



Association Montessori Internationale

# **MONTESSORI FOR AGEING AND DEMENTIA**

**ADVISORY GROUP  
CHARTER  
QUALITY AREAS, STANDARDS AND INDICATORS**





# Association Montessori Internationale **MONTESSORI FOR AGEING AND DEMENTIA**

The objectives of the Association Montessori Internationale (AMI) are to uphold, propagate and further the pedagogical principles and practice formulated by Dr Maria Montessori for the full potential of the human being.

The Montessori Advisory Group for Ageing and Dementia (MAGAD) is the main advisory body to AMI on all matters concerning the application of the Montessori approach for older people and persons living with dementia.

MAGAD works to support quality standards in the delivery of a continuum of care and services and to achieve quality outcomes for each person to enable life to be lived as fully as possible.

MAGAD provides international leadership and guidance on all matters relating to the Montessori for Ageing and Dementia, including:

- quality standards;
- recommendations for implementation of the quality standards programme;
- training courses including course components, standards and assessment;
- training of trainers including standards and programme for the qualifications, preparation, training, certification and on-going professional development of trainers;
- environments, materials and activities;
- research, development and innovation;
- professional development, mentoring, implementation support and change management; and
- articles, publications, archives, international study forums and conferences.

## **ASSOCIATION MONTESSORI INTERNATIONALE**

Koninginneweg 161  
1075 CN Amsterdam  
The Netherlands  
Phone + 31 20 6798932  
Email [magad@montessori-ami.org](mailto:magad@montessori-ami.org)  
Web [montessori-ami.org](http://montessori-ami.org)

### **MAGAD MEMBERS**

**MICHELLE BOURGEOIS**, Professor,  
Department of Communication Sciences and  
Disorders, University of South Florida, USA

**JENNIFER BRUSH, MA, CCC/SLP**, Speech-  
Language Pathologist and Dementia Care  
Consultant, Brush Development, USA

**GAIL ELLIOT**, Gerontologist & Dementia  
Specialist, CEO of Dementiability  
Enterprises Inc., Canada

**ANNETTE HAINES**, AMI Scientific Pedagogy  
Division Chair, USA

**ANNE KELLY**, Managing Director, Montessori  
Aged Support Services, Australia

**PAMELA NUNN**, AMI Trainer, Australia





# Association Montessori Internationale **MONTESSORI FOR AGEING AND DEMENTIA**

## **MONTESSORI FOR AGEING AND DEMENTIA CHARTER**

All older adults and persons with dementia have the right to a caring community that is aligned with the individual's needs, interests, abilities, skills and strengths for optimal social, emotional, physical and cognitive support. This environment is carefully prepared to meet and nurture the needs of each person, providing opportunity for success, choice, enhanced independence and self-initiated activity. Lives are enriched through the engagement in roles, routines and activities, fostering a sense of belonging and well-being.

## **MONTESSORI AGEING AND DEMENTIA QUALITY AREAS AND STANDARDS**

### **AREA 1 – LEADERSHIP**

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|------------|--|
| <b>1.1</b> | All aspects of the organisation are guided by the values of the Charter.   |
| <b>1.2</b> | The organisation's leadership encourages the individual to be actively involved in the decision making related to daily life.  |
| <b>1.3</b> | The organisation's leadership has established and utilises admission policies and practices that support the aim of the Charter.   |
| <b>1.4</b> | Multi-disciplinary teams are created, with a commitment to working together, with the purpose of meeting the needs of each person in their care.   |
| <b>1.5</b> | 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. |
| <b>1.6</b> | There are financial commitments to budget allocations for best practices training and resources.   |
| <b>1.7</b> | The organisation employs a multidisciplinary staff that has been trained by a certified AMI Montessori for Ageing and Dementia trainer.  |

### **AREA 2 – STAFF**

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|------------|--|
| <b>2.1</b> | Staff display attitudes and behaviours of caring, respect, calm and patience.  |
| <b>2.2</b> | 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. |
| <b>2.3</b> | Observation is utilised as a key tool for reflection and identification of individual needs.   |
| <b>2.4</b> | Staff involve individuals in daily tasks as appropriate.   |
| <b>2.5</b> | Staff collect, maintain and use a comprehensive individual profile of needs, interests and strengths.  |
| <b>2.6</b> | Staff use positive, supportive verbal and non-verbal communication techniques.   |
| <b>2.7</b> | Staff involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.                        |
| <b>2.8</b> | Staff are trained in Montessori for Ageing and Dementia.   |
| <b>2.9</b> | The organisation has made a formal commitment to continuous improvement of the implementation of Montessori for Ageing and Dementia                                    |



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## MONTESSORI FOR AGEING AND DEMENTIA

### AREA 3 – MONTESSORI PREPARED ENVIRONMENT FOR AGEING CARE AND DEMENTIA

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

## MONTESSORI AGEING AND DEMENTIA QUALITY STANDARDS AND INDICATORS

### AREA 1 – LEADERSHIP

#### STANDARD

#### INDICATORS

- |            |  |   |
|------------|--|---|
| <b>1.1</b> | All aspects of the organisation are guided by the values of the Charter.   | <p>The organisation's mission and vision statement is person-centred.</p> <p>The values of the Charter are embedded in the organisation's strategic and operational plans.</p> <p>Staff can clearly articulate and demonstrate how the Charter values are carried out in their job responsibilities.</p> <p>Individuals and their families understand that there is an expectation that their experiences will be based upon Montessori for ageing care and dementia values.</p> <p>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.</p> |
| <b>1.2</b> | The organisation's leadership encourages the individual to be actively involved in the decision making related to daily life.    | <p>The organisation has an effective method for collecting information about the individual's preferences related to meals, personal care, activities and meeting personal needs.</p> <p>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.</p> <p>The organisation has an effective practice for implementing the individual's preferences.</p>  |
| <b>1.3</b> | The organisation's leadership has established and utilises admission policies and practices that support the aim of the Charter. | <p>The organisation has a written admission policy that reflects the aim of the Charter.</p> <p>The organisation's admission tools collect multi-disciplinary information about the individual's needs, interests, abilities, and personal preferences.</p> <p>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.</p>   |



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## MONTESSORI FOR AGEING AND DEMENTIA

### STANDARD

### INDICATORS

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.

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.

1.6

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

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 older adult individuals 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.

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.





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## MONTESSORI FOR AGEING AND DEMENTIA

### AREA 2 – STAFF

#### STANDARD

2.1	Staff display attitudes and behaviours of caring, respect, calm and patience.	INDICATORS
		<p>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.</p> <p>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.</p> <p>Staff are cheerful, helpful, compassionate, reassuring and caring.</p> <p>Staff are observed meeting the psycho-social needs of the individual.</p>
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.	<p>Individual's independence is protected and encouraged.</p> <p>Staff allow enough time for individuals to complete tasks independently.</p> <p>Task breakdown, sequencing and schedules are used to promote independence.</p> <p>Care plans reflect the individual's strength and abilities and document skill maintenance/enhancement.</p> <p>Staff offer choice in all aspects of living.</p> <p>The individual's strengths are used to develop activities and roles.</p>
2.3	Observation is utilised as a key tool for reflection and identification of individual needs.	<p>Observations are used to identify the individual's changing care needs.</p> <p>Observations are recorded on a regular basis by the multidisciplinary team.</p> <p>Care plans are reviewed regularly and reflect the individual's changing needs, abilities and preferences.</p>
2.4	Staff involve individuals in daily tasks as appropriate.	<p>Individuals are assessed for strengths, needs and interests, and from these, activities and roles are encouraged and developed.</p> <p>Multiple opportunities are offered on an ongoing basis for individuals to engage in roles and activities in which they are interested.</p> <p>There is support as needed to help individuals participate in activities of interest.</p> <p>There are resources which support spontaneous activities, which are actively encouraged by staff and the wishes of the individuals are honoured.</p> <p>Individuals are encouraged to be as active as they want in organising or leading these activities.</p>
2.5	Staff collect, maintain and use a comprehensive individual profile of needs, interests and strengths.	<p>Admission procedures include documentation of the individual's past and current personal information including needs, interests, lifestyle preferences, roles, skills, and abilities.</p> <p>Information is solicited from the individual and those with a significant relationship to the individual.</p> <p>Assessment tools include sensory, speech, language, reading and cognitive evaluations.</p> <p>Changes in behaviour are seen as triggers for reassessment.</p> <p>There is a process in place for regularly reassessing and updating information about the individual.</p>



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## MONTESSORI FOR AGEING AND DEMENTIA

### STANDARD

### INDICATORS

2.6	Staff use positive, supportive verbal and non-verbal communication techniques.	<p>Staff select and use communication techniques and materials according to the needs and abilities of the individual.</p> <p>Staff have training in communication and special needs of people living with cognitive and communication deficits.</p>
2.7	Staff involve the individual and those with a significant relationship to the individual (when applicable) in care plan development and review.	<p>Individuals and those with a significant relationship to the individual are invited to and attend any discussion related to the individuals care.</p> <p>There are ongoing efforts to solicit information from individuals about the way in which they would like care provided.</p> <p>Changes or adjustments to programmes are made in response to feedback from individuals.</p>
2.8	Staff are trained in Montessori for Ageing and Dementia.	<p>Training is delivered by AMI certified Montessori for Ageing and Dementia trainers.</p> <p>A minimum average of 60% of all care staff have completed approved AMI Montessori for Aging and Dementia professional development.</p> <p>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.</p> <p>Professional development is built into yearly schedules and paid for by the organisation.</p>
2.9	The organisation has made a formal commitment to continuous improvement of the implementation of Montessori for Ageing and Dementia	<p>A Montessori committee meets regularly to discuss opportunities for improvement.</p> <p>Feedback is regularly solicited from all stakeholders as part of a continuous improvement process.</p> <p>Implementation of Montessori standards is continuously monitored and a process in place for quality improvement and innovation.</p> <p>Insights from monitoring activities bring about subsequent improvements in care practices to enhance quality of life.</p> <p>An annual quality review process is in place.</p> <p>Staff serve as role models and mentors in the Montessori for Ageing and Dementia approach for both colleagues and new staff members.</p>

## AREA 3 – MONTESSORI PREPARED ENVIRONMENTS

### STANDARD

### INDICATORS

3.1	The prepared environment is organised and aesthetically pleasing. It provides enticement to engage with dedicated interactive spaces allocated for activities.	<p>An atmosphere of respect, calm, and meaningful activity pervades the environment.</p> <p>Aesthetics and beauty are key components of things within the environment.</p> <p>Montessori activities are well displayed and maintained.</p> <p>The areas are free from clutter and distracting objects.</p> <p>The organisation makes an effort to involve the individuals in making decisions about the decoration of the spaces.</p> <p>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.</p>
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### STANDARD

### INDICATORS

3.2	There are appropriate cues and modifications to the environment to support independence.	<p>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.</p> <p>Task breakdown and routines are used to support memory loss and individuals strengths.</p> <p>Visual supports for activity of daily living and leisure activities follow the Montessori principles.</p> <p>All people in the prepared environment wear name badges (if culturally appropriate).</p>
3.3	The environment offers a full complement of appropriate Montessori-based multi-sensory materials, resources and activities that are accessible at any time.	<p>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.</p> <p>Activity materials and signage invite engagement.</p> <p>Staff regularly check that the activity materials are complete and in working order.</p> <p>Montessori materials are in constant and regular use.</p>
3.4	The environment offers different space and seating for quiet contemplation, reading, intimacy and socialisation.	<p>Spaces are available for both individual and group activities.</p> <p>Spaces are available for quiet reflection and intimate visiting.</p> <p>The furnishing reflects the purpose of the space.</p> <p>The furnishings meet the needs of the individual for comfort and ease of use.</p> <p>Spaces follow ageing and dementia best practices.</p> <p>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.</p>
3.5	Meals provide opportunities for choice, social connection and independence.	<p>All food is clearly identified.</p> <p>Individuals are offered choice about where, when, and what they eat.</p> <p>Individuals are supported and encouraged to choose their own food.</p> <p>Individuals are offered choice of dining companions.</p> <p>Socialisation at meals is encouraged through the use of tools to support conversations.</p> <p>Individuals are supported to be as independent as possible during meals using physical, verbal and visual cues and aids.</p> <p>Disruption to mealtimes is minimised (e.g., background noise, medication administration or care procedures).</p>
3.6	Individuals have easy access to safe, interesting and inviting outdoor areas.	<p>A variety of outdoor activities are provided.</p> <p>Outdoor areas are aesthetically pleasing and incorporate elements of the natural environment where possible.</p> <p>Outdoor areas are safe for walking and are wheelchair friendly.</p> <p>Exits to outdoor areas are easy to use and unlocked (depending on weather conditions).</p> <p>Comfortable and accessible seating is available in outdoor spaces.</p>