



MONTESSORI
AGEING SUPPORT SERVICES
Support and Learning for Life



MONTESSORI
AGEING SUPPORT SERVICES
QUALITY ASSURANCE
PROGRAMME



MONTESSORI AGEING SUPPORT SERVICES QUALITY ASSURANCE PROGRAMME

The Montessori Ageing Support Services Quality Assurance Programme (MASSQAP) has been developed to partner with and support all care communities providing Montessori environments and to engage these care communities in a process of review, improvement and maintenance to ensure the highest level of Montessori experiences for people receiving care services that they believe to be Montessori in nature.

The emphasis for the MASSQAP is on continuous improvement rather than accreditation. It highlights Montessori indicators for quality practice and supports these with a model of mentoring and professional development. The Montessori Ageing Support Services Quality Assurance Council (MASSQAC) through the Montessori Australia Foundation (MAF) administers the MASSQAP. All care communities are eligible to participate irrespective of the Montessori training background of staff. The MASS website (massa.org.au) will list all care communities participating in the MASSQAP.

WHY SHOULD MY CARE COMMUNITY PARTICIPATE?

- To promote and increase confidence in the provision of high quality Montessori environments for current and prospective families.
- To inform families of quality practice and delivery of Montessori environments.
- To assist staff with the development of a culture of continuous reflection and improvement leading to maintenance of quality outcomes for consumers.
- To promote and increase the profile and outcomes of Montessori environments with State and Federal Governments leading to the validation and recognition of Montessori models.
- To fit within and support services to meet State and Federal Government requirements for improvement of standards, quality teaching and learning, accountability and professionalism.
- To assist with linking the Montessori International Standards with national Standards that govern practices such as the Aged Care Accreditation Standards.
- To increase awareness of the Montessori approach to aged and disability care and the Montessori philosophy in the wider Australian community.

WHO IS THE MONTESSORI AGEING SUPPORT SERVICES QUALITY ASSURANCE COUNCIL?

The MASSQAC consists of Montessori experts from around the world. This committee sits under the Association Montessori Internationale (AMI) Scientific Pedagogy Group and has been responsible for developing the International Montessori Ageing Support Quality Standards.





THE MASSQAP PROCESS

1. Orientation and Induction
2. Self Evaluation Reports
3. Sign and Commit to Charter
4. **Option A:** Mentoring Programme followed by Assessment Visit
5. **Option B:** Immediate Assessment Visit
6. Annual Progress Reporting

THE MASSQAP LEVELS

Applied – Have completed steps 1, 2 and 3.

Participating – Have completed steps 1, 2, 3, 4 and are participating in the mentoring phase of step 5.

Registered – Have had an assessment visit and been assessed to be meeting the quality standards. Assessment visits will be required every three years to maintain registered status.

THE PROCESS IN MORE DETAIL:

- a. Apply to join the programme and pay the fee. Care communities must be MASS clients to be eligible to join the MASSQAP, as the programme is essentially a subscriber benefit with any additional costs kept to an absolute minimum.
- b. Staff to be given an orientation and induction session followed by reflective activities.
- c. Complete and return the self-evaluation reports (these must be completed annually).
- d. Sign a copy of the MASSQAP Charter to be displayed at the care community.
- e. The care community is listed on the MASS website as “Applied” after completing these steps.
- f. Surveys and goals reviewed and care community to be advised whether to choose Option A: Mentoring Programme followed by Assessment Visit or Option B: Immediate Assessment Visit.
- g. If Option A, a mentor is assigned to the care community. A mentor visit will be arranged and the mentor will work with the care community on developing a plan to enable the care community to meet the Quality Standards. During this phase the care community will be listed on the website as “Participating”. When the mentor and care community agree they are ready an Assessment Visit will be organised.
- h. When an Assessment Visit is indicated an assessor will be assigned and a time to visit the care community to conduct the assessment review will be arranged.
- i. All care communities must submit an annual progress report.





PROMOTION AND WEBSITE

- All care communities enrolled in the MASSQAP will be listed at the top of the Quality Montessori Environments directory on the MASS website with the MASSQAP “Applied”, “Participating” or “Registered” logo as applicable.
- All care communities enrolled in the MASSQAP will be able to display the applicable MASSQAP logo on their website and promotion material.
- From 2018 MASS will promote and advertise the Montessori Ageing Support Services Quality Assurance Programme to the general public, encouraging prospective consumers and families to seek care communities that provide quality Montessori environments and who are part of the MASSQAP.



SUPPORTIVE PERSONS GUIDE

Choosing the right Montessori environment for the person you are caring for or supporting is important. Each care community is either privately owned or run by a non-profit organisation.

Whilst the Australian government does have an aged care accreditation process it does not yet have a national programme for accrediting care communities that promote Montessori environments ensuring quality standards. If however the care community is part of the Montessori Ageing Support Services Quality Assurance Programme it indicates a commitment to providing high quality Montessori programmes, environments and experiences for residents and clients.

The Montessori Ageing Support Services Quality Assurance Programme (MASSQAP) is not an accreditation process but rather a supportive and positive means of continuous improvement by which care communities strive to ensure quality Montessori environments, outcomes and best practice.

A signed Charter should be displayed by these care communities which says the organisation believes:

- That all elders have the right to an environment that is carefully prepared so that it meets and nurtures the needs of each person.
- That each person has the potential to be an active participant in their care community.
- Montessori environments are aligned with individual needs, interests and strengths for optimal social, emotional and cognitive support and activities.
- Opportunity for choice, independence and self-initiated activity are elements of the prepared environment.
- Memory supports are used routinely to support cognitive deficits and maintain orientation to time, place and person.
- The involvement of elders in roles, routines and activities enriches the living environment, sense of belonging, self-esteem and feelings of worth.

As a result of these beliefs, the care community strives to implement the Montessori Ageing Support Quality Standards. For further information and a list of participating care communities, please visit the website www.massa.org.au





MONTESSORI AGEING SUPPORT SERVICES QUALITY ASSURANCE PROGRAMME

WHO ARE THE MENTORS?

The role of the mentor is crucial to the success of the Montessori Ageing Support Services Quality Assurance Programme. All mentors are qualified and experienced in Montessori implementation and are committed to supporting and enhancing the quality of Montessori Aged Care education and mentoring in Australia. They have undertaken intensive mentor training and are committed to ensuring that the process is a supportive and positive experience for everyone involved. The aim of the mentoring partnership is to develop a confidential and trusting relationship with staff in care communities.

MENTOR VISITS

The mentor assigned to a care community will contact the CEO or Director of Care or appropriate staff member to discuss the self-evaluation summary and schedule a visit. During the visit the mentor will meet with the management team and nominated staff, observe and discuss the self-evaluation forms and goal setting. The mentor will make follow up telephone contact with those involved in the process. A second visit will be arranged to discuss progress and written summaries of visits will be provided.

WHO ARE THE ASSESSORS?

MASSQAP Assessors work under the direction and guidance of the MASS Quality Assurance Council and are trained to provide consistent assessment of Montessori programmes. Assessors have extensive experience in training, mentoring and working in Montessori Environments for aged care. Regular internal review and monitoring processes ensure continuing reflection on the Quality Areas and Standards, assessment procedures, and consistent assessment practices.

ASSESSOR VISITS

The Assessor will be assigned by the MASS Quality Assurance Council. A minimum of one month's notice will be given prior to an assessment visit. The Assessor will make contact beforehand to go over the schedule for the visit and forward and guidelines or documentation required. The length of the visit will depend on the size of the care community. A full assessment report will be provided within one month of the visit.



FEES

An initial application fee is payable to cover the costs of a MASSQAP consultant facilitating an Orientation and Induction session.

Application Fee: \$440

Annual fees are payable according to the number of beds in, or clients attending, the care community.

Up to 30 beds/clients	\$220
30 to 60	\$440
60 to 100	\$660
100 to 200	\$1100
200+	\$2200

Mentor Visit: \$1,650 / day plus expenses

Assessment Visit: \$1,650 / day plus expenses

All fees include GST

For more information on the MASSQAP, please visit the 'Quality' section on the MASS website massa.org.au.



MASSQAP CHARTER

MONTESSORI AGEING SUPPORT SERVICES QUALITY ASSURANCE PROGRAMME CHARTER BELIEVES:

- That all elders have the right to an environment that is carefully prepared so that it meets and nurtures the needs of each person.
- That each person has the potential to be an active participant in their care community.
- Montessori environments are aligned with individual needs, interests and strengths for optimal social, emotional and cognitive support and activities.
- Opportunity for choice, independence and self-initiated activity are elements of the prepared environment.
- Memory supports are used routinely to support cognitive deficits and maintain orientation to time, place and person.
- The involvement of elders in roles, routines and activities enriches the living environment, sense of belonging, self-esteem and feelings of worth.

As a result of these beliefs, we strive to implement the following Montessori Quality Standards:

Leadership

- All aspects of the organisation are guided by the values of the Charter.
- The organisation's leadership encourages the individual to be actively involved in the decision making related to daily life.
- The organisation's leadership has established and utilises admission policies and practices that support the aim of the Charter.
- Multi-disciplinary teams are created, with a commitment to working together, with the purpose of meeting the needs of each person in their care.
- The organisation's leadership uses effective communication tools to give everyone (e.g., staff, families, older adults) a full understanding about the Montessori approach for ageing care and dementia.
- There are financial commitments to budget allocations for best practices training and resources.
- The organisation employs a multidisciplinary staff that has been trained by a certified AMI Montessori for Ageing and Dementia trainer.

Staff

- Staff display attitudes and behaviours of caring, respect, calm and patience.
- Staff actively seek out and create opportunities for older adults to act independently, exercise choice, move about with freedom and engage in activities of interest.
- Observation is utilised as a key tool for reflection and identification of individual needs.
- Staff involve individuals in daily tasks as appropriate.
- Staff collect, maintain and use a comprehensive individual profile of needs, interests and strengths.
- Staff use positive, supportive verbal and non-verbal communication techniques.
- Staff involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.
- Staff are trained in Montessori for Ageing and Dementia.
- The organisation has made a formal commitment to continuous improvement of the implementation of Montessori for Ageing and Dementia

Montessori Prepared Environment

- The prepared environment is organised and aesthetically pleasing. It provides enticement to engage with dedicated interactive spaces allocated for activities.
- There are appropriate cues and modifications to the environment to support independence.
- The environment offers a full complement of appropriate Montessori-based multi-sensory materials, resources and activities that are accessible at any time.
- The environment offers different space and seating for quiet contemplation, reading, intimacy and socialisation.
- Meals provide opportunities for choice, social connection and independence.
- Individuals have easy access to safe, interesting and inviting outdoor areas.

Signed to verify the commitment by: _____

Title: _____ Expiry Date: _____



THE MASSQAP QUALITY COMPONENTS

The MASSQAP consists of the following:

- Quality Areas
- Quality Standards
- Cross Referencing to the Aged Care Accreditation Agency Standards (third column).
- Indicators

THE QUALITY AREAS AND STANDARDS

MASS QUALITY AREA 1: Leadership

MQS1.1	All aspects of the organisation are guided by the values of the Charter.	1.1; 1.2; 1.3; 1.4; 1.5; 1.6; 1.9; 2.3; 2.10; 2.11; 2.13; 3.1; 3.2; 3.3; 3.4; 3.5; 4.1; 4.2
MQS1.2	The organisation's leadership encourages the individual to be actively involved in the decision making related to daily life.	2.10; 2.11; 2.13; 3.1; 3.2; 3.3; 3.4; 3.5; 4.1; 4.2
MQS1.3	The organisation's leadership has established and utilises admission policies and practices that support the aim of the Charter.	2.10; 2.11; 2.13; 3.1; 3.2; 3.3; 3.4; 3.5; 4.1; 4.2
MQS1.4	Multi-disciplinary teams are created, with a commitment to working together, with the purpose of meeting the needs of each person in their care.	1.1; 1.3; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.1; 3.5; 3.6; 4.1
MQS1.5	The organisation's leadership uses effective communication tools to give everyone (e.g., staff, families, older adults) a full understanding about the Montessori approach for ageing care and dementia.	1.3; 2.10; 2.11; 2.13; 3.1; 3.2; 3.3; 3.4; 3.5; 4.1; 4.2
MQS1.6	There are financial commitments to budget allocations for best practices training and resources.	1.1; 1.2; 1.3; 1.5; 1.6; 1.9; 2.3
MQS1.7	The organisation employs a multidisciplinary staff that has been trained by a certified AMI Montessori for Ageing and Dementia trainer.	1.3; 1.6; 2.10

MASS Quality Area 2: Staff

MQS2.1	Staff display attitudes and behaviours of caring, respect, calm and patience	1.1; 1.3; 1.4; 1.5; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 2.10; 3.1; 3.5; 3.6; 4.1
MQS2.2	Staff actively seek out and create opportunities for older adults to act independently, exercise choice, move about with freedom and engage in activities of interest.	1.1; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.1; 3.2; 3.3; 3.4; 3.5; 3.6; 3.7; 4.1; 4.2; 4.4; 4.5
MQS2.3	Observation is utilised as a key tool for reflection and identification of individual needs.	2.1; 2.3; 2.10; 3.1



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MQS2.4	Staff involve individuals in daily tasks as appropriate.	2.1; 2.2; 2.4; 2.5; 2.7; 2.8; 2.9; 2.10; 2.11; 2.12; 2.13; 2.14; 3.1; 3.3; 3.4; 3.5; 3.6; 3.7; 4.1; 4.2
MQS2.5	Staff collect, maintain and use a comprehensive individual profile of needs, interests and strengths.	2.1; 2.2; 2.4; 2.5; 2.7; 2.8; 2.9; 2.10; 2.11; 2.12; 2.13; 2.14; 3.1; 3.2; 3.5; 3.6; 4.1; 4.2
MQS2.6	Staff use positive, supportive verbal and non-verbal communication techniques.	1.1; 1.3; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.1; 3.5; 3.6; 4.1
MQS2.7	Staff involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.	1.1; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 2.10; 3.1; 3.2; 3.3; 3.4; 3.5; 3.6; 4.1
MQS2.8	Staff are trained in Montessori for Ageing and Dementia.	1.1; 1.3; 1.9
MQS2.9	The organisation has made a formal commitment to continuous improvement of the implementation of Montessori for Ageing and Dementia	1.1; 1.2; 1.3; 1.5; 1.6; 1.9; 2.3

MASS Quality Area 3: Montessori Prepared Environments

MQS3.1	The prepared environment is organised and aesthetically pleasing. It provides enticement to engage with dedicated interactive spaces allocated for activities.	1.1; 1.4; 3.1; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.5; 3.6; 4.1
MQS3.2	There are appropriate cues and modifications to the environment to support independence.	1.1; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.6; 3.1; 3.5; 3.6; 4.1
MQS3.3	The environment offers a full complement of appropriate Montessori-based multi-sensory materials, resources and activities that are accessible at any time.	1.1; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 2.11; 3.1; 3.5; 3.6; 4.1
MQS3.4	The environment offers different space and seating for quiet contemplation, reading, intimacy and socialisation.	1.1; 1.4; 3.1; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.10; 3.5; 3.6; 4.1
MQS3.5	Meals provide opportunities for choice, social connection and independence.	1.1; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.1; 3.5; 3.6; 4.1
MQS3.6	Individuals have easy access to safe, interesting and inviting outdoor areas.	1.1; 1.4; 2.1; 2.3; 2.4; 2.5; 2.6; 2.7; 2.8; 3.1; 3.5; 3.6; 4.1



INDICATORS

MASSQA 1 – Leadership

STANDARD

MQS 1.1 All aspects of the organisation are guided by the values of the Charter.

INDICATORS

- The organisation's mission and vision statement is person-centred.
- The values of the Charter are embedded in the organisation's strategic and operational plans.
- Staff can clearly articulate and demonstrate how the Charter values are carried out in their job responsibilities.
- Individuals and their families understand that there is an expectation that their experiences will be based upon Montessori for ageing care and dementia values.
- The leadership creates sense of community in which those with a significant relationship to the individual feels they are welcome to participate in daily life.

MQS 1.2 The organisation's leadership encourages the individual to be actively involved in the decision making related to daily life.

- The organisation has an effective method for collecting information about the individual's preferences related to meals, personal care, activities and meeting personal needs.
- The organisation has an effective method for making information about the individual's preferences available to the team, including care plans or information provided in the environment.
- The organisation has an effective practice for implementing the individual's preferences.

MQS 1.3 The organisation's leadership has established and utilises admission policies and practices that support the aim of the Charter.

- The organisation has a written admission policy that reflects the aim of the Charter.
- The organisation's admission tools collect multi-disciplinary information about the individual's needs, interests, abilities, and personal preferences.
- Consent is collected at entry point regarding the sharing of the individual's personal information for the purposes of maintaining independence and personhood. This includes consent for wearing a name badge and posting name plaques or photographs on room doors as well as for listing information regarding the individual's roles, routines and activities in public areas.

MQS 1.4 Multi-disciplinary teams are created, with a commitment to working together, with the purpose of meeting the needs of each person in their care.

- Multi-disciplinary teams composed of staff from all departments are self-managed and are supportive and responsive to needs of other staff members.
- Team members reliably work to incorporate individual needs and preferences of individuals into their schedule.
- Staff are consistently assigned to care for the same individuals.

MQS 1.5 The organisation's leadership uses effective communication tools to give everyone (e.g., staff, families, older adults) a full understanding about the Montessori approach for ageing care and dementia.

- Montessori for ageing care and dementia information is readily available prior to and during the admission process.
- Indicators of Quality Practice for Montessori for ageing and dementia are available to visitors and those with a significant relationship to the individual.
- The organisation maintains on-going communication about the nature of the Montessori approach for ageing care and dementia.
- Montessori for ageing and dementia information is provided in the organisation's advertising.
- Family education programmes are effective and scheduled in a manner that enables most with a significant relationship to the individual to attend.



STANDARD

MQS 1.6 There are financial commitments to budget allocations for best practices training and resources.

INDICATORS

- Leadership of the organisation supports the prioritising of Montessori for ageing and dementia by allocating enough funds to purchase adequate supplies and materials.
- Leadership of the organisation allows staff as well as the older adults to have input and make decisions about department budgets related to Montessori for ageing and dementia supplies.
- Leadership of the organisation allows staff to have input and make decisions about department budgets related to Montessori for ageing and dementia professional development.

MQS 1.7 The organisation employs a multidisciplinary staff that has been trained by a certified AMI Montessori for Ageing and Dementia trainer.

- Representation from all departments and 60% of all direct care staff (including recreation, personal care, nursing, rehabilitation therapists and social workers) have completed the AMI Montessori for Ageing and Dementia training.
- An ongoing commitment exists by the organisation to maintain a level of 60% of staff with AMI Montessori for Ageing and Dementia certification.

MASSQA 2 - Staff

STANDARD

MQS 2.1 Staff display attitudes and behaviours of caring, respect, calm and patience.

INDICATORS

- Respectful language is used by staff at all times. Communicative interactions are appropriate for the individual's culture, diversity, religion and age, and include courtesy, positive statements, use of preferred name, inclusive language and physical demonstrations to facilitate understanding.
- Staff work in a way that respects the pace at which the individual is functioning focusing upon the person rather than on completing the task.
- Staff are cheerful, helpful, compassionate, reassuring and caring.
- Staff are observed meeting the psycho-social needs of the individual.

MQS 2.2 Staff actively seek out and create opportunities for older adults to act independently, exercise choice, move about with freedom and engage in activities of interest.

- Individual's independence is protected and encouraged.
- Staff allow enough time for individuals to complete tasks independently.
- Task breakdown, sequencing and schedules are used to promote independence.
- Care plans reflect the individual's strength and abilities and document skill maintenance/enhancement.
- Staff offer choice in all aspects of living.
- The individual's strengths are used to develop activities and roles.

MQS 2.3 Observation is utilised as a key tool for reflection and identification of individual needs.

- Observations are used to identify the individual's changing care needs.
- Care plans are reviewed regularly and reflect the individual's changing needs, abilities and preferences.



STANDARD

INDICATORS

MQS 2.4	Staff involve individuals in daily tasks as appropriate.	<ul style="list-style-type: none"> • Individuals are assessed for strengths, needs and interests, and from these, activities and roles are encouraged and developed. • Multiple opportunities are offered on an ongoing basis for individuals to engage in roles and activities in which they are interested. • There is support as needed to help individuals participate in activities of interest. • There are resources which support spontaneous activities, which are actively encouraged by staff and the wishes of the individuals are honoured. • Individuals are encouraged to be as active as they want in organising or leading these activities.
MQS 2.5	Staff collect, maintain and use a comprehensive individual profile of needs, interests and strengths.	<ul style="list-style-type: none"> • Admission procedures include documentation of the individual's past and current personal information including needs, interests, lifestyle preferences, roles, skills, and abilities. • Information is solicited from the individual and those with a significant relationship to the individual. • Assessment tools include sensory, speech, language, reading and cognitive evaluations. • Changes in behaviour are seen as triggers for reassessment. • There is a process in place for regularly reassessing and updating information about the individual.
MQS 2.6	Staff use positive, supportive verbal and non-verbal communication techniques.	<ul style="list-style-type: none"> • Staff select and use communication techniques and materials according to the needs and abilities of the individual. • Staff have training in communication and special needs of people living with cognitive and communication deficits.
MQS 2.7	Staff involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.	<ul style="list-style-type: none"> • Individuals and those with a significant relationship to the individual are invited to and attend any discussion related to the individual's care. • There are ongoing efforts to solicit information from individuals about the way in which they would like care provided. • Changes or adjustments to programmes are made in response to feedback from individuals.
MQS 2.8	Staff are trained in Montessori for Ageing and Dementia.	<ul style="list-style-type: none"> • Training is delivered by AMI certified Montessori for Ageing and Dementia trainers. • A minimum average of 60% of all care staff have completed approved AMI Montessori for Ageing and Dementia professional development. • There is a significant number of AMI Ageing and Dementia certified staff to influence organisational change. The minimum recommended number of certified staff is at least one certified staff member for every 20 staff members. • Professional development is built into yearly schedules and paid for by the organisation.



STANDARD

MQS 2.9 The organisation has made a formal commitment to continuous improvement of the implementation of Montessori for Ageing and Dementia

INDICATORS

- A Montessori committee meets regularly to discuss opportunities for improvement.
- Feedback is regularly solicited from all stakeholders as part of a continuous improvement process.
- Implementation of Montessori standards is continuously monitored and a process in place for quality improvement and innovation.
- Insights from monitoring activities bring about subsequent improvements in care practices to enhance quality of life.
- An annual quality review process is in place.
- Staff serve as role models and mentors in the Montessori for Ageing and Dementia approach for both colleagues and new staff members.

MASSQA 3 - Montessori Prepared Environments

STANDARD

MQS 3.1 The prepared environment is organised and aesthetically pleasing. It provides enticement to engage with dedicated interactive spaces allocated for activities.

INDICATORS

- An atmosphere of respect, calm, and meaningful activity pervades the environment.
- Aesthetics and beauty are key components of things within the environment.
- Montessori activities are well displayed and maintained.
- The areas are free from clutter and distracting objects.
- The organisation makes an effort to involve the individuals in making decisions about the decoration of the spaces.
- The organisation makes an effort to identify and provide the type of spaces individuals would like to be able to access for activities and these spaces are accessible to persons receiving care at times they want to use them.

MQS 3.2 There are appropriate cues and modifications to the environment to support independence.

- Policies and procedures for the creation and use of signage, orientation and communication supports, name badges, and schedules follow dementia care best practices and are implemented across the organisation.
- Task breakdown and routines are used to support memory loss and individuals strengths.
- Visual supports for activity of daily living and leisure activities follow the Montessori principles.
- All people in the prepared environment wear name badges (if culturally appropriate).

MQS 3.3 The environment offers a full complement of appropriate Montessori-based multi-sensory materials, resources and activities that are accessible at any time.

- A variety of individualised and generic activity materials are accessible throughout the space that address the needs, interests, and abilities of the individuals in the community.
- Activity materials and signage invite engagement.
- Staff regularly check that the activity materials are complete and in working order.
- Montessori materials are in constant and regular use.



STANDARD

MQS 3.4 The environment offers different space and seating for quiet contemplation, reading, intimacy and socialisation.

INDICATORS

- Spaces are available for both individual and group activities.
- Spaces are available for quiet reflection and intimate visiting.
- The furnishing reflects the purpose of the space.
- The furnishings meet the needs of the individual for comfort and ease of use.
- Spaces follow ageing and dementia best practices.
- Individual's spaces are personalised with items of furniture, photos and decor. Individuals feel that their space belongs to them and recognise items in their space as their own.

MQS 3.5 Meals provide opportunities for choice, social connection and independence.

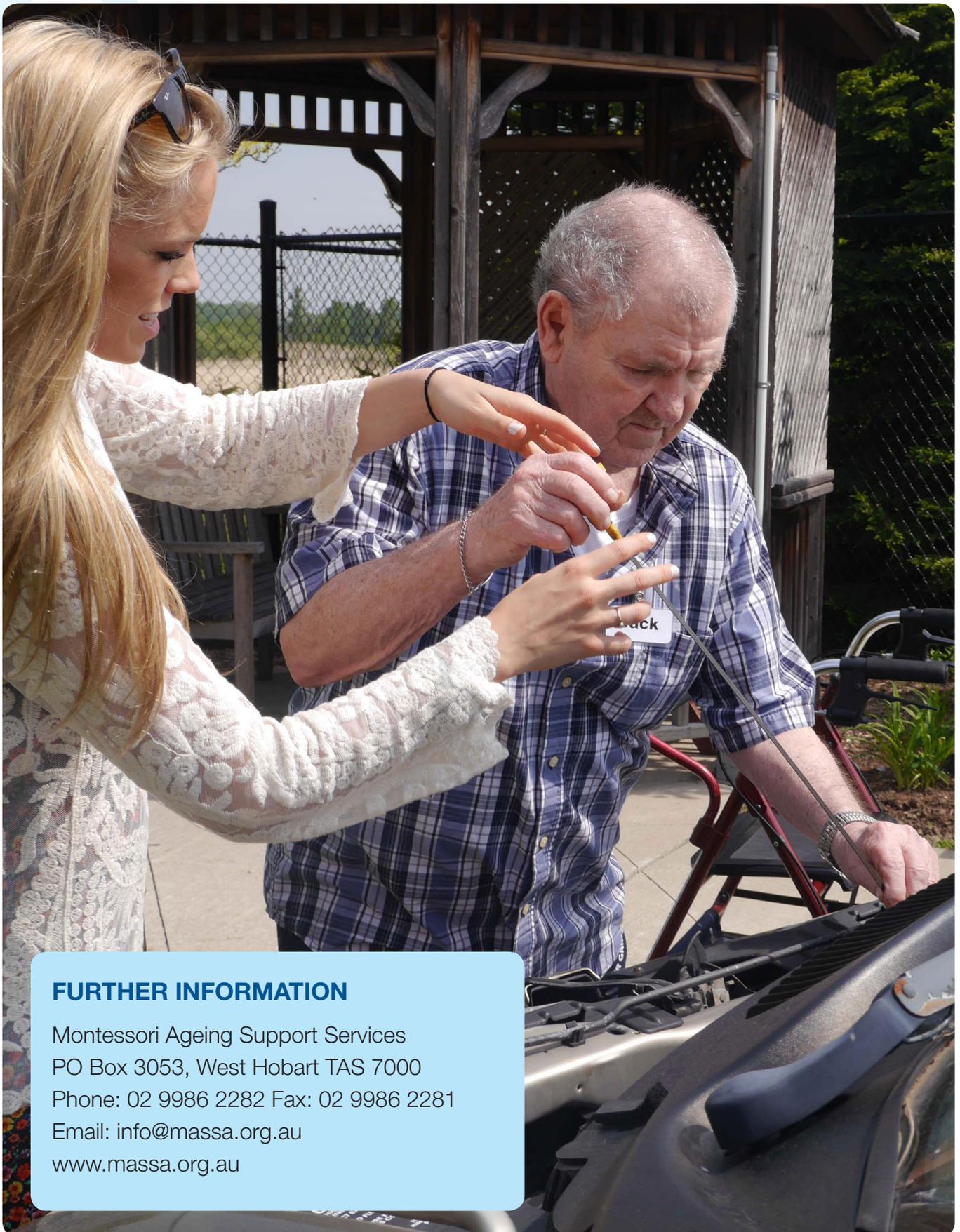
- All food is clearly identified.
- Individuals are offered choice about where, when, and what they eat.
- Individuals are supported and encouraged to choose their own food.
- Individuals are offered choice of dining companions.
- Socialisation at meals is encouraged through the use of tools to support conversations.
- Individuals are supported to be as independent as possible during meals using physical, verbal and visual cues and aids.
- Disruption to mealtimes is minimised (e.g., background noise, medication administration or care procedures).

MQS 3.6 Individuals have easy access to safe, interesting and inviting outdoor areas.

- A variety of outdoor activities is provided.
- Outdoor areas are aesthetically pleasing and incorporate elements of the natural environment where possible.
- Outdoor areas are safe for walking and are wheelchair friendly.
- Exits to outdoor areas are easy to use and unlocked (depending on weather conditions).
- Comfortable and accessible seating is available in outdoor spaces.







FURTHER INFORMATION

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