



BEYOND RECREATION: HOW DIVERSIONAL THERAPY TRANSFORMS ALLIED HEALTH PRACTICE IN AGED CARE

INTRODUCTION

Recreation plays a crucial role in providing holistic care in aged care hospital settings, positively influencing psychological, emotional, social, spiritual, and physical well-being. Despite these benefits, recreation is often regarded as secondary to other therapies, particularly in inpatient environments. This study examines a new Allied Health care model, focusing on how integrating Diversional/Recreational Therapy principles affects both the practices of other Allied Health clinicians and patient outcomes.

INNOVATION



A new Allied Health Model was introduced in a Transitional Aged Care ward, marking the first time a senior Diversional/Recreational Therapist (DT/RT) became a core member of the transdisciplinary team in the Local Health District (LHD). This team includes all senior clinicians including Diversional/Recreational Therapist, Physiotherapist, Speech Pathologist, Social Worker, Dietitian, and Allied Health Assistant (AHA).

The DT led competency-based training for allied health staff, shifting the ward's approach to a more therapeutic, diversional therapy-centered model. Key strategies included:

- Embedding Diversional Therapy Practices: Leisure Assessments are now standard in all Allied Health Assessments upon admission.
- Collaborative Group Therapy: Daily group therapy sessions are delivered using a transdisciplinary approach.
- AHA Training: AHAs are trained to provide one-on-one recreational therapy sessions.

This DT-led, transdisciplinary model fosters collaborative care and introduces innovative therapy strategies to enhance patient outcomes within the ward.



METHODOLOGY

- Surveys were administered to all Allied Health clinicians prior to working within the transdisciplinary model
- All AH team members undertook DT/RT based training and implementation in practice
- Twelve months later surveys were re-administered to assess changes in knowledge, attitudes, and practice integration.

OPEN ENDED AH CLINICIAN RESPONSES:

“A shift of focus using leisure activities for...reconditioning, improved strength and mobility.”

“Increased understanding of the value of leisure/recreation in therapeutic care...a gateway for patient engagement and an increased uptake in therapy. DT is a fundamental priority and necessity in all aged care settings; seeking therapeutic guidance from the DT for the best ways to interact/engage patients...incorporating strategies for behaviour management into everyday practice.”

“Assessing leisure and recreation [needs and interests] allows for a tailored AH plan...its allows rapport building for my discipline based work.”

“increased appreciation of interventions that are recreationally engaging, Improved creativity in therapy modification to optimise engagement...the incorporation of fun in therapy!”

RESULTS



Team Impact

- There has been enhanced collaboration among Allied Health professionals, fostering a more integrated approach to patient care.
- Both staff and patients have experienced increased empowerment, leading to greater engagement and satisfaction.
- Recreation is now recognized as a clinical priority for patients transitioning from the acute hospital setting into Residential Aged Care, whereas previously it was considered a low or non-existent priority. This shift has elevated recreation to a moderate or high priority within care plans.

Patient Outcomes

- Significant improvements have been observed in patient outcomes (Barthel Scale and QoL Measure).
- Engagement in leisure/recreation has shown a notable reduction in Behavioural and Psychological Symptoms of Dementia (BPSD).
- The use of non-pharmacological interventions has contributed to better overall patient well-being.

CONCLUSION

DT/RTs provide complementary interventions that enhance patient care and bridge gaps between traditional therapies and holistic well-being. Their involvement raises patient care standards and improves team dynamics. Embedding DT/RTs in aged care teams transforms patient outcomes and Allied Health practice, highlighting the value of recreation and leisure as essential therapeutic interventions.

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With thanks to the Allied Health Team at Transitional Care, Figtree

RELATED LITERATURE

Kolanowski A, Fick DM, Buettner L. Recreational Activities to Reduce Behavioural Symptoms in Dementia. *Geriatr Aging*. 2009 Jan 1;12(1):37-42. PMID: 20046903; PMCID: PMC2780321.