The impact of the baby boomer generation on diversional therapy practice

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This is a study of the generational shifting that will be occurring across the aged care sector. Not only will there be a need to re-evaluate current practices, there is a need to prepare for a transition phase as the silent generation and the baby boomers overlap. More importantly it will set the standards to how diversional therapy practice is to evolve. This study hopes to promote forward thinking and planning to ensure readiness for the emerging needs of next generation of care recipients and to continue to improve practices and push for new standards in lifestyle departments across the aged care sector.

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- Baby Boomers for Australia Facebook group
- Clifton Community Noticeboard Facebook Group
- Clifton Community Health Services
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Abstract

This is a study of the generational shifting that will be occurring across the aged care sector. Care recipients that currently dominate aged care are known as “Veterans” or the “Silent Generation”. This describes an era of people that fit into a culturally prescribed set of characteristics that are linked the historical lived experiences. They have lived through the Second World War and the great depression; being influenced by strict cultural expectations governing the roles of children. These roles gave the silent generation its name;’ ‘Children are to be seen but not heard’.

As this generation is being replaced by the Baby Boomer generation it will challenge current diversional therapy practices. Not only will there be a need to revaluate current practices, there is a need to prepare for a transition phase as the two generations cross over. More importantly it will set the standards to how the diversional therapy practice is to evolve.

This study hopes to promote forward thinking and planning to ensure readiness for the emerging needs of next generation of care recipients. This paper is implementing qualitative and quantitative research methods by collecting data from current Diversional Therapists.

Surveys were conducted with diversional therapists and lifestyle coordinators across a wide range of care facilities. Current trends in practise were identified and questions asked about the challenges of running activity programs. Interviews were conducted with a number of informants of the Baby Boomer generation to understand their expectations of leisure & lifestyle in aged care facilities.

The significance of these findings expects to indicate the need for revisiting current practices. The results will assist us in becoming ready and educated for the new expectations of future care recipients and their needs. This research also explored new technology use and the need for improving Wi-Fi accessibility in facilities and raise the question, will technology become a part of the delivery and implementation of lifestyle activities. Will the rise in technology assisted recreation become a new theme in Diversional therapy practices in 2020.

Introduction

“As long as my finger still works and I can use my iPad I will be fine” said my mother over a recent conversation about aged care facilities. My mother is no stranger to nursing homes; working as an enrolled nurse she spent most of my teenage years working to support my private school education. So during my student years as I fumbled my way through my education, little did I know that I would follow my mother’s footsteps and enter into the aged care field.

At the age of twenty three I found myself studying Certificate 3 in Aged Care and completed my compulsory placement. This was 20 years ago and so much has happened since. Way back in the good old days things were not so good in nursing homes, I remember the stench of urine the moment I stepped into the facility. We all know how far we have come in aged care, but do we know how much further we have ahead of us?

It was on completion of my Certificate III that I immediately enrolled to study Certificate IV in Diversional Therapy. My motivation was about spending quality time with residents and to have the opportunity to engage in meaningful activities. My previous role of assistant in nursing was too task focused and I found I had little time to really connect with my residents - except briefly during shifts, so my new direction into leisure and health was born.

I then had a change of direction and went to university in my 30s, had a baby, graduated with honours in anthropology and got married, in that order. After years of Playschool, the Wiggles and Teletubbies my daughter finally started school. I again found myself working as a lifestyle coordinator but armed with a very different skill set. As a qualified Anthropologist it has given me a unique view of leisure and health. I have skills in quantitative and qualitative research which assists me in my lifestyle role but more importantly I come to see each facility as its own culture. With 20 years’ experience in the leisure & lifestyle field under a number of different roles I complied this report.

This brings me back to the opening statement my mother made about her iPad. My mother is what we commonly refer to as a Baby Boomer born between 1946 and 1964. She is a part of the emerging generation of care recipients. Some have referred to them as the grey wave or grey army. However, they are coming and they will be here before we know it. With this in mind I have put my anthropologist hat on and decided to do some research about what our Baby Boomer parents and friends expect of us, to give us some guidance to how we can make their transition into care easier for all of us.

One thing that already seems obvious before I even began my research is the need for technology friendly facilities and tech ready lifestyle staff. The responsibility will fall upon lifestyle staff to assist with misbehaving Skype or IPads. The need for lifestyle staff to have a greater knowledge of technology is going to be essential for the Baby Boomer generation entering aged care. Some of us are also experiencing the overlap of two generations as some Baby Boomers are already entering aged care facilities for a number of health related reasons.

I myself faced this very issue when out of one hundred residents; only three were Baby Boomers. I have pondered on the questions; are we trying to keep the status quo with the Silent Generation with the usual activities? Could it be leaving us feeling a bit conflicted about what aged appropriate activities we have for the Baby Boomers? So I sought participation from lifestyle officers, coordinators and diversional therapist to gather data.

The findings of this paper explored changes in aged care service delivery, and clarified that places in aged care are becoming reserved for mainly dementia and high care recipients as this will contribute to new diversional therapy practices in the future.

The significance of these findings will assist professionals in the leisure & health industry to review current practices. It will also give valuable insight into the expectations of future care recipients and their needs.

Context

This project was a self-funded research project. Originally started in Aspley, Brisbane in 2016 the research was moved to Clifton due to relocation. Initially this project was slow to start however; when the opportunity to speak at the Diversional Therapy Conference in October 2016 arose it enabled the collection of relevant information from the conference participants. Most of these conference participants were Diversional & Recreational Therapy Australia (DRTA) members and those working in the leisure and health industry at the time.

This information was collected via surveys and by informal interviews. As a member of the DRTA network I had a ready supply of current information about the leisure & health industry. I was appointed group leader for the South Eastern Queensland DRTA members group in 2017-2019 and whose members regularly help with data sharing and project reviews.

The interviewing of the Baby Boomer proved much more difficult as the general reluctance to fill out surveys and concerns for privacy impeded in data collection for a period of six months. The limitations of funds also hampered efforts as printing costs and travel to groups for promotion of this research was difficult. After some small success with a local craft group filling out surveys, a new approach to data collection methods was implemented.

Joining local and Baby Boomer themed Facebook group enabled an opportunity to conduct a series of group polls with the approval of group admin. It was agreed that one poll per week could be put on the group page for the 2000+ members to participate if they wished. This finally gained some data needed to move this research forward. This was also helped along by other research into the leisure preferences of Baby Boomers in Dr Rodney Jilek's report published in 2009 "Baby boomers expectations of residential aged care" that covered all aspects including leisure and health.

What is diversional therapy

A role that varies from normal diversional therapy duties can include cleaning out fish tanks and watering gardens. The boundaries of diversional therapy can be blurred by those who don't have a strong sense of the practice. Essentially, diversional therapy is a client centered practice that recognizes leisure and recreational experiences are the right of all individuals. Diversional therapy practitioners work with people of all ages and abilities to design and facilitate leisure and recreation programs.

"Activities are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical wellbeing of individuals" (Diversional therapy Australia, 2016). Lifestyle staff motivates residents to engage in activities of their choice. Inviting residents to provide input into creating activity calendars can also lead to building a rapport and self-esteem for the residents. Using strengths-based approaches in activity design, lifestyle staff creates activities which minimize the risk of failure. In simple terms this would mean ensuring that the fail rate would be lower or managed in the types of activities implemented keeping the residents' dignity intact and raising self-esteem. Craft is a good example of creating activities to suit resident's strengths; encouraging less fiddly crafts that allow residents the opportunity to create a piece they can be proud of.

Aged care is not the only area that a diversional therapist can be utilized within a service. Disability services, hospitals, day respite or forensic health care units can have a role for the diversional therapy. "Employment areas and the scope of practice are continually expanding" (Diversional Therapy Australia, 2016)

The last few years have seen the DRTA develop considerably as they have become more technological by utilizing social media and websites reaching a wider audience. By opening their member base to include other recreational therapies has united music, art and physical therapy to inspire unity in professional practice. The aim is to raise the professional image of the leisure industry, advocating towards better recognition and to influence the new aged care standards of the future. This has also included DRTA and its members contributing to the Royal Commission into Aged

Care to raise awareness of the importance of our role and our contribution to achieving quality outcomes for those under our care.

Current challenges in diversional therapy practice

A list of challenges faced by diversional therapists was compiled during group network meetings, informal interviews with diversional therapists over a variety of conferences and workshops from March 2016 to March 2019.

These challenges are:

- Volunteers - more needed
- Care Staff to help and support
- Holidays – lifestyle staff not being replaced
- Lack of space for activities and storing resources
- Lack of resources and equipment
- Time in lieu needs to be clarified i.e. Christmas lights activity
- Insufficient budget
- Not working as a productive team
- Too much documentation
- Need more efficient documentation system
- Poor communication with management
- Lack of time need more hours, more time with residents
- Professional training – debriefing
- Limited access to professional development opportunities
- Bus and transport
- Limited resources - pet therapy, aromatherapy, DVD's, music, water features, art & craft
- Role not valued or defined
- Non-lifestyle roles adding to work duties (e.g. cleaning fish tanks or bird cages)

Until all of the above points have been addressed it will continue to impede best practice for diversional therapists everywhere and will impact negatively on resident satisfaction and quality of life.

The lack of respect for the role of a diversional therapist was evident in most of the conversations with lifestyle staff. In the past 20 years I have worked in various nursing homes with different care providers and as a lifestyle coordinator, I am aware of many of the above mentioned issues and the fact that diversional therapy resources are usually insufficient.

There is a lack of staff- if any, with limited amount of resources and a meagre budget. Compounding this is finding a place to run activities in facilities. Many lifestyle staff are struggling with small lounge areas, dining rooms and even corridors that are fraught with clashes with nursing, cleaning and kitchen routines. For facilities that are equipped with an activities room, lifestyle staff could be asked to relocate or cancel activities when there are meetings, vaccination drives, voting, staff education sessions or visiting auditors.

Some of the newer facilities have activity areas that have been planned and some older established facilities design and build a dedicated activity room addition. However, the daily struggle of activity friendly space continues.

As long as the recognition of the role of lifestyle in facilities is not considered as vital, some facilities will continue to deny a space for lifestyle staff to work efficiently. When interviewing personal carers, most staff believes the misconception that the lifestyle role is to “entertain” or “baby sit” residents.

During a conversation with one state manager of a private aged care provider he declared that his company had hired a cruise ship director for the role of national lifestyle manager. He said “*if a cruise ship director can run activities for a 1000+ people on a ship then aged care would be easy*, While the role of a Cruise Ship Director needs substantial skill, coordination, excellent communication and people skills however, comparing high care and dementia residents to predominantly able bodied, independent and financially sound tourists is quite a contrast. This seems to prove the point that whilst care staff in general are still somewhat mystified by the role, aged care state care managers seem equally mystified - making it difficult for mysterious diversional therapists to be recognized for the professionals they are.

In my previous leisure & health consultancy role I have been reviewing the practices of other diversional therapists and assisting them to identify weaknesses and then collaborate to strengthen them. Passing ethical standards as a consultant is a large part of refining diversional therapy practice. Diversional therapists need to be clear and confident of their role and the purpose before it can be advocated. There needs to be consistent communication with all people and staff that diversional therapists collaborate with in their working role. Lifestyle staff needs to attend staff meetings, quality meetings, WPHS meetings, resident meetings and even RN meetings to be a voice and prove their professional standing as an equal partner in the care of the residents.

Diversional therapists must be well informed and well educated on matters relating to the practice. They must contribute to quality outcomes, behaviour intervention and anything else that lifestyle associates with. Maintaining a professional and respectful approach diversional therapists need to negotiate with all staff and educate them in the role of lifestyle within facilities. Explain the step by step process in running an activity from start to finish and include all the nuances of how a simple game of scrabble can be a huge undertaking.

Explaining a game of scrabble in detail in most cases I see a change of attitude and a sense of respect. Education of care staff of the step by step process starts with encouraging resident participation and creating opportunities for purpose. Empowerment and dignity results when residents set up the game of scrabble instead of lifestyle staff members. Diversional therapists can encourage independence and use of fine motor skills and cognitive skills. Diversional therapists should promote dignity in “not doing for them” but allowing residents to do for themselves. Therapists can foster social engagement in having a joke and chit chat and to prompt reminiscing on previous games. Therapists should encourage residents to buddy up and help each other instead of staff, forming friendships and not be concerned with the scores or the spelling but focusing on the journey and finally finishing the activity with smiles.
I also encourage every staff member to join us for a shift to see what is involved in a typical day in the role of diversional therapist, time and time again they leave and

have a new - found understanding. These staff become more helpful and aware of our role and more likely to assist with activities. My point is we need to “be a voice”, “be an advocate” and stop making our jobs look easy to everyone and explain to those who may listen. Demystify our role and make sure we clearly stake our claim in the important services and care we provide for our residents.

Current care recipients

The Silent Generation are those born between 1900 and 1945 and are also referred to as “Veterans”. The use of the term “Silent Generation” to refer to this group of people was coined by Time magazine in a cover story in 1951. They were described at the time as having characteristics such as being grave, fatalistic, conventional, expecting disappointment, but desiring faith. The Silent Generation was caught between the “get it done” mindset of the previous “Greatest Generation” and the out-to-change the world mindset of the Baby Boomers (Adayana, 2011).

The Silent Generation was born during the years that followed the Great Depression and throughout the Second World War. “The major contribution of the Silent Generation was to humanize their world and now, they want to help ensure a safe world for their grandchildren.” Unlike most of the generations that have followed them, the Silent Generation is made up primarily of conformers. They value discipline and have a respect for authority. The Silent Generation was primarily centered on the traditional “nuclear” family. As they have aged, the Silent Generation is redefining how people age. This generation sees itself as a vital and active group of people with a continued zest for life and a desire to contribute to society in general. As more and more of the Silent Generation retire, they continue to be a factor in their communities with an exceptionally high rate of participation as volunteers (Adayana, 2011).

The experience of the silent generation for most diversional therapists is rooted in the characteristics mentioned above. Having been exposed to living with little and making do with rations during the Great Depression has impacted on their willingness to go without and to appreciate what they can get from activities. Lifestyle activities can often be seen as a privilege and not a right and as a result facilities with a small budget can rely on recycling as a means for providing craft materials.

Paper towel rolls for example can be used in activities without much dissatisfaction from the Silent Generation resident cohort.

The low quality of resources or materials that most lifestyle departments are faced with can be readily accepted by this generation. The Silent Generation seldom raises complaints or offer active feedback during meetings unless prompted making it difficult to assist lifestyle departments to plan activities. On the other side of this dilemma there can also be issues when lifestyle departments will run activities to suit their own personal agenda with little resistance from the silent generation as they still view lifestyle coordinators in facilities is a positions of authority thus reluctant to disrespect their role. According to the Washington post it is expected that the last member of the silent generation will likely have left us by 2067.

Emerging care recipients; meet the Baby Boomers

Nearly 80 million people were born between the years 1946 and 1964. The beginning of this time frame coincided with the end of World War II, and this generation has had a profound effect on popular culture, public policy, the growth of prosperity across the world, and the demand for public services in countries like the United States (Adayana, 2011).

The Baby Boomers were the first generation to be raised in front of a television. With the successful advent of televisions entering homes from coast to coast, in rural and urban areas, people in diverse locations were exposed to the same shows, news, music and jokes. From their living rooms, the Baby Boomers saw assassinations of leaders, saw a man land on the moon, and watched as cultural phenomenons left a burning trail across the entertainment universe. Music, Rock and Roll in particular, became a defining expression of the Baby Boomers. Education for the Baby Boomers was dramatically different than previous generations. More and more of the Baby Boomers were able to complete high school, and college was not just for the elite (Adayana, 2011).

Baby Boomers have strong sense of self and a desire for involvement in their world, particularly at work and it is unlikely to change once they enter residential care. It

should be expected that residents will be very active and involved in the running and day to day management. To attend food focus groups, resident meetings, fundraising committees, community collaboration, AGMs, be present in employment interview panels and representing their facility to name a few will become the norm for these residents. While valuing hard work, the Baby Boomers will be focused on personal fulfillment and are willing to question authority. Facility managers and clinical staff will need to be more open to having their role challenged and respect will not be granted just on job title alone. The Baby Boomers are direct communicators and have adapted to technology and modern communication tools. As a result they will always be well informed and have access to a ready supply of information to back any cause they see fit.

In addition to the challenges faced in accommodating the needs of the Baby Boomers we also have the added pressure of providing care services for the growing number of Baby Boomers affected with dementia. According to the Alzheimer's Association many people mistakenly think that age itself causes dementia. Although older age is a major risk factor for dementia it is not a cause. After age 60, the prevalence doubles every five years. Moderate to severe dementia affects about one in fifteen Australians aged 65 and over. Among people aged 80 to 84 the rate is one in nine, and among those aged 85 and over it is one in four. In real numbers this means that in 2001, 160,000 Australians have moderate to severe dementia as many again may be in the early stages. It is estimated that by 2006, 183,000 Australians will have moderate to severe dementia and by 2011, this figure will increase to 210,000 people. Because of our ageing population, these numbers are projected to increase to about 280,000 by 2021 (Alzheimer's Association, 2001). Currently Australia will not have enough dementia units to meet this growing need for care and most still remain at home with community care packages and community supports.

Comparing the generations

Each generation has been shaped by the times from which they grew up and all members bring different skills, mindsets, and attitudes to their living environment. The Silent Generation is made up of conformers who value discipline and hard work.

Baby Boomers are motivated by money and leadership opportunities. As a result this will affect the type of services expected and the role the consumer will play.

A detailed comparison between the current and emerging generation relating to our role is found in the table below:-

	Silent Generation	Baby Boomers
Birth Years	1900-1945	1946-1964
Current Age	119-74 years old	73-55 years old
Influencers	WWII, Korean War, Great Depression, New Deal, Rise on Corporations, Space Age, Raised by parents that just survived the Great Depression. Experienced hard times while growing up which were followed by times of prosperity.	Civil Rights, Vietnam War, Sexual Revolution, Cold War/Russia, Space Travel Highest divorce rate and 2nd marriages in history. Post war babies who grew up to be radicals of the 70's and yuppies of the 80's.
Core Values	Adhere to rules Conformers/conformity Contributing to the Collective good is important Dedication/sacrifice Delayed reward Discipline Don't question authority Duty before pleasure Family Focus "Giving Back" is important Hard work Law and order Loyalty Patriotism Patience Respect for authority Responsibility Savers Stabilizing	Anti-war Anti-government Anything is possible Equal rights Equal opportunities Extremely loyal to their children Involvement Optimism Personal gratification Personal growth Question everything Spend now, worry later Team oriented Transformational Trust no one over 30 Youth Work Want to "make a difference"

	Trust in Government	
Attributes	Committed to company Competent Confident Conservative Dedication Doing more with less Ethical Fiscally prudent Hard-working Historical viewpoint Honor Linear work style Loyal to organization/employers (duty, honor, country) Organized Patriotic Respectful of authority Rules of conduct Sacrifice Strong work ethic Task oriented Thrifty-abhor waste Trust hierarchy and authority	Ability to handle a crisis Ambitious Anti-establishmentism Challenge authority Competent Competitive Consensus Leadership Consumerism Ethical Good communication skills Idealism Live to work Loyal to careers and employers Most educated as compared to other 3 generations Multi-taskers Rebellious against convention beginning with their conservative parents. Traditionally found their worth in their work ethic but now seek a healthy life/work balance Optimistic Political correctness Strong work ethic Willing to take on responsibility
Family Experience	Traditional Nuclear	Disintegrating Mum stayed home As children were seen as “special”
Education	A dream	A birthright
Dealing with Money	Put it away Pay cash Save, save, save	Buy now, pay later
Technology	Adapted	Acquired
Entitlement	Seniority	Experience

Workplace View on Respect for Authority	Authority is based on seniority and tenure	Originally skeptical of authority but are becoming similar to Traditionalists-Time equals authority
View on Work/Life Balance	Work hard to maintain job security	Were hesitant of taking too much time off work for fear of losing their place on the corporate team. As a result, there is an imbalance between work and family.
Work Ethic and Values	Adhere to rules Dedicated work ethic Duty before fun Expect others to honour their commitments and behave responsibly Individualism is NOT valued Like to be respected Like to hear motivational messages Linear work style Socialization is important Their word is their bond Value due process and fair play Value honour Value compliance Value sacrifice Value dedication Value hard work Value good attitude Value attendance Value practical knowledge Value loyalty	Challenge authority Crusading causes Dislike conformity and rules Heavy focus on work as an anchor in their lives Loyal to the team Question authority Process oriented Relationship focused at work Strive to do their very best Value ambition Value collaboration Value equality Value personal fulfillment/gratification Value personal growth Value teamwork Value youthfulness Want respect from younger workers Want a flexible route into retirement Willing to take risks Work efficiently
Keys to Working With	Think that work is not supposed to be fun They follow rules well but want to	Want to hear that their ideas matter. They were valued youth, teens and young adults and expect to be valued

	know procedures. Tend to be frustrated by what they see as a lack of discipline, respect, logic and structure especially if the workplace is more relaxed or spontaneous. Consider their feelings Tend to be conservative in Workplace Like the personal touch	in the workplace. Their careers define them, their work is important to them. Silly routines are frustrating. They expect their work, and themselves to matter. Before they do anything, they need to know why it matters, how it fits into the big picture and what impacts it will have on whom. Do well in teams Are motivated by their responsibilities to others Respond well to attention and recognition. Don't take criticism well Less likely to offer necessary recognition. Need flexibility, attention and freedom
View of Authority	Respectful	Impressed
Technology is…	Medical application of penicillin	The microwave
Communication	Discrete Present your story in a formal, logical manner Show respect for their age/experience (address as Mr, Sir, Mrs) Use good grammar and manners (no profanity) Deliver you message based on the history/traditions of the company and how they can fit Use formal language Don't waste	Diplomatic In person Speak open – direct style Use body language to communicate Present options (flexibility) Answer questions thoroughly and expect to be pressed for details Avoid manipulative/controlling language Like the personal touch from managers Get consensus-include them or

	their time Use inclusive language (we, us) Focus-words not body language Slow to warm up Memo Like hand-written notes, less email and more personal interaction	they may get offended Establish a friendly rapport OK to use first names Learn what is important to them Emphasize the company's vision
Feedback and Rewards	No news is good news Satisfaction is a job well done Feedback on performance as they listen Want subtle, private recognition on an individual level without fanfare.	Feel rewarded by money and will often display all awards, certificates and letters of appreciation for public view. Like praise Title recognition Give something to put on the wall. Somewhat more interested in soft benefits than younger generations Enjoy public recognition Appreciate awards for their hard Work & the long hrs. they work
Messages that Motivate	"Your experience is respected"	"You are valued" "You are needed"
Money is…	Livelihood	Status Symbol
Work and Family Life Balance	"Ne'er the two shall meet" Keep them separate At this point in their lives they are interested in flexible hours and are looking to create balance in their lives after working most of it.	No balance "Live to work" At this point in their lives they are interested in flexible hours and are looking to create balance in their lives. They have pushed hard, all work and no play and they are beginning to wonder if it was worth it.
Retirement	Put in 30 years, retire and live off of pension/savings	If I retire, who am I? I haven't saved any money so I need to work, at least part time. I've been downsized so I need to work, at least part time.

An original and complete copy of this table can be found below in the following link; http://www.wmfc.org/uploads/GenerationalDifferencesChart.pdf

The days of being a passive observer and graciously accepting whatever lifestyle departments can offer will fade. The Baby Boomers are aware of their rights and have high expectations of how they want to continue to live once they move into assisted living environments. Facilities will be expected to offer not only choice of quality and real-life experiences but valued and purposeful roles within their living environment as well. This generation is tech savvy and culturally diverse with no qualms about voicing their opinions and maintaining quality of life however possible.

It will now become the responsibility of the aged care provider to meet those expectations and to provide the necessary budget and staff to do so. It is hoped that the Royal Commission into Aged Care Quality and Safety will look at how older people are cared for and work out what needs to change to make aged care services better. When they have finished, they will write a report that will say what should be done to make aged care services better for people who need them now and in the future.

Some of the questions they are asking:

- How can we make sure that aged care homes and services provide good and safe care?
- What can be done so there is enough good quality aged care homes and services in the community for all the people who need them?
- Are there enough good quality services in remote, rural and regional Australia?
- What are the best ways to help and care for people living with dementia?
- What are the best ways to help and care for younger people with disabilities who are living in aged care homes?

It is not yet known what how the report's conclusions will impact on the leisure and health aspects of age care services. The DRTA has made a submission to the royal commission with the voice of its members and we are now waiting to see the results.

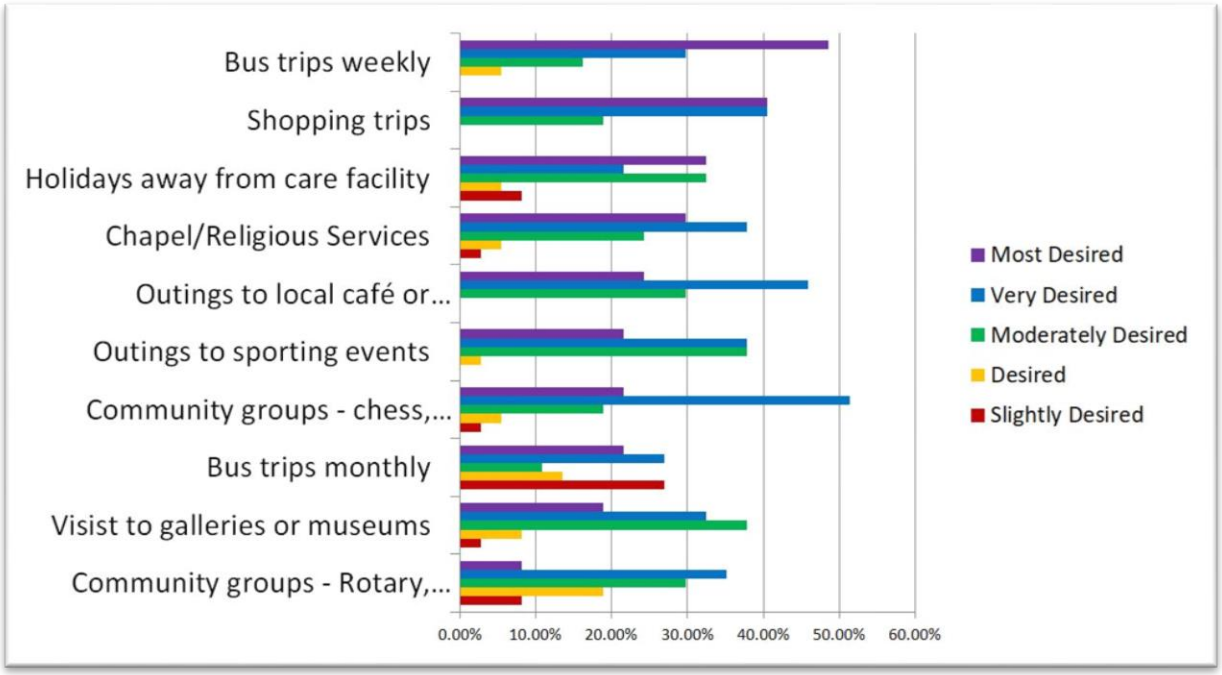
How will this affect staff numbers in lifestyle and the budget? Will there be a significant improvement or just more ambiguity and fluff?

Literature review

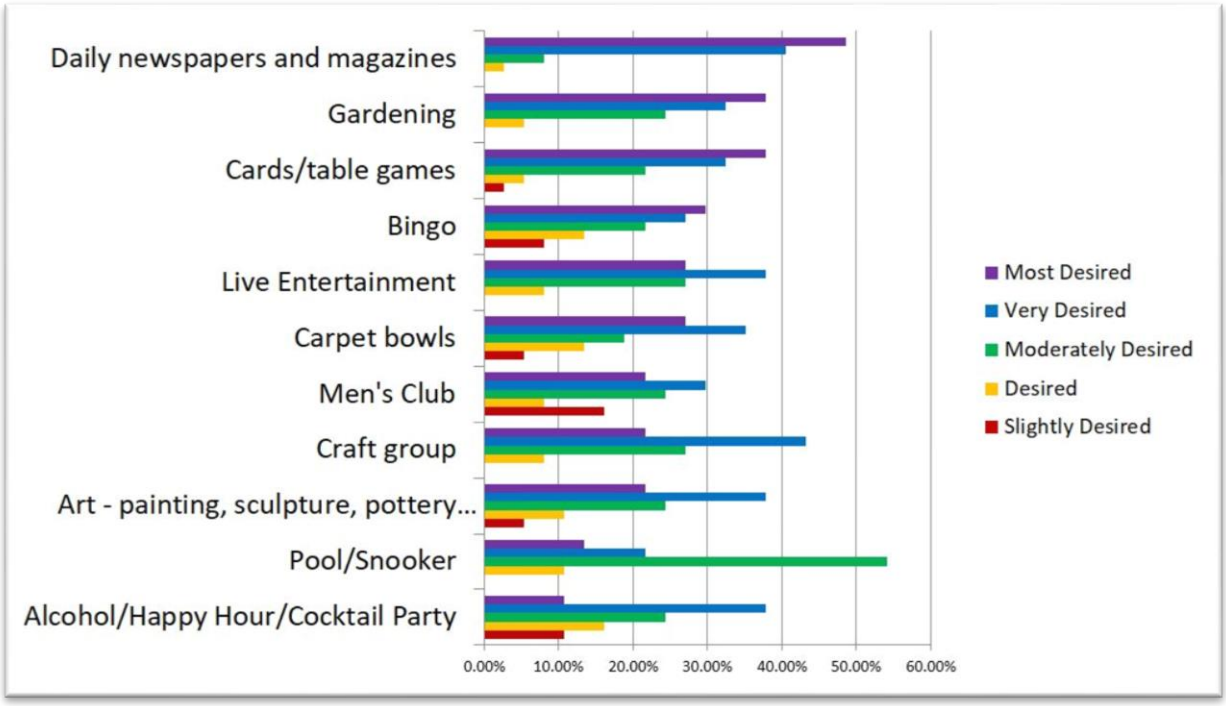
Initially when starting to do research in 2014 regarding the Baby Boomers entering into aged care it was minimal. However in past few years there has been an influx of people offering resources and courses to assist diversional therapists to ready themselves for the next generations of care recipients. One particular research from Dr Rodney Jilek has explored more deeply all aspects of Baby Boomer expectations of living in residential aged care but for the purpose of this research I will be focusing on his findings regarding leisure.

After evaluating Dr Jilek's data I have graphed his findings based on the responses of 2843 informants and they are as follows under various categories. The graphs represent the desirability for each topic base on those surveyed:-

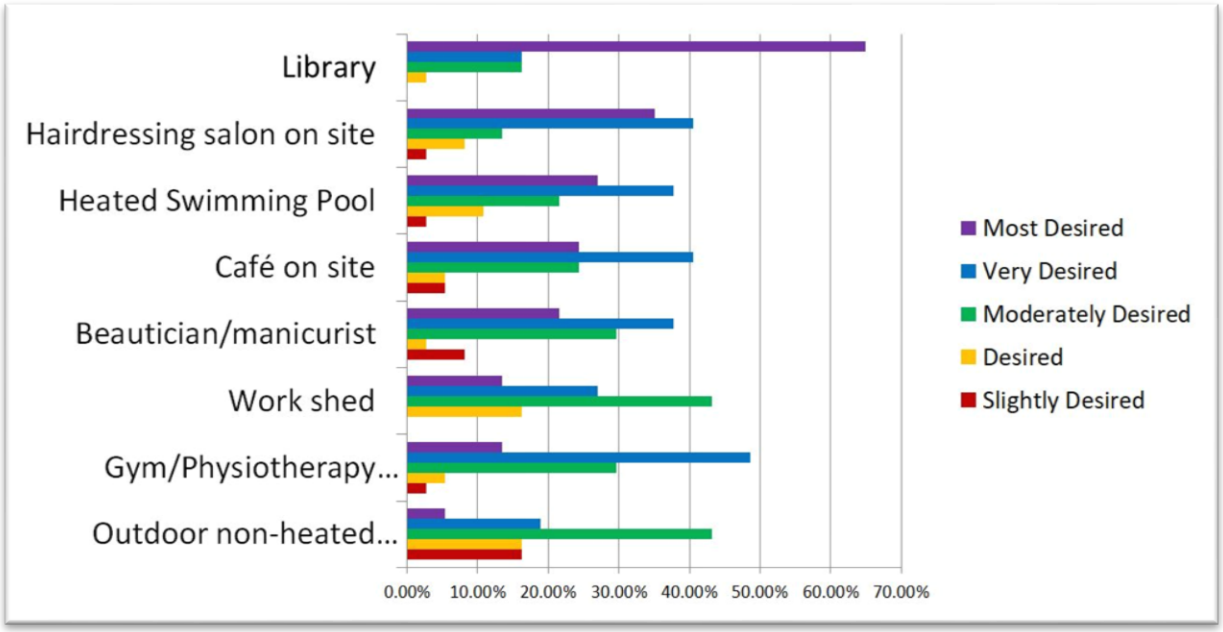
Community Access



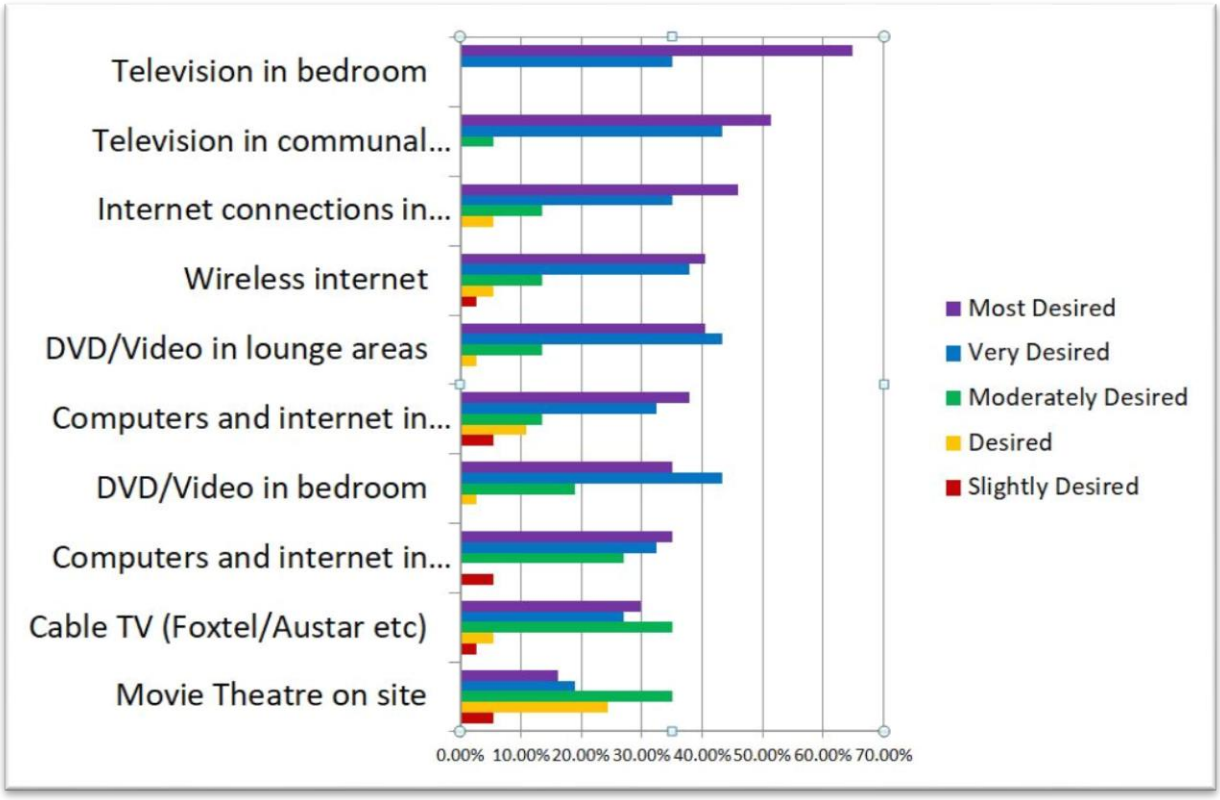
Diversional Therapy



Facilities



Technology



According to Dr Jilek, Baby Boomer recreational activities responses regarding recreational and leisure activities for high and low care were almost identical with the majority of participants stating daily activities were an expectation.

Dr Jilek's analysis of the desirability data revealed that the recreational activities options ranked consistently as highly desirable indicating that access to a breadth of recreational activities was important to this cohort. It is also noted that on average 63% of participants found the listed recreational activities a basic level for residential aged care.

Research Plan/Methodology

Participatory Action Research (Cherry, N 1999 & Stringer, E.T 1996) was the theoretical framework that has guided this project and has been used within a local community context, providing the mechanism for gaining information, knowledge and learning that would lead the diversional therapy fields to predict what the Baby Boomer generation needs to enable them to prepare. This framework was used

within a community development approach that is closely associated with the organisations involved here in the municipality of Clifton in Queensland. By the end of August 2019 I had interviewed five Baby Boomers. A sample of five self-selected individuals for qualitative interviews would provide enough information to consider the issues confronting Baby Boomers in aged care facilities and assist the project to identify what Baby Boomers are expecting. It is recognized that this qualitative method will have a sampling bias based on the interviewees self-selecting for interviewing. This means that it is harder to generalize the results however for the purpose of this study we are linking the issues of maintaining quality leisure experiences with in an aged care setting. Although this is a small sample size it designed to be a glimpse into the attitudes of five Baby Boomers towards aged care and leisure.

The aims of the research questions were:
A). to identify what Baby Boomers think and feel about entering into aged care facilities
B). to identify what Baby Boomers expect in maintaining quality of life through leisure in an aged care facility

The benefits perceived through this enquiry based approach were seen to be twofold. Firstly, we were building the capacity of the leisure and health industry to develop and participate in a community/research consultation that along the way build their skills and knowledge. Secondly, we would have qualitative data and a process for analysis that considers Baby Boomers and their leisure interest and expectations. This would then lead to how aged care facilities would be able to change their lifestyle programs to meet the needs of the Baby Boomers.

Demographic information on the Baby Boomers interviewed

How will the aged care sector cope with the baby Boomers in the decades to come? What ‘quality of care’ will we be demanding and expecting? Will it be all about the concierge at the front door – the chandeliers – the string quartet at dinner time? I

very much doubt it. (“The Baby Boomers peek into their future” Leigh Hatcher Hammond Care's Director of Public Affairs, 2014). There are many Baby Boomers that have personally witnessed the aged care experience in the process of dealing with their ailing parents who have exhibited an unprecedented longevity when compared the generation before.

According to the Aged Care Guide, There are now reportedly more 65 year olds in Australia than at any point in history, a social commentator claims. Figures from the Australian Bureau of Statistics confirm the “grey wave” has arrived. Almost 250,000 people were aged 65 years last June – an 18% jump from the previous year, or an extra 37,500 people. Social commentator, Hugh Mackay, says Baby Boomers are “more socially engaged, more politically active, more inquisitive” than ever. (2013) the very nature of this cohort will be more active and engaged with change and aged care facilities will be expected to meet their inquisitive nature with new experiences and modern facilities.

Five Baby Boomer Interviewee profiles

A total of 5 people were interviewed with the group being made up of two females and three males. Two were born in Australia three overseas (one in the UK and two in New Zealand). All had English as their first and only language. Two were married and three were single. Four had already fully retired and one was still working and raising a grandchild. None were self-funded retirees. One of the five was currently involved in volunteering but most had done some volunteering in their time.

This section aims to give the reader an insight into the lives of the people that we interviewed. These examples highlight the individuals themselves rather than just the responses to the individual questions. These five examples help to show just how different the experiences of aging Baby Boomers are in this cohort of 5 people. (Minor details have been changed and circumstances generalized to protect the individual’s identity.)

Example No 1 is a female in her late 60’s retired early due to a dementia diagnosis. I school teacher all her life, widowed and mother of two children and three step

children. She has a close relationship with her children and decided to move into a residential aged care facility before her condition left her too confused for a smooth transition and to reduce any potential burden to her children. She has a very close relationship with her grandson and is still active within her community attending church and meeting with friends. She is also active in tai chi which she still attends at the nursing home.

Example No. 2 retired from work almost 10 years ago after her and her husband relocated to the country. She had a very full and active lifestyle, balancing her time between volunteering at the local op shop and hospital and family commitments caring for her husband. She spends time with her nine grandchildren on school holidays that live in Brisbane. She hopes she will not have to go into a nursing home but will accept it if there is no other choice. She doesn't have any real negative feeling around living in a nursing home should the need arise in the future.

Example No. 3 is a 70 year old divorced man, with one adult daughter in another state as well as a New Zealand immigrant. He is currently involved in volunteer work with the local nursing home two days per week helping in the lifestyle program. He is working on a book about New Zealand rock and Roll and is a collector of rock and roll memorabilia. He is very active in the community and lives in a shared accommodation with a non-related family and has an honouree uncle role for the daughter of the co-owner of the property.

Example No.4 semi-retired 5 years ago and remarried recently which has complicated his financial independence as his wife is still working and too young to retire. His current priorities in retirement have been to ride his motorcycle, and renovate their house and gardening. He has four adult children and three step children and no living parents. He and his wife have been very involved in supporting her elderly mother and helping her with the transition into residential aged care.

Example no. 5 is a retired woman in her mid-60's who runs the local Tai Chi program. She is active and very independent and enjoys traveling with her partner. She has one son and two grandchildren that she visits in Brisbane regularly. She also volunteers her time to teach tai chi in the local dementia centre once a week.

Question responses on entering aged care from the five baby boomer interviewed

Interviewee 1. has already moved into aged care and is so far happy with the services provided however would like more facilities to be available.

Interviewee 2. is not concerned about living in aged care should it become necessary in the future.

Interviewee 3. would feel worried and lost.

Interviewee 4. would rather die than go into a nursing home and will take what ever steps happen to insure he independent until the end.

Interviewee 5. feels scared, hesitant, uncomfortable, threated and possibly angry should she be admitted into an aged care home. Her main concerns are centred on losing her independence, loss of dignity and losing her identity and being considered as just “one of the residents”. She is concerned she will lose her identity, right to choose, privacy and space.

Question responses on leisure and facilities in aged care from the 5 Baby Boomers interviewed

Interviewee 1. would like to have ready access to a pool, gym, library, coffee shop, chapel, retail outlet and bar.

Interviewee 2. would like to have the following facilities available should she become a permanent resident in an aged care facility. Pool, movie cinema, coffee shop, retail outlet, bus for shopping, music, concerts and a takeaway shop.

Interviewee 3. in addition to the usual activities he hopes to also have access to the following in house radio and television stations, to maintain link to the outside community, via outings to places like, men’s shed, museums. Clubroom for men with guest speakers and memorabilia displays. Coffee shop, movie cinema and small retail outlet to purchase papers, magazines and other items.

Interviewee 4. refuses to answer this question as he believes he will never need these services.

Interviewee 5. expects to be included on all discussion in relations to the choices of food and activities offered in the facility.

Analysis and discussion

According to Japara one of the aged care trends is that residents will demand greater lifestyle amenities, this can been seen in the feedback of the informant's interviews and reflected in the data collected from Dr Jilek's paper, *"Baby Boomers Expectations of Residential Aged Care.*" As Baby Boomers ease into their retirement years in large numbers and begin utilising residential aged care accommodation, many will demand greater lifestyle amenities not typically associated with this sector. With the Baby Boomer generation typically asset-rich thanks to the value of their residential property and superannuation funds, they'll both expect and be able to fund a standard of living not dissimilar to their younger, independent years. This can be seen in everything from the increasingly architect-designed nature of aged care facilities, which feature ample natural light and polished surfaces, to concierge services and in-house chefs preparing gourmet meals on a daily basis. Other lifestyle amenities include regular social activities, and excursions to keep aged care residents fit, healthy and well-connected to others" (2018).

In addition to this will be that "digital technology is set to play a much more visible role in the provision of aged care services in Australia. From powerful comparison websites which allow the public to read reviews of individual facilities and compare their fees, to more ambitious possibilities including smartwatch-style monitoring devices and even robotic assistants who can follow nurses around facilities as they tend to residents; technology can enable administrative tasks to be completed more efficiently, freeing up quality time to tend to residents social and emotional needs" (Japara 2018). It will also be a viewed as an essential tool for residents to engage with the internal and external community, communicate with family and friends, follow current affairs, reduce boredom, keeping the brain active with games, this will keep growing as we use this platform to manage our lives.

With this research it is hoped to bring some sense of preparedness or at least an understanding of what is now expected from us as our leisure and health industry. To use this data to advocate in getting better support, staff ratios, budgets, and resources to provide the very things that make life with living. To help us to keep those in our care engaged, living with purpose and maintain a quality of life that has not been seen before in residential aged care.

Recommendation of resources

The more you look the more you find and this is the case once you know what you are looking for. At some point I needed to conclude my research but while there are many ways to provide support to the Baby Boomer generation the following resources were the ones that I believe can make the most impact at this stage. In isolation these are not stand-alone solutions to providing quality services to our emerging Baby Boomer generation, but they will be a part of the larger picture in our industry and can complement our contribution to the age care sector.

The LiveCare360

This platform aims to satisfy a generation of retirees much more technologically savvy than their predecessors. Baby Boomers are “in many ways a privileged generation being the first generation to grow up in an era of increasing affluence and prosperity”, according to a 2014 Department of Health report, and they come into aged care with much higher expectations than previous generations.

Going from your own home - equipped with strong wi-fi and myriad mobile devices - into an aged care facility with bad connectivity and an ageing television is just not an option, Lymbers says. “Why should you miss out on your lifestyle because you have to be in a care facility?” he said.

The LiveCare360 portal provides a way for residents to do everything from order their meals, watch programs, and Skype with family, to listen to music and audiobooks.

It similarly allows their family members to check in on what the resident has been doing that day - anything from what they watched on television to how their health is tracking, as well as the ability to contact their carer if any concerning data surfaces.

https://www.itnews.com.au/news/baby-boomers-driving-tech-innovation-in-aged-care-478839

https://www.youtube.com/watch?v=5BZFYYE3as8

Thread care

Be more than just your care plan. New technology to give your residents a personhood and identity that is far more detailed than most current care plans used today.
Share your life story with those you care most about. Thread Care is a simple and powerful way to document your life. Easily set up a personal account and start adding historical moments to your personal timeline. Chronicle the important moments and memories of your life to share with family and friends.

The flexible format means that you chose the focus, anything from key people or times in your past, to featuring the people or things that you love in your life now.

Celebrating You - Collaboration to help build your story.
Our app allows you to grant access to trusted family members or friends to view and contribute to your timeline.
Loved ones can easily submit their own stories and anecdotes from your lives together to your timeline while also keeping up to date with what you've been up to through your own posts.
How it works
Reminisce on past experiences
Easily add memories
Shared on timeline
Family can share and add to your memories
Memory appears on your timeline
More connections and stronger memories

Thread Care is also a powerful tool for building connection and community in aged care facilities.

Family history research is a great way to celebrate loved ones or to document your ancestry, creating a legacy that can be passed on to new generations.

https://www.threadcare.com.au/

Aged Care Music resources

The Green Book CD Collection is another premium activities resource created at the request of the aged care industry looking to cater to the needs of a new generation entering care.
In recent times, we have seen an increase in the number of people from the Baby Boomer generation entering aged care facilities and community based activity groups.
The music on the CDs in this collection has been compiled to cater to the Baby Boomer' taste, with music from the 1950s through to the 1970's.
And while these people didn't grow up with the sing-alongs of yesteryear, that are familiar to the Red and Blue Book editions, this collection also has a companion songbook available.

The Green Large Print Song Book is the companion to the Green Book CD Collection which contains 200 popular tunes from the Golden Oldies era spanning the 1950s, '60s and '70s.

The music in this CD collection will provide hours of pleasurable listening, but the following are just some of the other ways in which it can be used:
As music to play on bus excursions
Music for quizzes and games
Music for movement such as strength training, stretching, balance and cardiac workouts
As background music for happy hour drinks or parties?
As backing music for sing-alongs or karaoke
As music to work to
https://www.agedcaremusicresources.com/

Golden carers

Golden Carers provides support and inspiration to activity professionals working in senior care. Save time with 1000s of meaningful activity ideas! We are a family business based in Brisbane, Australia. Since 2007, Golden Carers has been supporting and connecting caregivers of the elderly.

Solange is a Diversional Therapist and has worked in the aged care industry for the past 30 years. Always searching for new ideas and activities for her clients, Solange thought it would be wonderful if there was a website dedicated to people like her. A website full of inspirational ideas, activities, support materials, and a forum to share ideas. So that's what we setup to create.

At the time, Talita, Maurice & Chris were running Kintek, a web and mobile development company. Their experience in software development was the perfect match for Solange's vision for Golden Carers.

Together we created an interactive website to assist and share ideas with diversional therapists, recreation therapists and other caregivers of the elderly, including volunteers. We provide activity ideas, forms & templates, documentation samples and many more support materials.

Our members come from all over the world and from a wide range of backgrounds and experience. It's a wonderful community where people share ideas and help one another via the forum. If two heads are better than one, imagine what a whole community can achieve!
https://www.goldencarers.com/activities-for-the-baby-boomer-generation-/4422/

Silver memories

Silver Memories aims to improve the quality of life of older Australians through nostalgia music and entertainment. Using the medium of radio along with satellite technology, Silver Memories broadcasts engaging, cheerful and appropriate content 24 hours a day, seven days a week. Silver Memories is a non-profit organisation.

Silver Memories is a special nostalgia radio service developed by the Music Broadcasting Society of Queensland Ltd and was designed specifically to address social isolation and depression in aged care. The service provides a non-pharmacological tool for the management of dementia and related issues. Silver Memories operates 24 hours a day, plays cheerful and gentle music from the 1920s to the early 1960s, includes cheerio greetings and birthday calls from our friendly announcers and features old radio serials and comedies which people listened to before the advent of television.

Silver Memories has been endorsed by the Australian Medical Association (Qld) and Alzheimer's Australia (Qld) who use it in their Dementia Behaviour Management Service (DBMAS).

Benefits of Silver Memories For residents
Silver Memories radio broadcasts the music, comedies and serials you grew up with. Listening to this unique radio service will take you on a trip down memory lane. Sharing memories is a great way to connect with others.

For families
Is your parent or loved one living in aged care, or are you preparing to make the decision about which home is right for them? We believe wholeheartedly in the power of music to improve wellbeing.
There is a growing body of research confirming this fact and we have received numerous stories of positive transformation from people who have experienced Silver Memories, and their carers.

For therapists
Silver Memories radio is a comprehensive tool to help you in your therapy practice. It is based on Reminiscence Therapy principles and backed by evidence-based research. An essential feature of Silver Memories is its availability for all residents, an important factor in enhancing social engagement and group participation. Much more than a broadcast service, the installation of Silver Memories comes with a collection of resources to accompany the programming, making activities planning that much easier. You will also join a community of diversional therapists and

activities coordinators who have already discovered the benefits of Silver Memories for themselves and see improvements in the wellbeing and happiness of residents in their care.

For managers

Silver Memories is a proven non-pharmacological tool for the management of dementia and related issues. Once installed in your premises it is available to all residents 24 hours a day. No additional devices are required. Staff and carers in homes where Silver Memories is installed report a reduction in their stress and a significant time saving due to the resources provided. The addition of Silver Memories to the lives of your residents also means that all areas of continuous improvement for accreditation are covered.

NB. An app is currently being developed to also allow the Baby Boomers to have ready access to the Silver Memories music recourse.

https://www.silvermemories.com.au/about.html

References

Aged Care Guide. 2019. Grey wave sweeps over. [ONLINE] Available at: https://news.agedcareguide.com.au/2013/01/22/grey-wave-sweeps-over/. [Accessed 14 November 2016].

Aged care pricing commissioner. 2016. Approval of extra service fees. [ONLINE] Available at: http://www.acpc.gov.au/approval-of-extra-service-fees/. [Accessed 4 July 2019].

Alzheimer's Association of Australia. 2001. Please Remember This. [ONLINE] Available at: https://fightdementia.org.au/sites/default/.../20010800_Nat_SUB_PlsRememThis.pdf. [Accessed 31 May 2018].

Dalhousie University. 2012. Understanding participatory Actions research: A Qualitative research methodology option. [ONLINE] Available at: https://pdfs.semanticscholar.org/3b78/ecfe0b4a0a7591d2ea068c71e8ea320ff451.pdf. [Accessed 15 April 2019].

Department of Social Security. 2019. Age care reform/why is aged care changing. [ONLINE] Available at: https://www.dss.gov.au/ageing-and-aged-care-aged-care-reform/why-is-aged-care-changing. [Accessed 15 July 2019].

Department of Social Security. 2014. The demographic facts of ageing in Australia. [ONLINE] Available at: https://www.dss.gov.au/sites/default/files/documents/11_2014/002_the_demographic_facts_of_ageing_in_australia_-_revised_0.pdf. [Accessed 16 November 2018].

Diversional therapy Australia. 2018. About DRTA. [ONLINE] Available at: http://diversionaltherapy.org.au/About-DTA/What-is-DT. [Accessed 18 May 2018].

Fujitsu Australia Limited. 2007. Australian aged care needs radical overhaul to meet baby boomer demands, according to new survey. [ONLINE] Available at: https://www.fujitsu.com/au/about/resources/news/press-releases/2007/20071016-01.html. [Accessed 28 November 2016].

Future Directions, Consultancy Report to the Alzheimer's Association of Australia, Michael Bird and Ruth Parslow, Centre for Mental Health Research ANU 2001.

Hammond Care. 2018. The baby boomers peek into their future. [ONLINE] Available at: a href= http://www.hammond.com.au/health-and-aged-care/the-baby-boomers-peek-into-their-future [Accessed 28 April 2019].

Health how stuff works. 2011. 10 popular baby boomer activities. [ONLINE] Available at: https://health.howstuffworks.com/wellness/aging/baby-boomers/10-popular-baby-boomer-activities.htm. [Accessed 13 July 2017].

Japara Care. 2018. Future trends in Australian aged care. [ONLINE] Available at: https://japara.com.au/news/future-trends-in-australian-aged-care/. [Accessed 15 April 2019].

Missouri Education. 2019. Seen, but not heard. [ONLINE] Available at: http://www.marstoncomm.com/matures.html. [Accessed 11 June 2018].

Slide Share. 2009. Baby boomers expectations of residential aged care. [ONLINE] Available at: https://www.slideshare.net/DrRodneyJilek/baby-boomers-expectations-of-residential-aged-care. [Accessed 29 July 2019].

The Australian. 2009. The silent generation. [ONLINE] Available at: http://www.theaustralian.com.au/news/the-silent-generation/story-e6frg6n6-1111114562050. [Accessed 20 September 2018].

Thread Care. 2019. Many muments make a life. [ONLINE] Available at: https://www.threadcare.com.au/. [Accessed 22 April 2019].

Value options. 2002. Traditional s. [ONLINE] Available at: http://www.theaustralian.com.au/news/the-silent-generation/story-e6frg6n6-1111114562050. [Accessed 23 September 2018].

Washingtonpost. 2017. Heres how much longer each generation will be sticking around. [ONLINE] Available at: https://www.washingtonpost.com/news/politics/wp/2017/01/24/heres-how-much-longer-each-generation-will-be-sticking around/?noredirect=on&utm_term=.00997c8a8a0e [Accessed 13 June 2019].

Note from the author

This research has been an effort to help my fellow lifestyle staff to raise awareness for the important role we do. We work alongside our dedicated nurses, cleaners, administration, maintenance person, gardeners and all others working to serve our elders. While it is not an academic paper, I hope it can help you advocate for the support you need to provide the tools to help our residents live their best life.

My vision of the future would see an interactive tech savvy flip table with the following apps. Uber eats, Facetime, Skype, family connections, inter-room connections, games, Facebook, community cams, facility cams including the activity room to be able to watch activities in progress, photo album, video library, and movie streaming, nurse call and kitchen menu options, booking appointments and ordering taxis etc.

Aged care facilities should resemble closed communities like those seen in the European and Asian countries with village settings that support the normal routines of life just as any independent person would have. Retailers like The Coffee Club, Just Cuts and other small retailers should be encouraged to open outlets within the residential facilities that have both public and internal access with discrete wander monitors which are now commonly available. Pools, gyms, clubs, pubs are also open to public and staff and designed for resident access and use. Concepts of intergenerational contact see ABC “old people’s home for four year olds” streaming on iView. On site staff day care centres and schools to be regular visitors the community or better still to share resources.

Residents should be forming small committees that are involved in all aspects of facility management from the design of the menu to recruitment of staff. Lifestyle departments will no longer just run activities but will facilitate small groups of residents to manage their own hobbies and interests and support them with the space, resources and mobility assistance to form garden clubs, card clubs, men’s group, craft groups and so on leaving the big activities like bingo or concerts and other significant events to lifestyle staff.

While technology can be our ally in the provision of leisure interests is still cannot replace the need for staff to provide the personal approach to conversation, care and emotional connection with individuals.

The need to raise the rate of pay that fairly recognises the contribution that lifestyle staff makes to enhancing quality of life it is not a privilege but a right for all people. Staffing ratios need to be reconsidered and not fall back onto volunteers to make up the staff shortages. Just as the royal commission investigates care reforms it is hoped that lifestyle departments can also benefit from a rethink into how we provide care services.

I wish you all the best,

Jade Gilchrist

Appendix

The history of diversional therapy

The following extract has been taken directly form the Diversional therapy & Recreation association website. The Australian Red Cross selected students and trained them in handcraft as a diversional therapy activity under the direction of Miss Leila Bloore. The courses ran from 1945 until 1976.

The mid 1960's saw a greater awareness of the need to improve the quality of care of the increasing aged population. Part of this care included craft, recreation and social activities. New teaching positions were created in day care and community centres, nursing homes and hospitals, and the Royal Blind Society, etc.

It was then recognised that diversional activities were far broader than handcraft alone, and that those offering this service should have the skills and expertise to adapt, modify and instruct a client in the performance of many and varied activities, thus assuring a greater interest and more participation for all clients.

In 1967 diversional therapy was introduced into nursing homes at the time the New South Wales State Government was looking to transfer psychiatric patients from the large Schedule V institutions, to the community.

To soften the impact and to prepare nursing homes for this event, a pilot study was conducted, aiming to improve the quality of life for patients in these facilities. The study involved every member of the staff in some way, with a programme consisting of reality orientation, games, singing, handcraft and exercises. Although the study was completed in three months, the programmes continued because of its proven value to both the residents and the education of all staff members.

Seven students undertaking the last Handcraft Instructors Course offered by the New South Wales Red Cross Society formed the Diversional therapy Association in 1976. The first meeting was held on the 8th September 1976 at Red Cross House in Sydney. The first newsletters were printed and distributed to members in 1977; at this time there were 30 members. The first newsletter editor was Elizabeth McPherson, followed by Jeannette Black and the present editor Jennifer Dreise. The Association published three journals between 1985 and 1986; the editor was Barbara Nash.

From 1979 to 1984 the Association, with approximately 560 members completing three courses, conducted twelve In-Service Courses. Participants included members from New South Wales, Queensland, Victoria, South Australia, Western Australia, New Guinea and New Zealand who travelled to Sydney for the courses. The Association has held an annual convention since 1979 and until 1992 all conventions had been held in New South Wales, with then in Sydney, and four in country areas: Albury 1984 - Dubbo 1987 - Tamworth 1989 - Wagga Wagga 1991. Since the formation of the DTAA National Council Steering Committee in 1991 the conventions have been held in New South Wales in 1992 - Queensland 1993 - Victoria 1994 and Tasmania 1995. To celebrate the 20th anniversary of the formation of the Association, the 18th convention was held in Sydney in 1996.

In 1981 the first groups of the Association were formed and began holding regular meetings. There are now 26 groups in New South Wales and Incorporated

Diversional therapy Associations in the six states. In 1989 a code of ethics and a basic statement of duties for diversional therapists was worked on at length by members of the DTA committee and a small working party, this incorporated a broad aspect of ideas from diversional therapists employed in a variety of settings. A Mission Statement, and the revised Philosophy and Code of Ethics were adopted in 1995.

1985 was the year the Associate Diploma of Applied Science (Diversional therapy) commenced at Cumberland College of Health Sciences, as a two year, full time course. In 1990 the College became affiliated with the University of Sydney. This course was upgraded to a degree in 1995 - Bachelor of Applied Science (Diversional therapy) Commencing in 1995, Charles Sturt University offered a Bachelor of Health Science (Leisure & Health) and Associate Diploma of Health Science (Leisure & Health) via distance education.

A Bachelor of Applied Science (Diversional therapy) was established in 1996 at the University of Western Sydney, Macarthur. This has subsequently become Bachelor of Applied Science (Therapeutic Recreation).

The first New South Wales State Conference was held in Sydney in 1993. The proceedings of this and the 1994 and 1995 conference have been published, providing a valuable resource of literature for anyone working in the field of diversional therapy or undertaking related studies.

The Association organised two mission statement meetings in Sydney in 1990. The primary objective was determined: to ensure that the structure of the Association is responsive to the needs of its members' and one further objective being to 'develop a national /state structure for the Diversional therapy Association of Australia.' The DTAA National Council Steering Committee was formed at a meeting in 1991 at Wagga Wagga, preceding the annual convention.

After a period of negotiations between the State Associations, The Diversional Therapy Association of Australia National Council became a formal Company Limited by Guarantee in 1995, with five State members - New South Wales,

Queensland, South Australia, Tasmania and Victoria. To become part of National Council a major decision had to be made by members in New South Wales to change the name from DTAA to 'The DTA of New South Wales Inc.'

The Diversional therapy Association of Western Australia was registered as an incorporated body and became a member of the Diversional therapy Association of Australia National Council in 1996.Western Australia has a long history of networking and support groups for people working in the field of leisure and recreation for frail aged and disabled clients, however without any formal structure these groups often had difficulties surviving over the long term.

In August 1995 Wendy Butler and Margaret Stephens held a workshop 'Never too Old to Learn' in South Perth attracting 124 people. Due to everyone's enthusiastic response to the workshop a group of those attending with encouragement and financial support from Wendy and Margaret started on the journey of forming The Diversional therapy Association of Western Australia Inc.

From that first workshop in 1994 the association went from strength to strength. We now hosts a Seminar in August, two half day and one full day hands on workshops each year, publish a bi monthly a newsletter, provide education through guest speakers at monthly meetings, support members through continuing professional development, provide a forum for networking and the sharing of ideas and actively promote diversional therapy education and practice to members and the wider community.

In September 2009 all financial members voted in favour of winding up each state association. In October 2009 the application for change of registration name was accepted from the Diversional therapy Association of Australia National Council to Diversional therapy Australia.

2010 saw the development of the national office, expansion of the office team and development of the national database of members. Diversional therapy Australia held the National Conference in Sydney and began delivery of workshops across Australia (Diversional and Recreation Therapy Australia 2019).

First president of newly incorporated entity – Diversional therapy Australia is Renee Dunne (now Rizzo). State representatives included in board. Members of separate state organisations moved to DTA, First DTA National Conference held Sydney in September, DTA's first workshop held in Hobart in July, Development of National Office and employment of Margie Kennard as Office Manager

2011 began with 8 workshops held around the country a national conference held in Melbourne in May with the theme – "The Path Ahead – engaging Professionals, Clients and Communities". Network groups established as member only groups

2012 Appointed National Education Co-ordinator, Steph Bejma. National conference held in Brisbane in May with the theme – "Diverse Roles: Heading in the same direction, DTA attends CAREX Expo in Melbourne, Students accepted as Affiliate Members, New membership category introduced – Affiliate Retired members, the first DTA Network Group Information Day held in Newcastle and the DTA has stand at the D & R conference

2013 MOU signed with DTA, Louise Absalom elected as 2nd DTA president, Steph Bejma initiates Takeaway café at our workshops

2014 New website was created together with other social media platforms – Facebook, Twitter, Instagram, LinkedIn, Membership categories changed from Level 1 and Level 2 to Full Member – Cert IV Qualified/Diploma Qualified/Degree Qualified. Inaugural Award for Excellence awarded to Lindl Webster, New Affiliate Membership for International practitioners announced. A national conference held in Adelaide – theme, Shaping Diversional therapy: from Theory to Practice. Partners catered for by initiating a "Men on Buses" tour. Delegates from Japan and New Zealand attended the DRTA conference. January/February newsletter last paper newsletter issued. First E-Newsletter issued – "Connections", DTA one or the signatories to the Statement of Intent (through AHPA) with Indigenous Allied Health Australia at Close the Gap Day. DTA joins AHPA as an Affiliate member

2015 Annual conference held at the Gold Coast, Qld, themed - “Wellness through Leisure” Special Dementia workshop help presented by visiting Prof Sherry Dupuis a Trade Directory launched on website, Inaugural DTA Connections Collector’s Edition issued and a Private Practice group commenced.

2016 International Liaison Group led by Darren Robinson makes contact with other international groups from England, Hawaii, Canada, America, New Zealand and Japan. DTA members undertake study tour to Japan and are hosted by Takako Serizawa, DTAJ president. An annual Conference held in Sydney – theme – “Navigating an Inspired Future”, DTA Forums commenced on website, DTA initiates CST training with visit by Drs Gary Cheung and Kathy Peri and Kylie Rice becomes DTA’s 3rd president.

2017 has the first “Workshop on the Waves” held in February visiting Vic and SA, DTA changes name to Diversional and Recreation Therapy Australia to reflect all levels of membership represented by DRTA. An annual conference held in Brisbane with the theme of Innovation & Expectation. President, Kylie Rice and international Liaison Officer, Darren Robinson meet with reps from USA, Canada, South Africa, Japan and New Zealand for first International Therapeutic Recreation Coalition meeting.

2018 An annual conference held in Melbourne, theme “Out of the Box’, Conference attended by 2 USA reps of National Council for Therapeutic Recreation Certification with the move by DRTA to move towards credentialing. New Online Training modules were provided on the DRTA website. DRTA Rep attends meeting with Minister for Aging regarding Draft Aged Care Standards and upcoming Royal Commission into aged care.

Anne's story

Anne first came to Clifton community health Services on October 16th 2018; she was still very independent with a diagnosis of dementia. She had made the decision to move in much earlier as she wanted to make the choice while she was still able to. She did not want to be a burden on her family and hoped she could live her days with support in the nursing home surrendering her pets and comforts of her own home.

I had a great deal of respect for Anne and I believed she had a very positive approach to her situation, instead of fighting it she embraced the situation and made the best of it. I stared by helping Anne continue to do things like going swimming and having a drink at the pub each week. I encouraged her to continue playing her trombone in preparation for the Christmas party and sit in as part of the entertainment. She would come to my office in the late afternoon and practice while I was working on my care plans or other office duties.

Anne the Resident representative

Anne became the resident representative of our facility to be a voice for other residents and she also worked as a volunteer as well. She became a part of our volunteer team and attended meetings and outings.

I once told Anne that even though one day she will forget my name, forget my face and my voice that she will never forget how I made her feel. That building up our report and developing a relationship of mutual respect and love will stay with her long after I am lost to the fog of dementia.

A few months had passed and she had a fall, on further investigation she was found to have cancer. Rather than becoming depressed Anne exclaimed cheerfully" well I rather die of cancer than dementia". Her strength to tackle things with peace and acceptance has risen once again. The time was now even more precious and the bucket list started to be ticked off. I had planned to take her camping, cruising, riding on my trike and anything else she wanted so arrangements were made.

Trike ride with Anne and her friend Louise.

We had received the doctor's permission to take Anne on the Women Riders World Relay and the paperwork was submitted, t-shirts were bought and accommodation booked. We just needed to wait a few more weeks and we would share this world first event together. We followed excitedly on Facebook as the baton grew slowly closed and our adventure would begin.

Unexpectedly Anne began to experience more pain and after a few weeks of tests it was found that her cancer was progressing much faster. With a broken heart she had to withdraw from the relay, we felt cheated and disappointed to be robbed of our adventure. The day before I left she gave her T-shirt to my friend Karen who was coming on the relay as well. I asked Anne to give me something of hers to take with me. I wanted a part of her with me and she presented me with Panda her babyhood bear.

Panda got to hold the baton in Byron Bay and had an expresso martini to celebrate, he bought a souvenir pin and went back home to tell Anne of his adventures. I posted photos of Panda on Facebook and tagged Anne in to be sure she was connected to the experience.

Anne is a baby boomer she is vibrant, connected to her faith and her community, she is adventurous and purpose driven. She is a mother, a grandmother, a daughter, a sister, a wife, a friend but to me she was the person who made me want to be the best Diversional Therapist I could be. She reminded me why I started this research paper and she is the reason I finally finished it.

My relationship with Anne is what best practice could be within any facility with the right support. Give her a life worth living, helping her find purpose in her day to day life, finding things to look forward to, but most of all being respected and loved for who she was.

This research paper is dedicated to Elizabeth Anne Kersley

"it is what it is"

2nd December 1949 – 22nd September 2019