aged and disability care services to facilitate greater integration.

The way forward should be informed by any available evidence and best practice examples, as well as supporting and evaluating innovative approaches on a smaller scale before rolling out more broadly. We note a trial is underway. Navigation and care coordination roles also need to be clarified in the service design. An increased focus on self-directed care needs to be complemented by access to services that assist with navigation, and, where needed, service coordination. A range of options/approaches for service coordination will be needed and appropriate in a diverse system. The key requirement is that if service coordination is needed for a person this is available and there is a person at a local service who holds primary responsibility for this function.

Navigators should be local and part of a small team who the person can re-engage with as their needs change. This local team are aware of private and public health services, as well as community groups/informal support networks in the local area. This small team can be re-engaged by the person throughout their ageing journey.

Recommendation 7: Local hubs/contact centres where people can access the aged care system via face-to-face meetings.

Recommendation 8: A small support team is allocated to an individual. This team can then be called on over an extended period of time as needs change.

G. Holistic assessment

3.18 Initial assessment

When someone is in potential need of aged care services, their initial engagement can be via multiple referral channels: GP, hospital/health services, family/loved ones, self, allied health, community groups. The initial assessment should be holistic: bio-psycho-social-spiritual, not merely a functional assessment.[13] This optimises opportunities for health promotion and early intervention to restore function or address other needs (such as isolation, depression, caregiver stress).

3.19 Holistic need

Each assessment, including the 'simple assessment' (as suggested by the Royal Commission Program Redesign Consultation Paper) should determine a person's holistic need incorporating a review of their 'My Five' along with other questions that together identify a person's spiritual needs (for example, related to important values and beliefs and/or their sources of meaning in life[14] as well as connectedness with self, others, creativity, nature, and Something Bigger (if relevant), and not limited to religion).[15] The results of the assessment should include social prescribing, spiritual support and biomedical interventions. The Navigator should help the person to action the assessment. The person's network of choice should be actively engaged in their care and support.

Recommendation 9: Any assessment includes the full assessment of needs of a person in the full context of support across health promotion and development of a social support network.

H. Linking and engagement

3.20 Social and community

The assessment leads to linking with appropriate support and community resources. These supports can stay in place as long as needed, including if there is move to residential care.

I. Home care and residential care

3.21 Holistic bio-psycho-social-spiritual

Ageing supports should be restorative in all contexts,[16] unless the person is preparing to die. 'Restorative' care, palliative care and end of life care should all be understood holistically, through a bio-psycho-social-spiritual lens.

This means the training and development of staff needs to be re-worked to include holistic care. The same organisation works with the person throughout their ageing support journey, should they so choose, along with a small group of consistent staff. 'My Five' is revisited at regular intervals, with the person being supported to populate their support list with either informal supports, or from organisations. The person's network of choice should be actively engaged in their care and support.

The extension of holistic care includes the sharing of information across services where a person chooses to change to another provider. This will allow continuity of care with all information forwarded to the new provider. The information *belongs* to the person.

3.22 Small scale services

We support small scale residential services[17] with staff who have been adequately formed/professionally developed and are equipped to maintain their own wellbeing in order to be able to offer work in a compassionate, thoughtful and engaged way every day. This means the training and development of staff needs to be re-worked to include holistic care.

Recommendation 10: Increased investment and support in development of small-scale residential services.

3.23 Intergenerational living

Intergenerational living is encouraged, if not in the same physical space, then on the same property. This means any new builds of residential care are not exclusively aged care. It could include a mixture of housing styles and businesses on the same property, allowing for the comings and goings of people of all ages and preventing our frail aged from being hidden away/forgotten with no stimulation.

Recommendation 11: Residential aged care must demonstrate community integration in new builds.

Recommendation 12: Nursing and allied health should be bundled with care funding in residential care to reduce the administrative burden, unless the practitioner is consistent with who they were seeing pre-residential aged care.[18]

3.24 Skilled workforce

The workforce is skilled in holistic support, dementia care and end of life care as well as quality of relationship and spiritual care (understood broadly). This requires increased clinical expertise e.g. nurse practitioners working across regions to support residential aged care services.

There is also a need for the workforce to include workers skilled specifically in pastoral and/or spiritual care including capacity to access external specialists in this field to respond to particular faith, cultural or other needs related to a person's spiritual wellbeing.[19]

Recommendation 13: Investment in training and development for the current and future community and residential care workforce to enable holistic care and sustained quality practice. Funding for roles that are holistic and wellbeing focussed.

Recommendation 14: Consistent assignment models are common practice.

J. Respite support (Interim support)

3.25 Increased investment in respite support

Respite support plays an important role for older people and their carers. Substantial investment is required to improve access to respite for older people and their carers. This includes flexibility, timeliness, adequate capacity and diversity of respite options are needed.

The name 'respite' should be reconsidered as it can be confusing for people not yet 'in' the system. It also suggests the older person facing challenges is being thought of as a burden. We suggest *interim* support may be a helpful alternative.

Recommendation 15: To review use of the term 'respite care' in light of its negative connotations.

3.26 Home-based respite

An increasing focus on home-based care will also increase the need for more respite care. A review of 'My Five' and spiritual needs is required throughout a person's ageing journey including when respite services are accessed. It is essential that home-based care does not result in caregiver stress and negative impacts on the wellbeing of carers, many of whom are themselves older and dealing with chronic diseases, isolation and/or financial issues.

Recommendation 16: Increased investment to support respite services and support for the wellbeing of carers to minimise the strain on the aged care system itself.

K. Financing aged care

3.27 Funding to meet new requirements

In designing the new system, new recurrent funding is needed to improve the quality and safety of aged care and the experiences of older people and their carers. This includes funding to sustain a workforce that is sufficiently skilled and qualified to deliver holistic needs of older people. It is essential for quality, as well as the safety and wellbeing of older people and aged care staff and volunteers. Funding must be sufficient to allow time for wellbeing-related actions and activities, including spiritual care, enabling meaning, purpose and connectedness in the lives of all older people.

Recommendation 17: Develop new recurrent funding strategies for the support of a sustainable workforce.

3.28 Funding for implementation and transition

With the introduction of any changes to the aged care system as it stands, many hundreds of thousands of older people, their carers and a large workforce will be impacted. A structured process of improvement will be important, initially focussing on those areas that are most in need of change to enhance older people's trust in and experience of aged care and its impact on their quality of life and wellbeing. The key areas that stand out are:

- The funding entitlement should fit the need.[20] Services need to be adequately resourced to deliver on holistic care that supports quality of life.
- Navigation and coordination to ensure older people can easily access the right care at the right time and in the right place.
- Holistic person-centred assessment and the provision of responsive services tailored to identified needs.
- Investment in the aged care workforce to ensure staff have the requisite skills to meet the complex and changing needs of older people and their work is recognised, valued and remunerated accordingly thereby strengthening recruitment, retention, quality, safety, and innovation; this would include innovative workforce models and increasing use of specialised staff/in-reach services to address complex health and care needs.
- Greater clarity and coordination to foster improved integration of aged care and health care as people age (including people with disabilities, early onset dementia or other chronic conditions requiring full-time non-acute care, mental health issues, and other special needs).
- Community engagement, health promotion and positive ageing initiatives to reduce the fear and stigma/discrimination associated with ageing and to promote communities that are ageing friendly and inclusive.

Recommendation 18: Funding to enable the implementation and transition of a new aged care system to support older people, their carers, assessment activities, the workforce, integration of the greater health care systems and community engagement and health promotion.

4. Appendices

Appendix I: Relevance of spirituality

What is spirituality and why is it important?

4.1 The word 'spirituality' is often misunderstood and because of this misunderstanding, it is often sidelined or ignored. *Spirituality* can be explained simply as: *meaning, purpose and connectedness, including connectedness with ourselves, others, creativity, nature and Something Bigger (sometimes called 'the sacred')*. An international consensus conference (including Australian input) defined it as: "*the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and to the significant or sacred*".[21] For some people this has a religious expression, and for others it does not. Regardless of how a person expresses their spirituality, we recognise that to be human is to have a spiritual dimension and therefore each person has spiritual needs. This application of the word 'spirituality' is not yet in broad use by the general public, however, its wider dimensions have been explored by academics, and some parts of the care system, for decades. A short video, "My Spirituality: Listening to people who access aged care services" can be viewed here: https://youtu.be/pq2NUSSkaxo

4.2 Spiritual care is by necessity profoundly 'person-centred' (listens, is flexible, responsive) and orientated around collaboration and networks. It is deeply embedded in understanding and enhancing the experience of each older person who is engaged with the aged care system by knowing what is most important for him/her. Spiritual care means recognising not only the needs of the person you are supporting, but also has implications for the model of care in the support relationship.

4.3 Spiritual care is vital for whole of life care, including preparation for death. Attending to each person's needs for meaning, purpose and connectedness at this time can make a significant contribution to a person's sense of completion and need for reconciliation as they face their mortality. This also impacts those who are closest to the person in the lead up to their death, and in their final days.[22] Spiritual care is an integrated part of palliative and end of life care.

4.4 Spiritual care is offered across a continuum by all members of the care team. It begins with compassion, kindness and respect by all staff. Each person's spiritual needs should then influence all care planning and goal setting with the older person. It is the context within which the relationships of care occur; it is the foundation of all practice and care models, which then leads to improved quality of life for older people and workforce engagement.

Appendix II: Examples of our evidence-informed resources

Hardcopy Products

- National Guidelines for Spiritual Care in Aged Care
- ConnecTo Leader's Guide – A tool for spiritual screening with older people
- The Map of Meaning and Ageing: A handbook for service providers
- Spirituality in Aged Care Professional Development Program: Leader's Manual
- Intergenerational Reminiscence: A leader's guide for aged care organisations and secondary schools
- Leader's Guide to Running an Effective Spiritual Care Volunteer Program
- Spirituality of Dying Workshop: Facilitator's Guide
- The Space Between: Implementing spiritual care in community aged care
- Spiritual Care Orientation Program – Facilitator's Guide
- Tech Connect: Staying meaningfully connected in aged care – a leader's guide
- Dementia-Specific Christian Worship Service Handbook
- Dying with Loving Words – Prayers, poems and images
- Key Message Card – Spirituality is more than religion

Downloadable Resources

- E-modules: Spiritual Care Orientation Program and ConnecTo Spiritual Screening Tool
- 'Frailty' and Spiritual Care: A Short Guide
- Aged Care Quality Standards and spiritual care downloads
- Posters communicating key messages
- Practical implementation tools to assist you align with the *National Guidelines for Spiritual Care in Aged Care* (x15 and growing)
- Supplementary materials to support implementation of our hard copy resources
- *Spiritual Care Considerations* series. Two-page summaries for all staff, including:
  - Aboriginal & Torres Strait Islander Spirituality
  - Catholic Spirituality & End of Life

- If Someone Says They Want to Die
- Intellectual Disability and Spirituality
- Intersex Older People Spirituality
- Islamic Spirituality & End of Life
- Islamic Spirituality & Family/Home-based Care
- Jehovah's Witness Spirituality
- Jewish Spirituality & End of Life
- Lesbian, Gay & Bisexual Older People
- Supporting each other when a resident/client dies
- Trans & Gender Diverse Older People
- Transition into Residential Aged Care

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