



Recreational and Social Activities in Residential Aged Care Procedure

1. Purpose

This procedure outlines the WA Country Health Service's (WACHS) expectations and guidance for the planning, delivery and evaluation of recreational and social activities in WACHS residential aged care settings, inclusive of Karlarra House and Multi-Purpose Service Program (MPSP) sites. It supports the provision of meaningful activities that promote residents' wellbeing, independence, social connection and quality of life.

The procedure supports compliance with the [Aged Care Act 2024 \(Cth\)](#), [Aged Care Rules 2025 \(Cth\)](#) and the [Strengthened Aged Care Quality Standards](#). It assists WACHS residential aged care homes to meet their obligations under sections 8-150 of the Aged Care Rules by supporting residents to have the option of:

- at least one recreational or social activity each day that is not screen-based, television-based or meal-based; and
- regular outings into the community.

The procedure is to be read in conjunction with the WACHS [Aged Care Services Policy](#).

2. Procedure

WACHS residential aged care settings, including Karlarra House and MPSP sites, must deliver a leisure and lifestyle program that provides residents with:

- opportunities to participate, according to their preferences and choices, in daily recreational and social activities, including both individual and/or group-based activities
- the opportunity to have input into the activities offered, with consideration given to individual preferences, interests, goals and choices
- activities that are culturally appropriate and delivered with cultural safety and responsiveness
- a range of activities tailored to residents' individual needs, values and preferences, including cultural and spiritual needs
- opportunities for community participation and connection
- documentation that reflects activities offered, resident participation and individual preferences to support person-centred care and ongoing program planning.

2.1 Person-centred approach to activity planning

The principles of person-centred care and support extend to recreational and social activities. When developing holistic, person-centred activities, the following considerations must be considered:

- respect dignity, values, beliefs and preferences
- support identity through past experiences, current needs and future goals

- maintain a safe, welcoming environment free from abuse and neglect
- promote meaningful relationships, engagement and community connection
- provide individualised support for residents with cognitive impairment to enhance wellbeing and quality of life.

2.2 Assessment and Care Planning

Assessment and care planning follow a rights-based approach under the [Aged Care Act 2024](#), supporting residents to direct their lifestyle, wellbeing and care.

Staff must work with residents – and their supporter(s) if they choose – to document needs, goals, preferences and risk strategies in the person's care plan to inform the resident's involvement in leisure activities.

2.3 Resident Participation in Activity Planning

Residents and where appropriate, their supporter(s), must be actively involved in and supported to make informed decisions about the activities they participate in. Staff are responsible for supporting residents to express their preferences, make choices and communicate their goals, and interests, and provide feedback on activities. Activity planning must promote choice, independence, wellbeing and meaningful engagement, with additional support from staff and supporters provided as required.

When planning activities, staff must:

- **Align activities with a resident's care and support plan**, and other relevant documentation such as
 - [RC22 Personal and Social History \(About Me\)](#)
 - [RC7 WACHS Resident Care Plan](#)This information enables staff to offer appropriate activities that are relevant and meaningful to the resident.
- **Respect resident choice** regarding routines, activities and meals to promote independence and autonomy.
- **Support culturally safe and inclusive activities** by recognising and respecting each resident's cultural, spiritual, religious and social background. For Aboriginal residents, cultural practices may vary across districts, therefore, activity plans must be culturally safe and responsive. Staff should consult with Aboriginal Health Liaison Officers/Aboriginal Health Workers, interpreters and Culturally and Linguistically Diverse (CALD) Liaison Officers where appropriate.
- **Apply the principle of Dignity of Risk** and respecting a resident's right to make informed choices and take reasonable risks in relation to their activities and participation. Staff must balance resident autonomy with their duty of care. Refer to the [Aged Care Dignity of Risk Policy and Guideline](#) and the [RC29 My Choices – Supporting Dignity of Risk](#) form for further details.

2.4 Activity Planning Tools

The following tools and systems are to be used to support the planning, coordination, recording and review of activities while promoting resident involvement in decisions about activities that reflect their interests, preferences and wellbeing needs.

Alternately, a WACHS-approved digital care management system may be used as the activity planning, recording and review system in lieu of paper-based activity planning tools. Activity plans, participation records and resident feedback must be documented and reviewed within the approved system.

RC24 Monthly Activities Planner

- Developed using information obtained from the RC22, Sunflower tool and /or My Life Tree, or equivalent (and RC6 and RC13 where applicable).
- Incorporates activities identified through resident and family/supporter meetings, as well as cultural and seasonal events scheduled throughout the month.
- Planner must be completed one month in advance to allow sufficient time for activity preparation and coordination.

RC22 Personal and Social History (About Me) and/or ACI Sunflower Tool or My Life Tree (or equivalent)

- Suitable for residents requiring culturally specific considerations.
- Designed to capture a resident's personal history, cultural obligations and preferences, ensuring care is respectful and tailored to individual values.

RC29 My Choice – Supporting Dignity of Risk

- Helps staff uphold and respect resident' choices and decisions when they wish to participate in activities that may involve some level of risk.
- Identifies strategies to reduce or minimise risks.

RC6 Specific Care Plan

- Used to document specific care needs

3.2.2 Sources of Information for Activity Planning

The following sources of information should be reviewed to support resident participation in activity planning and to ensure activities reflect individual interests, preferences, needs and goals:

- **Resident Meetings:** Regular meetings provide opportunities for residents and their supporters to participate in decision-making, share ideas and preferences, provide feedback on activities and raise any concerns or suggestions.
- **Care conferences:** Regular multidisciplinary care conferences support open communication between staff, residents and their supporters, providing opportunities to identify changing needs, discuss preferences and address concerns that may impact participation in activities.
- **Resident Care Plan:** Provides information about a resident's needs, preferences and support requirements. Staff must review documented changes to ensure appropriate support is available to enable safe and meaningful participation in activities.
- **Behaviour Assessment and Support Plan:** Provides key information on the resident's behavioural changes, identified triggers and effective support strategies. Staff should use this information to promote positive engagement and individualised participation in activities.
- **Daily Participation Record:** Should be reviewed regularly to identify activity preferences, participation patterns and opportunities for improvement. This information should be used to inform future activity planning and individual resident engagement strategies.

- **Quality Improvement Plan:** Opportunities for improvement identified through resident feedback, surveys, compliments, complaints, activity evaluations and quality of life survey must be documented in the Quality Improvement Plan and actioned in accordance with continuous improvement processes.

2.5 Documenting Activity Participation

Staff must document a resident's participation following each activity in the Daily Participation Record on the [RC24](#) (or equivalent system), including their level of participation, engagement, response to the activity, and the suitability of the activity for the resident.

Activity participation may also be documented within the resident's daily healthcare record entry in accordance with the [Clinical Documentation Policy](#).

Feedback from residents, families, supporter(s), visitors, volunteers and staff should also be documented and considered for future activity planning.

At the end of each month, the [RC24](#) is then uploaded to the resident's digital medical record (DMR).

At Karlarra House, attendance, participation and activity outcomes are recorded and reported in the WACHS approved digital management platform, in accordance with local processes and documentation requirements.

3. Roles and Responsibilities

District Directors are responsible for:

- ensuring the implementation of this guideline in their area of responsibility
- monitoring and oversight of compliance with the relevant standards for accreditation and registration
- ensuring staff have access to and can interpret and apply legislative requirements related to this procedure.

Director of Nursing / Health Service Manager are responsible for:

- monitoring compliance of this procedure
- acting as the regional contact for sharing information and guidance as required
- supporting sites and staff to manage and mitigate risks of residents in the delivery of activities
- regular reviews of activity planning for assurance purposes, ensuring activities remain diverse, appropriate and aligned with resident needs, preferences and wellbeing outcomes
- ensuring an appropriate recreational and social activity program is available that meets legislative requirements and reflects resident needs and preferences

Aged Care Activities Coordinators/staff delivering activities are responsible for:

- ensuring they are familiar with this procedure
- providing care and services described in this procedure within their scope of practice and designated role

- developing and applying cultural capabilities to deliver culturally safe and responsive care and services
- ensuring a diverse range of individual and group activities is provided to residents, according to their needs, preferences and abilities

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. If staff are unsure which policies, procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

Compliance with this procedure will be monitored through the following activities:

Residential Aged Care Homes:

The following activities should be undertaken monthly or as appropriate and overseen by the Director of Nursing / Health Service Manager:

- Review of activity planning and participation records to ensure activities are planned, delivered and documented in accordance with this procedure.
- Review of resident assessments, care plans and activity records to confirm that resident preferences, interests and goals are reflected in activity planning.
- Feedback from residents and supporters are obtained through resident meetings, care conferences, surveys and local complaints and compliments processes.
- Monitoring of activity attendance, participation and engagement records.
- Review of quality improvement action plans and identified opportunities for improvements relating to activity planning and delivery.

Aged Care Program:

The following activities should be undertaken 6 monthly or as appropriate:

- Analysis of resident feedback and quality of life survey results to identify trends, opportunities for improvement and areas of good practice.
- Identification and sharing of best practice initiatives across sites to support continuous improvement.
- Monitoring and reporting (as required) to the Older Adult Program Committee. organisation-wide trends, risks, complaints, compliments and audit findings relating to activity planning and resident engagement.

Evaluation of this procedure is carried out by the Aged Care Directorate every five (5) years.

5. References

[Aged Care Act 2024 \(Cth\)](#)
[Aged Care Rules 2025 \(Cth\)](#)

6. Definitions

Term	Definition
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Aboriginal	Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.
Recreational and social activities	Activities can be a variety of social and emotional stimulation to address the needs and preferences of the resident by either individual person-centred activity, a formalised wellness and reablement group session or outing. Activities could be provided by WACHS staff or community group.
Cognitive Impairment	It is acknowledged that the term cognitive impairment is inclusive of a broader range of genetic, medical and acquired conditions and that it can affect people from any age. For the purpose of this policy, cognitive impairment will be used to refer to patients with dementia and delirium.
Supporter	Under Part 4, Division 1, Section 27 of the Aged Care Act 2024: <i>“A supporter of an individual may, with the consent of the individual, do any of the following to support the individual to do a thing under, or for the purposes of, the Act (other than Part 5 of Chapter 4 of this Act):</i> (a) <i>Request, access or receive information or documents;</i> (b) <i>Communicate information, including the will, preferences and decisions of the individual;</i> (c) <i>A thing, other than making a decision on behalf of the individual, prescribed by the rules”.</i>
Staff	As per <i>Health Services Act 2016 (WA)</i> : ‘Staff member’ of a health service provider means. (a) an employee in the health service provider (b) a person engaged under a contract for services by the health service provider

7. Document Summary

Coverage	WACHS-wide
Audience	All WACHS staff working in residential aged care settings
Records Management	Non-Clinical: Records Management Policy Clinical: Health Record Management Policy
Related Legislation	Aged Care Act 2024 (Cth) Aged Care Rules 2025 (Cth) Carers Recognition Act 2004 (WA) Disability Discrimination Act 1992 (Cth) Freedom of Information Act 1982 (Cth) National Insurance Disability Scheme Act 2013 (Cth) Guardianship and Administration Act 1990 (WA) Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	MP 0071/17 – Aboriginal Health and Wellbeing Policy MP 0130/20 - Complaints Management Policy MP 0051/17 – Language Services Policy MP 0121/19 - Responding to Abuse of Older People (Elder Abuse) Policy and Guideline Clinical Services Planning and Programs Integrity Policy Framework
Related WACHS Policy Documents	Adults with Impaired Decision-Making Capacity Procedure Animals in Healthcare Settings Policy Clinical Documentation Policy Cognitive Impairment Clinical Practice Standard Complaints Management Procedure Documentation Clinical Practice Standard Engaging Consumer and Carer Representatives Policy Nutrition Standards for Adult Inpatients and Residential Aged Care Policy Recognising the importance of Carers Policy Residential Aged Care Services Guideline Residential Aged Care Services Policy Risk Management Procedure Volunteer Policy
Other Related Documents	Serious Incident Response Scheme Guidelines for residential aged care providers (October 2022) Aged Care Diversity Framework (2017) DOH WA Aboriginal Health and Wellbeing Framework 2015-2030 WACHS Cultural Governance Framework WACHS My Life Tree
Related Forms	WACHS Consumer Feedback/Complaint Form RC6 Specific Care Plan RC7 Resident Care Plan (Residential Aged Care) RC13 WACHS Behaviour Assessment and Support Plan RC22 Personal and Social History (About Me) RC24 Monthly Activities Planner RC29 My Choices – Supporting Dignity of Risk Agency for Clinical Innovation - ACI Sunflower Tool

Related Training Packages	Available from MyLearning: Altura: Equality Diversity and Inclusion (AC18 EL2) Altura: Sexuality and the Older Person (AC16 EL2) Person Centred Care (PCC EL1) Rainbow of Difference (AC23 EL2) 2022
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 5169
National Safety and Quality Health Service (NSQHS) Standards	1.1b 1.1e, 1.4, 1.05, 1.07b, 1.07c, 1.08, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16c, 1.29, 1.30, 1.31, 1.32, 1.33, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 2.14, 5.03, 5.12, 5.13a, 5.13b, 5.13c, 5.13e, 5.13f, 5.14, 5.29a, 5.30b, 6.05, 6.06, 6.07, 6.11 IHACS Module Items 1, 2, 3 & 7
Aged Care Quality Standards	1, 2, 3 & 7
Chief Psychiatrist's Standards for Clinical Care	Nil
National Disability Insurance Scheme Standards	1 – 4

8. Document Control

Version	Published date	Current From	Summary of changes
1.00	28 October 2024	28 October 2024	New Guideline
2.00	21 October 2026	21 October 2026	Review of guideline under Aged Care Act 2025. Change from Guideline to Procedure Updated policy and forms where required.

9. Approval

Policy Owner	Chief Operations Officer - Rural
Co-approver	Executive Director Clinical Excellence Executive Director Nursing and Midwifery Services
Contact	Program Manager Aged Care Clinical & Allied Health
Business Unit	Aged Care Program
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