Montessori-inspired care: changing lives for the better

Jade Cartwright, **Elizabeth Oliver**, **Anne Kelly** and **Anne Whitworth** have been involved in implementing and evaluating Montessori models of care and interventions across aged care organisations in Australia. Here they share a blueprint, with practical strategies, evidence-based principles and lessons learned, to guide others to undertake similar culture change initiatives in dementia care settings.

Understanding the complex interplay of factors influencing quality of life for residents living with dementia is critical to high-quality care, along with the need for innovative approaches to identify and implement effective solutions to support residents. In this article we explore Montessori methods for dementia as one possible solution, demonstrating the outcomes that can be achieved for such residents.

Our team (all co-authors here) has been working together on Montessori-inspired culture change initiatives across aged care organisations in Australia over the past seven years. Anne Kelly, a Montessori practitioner for 15 years, has led the training and mentorship; the care innovation teams have driven the changes on the floor; and the research team has helped evaluate, learn from, and disseminate outcomes along the way. Our collective efforts have contributed to a growing body of evidence demonstrating that implementation of a Montessori model of care is possible.[3,4]

In this article, we provide practical ideas that draw on the Montessori charter[5] and evidence-based principles, as well as our own lessons learned, to support other organisations and Montessori champions to undertake similar culture change initiatives.

Challenges in dementia care

A range of barriers prevent people with dementia and their families from living well and receiving quality care including, but not limited to, constrained budgets and low staff ratios.[6,7] Quality training and mentoring are not always available to care staff, and the physical, social, and attitudinal care environments can feel institutionalised.[6]

Further, the care needs of residents are becoming increasingly complex, with rising acuity and multiple co-morbidities.[7] Given the heavy pressures on staff and the need to manage the daily work commitments, there is an emphasis on tasks,[8] rather than tuning in to what the resident needs in that moment, which might be a conversation, a problem solved, comfort and reassurance, or a meaningful activity to engage in. As a result, people living with dementia can experience a range of negativ_,__e outcomes including social isolation, exclusion, disengagement, and disconnection that can be ultimately expressed as responsive behaviours like agitation, apathy, wandering, and aggression.[6] These responsive behaviours can signal unmet physical, social, emotional, and spiritual needs, and are among the most challenging aspects of the caring role for aged care staff, further compounding a negative cycle of disconnection.[9] If care staff become focused on managing the person's expressed behaviour, they may fail to see the real underlying need and, in the process, they can over-care to the point where they can limit the person's potential for personal agency.[10] As a result, care staff may not see a resident's retained strengths and may miss opportunities to enable them to be the best that they can be.

Our team has been evaluating the use of Montessori models for dementia care as a solution for breaking the cycle of disconnection and providing a pathway to more person-centred and humanistic care. The table on p22 presents examples of this approach in practice, with three real-life scenarios along with the Montessori-inspired changes that were introduced to support and improve quality of life for each of the three people living with dementia.

The Montessori approach

A Montessori approach is strengths-focused and enabling of the person living with dementia. It is supported by an expertly prepared environment and trained care givers who know how to invite, scaffold, and sustain meaningful engagement.[11,12]

The approach promotes a sense of inclusion and community, where all members of the home are invited and supported to help with daily routines and activities and where individual personalities, strengths and roles are valued.[3,5,13] Central tenets of the approach

What you can do right now

As an individual carer, there are simple things you could try during your interactions with residents. For example:

- Look for tasks like restocking, folding items, or collecting more towels, that you could invite a resident to help you with. Offer residents choice wherever possible (eg, *"Would you like your hair tied up or down?"*, *"Would you like to wear a cardigan or jumper?"*, or *"Would you like to sit in the lounge or the garden?"*).

As a family member, you could:

- Share stories about your loved one so that staff know how to connect with them and help to brainstorm the sorts of activities or roles that your loved one may like to help with.
- Bring in photos and meaningful items from home as conversation starters.
- Help your loved one to sort through meaningful items that hold special memories or significance like their jewellery box, fishing tackle, or sewing kit.
- Personalise your loved one's room with labelled, framed photographs.

The Montessori approach in practice

The following anecdotes are based on real case studies. They reflect common scenarios in residential aged care homes, where more than half of residents have a diagnosis of dementia and experience a range of personal, interpersonal, and structural barriers to quality and rights-based care.[1,2] Simple, Montessori-inspired changes for these residents gave them a reason to get out of bed, with staff commenting, *"These things are helping them live, in a way. It's so good. It's helping them to get back to their own way, like they were".*

John's story John is a gentleman living with dementia in a residential aged care home. He has been living in the home for three years and has gradually become more withdrawn. In recent months, John has begun putting items down his trousers – for example, cups, bowls, magazines, and personal care items, such as his hairbrush and reading glasses. John has become increasingly resistant to staff attempting to remove the items, yelling out and pushing care staff away when they try to approach him. Care staff have found it challenging to support John when he responds in this way as they have insufficient time to sit with him and connect and limited opportunities to come together as a team to problem solve solutions. For John, his responses reflect attempts to maintain some control and feel safe in his unfamiliar surroundings.	**Montessori intervention** By understanding that John's behaviour resulted from his need to have some control over his life, he was given a lockable box to keep items of his choice. The box was clearly labelled as his box and staff were instructed to respect his privacy when it came to what he had in his box. Instead of putting things down his pants, he put them in his box. He had a place that was 'his'. John took his box everywhere with him, staff respected his right to keep things in his own box, and John never put things down his pants again.
Akemi's story Akemi is a woman living with dementia in a memory support unit. Akemi spends most of her days walking up and down the corridors of the home. She stops at times to inspect or clean the railings fixed to the walls. Akemi is often found in the dining room with her head down as she waits for her meals to be served and rarely engages in social interaction with staff.	**Montessori intervention** Akemi took some time to warm to the Montessori model. Her perception of aged care was a more traditional one – she was there to be cared for – but gradually she started to try out the Montessori way. Akemi adopted a range of roles in the home, such as setting the table for dinner, helping other residents to serve their meals, and changing the orientation calendar each morning. She engaged with Montessori activities laid out in the shared living spaces and was observed to socialise and interact more with care staff. Care staff started to see more of Akemi's personality and sense of humour and explored activities and experiences to promote her personhood, such as the opportunity to make a Japanese hot pot and to use chopsticks with care staff.
Father Ted's story A retired priest from Ireland moved into the memory support unit, after being transferred from another facility for "absconding". Father Ted would walk in and out of other residents' rooms as though looking for something. He would often fall asleep in his dining room chair after he finished his meals. He would become aggressive with staff when they tried to change or shower him. Father Ted's suitcase was still packed at the end of his bed and his room contained only a bed and a set of bedside drawers. A work desk was set up for Father Ted in the dining room, however, he rarely sat there.	**Montessori intervention** Father Ted's room was made more homely. All his work items, for example, his sermons, Bibles, readings, letters, pencils and paper, were organised at a work desk with a comfortable chair and a lamp. His photographs were enlarged, framed, labelled and hung on the wall. A CD player and Irish music and hymns were supplied. Decorative religious items were displayed, such as rosary beads and a statue of Jesus. A religious interactive set was created in the common area to provide him and the other residents with a dedicated space to pray. Father Ted began spending much of his day at his desk, writing sermons and reading his Bible, and he stopped walking into other residents' rooms. Father Ted also began reading Grace before the lunch-time meal in the dining room each day.

include enabling choice and doing with, not for.[5]

When implemented successfully, the Montessori approach enriches and changes lives through both a more vibrant and enabling care environment, and a more respectful, dignified, and socially-oriented approach to care.[3,4,12]

In our research, we have interviewed over 30 aged care staff with extended experience with the model and there was unanimous agreement that Montessori was *"the way care should be"*. One experienced member of the care innovation team at one residential aged care site proposed that *"We've overcomplicated aged care"* and that Montessori is about *"untangling it"* – taking care back to what matters most – dignity, choice, and respect. Our team has consistent evidence that it is the

simple things that often make the biggest difference to residents' lives.

A blueprint for implementation

Our care innovation and research initiatives have shown that implementing a Montessori model of care is indeed possible. The organisations across Australia that we have worked with have all made transformations to the care environment and care practices, with a range of reciprocal benefits for residents, families, staff, and the sector more broadly. Given the constraints of the aged care system, however, culture change is not easy and takes a sustained commitment.[3,13] Here, we share a blueprint for implementation that our team has refined over the years.

A clear vision

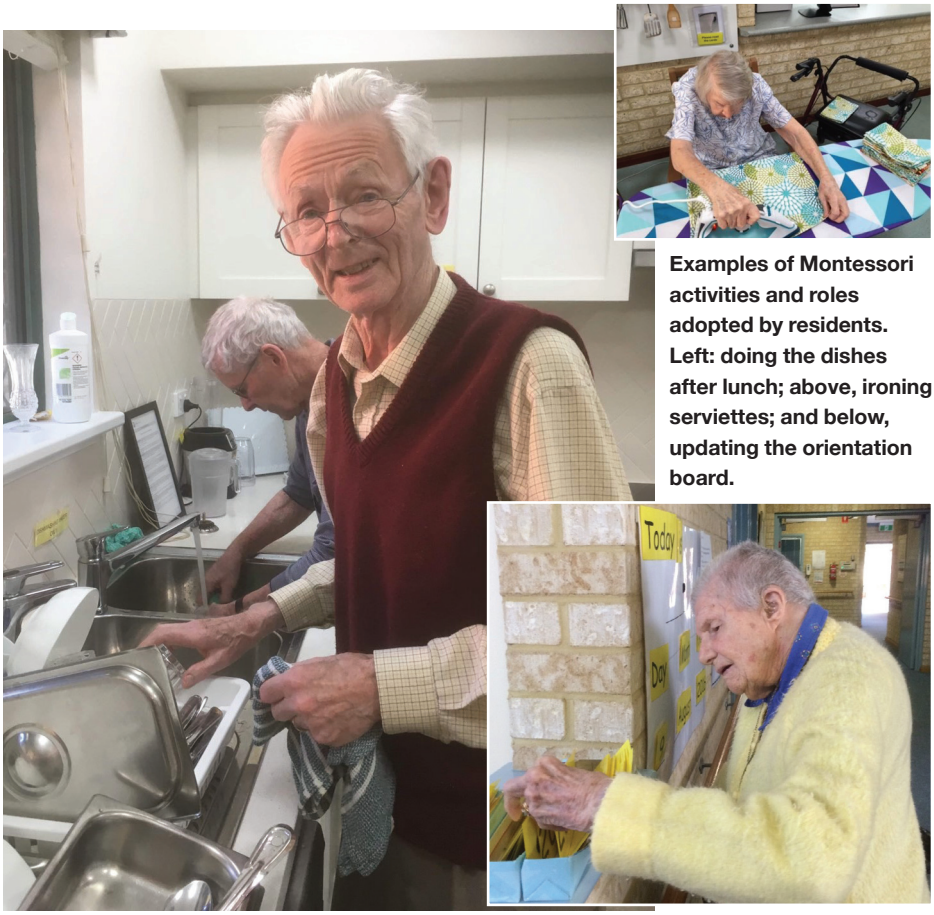
The first step we recommend is having a clear vision for change, articulating how the Montessori Charter and Montessori principles[5] will be implemented and what *your* model of care hopes to achieve. For example, one organisation articulated that its Montessori-inspired model had three pillars – independence, engagement, and connectedness – each with a view to transforming the way care was delivered and creating a more nurturing and enabling care environment.

The vision needs to be shared across all levels of the organisation and sufficient time invested to allow staff to *come on board* and both envisage and embody a new way of caring. The vision should be integrated into marketing, recruitment, orientation, and mentoring processes, attracting the right staff to the right roles within the organisation, and ensuring a genuine commitment to bringing the vision to life. Attracting the right staff is a critical ingredient that we will come back to.

Specific and measurable goals with key performance indicators

A clear vision should be supported by clearly articulated goals and key performance indicators, ensuring accountability by the team. Goals could include, for example, a commitment to requiring all staff, residents, and visitors to wear large print name badges to promote social interaction and to provide a memory support for residents, or a commitment to replacing all clothing protectors with fabric napkins to promote dignity during mealtimes.

Other goals may include a commitment to introducing a self-service buffet to promote choice at mealtimes and using signage and other external memory aids in the environment to support wayfinding and to promote independence. The team may also commit to ensuring residents are meaningfully engaged throughout the day through use of Montessori activity stations, interactive wall spaces, and meaningful job roles. Measurable outcomes are important to track progress and ensure goals are achieved and sustained.



Examples of Montessori activities and roles adopted by residents. Left: doing the dishes after lunch; above, ironing serviettes; and below, updating the orientation board.

The right staff

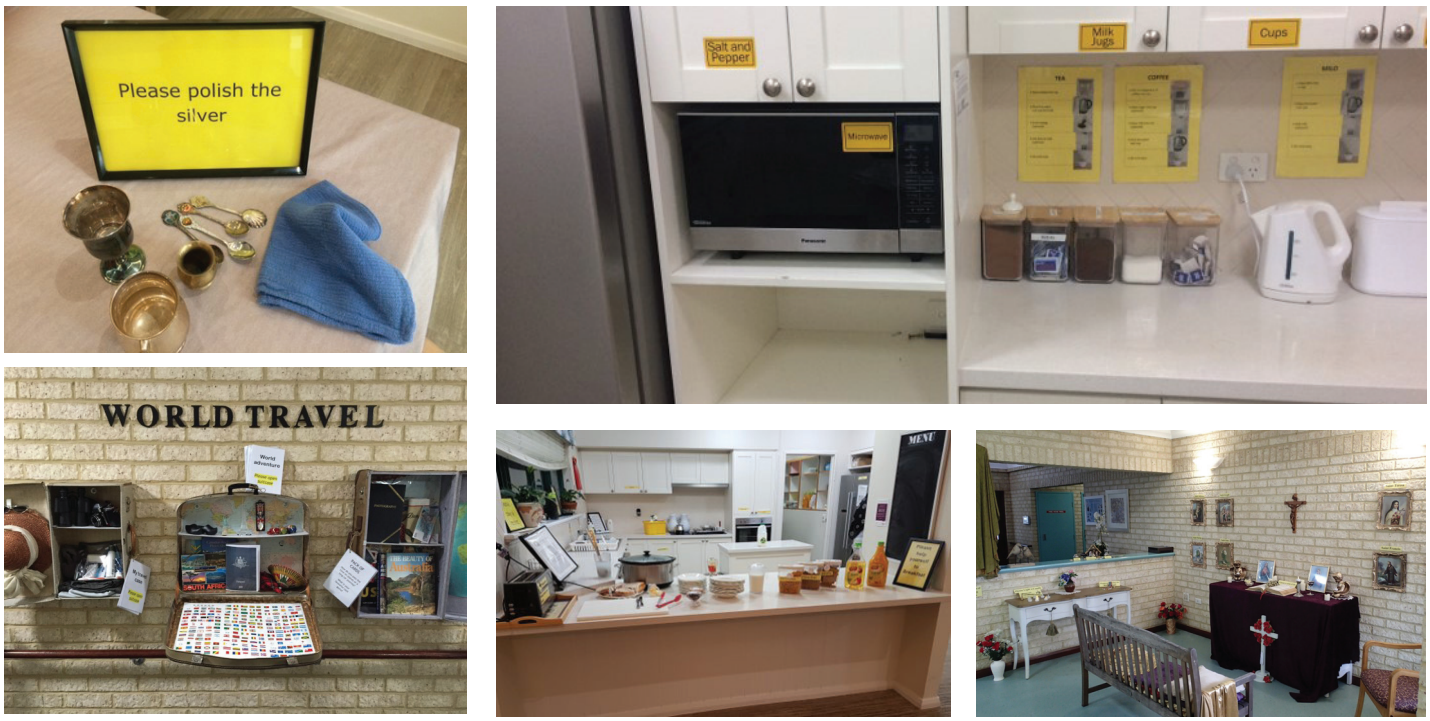
Implementing a Montessori model of care requires creative and multi-layered thinking about how staff are recruited, engaged, and empowered through the model. This requires having the right staff, in the right roles, with the right support. If staff members are not working in accordance with the model, it is important to intervene quickly, as our research has shown that even a single staff member can undo the good work of the team.

Importantly, the organisations we have worked with have not increased staffing ratios to successfully implement the model but have instead looked creatively at rostering and internal processes. The key is creating a supportive team of well-trained staff, with the shared vision to provide a consistently high standard of care. It is important to emphasise that some care staff are very good at task-focused care, and this is their preference, while other staff thrive in more relational and enabling (Montessori) roles. Having a combination of these styles of care can work.

Training for all

Training is critical to the success of the Montessori model. The organisations we have worked with have invested in high-quality training for staff across *all* levels of the organisation from reception staff, chefs, care staff, all the way through to senior executives and the CEO. Training supports the shared vision and engages staff in the change process.

For culture change to be successful, change cannot be imposed from the top. Rather, it must be bi-directional. Training needs to be ongoing, embedded in orientation programs, and available to new and agency staff, alongside refresher programs, ongoing mentoring, and advanced training for regular staff. For example, care staff have consistently found it difficult to adapt Montessori activities and supports for residents as their dementia progresses over time, requiring follow-on training and mentorship on the floor. Access to both internal Montessori champions and external Montessori consultants supports the change process.



A Montessori prepared environment. Clockwise from top left: Montessori activity station; inclusive and engaging spaces that align with the interests and cultural backgrounds of residents; signage and task breakdown in the kitchen to support wayfinding and independence; a well-organised breakfast buffet that is inviting and accessible to residents; and interactive walls to promote conversation and engagement with items.

When adequate support for care staff is not available, institutional creep and the return to more familiar task-oriented routines can occur very quickly.

Clear expectations backed up by policies and procedures

To achieve culture change, all policies and procedures must be reviewed to align with the Montessori principles[5] and the organisation's vision. Every aspect of a care routine, such as mealtimes or helping residents get showered and dressed in the mornings, must be carefully reviewed. For example, a Montessori approach requires choice and respect for individual preferences and life-long habits. As such, one organisation made a commitment to allow residents to wake naturally, rather than being woken for personal care – affording choice. Duty lists were regularly updated, moving away from a linear list of things to do at set times towards being able to work in flow with residents.

Resources should be developed to support implementation of new policies and procedures, such as a buffet breakfast file, including photos of how to set up the buffet, ensuring that all staff are enabled to do things in the same way for residents and to help establish the new routines and culture of care.

Montessori mantras

Pithy, memorable phrases and mantras can help bring new policies and procedures to life. For example, one organisation adopted the phrase, *"Where's your resident?"*, reminding each other to involve residents in everything they did, such as collecting clean linen or filling the water jugs. Some care staff have reported that involving residents often saves time, as everyone is contributing. The photos below provide examples of how residents can be involved in tasks, roles, and routines.

Prepared environment

The prepared environment is central to the Montessori model of care, stemming from the revolutionary thinking of Maria Montessori in an educational setting. Maria Montessori realised that the classroom could be carefully set up to unlock the learning potential of children with developmental disabilities.[14] For people living with dementia, the prepared environment includes evidence-informed use of external memory aids, including signage, task breakdown forms, and carefully set-out materials to promote independence, activity, and participation.

Placing interesting and attractive items in the environment can further entice activity and engagement, considering personal factors such as age, cultural background, vocation, and previous roles.

In our research, staff have described the memory support units as *"coming to life"*, with a *"buzz of activity"* that was perceived to be distinctly different to traditional or previous care. Staff described the Montessori environment as *"beautiful"*, *"calm"*, and *"relaxed"*. Rather than feeling *"trapped in aged care"*, residents felt at home. A Montessori environment should also be accessible, welcoming residents to enter the kitchen and open the fridge – *"nothing is off limits"*. See the photos above showing Montessori prepared environments.

'...the leadership team and middle management play a particularly important role'

Leadership and middle management

In our research, the leadership team and middle management play a particularly important role. Some care staff have reported feeling conflicted when managers (who are juggling tight budgets, staffing constraints and

constant change) require them to work faster and spend less time with residents, which they know is in direct opposition to the Montessori model expected by the care innovation team on the floor. Care staff can find such tensions challenging when they believe in the model but are not able to implement it fully in practice. This requires constant monitoring and re-setting at all levels of the organisation. By spending time on the floor, managers can better understand the model, reinforce the quality of care expected, and celebrate successes with the team.

The organisations we have worked with have invested in leadership positions, for example, a 'leader of care innovation', to drive the culture change process forward. While this dedicated leadership is important, culture change cannot be achieved by one or two key people – this approach will lead to burn-out and challenge retention of core staff. A whole-of-organisation approach is needed.

Advocacy and awareness raising

Advocacy, awareness raising, and sharing successes are key elements of the blueprint. For the organisations, it has often felt like one step forward, two steps back, with many large hurdles to jump over along the way, including renovations, staff shortages, changes in funding and the COVID pandemic.

The aged care system itself makes sustaining change challenging and advocacy efforts must continue – calling for fundamental reform of the aged care system.[6] It is important to showcase what can be achieved when care is delivered well and what this means for individual lives.

Reconnecting lives

Montessori methods for dementia have been described as *"reconnecting with confidence, passions, and purpose"*[13] and we have seen evidence of this. The model reconnects care staff with residents through enhanced social interaction and relational care, while also reconnecting residents with their own strengths, life roles, and passions through opportunities for choice, meaningful activities, and a more personalised care environment.

When interviewing care staff, we consistently heard that what they valued most about the Montessori approach was the opportunity to spend time with residents and to get to know them better. Once the model is working, and residents are more settled and involved, there is more time for staff to prioritise relationships. We have seen staff become more empowered to think creatively about their caring roles. For example, one staff member shared that she had come up with the idea of hosting a fine dining restaurant one evening. Residents were able to invite their spouse or a family member to attend. The evening was a great success, with one family member stating, *"I never thought I'd get to date my husband again"*. The Montessori model has meant that both the residents and the care staff came to life, with opportunities to grow, develop, and reach their potential.

Looking to the future

In the wake of Australia's Royal Commission into Aged Care Quality and Safety, the transformation of dementia care must continue at pace. The Montessori model should be considered as one solution, offering a pathway to more person-centred care. Our experiences have shown that, despite the current constraints of the system, it is possible to implement a Montessori model and our blueprint and practical strategies aim to support adoption in other settings.

We can all continue to advocate for aged care reform, showcase the success stories, and work creatively and collectively to provide the quality of care that every Australian deserves. As a member of our team said, *"We just can't not do it. It's simple. It seems simple and it is simple"*. ■

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All images have been shared with permission. Pseudonyms have been used for the case examples.

■ Jade Cartwright is a speech pathologist and Associate Professor in the School of Health Sciences, University of Tasmania (UTAS); Elizabeth Oliver is an occupational therapist and a sessional academic in the Curtin School of Allied Health, Curtin University, Western Australia; Anne Kelly is a registered nurse and dementia consultant at Montessori Consulting, West Hobart, Tasmania; Anne Whitworth is a speech pathologist and Professor in the School of Health Sciences, UTAS. To follow up on this article, contact Jade Cartwright at jade.cartwright@utas.edu.au

The reference list for this article is on the *AJDC* website at https://bit.ly/julaugsept-2022-article-references, or scan this QR code to access.

Montessori resources

DTA's Montessori resources

These two one-hour seminars, from Dementia Training Australia (DTA), feature some of the article authors. Both presentations are on the Montessori approach and how it can be applied to support people living with dementia. *Montessori: But Isn't That For Children?*' is available at https://bit.ly/DTAMontessori and *Montessori Mealtimes: A Pathway To Person-Centred Care For People Living With Dementia* is available at https://bit.ly/DTAMealtimes

Montessori Approach To Activities

This 'Library guide' presents links to a range of resources on the Montessori approach to activities, most from Dementia Australia and some from other sources too: https://bit.ly/DALGuide

Montessori for Dementia and Ageing

The Association Montessori Internationale has a subdivision which focuses on dementia, called the Montessori for Dementia and Ageing group. Find out more, including links to resources: https://bit.ly/MAGAD

Montessori For Dementia

Dementia Australia's Centre for Dementia Learning offers a three-hour workshop to care teams, introducing the Montessori approach and presents strategies to implement Montessori-based programs for people living with dementia. https://bit.ly/DACDLcourse