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Cale

Welcome to Grin + Bare It. A show that uncovers the remarkable stories from one of the most demanding industries in the world - healthcare. From inventors and trailblazer nurses to frontline workers and scientific experts, we explore the biggest challenges faced in healthcare and how these brilliant people have solved them. I'm your host, Cale Donovan, an award-winning entrepreneur and co-founder of Bare, one of Australia's largest end-of-life providers.

00;00;28;16 - 00;01;34;09

Cale

On today's episode, we're delving into the topic of dementia. Currently, over 55 million people worldwide are living with dementia, and this number is projected to nearly triple to 152 million by 2050, according to the World Health Organization. In Australia alone, dementia is the leading cause of death in women and it affects nearly half a million people. With an aging population and the prevalence of dementia on the rise, it presents as a huge challenge for the healthcare system, caregivers and communities alike. Today, I'm joined by Alison Harrington, a visionary entrepreneur who founded the company Resparke. Resparke is an Aussie business that has a world first technology that uses music and movement to provide better dementia care to seniors via immersive experiences. Recently, Alison was recognized as a fellow of the Cartier Women's Initiative, and she's committing her life to developing products that provide practical support and really improve the quality of life for individuals with dementia, and hopefully give some much needed support and respite to those that care to them.

00;01;34;12 - 00;01;58;07

Cale

In this episode, we're going to discuss the growing impact of dementia on individuals, families, and the healthcare system. How to curate memories that really connect people with dementia back to themselves and talk a little bit about the optimism Alison has for the future of dementia care. A really interesting episode, this one. I hope you enjoy the show.

00;01;58;09 - 00;02;01;24

Cale

Okay, Alison, thanks for joining and welcome to the show.

00;02;01;27 - 00;02;03;12

Alison

Thank you. It's great to be here.

00;02;03;18 - 00;02;20;18

Cale

Now, a question that's been playing on my mind. It does seem like the number of people with dementia is growing. I read a stat that, you know, worldwide, it's expected to triple by 2050. My theory is, it's just we're living longer. Is that what it is?

00;02;20;20 - 00;02;47;22

Alison

Oh, yeah. Well, that's definitely the big driver of what it is that we're statistically living longer. Therefore, the disease is a natural form of ageing. But I think they're finding there's a lot of other factors, including diet and exercise. You know, I think there's a lot of newer research coming out more recently. In fact, Lancet produced something very recently showing how you can actually reduce your risk of dementia by a whole load of, you know, 9 to 10 modifiable dimensions.

00;02;47;22 - 00;03;00;22

Alison

So I think that's really interesting. As we have more research, we're learning more about some of those causes or links. So I would say living longer is just one factor. And the actually other things you can do to reduce your risk.

00;03;00;24 - 00;03;19;01

Cale

You completely intrigued me now, I could spend the whole so just talking about how do we reduce it, but we'll get into it a little bit later. I'm going to ask that question before we do. I did want to jump into what you're doing at Resparke, which is a you know, amazing organisation. I'm super interested in it. And take a step back and look at sort of how you got here.

00;03;19;01 - 00;03;33;25

Cale

Right. So you've had a really diverse career. You started as a lawyer and worked in tech, founded your own companies, and you're in social impact. Can you give the listeners just a bit of insight into your path, to how you got to where you are now and committing your time to dementia?

00;03;33;27 - 00;04;02;18

Alison

Well, yeah, it's been a pretty crazy journey, and I never could have imagined building a business like this. And it's just been a really beautiful intersection of my skill set in technology and my passion to create social impact. And in a problem space, that is really huge and getting bigger. And I think in a problem space of dementia and ageing that really until quite recently, we weren't really applying a lot of technology to it.

00;04;02;18 - 00;04;21;18

Alison

So for me, I guess the most recent journey is, you know, creating Resparke started about eight years ago when I'd actually just finished the technology business in the building industry, actually. And, I remember one day I was sitting at a building conference, and I built that business. I'm like, probably thinking, I'm kind of, I'm really not that passionate about this.

00;04;21;18 - 00;04;38;27

Alison

Like, and then realising that I needed to do something that I was passionate about. I was doing a lot of work for, not for profits on the side, in my spare time. And I thought, you know what? I'm actually going to make my next career about impact. So I went back to study social impact. And so while I was at university, the two things were kind of happening at once.

00;04;38;27 - 00;04;54;27

Alison

My father in law had dementia. His name was Arthur, and at the same time I was studying social impact. And I also loved dancing. And so I saw, silent disco technology. And it was just a confluence of three things happening at once. And I had to do an assignment on novel technology to improve the well-being of seniors.

00;04;55;03 - 00;05;14;17

Alison

I was visiting my father in law, in an aged care home. And I also saw the silent disco technology. And I guess I realised I'd been reading about music. So that kind of intrigued me. And I just kind of put those three dots together and started thinking, could I actually do this? This is a crazy idea. So I started visiting him, playing music.

00;05;14;17 - 00;05;37;20

Alison

He used to love Fly Me To The Moon, that was his favourite song, and just playing it, sitting with him and realising that, you know, it was a point of connection and basically they were he was actually medicated at the time. In fact, we thought he had a stroke, but he was, you know, like a lot of people living with dementia, the staff were really challenged by, you know, some of his changed behaviours late in the afternoon so that it was really hard for them to know what to do.

00;05;37;20 - 00;06;00;12

Alison

So I guess I just thought, how could I leave? When I went there, he was happy and relaxed and I was playing music. But how could I do this for the staff? For them to be able to do it? And I guess that was really the start of the journey going, how could I make this happen? So that was really the very beginning of Resparke where I put all those things together, and then it's just been really a path of a thousand iterations since then.

00;06;00;12 - 00;06;16;20

Alison

I built the first version in September 2019. I left my day job in July. I remember the moment I did it. I was running a not for profit. You know what? I'm going to go and create this thing that can make a huge impact. And I built it and went to the aged care conference, and nobody had ever seen anything like this in the world before.

00;06;16;22 - 00;06;34;06

Alison

And we started with the customers. And then the pandemic hit, of course. So we were literally building the product at 100. I never could have dreamed the pandemic was about to hit and what that meant for people in aged care in particular. So responding to that, at a million miles an hour was when we really, built a lot of the, the business that is the business today.

00;06;34;08 - 00;06;48;00

Cale

So when you made that transition, did you have a high degree of confidence that this was actually. You know, a therapy that could work, a company that could be built? Oh, it was totally this is my moment to have immense social impact. I'm just going to do it anyway.

00;06;48;02 - 00;07;45;08

Alison

I wanted to do it. I was actually just became completely obsessed with how we could do it at scale, because I thought, if we can do this, this is going to be transformational not only for the people, for, for the staff who have to manage it. When you look at what was coming down the pipeline, because there weren't a lot of other alternatives, there's just very few alternatives that are easy for staff to administer and have, kind of have, you know, a lot of the alternatives. If you've got a lot of staff very short staffed in aged care, like how do you provide something to the staff that's kind of, you know, as much turnkey as possible that you can be able to offer an experience that's not— In an ideal world, you don't want staff member to everybody living with dementia and be able to provide personalised experiences that way. But I think in some of the environments in hospital, in aged care, and even at home, it's not possible to do that, and it will actually get harder because we just don't have enough staff.

00;07;45;10 - 00;07;56;20

Cale

So on that, what specifically for our listeners does Resparke do? And then I would love to hear like the, the impact you're hoping to achieve. What do you think is actually possible?

00;07;56;27 - 00;08;23;05

Alison

Yeah. So Resparke provides personal, honest and immersive experiences across music and video. We're really seeing it but in particular the problem space we're tackling is for people living with dementia. And we do that predominantly via headphone technology though now we're through, you know, we're on any device through TVs, tablets, clinical care phones, so it can go across anything.

00;08;23;05 - 00;08;50;17

Alison

And Resparke has been proven to have two impacts. One is to improve wellbeing and deliver these therapeutic impacts for people living with dementia, but also to make the jobs of the carers easier. And yeah, I think the potential for that business is quite large because the

problem space is quite big. So we're currently in aged care homes and we are in about 280 aged care homes across Australia.

00;08;50;20 - 00;09;11;09

Alison

And the potential for us is to go, to be able to deliver that across different verticals. So there's a big demand at the moment in home care, and we know that in the future there's going to be a lot of people living at home. We don't have enough capacity in aged care. There'll be lots of hybrid versions of at home care that are going to start merging with the ageing population.

00;09;11;11 - 00;09;34;08

Alison

So for us, going into home care is not the vertical. The third space that we're actually doing a trial at the moment is hospitals, in interesting areas like delirium. That is a big, I guess, an issue with delirium and how you can, you know, reduce some of the difficulty is, I guess, of courses for staff in terms of caring for people, even in hospital and healthcare environment.

00;09;34;11 - 00;09;54;22

Alison

And I think that what we want to do is be able to kind of change the paradigm of how people see particularly music for dementia care and see that it is as valid a therapeutic intervention as, you know, a medication or triangle or any other type of intervention. And for us, I guess it's not just about Australia.

00;09;54;22 - 00;10;13;24

Alison

We've had a lot of interest from overseas. We know that we are the only people in the world doing what we've been doing with the way that we put together the program. It's not just about a piece of software. I think one of the hardest challenges for us is, is working out the operational and training processes in a healthcare setting.

00;10;13;27 - 00;10;50;04

Alison

What we've learned is that it's not just about here's the technology, it's about here's how you actually affect organisational change and how you get staff engaged and inspire staff to see this as a way, to be able to help them with their job. So we've been spending a lot of deep work in the last six months, in memory support units and really nailing that operational challenge in healthcare. So that's really exciting for us because I think if we can get that recipe right, then that is very scalable. It can help a lot of people.

00;10;50;11 - 00;11;30;17

Cale

I agree. If you crack that, let me know, because that would be a very valuable one to have the instrument through, through a facility. One part that really intrigued me about the business is this

idea of connection. So effectively, you're trying to connect back to prior memories and connect them really to themselves in many ways. That process, does it require a lot of background information about the types of music, for example, that would trigger those memories? Is it kind of a let's just experiment and see what sticks here? I'd love to hear the process of how much is required in the background to build the music in the multimedia that can really be therapeutic for people.

00;11;30;20 - 00;11;56;14

Alison

You know, that's such a fantastic question. I'm so excited to answer it and tell you about a fantastic new feature we're launching within the next month. So okay, there's two parts to the question. The first thing in this we know, with Dementia Music there's a researchers-proven category, there's a thing called the music memory bump. And the music that really sticks with those memories around is when you were growing up, when all the music you were listening to from 15 to 25.

00;11;56;16 - 00;12;16;20

Alison

So first of all, in the platform, if we have your date of birth, we programmatically bring up songs from those decades. So that is like for us, that's kind of ground zero in the platform. So we, when people onboard onto the platform, they're able to give us their date of birth. We have a home set up, you know, upload, you know, 120 residents in one go with their date of birth.

00;12;16;20 - 00;12;37;21

Alison

And we spin up a page for everybody. So instantly we're able to kind of do some degree of audio matching simply based off somebody's date of birth. So that's fantastic. And we know that that music is a really good place to start. And then you can start seeing what are they like. We've got a favouriting function. So then they start working through those lists and there'll be things that we obviously things that they like more than others.

00;12;37;21 - 00;13;04;24

Alison

And then it just becomes iterative. The other interesting thing that's really fascinating about the dementia progression is that often music then starts going back in time. So as the dementia progresses, the song— so you might start really, you know, listening and activated to a lot of songs when you're 25. And as the dementia starts progressing, it's almost the songs that you would tend or even the songs your parents listened to, which is like, fascinating.

00;13;04;27 - 00;13;28;23

Alison

So we are starting to think about how we programmatically can also put into the platform where somebody is in that dementia journey, because we know with dementia [that] things change. So

that's really interesting for us and how we can apply AI technology, across those dimensions in even beats per minute, with music. So there's a number of dimensions across music.

00;13;28;29 - 00;13;52;17

Alison

And the second part to that question is actually relating the information about someone in their life story. Where were you born? What are your hobbies? Did you sail? What type of music do you like? So, you know, that is a kind of another overlay over the time, you know, the year of birth. So do you love country music or do you love folk music?

00;13;52;19 - 00;14;16;04

Alison

We had a form on our system, which was, the preference form, which we're completely redesigning and relaunching in the next month, which is called Resparke Life Story. What we've found in our journey with dementia, if you're not able to get quite rich life story information about somebody, then it's a lot harder to find something meaningful and impactful for dementia.

00;14;16;04 - 00;14;39;24

Alison

So what we've had to do is we've almost had to work backwards to really solve the problem of collecting life story data, because what we often find, particularly in aged care, is that the information about the person, their life story, their preferences is often the last thing often admitted to aged care is, is, you know, it's stressful. If someone's had a fall, they've got to be admitted.

00;14;39;26 - 00;15;01;02

Alison

And often the information is piecemeal. It's hard to collect. It's on paper, it's in another system, and it's not accessible to staff to have a conversation to start a connection. And even for us to be able to auto-match to, unless we can get that information, then it's challenging to make the product to be as powerful as we know it can be.

00;15;01;05 - 00;15;23;24

Alison

So we have completely redesigned that process in helping aged care homes and families to be able to collect that data. When we are launching Resparke Life Story, families will just be able to log on. It'll become part of an onboarding process in care, and we're hoping to launch it more generally as a platform so you can actually upload your life story, your parents life story.

00;15;23;24 - 00;15;45;28

Alison

If you've been diagnosed with dementia, where do I store my music tastes, my music preferences, what I like? So we think that that will really make it a lot easier to collect love story

information for staff and also be able to mean that the product can be so much more powerful to be able to create those matched content selections.

00;15;46;01 - 00;16;04;06

Alison

And my hope with what we're seeing with the initial trial of this is it also can become a very powerful tool to build carer connection between carers and the people that caring for and being able to start a conversation with someone. I know I can see your hobby. You used to be a big sailor. Tell me about sailing.

00;16;04;08 - 00;16;19;00

Alison

So we're already seeing that now with some of the trials. And I think that's going to be a really beautiful additional bonus to what Resparke can offer. And a completely different, I guess, value proposition to improve wellbeing for people.

00;16;19;05 - 00;16;44;05

Cale

Yeah. It's super cool that this idea of creating opportunities for, you know, people to connect in this case. You know, sort of a carer and a patient. But I think it applies more broadly. Just safety critical, full stop, you know, like. If you, if you have sort of with one hand behind your back, you don't kind of know, you're just going by the book, so to speak. It just makes it difficult. Right.

00;16;44;05 - 00;17;14;21

Alison

And there's also a great volunteer opportunity on what we're doing, we're already talking to homes about how we can get the volunteers, particularly the young volunteers. I'm really passionate about creating volunteer movement around what we're doing because I do think social, community connection is really important. And, and being able to just, you know, provide a program where people can go in and have a conversation started, they can have a platform to have a conversation and volunteers going in and collecting love stories and making it really easy and helping staff in doing so.

00;17;14;21 - 00;17;26;16

Alison

And also both sides get a mental health benefit in, in that connection point. So I think that's going to be really, interesting to see, that play out. And we're trialling that with a few homes now.

00;17;26;18 - 00;17;45;27

Cale

Amazing. I got one question before we jump into some dementia specific questions. Have you gonna go into smell as a sense only because I know it like it triggers so many memories, any knowledge in that space, any sort of intention over time to take it for music and go multi-sensory.



00;17;45;29 - 00;18;07;01

Alison

Oh, wow. We've got so many ideas at Resparke. It's hard just to focus on one. I mean, you know, I think it's really fascinating. We did a palliative care grant and as part of that we were looking at how we create this beautiful sensory experience at a multi-sensory level. And I definitely think that Resparke is a concept than it's a brand.

00;18;07;01 - 00;18;32;28

Alison

And what we're trying to do, it's definitely within our, within our orbit. It's not on the roadmap for the next six months. But I love the idea and you never know. I never say anything. So and I think there's going to be a lot of innovation in, end of life and how we make that experience better for people will have it and say, you know, I think that's a big conversation. And I can see Resparke playing a role in that in some way.

00;18;33;03 - 00;18;57;06

Cale

Yeah, I tend to agree. You know, like I just think at the macro trends of ageing population, you know, combined with sort of how the current key infrastructure is set up, there are like two compounding forces, which, you know, something's got to give at a certain point. And so there's got to be a lot more sort of novel solutions to solving both, you know, the patient perspective, but also the carer perspective of that.

00;18;57;08 - 00;19;31;20

Cale

Let's talk about impact and specifically dementia. There will be people that are listening that don't really have any exposure to dementia. And so I would love to hear from you, maybe the broader sort of social and economic impact of dementia, you know, on, you know, in Australia, on a community and then a daily touch on some of the acute impacts, both on, you know, what it's like for a person suffering from dementia and the people around them. Could you give some colour to, to that? You know, we're starting broad and getting more narrow.

00;19;31;23 - 00;20;09;20

Alison

Yeah. I mean, you know, the first thing I'd say, which surprises people, is actually it's the number one cause of death for women in Australia. I mean, it's a disproportionate women's health issue, because, you know, it is the number one cause of death for women. It disproportionately affects women. And in my journey in, you know, the health space in, in this business, I don't think I have had a single conversation when someone hasn't said to me, oh, I know someone who has, you know, like dementia, like it's, it's something that seems to me to be so universal that someone in their world that kind of knows somebody and it's going to become increasingly so.

00;20;09;20 - 00;20;36;14

Alison

It's someone's grandmother, it's someone's auntie, it's someone's second cousin. So it', it's going to be one of those issues that, you know, people will have. It can be incredibly stressful on carers. The people and being able to stay at home with dementia, depending on the level of those behaviours, becomes sometimes almost impossible. Because those people donate 24/7 care.

00;20;36;16 - 00;21;03;11

Alison

And so I think, if you're looking at the cost of the burden of care is huge, I know that worldwide, just the health care costs at the moment are 2.8 trillion by 2030. So if you think about the unpaid carer cost, that's huge. And we can't even calculate that. And then the actual cost of dementia as a health issue, those numbers are in the trillions and they're just going to keep getting bigger.

00;21;03;13 - 00;21;27;02

Alison

And it's not- it's in aged care, it's in people's homes. It's also even things like in our hospital system. And when, you know, people with dementia went into hospital, that it becomes even, you know, challenging because they've got this complication of dementia. So I think it's something that will continue to be a growing issue for society.

00;21;27;04 - 00;21;52;29

Alison

In terms of your question about kind of day to day activity becomes really challenging and difficult. For a lot of people. And I think there's many stories that I've heard about, from carers, and you can imagine being a carer. It's incredibly stressful. And I've often gone into homes where the, you know, the partner is caring at home.

00;21;52;29 - 00;22;16;25

Alison

And I always remember one time when we went in to try Resparke, we've had a couple of trials in home care and the wife was looking after her husband, so we were able to work with her to be able to programmatically work out for him. What was the recipe that she could be using for, on a day to day basis to be able to engage him in something that would be very meaningful for her.

00;22;16;27 - 00;22;41;18

Alison

And she worked out. So a lot of the work that we do with people is obviously understanding that life story, and then being able to work with the carer, working out the recipe for them in the day with the type of content they need that they're responsive to, that's engaging, because what we also find with dementia is as the dementia progresses, you can't actually follow a plot or watch normal TV because it's just, you know, it doesn't make any sense.

00;22;41;18 - 00;23;22;01

Alison

So there's a lot of new content we are trialling, which is slow motion content. And it's just really fascinating to me because we're now, we're doing, we're doing the same thing for meals, medication. So we're probably got about eight daily care videos up on the platform now that we're training staff and how to use that. So when you think about the progression of dementia and the kind of day to day activities that become really challenging for some people, I think that we're actually going to be able to demonstrate, and we already are, how you can use, kind of audio and video technology interventions to be able to, you know, make that that daily care easier. And that's really, really fascinating work.

00;23;22;04 - 00;23;42;05

Cale

Super cool. I mean, I think, yeah, from our experience at bear that there is an entire process as well for people caring with dementia is a sense of grief. Right? Because you've- you're losing this person in front of your eyes. So whilst their bodies, their, their mind is not. And so all of the, the things that make them who they are no longer exist anymore.

00;23;42;05 - 00;24;05;01

Cale

And so, beyond a lot of the practical conformity — people just can't remember and don't know what they're doing — there is, for the outside, the family, often a very early and chronic grief that sits there for a long period of time until they pass away. Then, you know, there's a whole other set of grief that comes with that.

00;24;05;01 - 00;24;21;06

Cale

So it's really interesting. I'm super interested, in knowing the medical space a little bit now. Trying to understand if you've had any critics or people who are doubtful of the impact that you're having. Has that come your way at all? Or are people being generally supportive?

00;24;21;09 - 00;24;45;16

Alison

Look, I think with any new technology, you, you know, when you, when you come up with something that nobody's ever done and being a pioneer is about like trialling things that nobody's ever done before and often bringing something new into the space. And it's interesting. I don't count some healthcare. I've learned a lot about healthcare and dementia care in the journey, and we now have people who have hired into the business who know that that.

00;24;45;16 - 00;25;17;07

Alison

But it has been challenging to get people to look at these types of interventions as therapeutic. And, you know, can, in some of the cases, be as effective as medication. And so I think that has been a challenge. But the key thing for us as a business that I've been really conscious of the

whole time is doing research partnerships, because if we're not able to prove it, and rightly so, we need to be proving if we're making claims about look - we will - this really works.

00;25;17;08 - 00;25;51;09

Alison

We really need to have a third party verification. So we've been doing a lot of work with ACU (Australian Catholic University), and one of the studies we're actually even looking at the medication charts because we're really interested in how this is proving that reducing psychotropic drug use. And we're continuing in that work. And in fact, this week at the International Dementia Conference will be releasing another study was done with ACU as part of an ARIIA grant, and it was kind of a small-scale study of the effectiveness of the new platform where we personalised the content.

00;25;51;12 - 00;26;13;18

Alison

And that was really fantastic as a validation point to prove the impact of, the impact of what the platform was doing. And so, I think we see the stories every day. We see the stories coming back from our customers and just see the pictures and go, wow, this is actually really working. And I know, like with any innovation, we have to just keep going.

00;26;13;18 - 00;26;46;14

Alison

And, and we're seeing it. We believe in it. We wouldn't be doing it if we didn't think it was going to make an impact. I think it's a longer journey too. We know that the clinical care director of an aged care home but we're on the path. And I think if you look at Australia versus other countries in the world, that, I think for me, that I'm so much more kind of educated around the impact of music with, you know, the UK is just leaps and bounds ahead of where, where Australia is, in terms of social prescribing and, the use of music in care settings.

00;26;46;16 - 00;27;07;11

Alison

I think, you know, I'd like to think that we can start on that journey and start using more social prescribing, more music and care across all spectrums, such as Resparke. To look at how we solve some of these challenges, dementia in different ways. So it's good to see this. I definitely think this innovation is definitely starting to happen in the sector, and that's great.

00;27;07;13 - 00;27;22;25

Cale

But before we jump into some of those, what does the future look like? Or how does the role of music sort of have an application for health outcomes? I'd love to hear it. What's been the most challenging part of building a business like Resparke?

00;27;22;28 - 00;27;44;22

Alison

I think the setting we work in, it's just I think the sector has been challenging and, taking innovation into a sector that is already under huge pressure and there's so many amazing people in aged care and so many people who want to do things. But I think the sector as a whole, it's just getting the bandwidth to innovate is, is incredibly hard.

00;27;44;22 - 00;28;07;29

Alison

And those homes that we're working with, it's fantastic that we've been able to work with them to innovate and to get this far. I think the second challenge with Resparke is just that it has actually been that journey we've been on of almost like relentless problem solving at every level. As I said, too early, we don't just have a software platform.

00;28;07;29 - 00;28;33;16

Alison

We are a hardware supplier. We are a training company, we are a content curation business, and we're a software business. So there's actually four components in our business that have to come together to create the impact. And we have been at it writing on every dimension of that, you know, in the last four years. And we kind of fix one little piece and then we go, oh my God, we haven't optimised this piece.

00;28;33;16 - 00;29;07;16

Alison

And then we fix that piece. I mean, has just going to make the product so much easier to use, particularly for clinical care staff, so that it's just kind of this grab and go. So that's just kind of one example of how we've had to iterate, at that end. And I think the overlay to any, startup business is always been the challenge of just, you know, to be frank with you, isn't going funding while you read it, writing and trying to get customers and and you know, the journey and, and I think that being able to get a series of successive grants, initiatives like ARIIA that we've been able to secure grants to

00;29;07;16 - 00;29;35;01

Alison

kind of keep being able to innovate, to keep proving the proof points, because a lot of innovation, particularly in health, takes a long time. You have to stay in the game and you have to be able to keep the business going while you're iterating to get that product market fit. And I think that certainly has been challenging, and it's been one of my jobs to be able to go and secure those grants and also to really have great relationships with our customers that they're on the journey with us.

00;29;35;01 - 00;29;48;13

Alison

And a couple of happy big customers like you nodding have been really supportive, knowing that they're giving us feedback. How do we make the product and the platform better and just continuing to go on the journey together? I think it's been really important.

00;29;48;15 - 00;30;08;02

Cale

A lot of the second part of what's been most challenging is very to say, been coming in building a startup full stop, which is I've got to try a bunch of stuff all the time. It's a relentless sprint and we got to keep the lights on. The first point you made was very specific about aged care. Like one of the challenges is trying to innovate within aged care.

00;30;08;04 - 00;30;20;11

Cale

And so I'd love to hear how do you actually break through? And if you are trying to innovate, whether that's internally or as an external business, and be able to start fostering the idea that you've had?

00;30;20;14 - 00;30;54;14

Alison

Well, I guess in our experience, it often comes down to the person and, you know, getting an advocate who can see the vision in and it's just it's literally one person in one home. And that's how we started. And being able to get that first person to kind of take the bet on you and to believe in the vision of what you're trying to do and to be able to go and work with that person to prove the proof point and to be able to, I guess, position to them how we can, you know, what is it in their job that they have to deliver on?

00;30;54;14 - 00;31;25;09

Alison

And how can we make them see that this is actually going to be something that will help them in their job? The second point is there's a few of us, though, in the Aged Care Innovation Network, and it's great to see that the network is continuing to grow of companies doing things. And I think for me as a founder, staying in contact with the other founders who are doing things in the same industry is really important because then you actually learn, oh, we tried this and this was problematic and we tried that.

00;31;25;09 - 00;31;49;12

Alison

So being able to share some of those learnings together has been really important. And I think the aged care industry as a whole, sometimes it is frustrating because, you know, there's always things in the meetings that are cancelled. It's hard. Like even when we had to change logins and to any other business, like just sending an email and changing a login and a password, because we've completely rebuilt the platform would be a really simple thing.

00;31;49;12 - 00;32;09;19

Alison

You just send an email out, and what you've got to realise in some of these industries is people just don't operate in that way. So in aged care you've got to call everybody, staff turnover. So

this what would have been a very simple process. I think my learning from some of that, even though you have to do things, you have to make, you have to go with the industry.

00;32;09;19 - 00;32;26;24

Alison

So what we ,we just adapted. So we've got we just call everybody. So instead of just like emailing everybody, now we've actually got a customer success person who spends like five days a week on the phone because people don't read because they're on the floor, they're not reading their emails in the same way that you'd have, you know, in a normal environment.

00;32;26;24 - 00;32;50;28

Alison

And I'm sure that, that might be quite common across a lot of healthcare that, you know, you actually need to adapt your strategies, I guess, to, to meet the sector. And I think that's been a lot of the learning for us in aged care as well. Like how do you kind of lean into exactly what the sector, how the sector works and adapt the way that you work with the sector to the way that they work?

00;32;50;28 - 00;33;16;22

Alison

So one of the examples of that was with our training, we've been trying to cut back on the time it takes to train people on the platform. So we're really interested in how we do training and do stuff. Cross training with our dementia care program in huddles. And how do we develop systems and processes to help teams to implement learnings for dementia care in a huddle environment, rather than just sitting on zoom for an hour and a half and trying to like, teach teams.

00;33;16;22 - 00;33;35;19

Alison

So that's been a really interesting problem space for us to think through. Wow. You contact staff on the floor for long periods of training. That's not how things work in aged care. How do we deliver micro training? How do we get people to talk about it in huddles or the types of channels they're already operating in, in that environment?

00;33;35;19 - 00;34;06;10

Alison

So I think my learning from aged care is like, really think about the context deeply that your business is operating and innovating with and don't think, you know, this is the way everybody else trains. It's going to work in this industry because it is very unique space to work in. But the great thing is, I think, once you are able to develop those relationships and trust, people can and people see the benefit, then, you are able to kind of build on those learnings and those relationships.

00;34;06;15 - 00;34;36;21

Cale

For sure. So it's really important here that our listeners get some application. And you've now had sort of a decade of experience to actually impact you working so deeply in dementia. So I've got a few cohorts of people that I'd love for you to give just some sort of brief advice or insight to. The first one is, and particularly in relation to things like Resparke, what advice would you give to family members who have a loved one with dementia?

00;34;36;24 - 00;35;23;05

Alison

I think, you know, remembering. It's easy to say, hard to do, but remembering that person is always, you know, there. And how do you, you know, never losing sight of the person is always there. Inside, I think remembering that things change, with dementia over time, is important. There are a lot of services that you can reach out to, in terms of— Dementia Australia, Dementia Support Australia, but also kind of educating yourself on the different ways in which you can, obviously, with the work that we do, be able to use music to connect with the person you're caring for and be able to use it as a tool.

00;35;23;05 - 00;35;55;02

Alison

But also remembering that some of those music interventions, if you can find a theme that takes them back to that happy place. And we often found that that also brings back, brings up cognition, and they suddenly become quite talkative and alive. And sometimes those cognitive uplifts can last for, you know, an hour after the intervention that you can actually are able to have a really beautiful moment, whether that's singing, dancing, remembering with that person.

00;35;55;02 - 00;36;25;13

Alison

So find the thing for them that even momentarily is able to connect you back to them. Because those little moments are the moments that will endure you through the tough times. The other advice is go and connect carers groups, because I think you need all the support that you can. And in going through the journey as a carer and I think, it'd be great to see, you know, more carers groups popping up everywhere because I think we're going to need it as a society.

00;36;25;15 - 00;36;38;24

Alison

And the last one is just make sure you care for yourself because, looking after yourself is, is, it's an incredibly hard journey but you are carer for a loved one with dementia. And, caring for yourself is really important.

00;36;38;26 - 00;36;51;21

Cale

Amazing advice. What about for the second type of person, which is, you know, you have early onset dementia, so you've been diagnosed, are there things that you would guide or advise people to do at that point?



00;36;51;24 - 00;37;17;00

Alison

Yeah, I think, there's quite, there's some new research are set out with like the types of activities that you can be doing. And the things that I know off the top of my head off of this most basic research is, you know, exercise, exercise is, is key and also key for prevention. So what is it that you love doing in terms of exercise? Social connection-

00;37;17;03 - 00;38;11;20

Alison

I think it's very easy when someone gets a diagnosis of dementia to disconnect socially. So how do you keep socially connected? Listening to music does actually activate the brain and using that as a form of, either listening to music or playing a musical instrument or some type of music. And the nutrition, and nutrition piece as well is quite big, it's what some of the most recent research is. So, over time, we'll start to see more and more research coming out about dementia, either prevention or delaying symptoms as long as possible. And the other thing I would say, from my experience, is with what we encounter with a lack of information, is please write down, make a list of all your favourite playlist songs, artist, your life story.

00;38;11;23 - 00;38;29;26

Alison

We hope to be able to offer this for people who've been diagnosed with dementia, to be able to put it in the cloud somewhere, so that they can sort, so all carers can know about you and what you like and what's meaningful for you to be able to offer engaging experiences, and whether that be with Resparke or something else.

00;38;29;28 - 00;38;42;06

Alison

Make sure you write them down somewhere, restore them somewhere so people know about you and, exactly what, what is meaningful to you? I think it's probably the best advice I could give people as well.

00;38;42;08 - 00;39;34;19

Cale

It actually has a bunch of application, that advice as well. Like, we think about it a lot in Bare because people are often left with a similar situation, which is "I don't know, I don't know what they wanted. And so I'm just going to make these decisions in isolation." But this concept of legacy, it's really quite profound, you know, when you can leave the relics behind, not only for you to connect with yourself in this instance, for dementia, but to have others beyond yourself, sort of understand, sort of where they've come from and understand you a little bit, a little bit better. I think it's incredibly important if people can do that and often it's, it can be done very informally as well. Like I think people consider it as a big friction point, but a handwritten note here, just telling someone you know about it and, you know letting, letting someone know you

can sort of pass it on. And, it can be very informal. Often the way you communicate that you don't have to be this big lift of, you know, uploading all of your life somewhere.

00;39;34;22 - 00;39;57;19

Alison

Yeah. And I think it's about feeling empowered to take responsibility for it in a time when it must feel incredibly powerless and devastating to have a diagnosis like that. That there is something I can do. And one of the gentlemen that I've known in his journey, William Yates, and he came to me, said Allison. He was diagnosed with early onset dementia, said, I've like created my own tree of life.

00;39;57;19 - 00;40;19;18

Alison

It's my own plan for me about all the things I'm going to be doing with my life to keep me as active and engaged as possible. And he's talking at the dementia conference. So, you know, it's really inspirational to see people like him being able to, you know, kind of put in place their own plan, to be dealing with it as best they can.

00;40;19;18 - 00;40;36;04

Alison

But it has. I know I meant for him showing me his lovely tree of life, and it involved a lot of those things and, an, and a spiritual side as well for him. But, it is different for everybody. But I think they are being able to kind of feel empowered at that time would be very important.

00;40;36;07 - 00;40;54;01

Cale

Now, the final piece of advice I'd love, or just some insight again, is for medical practitioners who are a little bit, yeah, sort of doubtful of the impact of a therapy like Resparke. Is there any brief sort of advice or a tidbit for them to, to take away from this episode?

00;40;54;03 - 00;41;32;17

Alison

Yeah. So I think, starting in the macro level, we know that music works. There's thousands of music studies, research studies out there showing that music works. And, and that's across a number of fronts across dementia, pain relief, wellbeing, all sorts of music. It's medicine. So I think what we do in Resparke is we've taken that research and proven that you can apply it with dementia, and you can go on our website and look at the various research studies that we've done across, various project across, you know, making mood better, reducing behaviours.

00;41;32;20 - 00;42;03;03

Alison

But I think the thing is, if you are a practitioner looking at that and then actually also looking at the circumstances of the person and going for this person, would this actually be could this be implemented? What situation are they in? How could music assist them? And sometimes it's

not. It might not even be Resparke, but it's like just opening up the possibility of other forms of prescription, I guess, other than the normal clinical settings of different things.

00;42;03;03 - 00;42;33;28

00;39;34;19

And that can actually be social connection, it can be art. It can be music. So I think us as a society are actually looking more broadly at mental health and dementia and how can we, I guess, prescribe other types of interventions that may not be standard clinical types of interventions. So I think and I think also just believing that it can work is part of the biggest challenge in, you know, taking that step and recommending that to people.

00;42;34;01 - 00;42;45;25

Cale

Awesome. Your work has cut off years somewhat of the burden of it. Right. And so that's what you guys are going to do. It sounds like over the next. You know. X amount of years here. Hey, what makes you happy and what gets you out of bed in the morning?

00;42;45;27 - 00;43;08;23

Alison

Oh, well, music. Apart from that. Oh, look, I think, I've always been a pretty busy person. I look, I just think that for me, what makes me happy is, well, walking by the beach, being with my friends. And I actually think for me. Look. This, this is macro view. It comes back to for me is actually knowing what I'm doing is actually meaningful.

00;43;08;23 - 00;43;41;14

Alison

I started this business to to do something that was impactful. And talking about legacy. I did think deeply about like how like, what am I going to do that will actually, you know, be a legacy? That could be some unique intersection of my skills and what I care about. And, you know, I feel really privileged to be in the position now where, you know, Resparke is, you know, which was once a sparkle in my eye is, is really now a, you know, it's a, it's a scale up business.

00;43;41;14 - 00;44;04;17

Alison

We've created lots of impact. And looking back over so many people were actually helping and sometimes it is kind of hard to believe that from what started just with, my father in law is now, you know, helping so many people, but most of the days when I get up, I am pretty engaged and empowered to keep doing this work because it really is very fulfilling.

00;44;04;17 - 00;44;16;12

Alison

And I know that we're kind of on to something, and I know that the potential for impact is really quite massive. So, yeah. And I just love seeing the smiles on people's faces, to be honest with you.

00;44;16;14 - 00;44;28;09

Cale

How motivating. Second to the last question here. We're projecting many years forward, and you're sitting there and you're writing your eulogy. What are you writing? How do you want to be remembered?

00;44;28;12 - 00;44;49;29

Alison

Wow. Well, I'm hoping I have a fantastic playlist to leave the planet, and we're playing it on Resparke. But apart from that, like, I think I want to be remembered as someone who. It was definitely, like, a pioneer. It was a bit crazy to try something different and that something different worked. And that, we've been able to build.

00;44;49;29 - 00;45;13;14

Alison

For me, it's about building something that is sustainable. A lot of, you know, businesses kind of go, I've got a great idea. And then not around in two years, like, how do we build something that's both sustainable, scalable and impactful? And, people think about Resparke and it's a feeling. It's just, we've been able to create something that creates an emotion in people.

00;45;13;14 - 00;45;47;00

Alison

And when they talk about that brand and when we rebranded and we talked about all those different names that we could call the business, and I said, you know what this is about? It's about that look in somebody's eye when they put the headphones on and they look at the other person and there's a spark. And that's actually how we got the name Resparke. Because I wanted it to be about an emotion that we were creating for people at the very essence of what we were trying to build. So I hope that we just have like a whole planet that's resparking and we're creating, you know, wonderful experiences for people, improving lives. So that would be awesome.

00;45;47;00 - 00;45;54;20

Cale

So we've got Alison Harrington just crazy enough to do it, just crazy enough to give it a go. Put these things together and try and make it work.

00;45;54;22 - 00;46;16;19

Alison

The person who was crazy enough to, you know, combine all these keeping going is, is one of the things being an entrepreneur, when everything seems hard, you just have to keep going and and believe in the vision of what you're creating. And, I think the fuel in the tank for me is seeing, seeing that every day with the, the stories that come in through our platform. So yeah, we keep going.

00;46;16;26 - 00;46;38;12

Cale

It's a great segue into the final question, which is the raising for the, the show title Grin + Bare It is that it's often a bit of advice given for people who are facing a challenge that's just like, go on, get on with it. I would love a single take away for people listening who are experiencing a really challenging time. What would your advice be to them?

00;46;38;14 - 00;47;40;01

Alison

Well, I know, I certainly know how you feel. I've had a lot of challenging times during this business in the last four years, and I guess for me it's about taking a big, deep breath and getting perspective and knowing that this will pass. And it's about drawing on your inner, I guess, your energy to get through it and keeping the course, I guess, you know, and, it's easy to get flapped and, you know, give up and, and I think the grit and determination to hang in there and believe in what you're doing and to literally take the next step, because I sometimes think that things feel so overwhelming that you just don't even know how you're going to get through it. And then I just go, I'm just taking the next step to be able to move forward. So I think keeping the big picture in mind, but also just focusing on what the next step you need to take on the mountain, I guess is would be my advice.

00;47;40;03 - 00;47;57;19

Cale

Amazing. Alison, you've been so generous with your time. I have learned a ton today and I'm really excited about what you and the team at Resparke are gonna do and prove, frankly, in the next multiple decades here. So thank you so much for joining and looking forward to seeing all that you do.

00;47;57;22 - 00;48;03;24

Alison

Thank you. It's been a pleasure.

00;48;03;26 - 00;48;33;28

Cale

Thank you so much for listening to this week's episode. Hope you enjoyed it. As always, I would love your feedback, questions, or any suggestions that you have for someone that I should be speaking to next as our guest. You can find me on LinkedIn, or you can find the Grin + Bare It podcast on TikTok and Instagram. Now the best way to support this show, if you did like it, is leave your feedback, subscribe wherever you get your podcasts, or simply share it with your friends and colleagues.

00;48;34;01 - 00;48;37;19

Cale

Thank you so much again. See you next time on Grin + Bare It.

