



Collaborators assemble

Positive Ageing Summit shows aged care providers how to embed allied health in their services through evidence-based strategies.

After many months of planning and meaningful conversations with stakeholders, we're proud to present the inaugural Positive Ageing Summit to the aged care sector.

The two-day event at the Adelaide Hilton on 28-29 May focuses on reablement, mental health and nutrition for older Australians and how to embed allied health within residential and home aged care services. It is brought to you by *Australian Ageing Agenda*, *Community Care Review* and Positive Impact Media.

Day 1 of Positive Ageing Summit opens with Bond University's Associate Professor Justin Keogh exploring a holistic approach to healthy ageing followed by Australia's Chief Allied Health Officer Anita Hobson-Powell providing a national snapshot of allied health and changes needed to embed reablement and wellness into everyday aged care.

They are among over 30 leaders who will take to the stage across the two days to share their expertise and experiences to empower participants to achieve better outcomes in aged care.

Delegates will be able to attend more than 20 interactive sessions dedicated to improving the quality of life of older Australians, as well



as join numerous networking opportunities with peers and representatives from more than 15 event partners, including platinum sponsor Bolton Clarke.

In addition to the standard program, delegates can opt in to a breakfast masterclass on day 2 and a site tour and a winery trip the following day.

Also on day 2, senior research fellow Dr Rajna Ogrin will showcase Bolton Clarke's approach to positive ageing and holistic wellbeing including a range of care activities implemented nationwide.

The speaking program will end with BallyCara executive director Marcus Riley bringing together the learnings from the two days. He will then present the Paul Johnson Positive Ageing Award, which aims to celebrate individuals who, like the late Paul Johnson, are dedicated to transforming aged care through a reablement, health and wellness approach.

To share a glimpse of the talent appearing at Positive Ageing Summit, we've put together this special section of stories, insights and messages from many of those who will address delegates across the two days. We hope to see you there! ●

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**The Question**

We asked four Positive Ageing Summit speakers:

“How can aged care providers embed positive ageing practices in their services?”

Focus on support for thriving over care for decline

POSITIVE AGEING is more than just living longer; it is about living optimally.

Everyone, regardless of age or health status, has the right to experience a life filled with dignity, purpose, and wellbeing. Individuals receiving aged care services are also entitled to this right.

Aged care providers play a critical role in ensuring their clients not only receive the support they need but are empowered to continue living a meaningful and socially connected life.

Positive ageing is also a holistic consideration of one's physical, mental, emotional, and social wellbeing. This includes helping individuals stay active, engaged, and independent.

Allied health professionals play a vital role in making positive ageing possible.



Anita Hobson-Powell

This includes services like physiotherapy, occupational therapy, speech pathology, psychology, dietetics, and podiatry. They are not optional extras to aged care services; they are essential services that should be available to all older people.

Allied health services play a crucial role in supporting mobility, preventing falls and improving nutrition. They also assist with managing chronic diseases, enhancing communication and cognitive function, and promoting mental health and emotional wellbeing.

Aged care providers should focus on “support for thriving” rather than “care for decline”. This means involving older people in care decisions, acknowledging their goals and preferences, and creating environments that promote autonomy, connection and enjoyment.

Allied health is not a nice to have, but a core service that can significantly reduce hospital admissions, support early intervention, delay or prevent physical and cognitive decline, and enable people to remain active and engaged in their community.

All aged care providers, both residential and home care services, must assess and respond to the allied health needs of all their clients. This includes developing individualised care plans and involving allied health professionals early and as required to ensure clients have access to the services they need to age positively and maintain their independence.

Anita Hobson-Powell is Australia's chief allied health officer

PAS 2025: Anita Hobson-Powell delivers a keynote on allied health and aged care on day 1

Foster a culture that values seniors as individuals

POSITIVE AGEING is more than just a philosophy – it's a proactive approach to supporting older individuals in leading healthy, engaged and meaningful lives. For community aged care providers, embedding positive ageing practices means reshaping mindsets and services to focus on capability, not just care.

As a general practitioner who shares many older patients with community aged care providers, I am perplexed at the lack of focus many providers place on improving an older person's intrinsic capacity whilst living at home.

The evidence is clear that the trajectory of both physical and cognitive decline can be significantly changed with improving muscle health with two to three weekly resistance exercise sessions, increased dietary protein (1.5 grams per kilogram of body weight daily) and a focus on the older person's goals,



Dr Chris Bollen

plus increasing social interactions.

These areas are all in the remit of the aged care provider, whilst clearly my role as a GP is to reinforce these messages as well as assessing causes for fatigue plus optimising medications and vaccinations.

I am regularly writing to package coordinators to remind them the older person we both support is living with frailty, and something can be done to improve their experience of ageing more than just having a cleaner or a weekly shower.

It could be as simple as the visiting care team member leading a regular short sit-to-stand chair exercise session to build the muscles of independence.

I have found success through using Home Care Package medication charts to prescribe exercise for those people having supervised medication visits once or twice daily. Starting with five sit-to-stands once or twice daily and

increasing over 10 weeks to 15 sit-to-stands once or twice daily does yield results.

All providers involved in the care of older people do need to reinforce the message, “it's never too late to build muscle”. However, action is required to make it happen.

At its core, positive ageing centres around respect, autonomy, and inclusion. Aged care providers can start by fostering a culture that values older people as individuals with rich experiences and ongoing potential.

This involves training staff to adopt strengths-based approaches, where conversations and care plans focus on what an older person can do and wants to do, rather than limitations or deficits.

Dr Chris Bollen is a general practitioner and primary healthcare consultant at Bollen Health

PAS 2025: Chris Bollen presents the session turning frailty around on day 2

Pursuing a paradigm shift for aged care

THE INTRODUCTION of the strengthened Aged Care Quality Standards from July 2025 is the unprecedented impetus we desperately needed.

The standards require us, as providers, to shift our thinking about ageing and aged care to not just consider reablement – but implement it.

How do we make healthy ageing normal when we've normalised health decline in older people for so long?

There's no silver bullet. It's about tackling systemic ageism while redesigning and setting up the structures, policies, procedures and settings to strengthen opportunities for every older person to recover from setbacks and push back against disability.

As a first step, providers need to set up a model of care that is health promoting and incorporates healthy ageing actions into everyday living.

Providers should understand what is holding them back from ensuring every older person receiving aged care services can access resources to improve their health outcomes up until they die.



Jo Boylan

Asking what healthy ageing looks like is a sound start. Talking with hundreds of older people over the years, the answer to this question is almost always the same – being able to actively interact and connect with their family and community. Eating, talking,

walking and going on outings with them. Being able to feed themselves and go to the toilet with some assistance is fundamental to their dignity as well as staying on their feet as long as they possibly can.

It is important for providers to implement healthy ageing holistically as an organisation not as an isolated program carried out by one part of the business.

Developing policies, procedures, structures and roles to help their model come alive is paramount. Parameters, including timeframes, also need to be set

“As a first step, providers need to set up a model of care that is health promoting”

around the recovery pathway, to ensure progression.

Also, it's critical to consider whether the aged care setting creates illbeing or wellbeing. This includes the look, feel and logistics of the physical environment as well as the culture.

Structured exercise and social engagement must be prioritised and supported with the appropriate resources and equipment.

Staff deserve to be educated and empowered to identify, advocate and rise up to the challenge and push back against dependency. They will have the knowledge and agency to recognise decline early and harness their connection with older people and take proactive steps to address it.

Expectations are rising. As providers, we will all be asked: Did you provide that person access to interventions that would improve their health and wellbeing? The measurement of the new standards will push us and that's only positive.

Jo Boylan is chief executive officer of Clayton Church Homes

PAS 2025: Jo Boylan delivers a session on mobilising till end of life on day 1

A collaborative approach is paramount

THE AUSTRALIAN aged care landscape is undergoing a significant shift, with a clear emphasis on restorative approaches. This is evidenced by the renewed Restorative Care Pathway in the Support at Home program and its prominent inclusion in the latest Support at Home program manual. This change signals a commitment to empowering older adults.

Restorative care at its core is about enabling individuals to actively participate in meaningful life activities and roles. This might involve rehabilitation to regain lost function or providing adaptive strategies and education to overcome limitations.

The fundamental shift is from a “doing for” to a “doing with” philosophy, underpinned by a strengths-based approach – a cornerstone of allied health practice, particularly for occupational therapists.

Occupational therapists are uniquely positioned to drive positive ageing through restorative care. Their expertise lies in analysing functional performance, identifying barriers to participation, and developing tailored interventions that maximise independence and well-



Christina Wyatt

being. They bring a holistic perspective, considering the individual's physical, cognitive, and environmental factors to facilitate engagement in daily life.

A core aim of occupational therapy in this context is to support individuals in maintaining their functional abilities for as long as possible, emphasising the critical role of sustaining daily activities, roles, and routines. The adage “use it or lose it” is particularly relevant here.

Participation in familiar activities, regardless of how seemingly small, such as making a drink, collecting mail, or caring for a pet, is vital for preserving physical movement, cognitive engagement, and a sense of purpose, all of which are integral

“A truly effective approach to positive ageing necessitates a combination of services that both analyse and sustain older adults' activities as they age”

to positive ageing and function.

A truly effective approach to positive ageing necessitates a combination of services that both analyse and sustain older adults' activities as they age, through the expertise offered by occupational therapists, alongside services that complement their existing abilities and strengths, such as the crucial support provided by care staff.

For aged care providers to genuinely embed restorative practices and achieve this delicate but vital balance, a collaborative, multidisciplinary team approach is paramount.

By leveraging the unique skills of occupational therapists and fostering close collaboration with personal care and support staff, providers can equip their teams with the knowledge and strategies to consistently integrate restorative principles into daily interactions, ultimately promoting independence, dignity, and positive ageing outcomes for older Australians.

Christina Wyatt is a professional practice advisor of aged care at Occupational Therapy Australia

PAS 2025: Christina Wyatt is presenting on the multidisciplinary approach on day 1



Australia's heart of positive ageing, here for you

Positive ageing is about living a full, happy and healthy life as we grow older.

It's staying connected to the people we love, enjoying the activities that bring us joy, and looking forward to the experiences we're yet to try. It's what we wish for our family, friends, and ourselves!

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Ageing positively – redefining older age

Life expectancy spent in full health is increasing nationally, with Australian Institute of Health and Welfare figures showing three quarters of Australians aged over 65 report having good, very good or excellent health.

Persistent stereotypical ideas about older people – and the language used to talk about getting older – are increasingly out of step.

While chronological age is a constant, biological age is something that can be influenced, with a growing body of research showing proactive interventions can make a real difference to wellbeing at any stage of life.

What is considered “old” is up for debate, and the baby boomers and following generations are set to reinvent it further.

That’s backed up by the Bolton Clarke Research Institute’s Health and Wellbeing in Retirement Living survey, with 70 per cent of 1500-plus village residents reporting they exercised at least once a week, including regular cardio activities, and 90 per cent feeling positive or very positive about life.

The secrets to positive ageing

The Bolton Clarke *Ageing Well Report 2024* found having greater choice about work and more time to focus on wellbeing, hobbies and interests were the top three things respondents looked forward to about ageing.

Across all age groups, respondents were most likely to say physical fitness was the top ingredient for positive ageing, closely followed by strong relationships.

Bolton Clarke Research Institute Senior Research Fellow Rajna Ogrin says the findings broadly reflect the priorities of ageing well frameworks being developed in Australia and overseas.

“By 2097 about one in four Australians will be over 65,” she says.

“This means we have a great opportunity to make the most of all this experience, but we need to start by helping people live active and healthy lives.”

Dr Ogrin says physical activity, cognitive training, nutrition and social engagement are among the keys to ageing well and protecting against frailty.

“There’s good evidence to show you can slow and even reverse the trajectory of functional decline in older adults.

“We know that physical exercise like strength and resistance training is effective, and it’s more effective if you do it in a group situation. Everyday activities such as cleaning the house, getting out into the garden or running errands are also great ways to get moving.

“Being physically active is good for your body, your mind, your health and your mood. Physical activity increases blood flow to the brain, helping with growth of new brain cells. It also improves your wellbeing and helps reduce stress and anxiety.”

Connecting with community

Social connection is another important positive ageing ingredient. Research shows building and maintaining social connections is important for physical, psychological and social wellbeing. Friendship has one of the highest positive correlations with self-rated happiness and is also important in managing illness and other challenges.

It’s particularly important as a protective factor in dealing with life transitions. While everybody experiences transitions during their lives, they tend to increase and have a greater impact with age. Positive changes like retiring or becoming a grandparent, or unexpected challenges such as reduced physical or cognitive ability due to illness, can affect how people see themselves, their relationships and their sense of belonging.

Fuelling your body – getting nutrition right

It’s important to eat a variety of foods. This goes hand in hand with a more natural, less processed diet which is better for physical and emotional wellbeing.

And it’s not just about what’s on the plate – cooking and sharing a meal with others is not only a great social activity but can also help stimulate appetite.

Keep learning

Scientists have found that challenging the brain with new activities builds new brain cells and strengthens the connections between them. Learning can improve self-confidence, help fight depression and help with meeting new people.

Things like learning a new language, doing an online course or cooking a new recipe are excellent examples – the key is to be trying something new.

“For providers, helping people age positively is about finding as many ways as we can to support people to adopt these behaviours, which in turn will support wellbeing and independence,” Dr Ogrin says. ●

For more information about Bolton Clarke’s work to support positive ageing go to boltonclarke.com.au/positive-ageing

Opportunities abound

New legislation offers plenty of reasons for providers to pick up their game on reablement, Positive Ageing Summit speakers tells NATASHA EGAN.

As Bolton Clarke chief executive officer Stephen Muggleton put it, “increased longevity can also lead to an expansion of morbidity.”

It means, without intervention, future older Australians will spend more time managing several chronic health conditions and associated increased frailty than living well.

But as he also points out, “it doesn’t have to be” this way.

Jason Skennerton – head of business development at allied health service Plena Healthcare – calls on both residential and home aged care providers “to flip the script” on allied health by adopting a wellness and reablement-first approach.

“This approach means focusing on using health and wellness experts to prevent health deterioration and increase independence, rather than engaging as a reaction to an incident,” Skennerton tells AAA.

Incoming legislation gives providers opportunities to make it worthwhile, says Skennerton. In residential aged care, this includes a new focus on reablement, increased accountability and residents’ rights.

“The Act focuses on reablement and restorative care, which makes allied health a key requirement and expectation for residents. This opens the door for more preventative and proactive allied health services under the Higher Everyday Living Fee additional services and from providers, rather than the old reactive measures,” he says.

HELF allows providers to offer and charge for enhanced wellness and lifestyle services as part of an opt-in premium resident experience. “This enables providers to generate an additional revenue stream that helps offset allied health costs while maintaining high-quality, proactive care,” says Skennerton.

With the new quality standards focusing on measurable allied health outcomes, consistent allied health data can help providers meet compliance, adds Skennerton.

“Aged care providers will be expected to tailor care around a resident’s goals. Allied health [professionals and providers] can support with assessments and interventions aligned with personal independence and wellness goals.”

For older people living at home and home care providers, the Support at Home Program presents a large shift in how aged care supports are delivered, says Skennerton.

“While some elements of Support at Home are questionable, one shining positive has been the increased focus on wellness, reablement and clinical services,” he says.

“The program ensures a with-you approach rather than [a] for-you approach is adopted to ensure health, wellness and true independence is always front of mind.



Jason Skennerton



Dr Tim Henwood



Dr Claire Gough

“The strengthened standards, in particular Standard Five, further reinforce the need for providers to have strong clinical frameworks in place that focus on early identification of clinical risk, prevention and reablement.”

Dr Tim Henwood – principal at AgeFIT Solutions – says the SaH program manual’s focus on reablement shows the Australian Government acknowledges the value of an increased allied health and therapy offering by aged care sector.

“Providers not already pivoting or at least thinking about pivoting towards allied health and therapy stand the chance of being left behind,” he tells AAA.

“And unless providers are prepared to challenge the usual, historic model of care, the sector will be racing towards an aged care and healthcare crisis.”

The terms reablement and wellness have also experienced a significant increase in the quality standards manual and guidance material, adds Henwood.

“As further reinforcement of how much the government realises the benefit, we are about to see a dedicated reporting stream for residential aged care allied health and therapy within the quality indicators, and allied health and therapy will be one of only two direct service types fully funded by the government, with no out-of-pocket to the client in Support at Home.”

It’s a big change, he points out, because allied health, reablement, and wellness have traditionally been offered secondary to care and often less than evidence based.

And while some are making allied health and therapy service available to clients because they know it is valuable, they are doing it at a financial loss, says Henwood.

“However, there are already several successful and sustainable operating models out there that

demonstrate this doesn’t need to be the case.”

In home care, Skennerton says new quarterly budgets, capping of unspent funds and care management fees, increasing client contributions, plus wellness and reablement requirements, make an increase in preventative-focused clinical services beneficial for both clients and providers.

“Clients receive more services that improve their functional capacity and independence, providers ensure budget utilisation is strong,” which he says “will be key for home care providers to remain viable in the space” and “participants receive less out of pocket costs.”

Rather than home care providers continuing to rely on subcontracting to support clinical service delivery, Skennerton predicts partnership models at scale will become a crucial element of the SaH program to reduce risks. Doing so, he says, will benefit home care providers with:

- high quality and consistent service delivery standards
- better control of service delivery margins within a price cap environment
- alignment to wellness and reablement requirements
- integrated multidisciplinary care.

Overcoming adoption barriers

Dr Claire Gough – research fellow at Aged Care Research & Industry Innovation Australia – says the world-leading Restorative

Care Guidelines being developed by the Department of Health and Aged Care will provide a clear framework for providers and support older people in maintaining their independence.

To overcome current barriers to embedding reablement and restorative care, aged care providers need to recognise the long-term benefits in improving the independence and wellbeing of older people and in potentially reducing long-term care demands, she says.

“Strong leadership and sector-wide support are essential to embedding these approaches into aged care services,” Gough tells AAA.

Improving awareness and understanding of what reablement and restorative care involve is another key step, she says.

“Clearly distinguishing these approaches from traditional care models will help providers, health professionals, carers, and individuals receiving care recognise their benefits and adopt them more effectively.

“For those receiving care, setting clear expectations about the importance of active participation is crucial. Ensuring individuals understand that reablement and restorative care focus on maintaining or regaining independence – rather than simply receiving assistance – will encourage engagement and lead to better outcomes.

“Additionally, embedding education and training for providers and carers, along with leadership support and practical resources, will further strengthen the adoption of these approaches across the aged care sector,” says Gough. ●

PAS 2025: Jason Skennerton is appearing on a panel tackling the real-world barriers to allied health in aged care on day 1

PAS 2025: Dr Tim Henwood and Dr Claire Gough are appearing on a panel discussing reablement and restorative care across the sector on day 1

Government outlines reablement focus

Positive Ageing Summit delegates will hear directly from the Department of Health and Aged Care about the upcoming Support at Home reform.

“Recognising that poor health among older Australians has wide-reaching impacts, allied health and restorative care are a priority feature in the incoming reform,” says a department spokesperson. “All consumers will be offered these services equally under the clinical category, independent of their financial status, and at no out-of-pocket expense to them.”

While home care providers traditionally have not prioritised allied health, reablement, and restorative care, Support at Home encourages providers to pivot into this area, with both organisational benefits and positive health outcomes for their clients, the spokesperson says.

“Delegates at the Positive Ageing Summit will hear from the department firsthand about what they hope the future holds for the health of the older community. Delegates will be able to ask questions directly of the department, as well as engage with like-minded clinicians about how they are running their allied health and restorative care offerings.”

PAS 2025: A Department of Health and Aged Care representative is speaking on day 2

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Making muscles

Exercise scientist and behavioural researcher DR JUSTIN KEOGH – the Associate Dean of Research in Bond University's Faculty of Health Science and Medicine – answers our questions on sarcopenia.

What is sarcopenia?

A range of sarcopenia definitions and diagnostic criteria exist. Current Australian and New Zealand consensus guidelines (doi.org/10.1002/jcsm.13115) have recommended we adopt the European Working Group on Sarcopenia in Older People definition, which defines sarcopenia as low muscle strength, low muscle quantity or quality and low physical performance (doi.org/10.1093/ageing/afy169). To diagnose sarcopenia, muscle strength is typically assessed by handgrip strength or the chair-stand test. Muscle quantity and quality is assessed by dual energy X-ray absorptiometry or bioelectrical impedance analysis. Physical performance is assessed by gait speed or the Short Physical Performance Battery tool.



Dr Justin Keogh

How prevalent is sarcopenia among aged care recipients?

Due to the variety of definitions and diagnostic criteria used internationally, there is some uncertainty regarding the true prevalence of sarcopenia in a variety of older adult populations (doi.org/10.1007/s12603-023-1888-y). A University of Malaya-led systematic review identified six studies involving hospitalised older adults where the prevalence of sarcopenia ranged from 14-55 per cent on admission, with an additional 12-39 per cent of these patients developing sarcopenia during their stay (doi.org/10.1371/journal.pone.0289379).

Australian data from the Geelong Osteoporosis Study, involving randomly selected people from the electoral roll, indicates sarcopenia prevalence for older Australians ranges from around 1-10 per cent for older women and 3-18 per cent for older men (doi.org/10.3390/jcm10020343). These rates typically increase in residential aged care – with prevalence of approximately 40 per cent observed in randomly selected Australian aged care residents (dx.doi.org/10.1016/j.maturitas.2015.08.006).

What can be done to prevent or reverse sarcopenia?

Based on current evidence, the ANZ consensus guidelines recommend a healthy lifestyle including balanced diet, adequate protein intake and regular exercise to reduce the risk of developing sarcopenia throughout the lifespan. For those with diagnosed or suspected sarcopenia, management options include resistance training – at least initially supervised by an accredited healthcare professional – as well as referral to a dietitian to ensure the optimisation of energy intake including a minimum of 1-1.5 gram of protein per kilogram of body weight per day.

How can aged care services support their clients with or at risk of sarcopenia?

Aged care services can support their clients in a variety of ways. Consistent with the ANZ consensus guidelines, regular screening is recommended. Screening may occur because of clinical suspicion, for

example when a client has experienced recent falls, weight loss or reduced mobility. Or via the self-report SARC-F tool, which involves a series of five simple questions that typically take two-to-three minutes for a client to complete (cosa.org.au/media/zhgoka0k/sarc-f.pdf).

It's acknowledged that many aged care providers provide some type of exercise and/or dietary support for their clients. Unfortunately, many of the so-called gentle exercise programs are performed seated, involve light loads and little if any progression over time. Such exercise programs also only provide gentle benefits, if any, and are unlikely to reduce falls rates. Instead, progressive resistance and balance training plus dietary support are required to maximise the muscle strength, muscle mass and physical performance improvements individuals with sarcopenia need to improve their health and wellbeing. Accredited exercise physiologists – AEPs – and physiotherapists are the allied health professionals best placed to provide progressive resistance and balance training programs as well as to coach older clients how to perform these exercises effectively and safely. You can find local AEPs at essa.org.au/Web/Web/Member-location-search.aspx.

Accredited dietitians are the key individuals to provide dietary support and advice; particularly in relation to how aged care services can provide adequate nutrition that is appealing to and convenient for the client while also being financially viable for the provider and client.

What is your advice to older people and the aged care sector about sarcopenia?

All segments of our community including older adults need to take responsibility for their own health and wellbeing and to improve their health literacy. Older adults should be comfortable asking questions and requesting referrals to AEPs and dietitians when they are meeting with their doctors, aged care providers and other health professionals.

A recent national survey involving 1,261 adults aged 50-94 years old investigated older Australians' understanding of sarcopenia and treatment options (doi.org/10.1016/j.archger.2025.105835). Key results indicate uncertainty about the most effective treatment options. And most respondents had not discussed muscle health with their doctor. However, more than four in five of these individuals indicated they would follow the advice of their doctor on how to prevent and treat sarcopenia if such discussions were had. On this basis, the aged care sector is well placed to work collaboratively with doctors and allied health professionals to ensure older adults at risk of sarcopenia are provided with key information about treatment options, including progressive resistance training and dietary support, and accessible referral pathways for the services. ●

PAS 2025: Dr Justin Keogh delivers a keynote on a holistic approach to healthy ageing on day 1



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Positive ageing in practice



Keith Johns taking part in The Everest challenge



NATASHA EGAN talks to Positive Ageing Summit stakeholders about initiatives that are boosting the physical and mental wellbeing of older Australians.

After wearing out the bearings of his walker early in the challenge, repairs allowed Southern Cross Care NSW & ACT resident Chris Guinea to increase his daily laps of the 300-metre walking track from 30 to 60.

The 67-year-old retired pallet maker and resident of St Joseph's Residential Care in Tweed Heads was one of 1,645 residents from 74 aged care facilities across Australia taking part in The Everest 2025 throughout March.

The four-week initiative was the latest from allied health provider Guide Healthcare aiming to inspire aged care residents to be active and mobile.

It involved teams of residents stepping out the 85-kilometre hike from Lukla in Nepal to Everest's peak multiple times. Competitors were supported to prepare and participate, and they along with staff and family members could follow the race live on an interactive map and see daily who is leading the climb.

Guinea walked an average of 15 kilometres a day and increased that to 30 km on the last day to complete 419 km in 26 days. It meant close to five trips to the summit and best individual result.

"I got up early so I could double the number of laps I'd been doing, so I could finish on a good note," says Guinea. "Not only do I feel fitter and stronger after doing it, but I've lost a fair amount of weight. I'm so proud of myself, I feel like a superhero."

Collectively participants walked 17,920 kilometres by the end of the challenge.

"I don't think many people in the community would have thought an aged care resident could achieve over 100 km in four weeks, yet everyone in the top 10 exceeded that distance," Matthew Reinbott – Guide Healthcare's general manager – tells *Australian Ageing Agenda*.

Guide Healthcare runs these types of events regularly. Previous challenges have involved residents running marathons and competing in the Powerlympics – which includes cycling, rowing, long jump and weightlifting. A circus-themed event involved walking the tightrope, juggling and the strong man and strong woman lift.



Matthew Reinbott

At the heart of them all is a desire to encourage residents to be active. This is important because otherwise residents become accustomed to a sedentary lifestyle, says Reinbott.

"That has [serious] impacts on their cardiovascular health, musculoskeletal impacts of atrophying muscles, and a reduction in bone density, reduced respiratory health and all of this can lead to an increase in chronic conditions."

Beyond competition, the event also targets wellbeing. For Keith Johns – who resides at Goodwin Ainslie in Canberra – The Everest 2025 rekindled memories of his 2010 hike from Kathmandu to Everest Base Camp and motivated him to write an 800-word account of his adventure.

"We acclimatised for a day in Lukla, getting used to the climate and the ever-present trains of dzokyos – hybrids of yak and domestic cattle – taking all manner of goods to and from the mountain villages," writes Johns.

"A feature of the first few days trekking is the frail-looking wire suspension bridges strung across the many river gorges. It is advisable to let the dzokyo convoys clear the bridge before trying to cross yourself!"

Johns also shares the impact the event has on his wellbeing today. "It's unlikely that I'll ever walk again, but while I look back on my trekking holidays with fond memories, I look forward to physio challenges like The Everest, which motivate me and help me face the future with renewed hope," he says.

Johns completed the challenge using a dual exerciser, which can be used for hands or feet, explains Reinbott.

"Unfortunately, he can't walk anymore but the events are about inclusion and whilst they compete for awards it's really about any involvement to make a positive impact on their lives."

PAS 2025: Guide Healthcare managing director Simon Kerrigan is appearing on a panel discussing reablement and restorative care across the sector on day 1

Preventing falls and more

Whiddon is also dedicated to encouraging residents and clients to be active and mobile, says Dr Jennie Hewitt, the provider's general manager of clinical research and reablement.



Dr Jennie Hewitt

"We have a Research and Positive Ageing Hub and our research team has the support and flexibility to design, test, evaluate and scale a variety of positive ageing projects," Hewitt tells AAA.

"Examples include Keep Dancing, Elaborative Reminiscing, Exercise4Life, and Live it UP, our falls prevention program designed to help older people get up, stay up and live it up."

Falls prevention is Hewitt's area of expertise. She led the SUNBEAM – Strength and Balance Exercise in Aged Care – program trial involving 221 aged care residents from 16 facilities in New South Wales and Queensland almost a decade ago.

It involved individually prescribed progressive resistance training plus group balance exercises for 50 hours over 25 weeks followed by a six-month maintenance program and achieved a 55 per cent reduction in the rate of falls among residents.

PAS 2025: Dr Jennie Hewitt will deliver a session on falls prevention on day 1



Multidisciplinary team approach

Every person has the right to experience a good quality of life, says Southern Cross Care SA, NT & Vic, chief executive officer David Moran.



David Moran

The provider's Better for life framework embeds health promotion and healthy ageing principles into all services and ensures practices are evidence-based and continuously improved.

"Our community-facing health and fitness centres provide allied health, exercise, reablement and restorative care services to thousands of older people each year. Our dementia respite cottages

focus on a healthy ageing model that includes exercise, engaging activities and opportunities for clients to participate in activities of daily living," Moran tells AAA. "All of our residential care homes have gyms staffed by qualified professionals who look after the physical health and reablement of residents, while our lifestyle teams look after their mental, social and cultural wellbeing." The clinical support and multidisciplinary approach are important for risk and pain management and delivering the framework's vision. ●

PAS 2025: David Moran is appearing on a panel on day 2 about how the retirement living sector and environment can drive healthier, more independent ageing



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We need to get this right

MARIE ALFORD previews her positive ageing masterclass on the role of reablement in dementia support.

It would be hard to talk about supporting a holistic approach to ageing without talking about dementia. Whilst it isn't just a normal part of ageing, the odds are you will know someone living with dementia, be supporting someone living with dementia or you yourself will develop dementia. So, we want to get this right – right now. And that starts with us.

Dementia Support Australia is pleased to lead the breakfast masterclass on Thursday 29 May at the Positive Ageing Summit, which will focus on three core areas that you as delegates have indicated you want to hear more about.

I will be in conversation with Dr Duncan McKellar, who is the general manager of HammondCare's Hammond Centre and author of *An Everyone Story*, and Wendy Hall, director of Dementia Doula International and author of three amazing books.

But you won't just hear the voices of these experts, you'll have the opportunity to hear the living experience of dementia from William (Bill) Yeates on his journey to reablement. And perhaps it is a journey we are also on to change care, to challenge thinking and to empower our workforce to do better.

Everything you and I do has an element of risk. We make choices based on what creates the strongest sense of wellbeing for us – sometimes negotiating the consequences of those choices but still making them.

With the new Aged Care Act looming we need to carefully think about how, in a regulated environment that actively seeks to eliminate risk, we embrace decision-making made by those living with dementia.

If instead of saying "no we can't" we ask "how can we" we can move to truly shared decision-making models.

The inference that a person with dementia can't make a choice because they have no understanding of consequence is outdated. Sure, sometimes we need to navigate decisions carefully, but it is time to look at what true shared decision-making is.

We'll navigate some lived experiences through the work and personal experience of our panel.

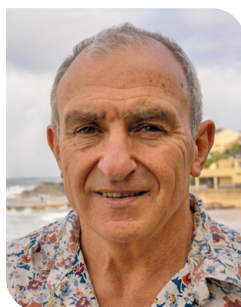
And if we're talking about dementia, we need to address the behaviour and complex behaviour support. But maybe as we start to think about risk,



Dr Duncan McKellar



Wendy Hall



Bill Yeates

we start to think about behaviours a little differently. Maybe through a lens of wellbeing not illbeing and through a model of active participation not deficit.

We've spent a lot of time on – and some of our teams have even contributed to books and resources that focus on – BPSD, which stands for behavioural and psychological symptoms of dementia.

What if we truly saw behaviour as the response to the erosion of wellbeing for the person living with dementia? And as Dr Allen Power has told us numerous times, there is no medication that strengthens wellbeing. Maybe it only diminishes it. But it isn't easy to find our way through the maze of changes that do occur when you are living with and supporting people with dementia. So, we will ask some tough questions and give you an opportunity to ask our panel what we can do.

And finally, we talk about issues of engagement and re-engagement for people living with dementia.

Imagine a world where unintentionally you were removed from the things that give you purpose. Things that are part of your unique story and identity and that spark joy for you. And instead, you were presented with the type of engagement that was never part of your experience.

I imagine there'd be some consequential behaviour. And so it begins.

Engagement is more than just folding the laundry or sweeping the path, although they can be great if that is what you enjoy. Engagement is the passive and active connections that truly bring joy. How do we know what this is and then how do we build wellbeing plans?

So, whilst you are joining the amazing program at Positive Ageing Summit take the time to register for our breakfast masterclass. We will not only talk through the above issues but take the time to hear from you, the voices from the floor and across the industry and start our day, not only nourished from our meal but from the opportunity to share and learn together. Let's leave energised for day 2 and committed to supporting wellbeing for all. ●

Marie Alford is general manager of growth and innovation national programs at HammondCare

"The inference that a person with dementia can't make a choice because they have no understanding of consequence is outdated."

PAS 2025: Marie Alford moderates the breakfast masterclass 'In conversation: Reimagining dementia support through compassion, rights and reablement' on day 2

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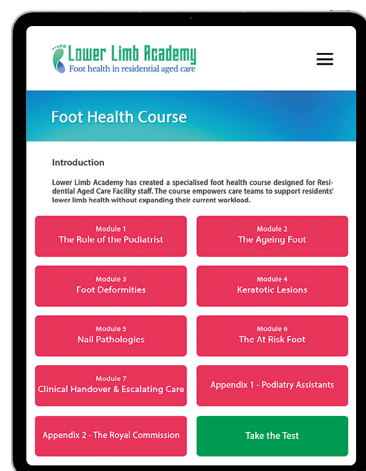
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Raising the standard of foot health in aged care

Lower Limb Academy is a newly established organisation delivering a specialised foot health course designed for residential aged care staff. Developed to fit seamlessly into daily routines, the program empowers care teams to support better lower limb health for residents without adding to their workload. By providing practical, preventative training, it helps improve mobility, reduce risk of complications, and enhance overall quality of life. With a focus on upskilling staff and embedding proactive care, Lower Limb Academy aims to set a new standard in aged care by making foot health a core part of resident wellbeing.

Visit lowerlimbacademy.com.au

The SeniorsChannel offers connection and entertainment

The SeniorsChannel is a purpose-built TV streaming platform for aged care residents and seniors at home. Engaging and meaningful programs aim to help reduce social isolation, loneliness, and disconnection and support emotional wellbeing, cognitive stimulation, and community connection. From interactive games and sing-a-longs to concerts, relaxation sessions and happy hour specials, The SeniorsChannel brings joy and entertainment. Programs are created with seniors in mind, encouraging fun, fresh thinking, and a sense of inclusion. With new content added regularly, viewers can always look forward to something new to enjoy, whether they are looking to relax, be entertained or stay mentally active.

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Retirement sector key to reablement uptake

Retirement villages being recognised as places that can provide federally funded care under the new Aged Care Act is a significant acknowledgement of their role in the continuum of care for older people, says Retirement Living Council executive director Daniel Gannon.

"The Australian Government has backed the RLC's Shared Care pilot program, which will demonstrate, practically, how retirement villages can help alleviate pressure on overrun health and aged care systems by allowing older Australians to receive care in the communities they love," Gannon tells *Australian Ageing Agenda*.

"The model allows services and support to be provided directly to residents in their retirement communities and all under the one roof."

The pilot, which is set to come to life later in the year, paves the way to delivering higher quality care more efficiently, says Gannon.

As significant demographic changes sweep across Australia, it is crucial the appropriate systems, facilities and infrastructure are in place, he says.

"By providing easier access to services – like allied health, physical rehabilitation and restorative care – retirement villages can improve health and independence for residents through preventative care.

"The close-knit communities developed in retirement villages make it easier to identify changing health needs early and respond with individualised care. The flow-on positive impacts from this reduce hospitalisations and delay the need for aged care."

On transforming retirement villages into active ageing hubs, Dr Tuire Karaharju-Huisman – a physiotherapist, accredited exercise physiologist and research lead at HUR Australia – recommends operators start with developing an active ageing culture.

"Create a village that believes in active ageing. Make it a site where every resident is encouraged to exercise, and the village manager, allied health and lifestyle teams, together with all residents, create an inclusive space where every person is encouraged to join in."



Daniel Gannon



Dr Tuire Karaharju-Huisman

PAS 2025: Daniel Gannon and Dr Tuire Karaharju-Huisman are appearing on a panel on day 2 about how the retirement living sector and environment can drive healthier, more independent ageing.



Day 1

Better Dying

Dignity in dying is key to person-centred care, says **Kate Weger**, national clinical governance manager at HARTMANN. Focusing on skin care, wounds and hydration, she'll share practical ways to support older adults at end-of-life that help both the individual and their family.



Reducing social isolation

The Seniors Channel founder **Julie Hogarth-Williams** and creative elder engagement specialist **Maurie**



Voisey-Barlin are teaming up to show how reablement strategies can restore purpose, identity, and social participation among older adults through real-world examples.

Day 2

Tech for positive ageing

Youtopient founder **Merlin Kong** delves into aged care technology focused on allied health, reablement, and restorative care, innovations that have transformed the sector, and what the future holds.



Health literacy of workforce

OneCare chief executive officer **Peter Williams** will demonstrate through practical strategies how building a more health-literate workforce can boost staff wellbeing, drive better client outcomes, and strengthen engagement in allied health and reablement.



Nutrition

Melissa Ruffa, national foodservice manager at Food Solutions, unpacks the critical role of nutrition in reablement and restorative care and showcases how the Aged Care Quality Standards and Support at Home reform are driving positive change in the sector.



Consumer perspective

Council of Elders chair **Anne Burgess** and Vector Consultants director **Judith Leeson** will discuss how allied



health, reablement, and restorative care can truly support older adults to start strong, stay engaged, and age well.

Find out the latest at positiveageingsummit.com.au