

Wellness and Reablement

A summary of consultations across the home care sector

Using wellness and reablement (W&R) approaches to deliver support to older people is a key objective of the Commonwealth Government's home-based care programs. To help encourage these approaches, in January 2017 the Department of Health engaged the Nous Group to conduct a comprehensive review of W&R approaches within the home care sector. Its aim was to understand how these approaches are being incorporated into current service delivery, and to gain insights into how the sector can best promote and accelerate their implementation. Specifically, the department was keen to understand the extent that W&R concepts had been adopted, and to identify strategies that would support the sector to embed them.

The scope of the review covered five programs:

- The Commonwealth Home Support Programme (CHSP)
- Home Care Packages (HCP)
- Transition Care (TC)
- National Aboriginal and Torres Strait Islander Flexible Aged Care Programme (NASIFACP)
- Short Term Restorative Care Programme (STRC)

Among these, CHSP is the largest and was most frequently discussed.

This report summarises what Nous heard about the existing understanding and uptake of W&R approaches in the home care sector. It includes examples of how the sector is beginning to change and how it has overcome barriers.

W&R approaches to health care are closely associated with 'successful ageing' and 'healthy ageing,' concepts that emphasise improved wellbeing for older people through active engagement in physical, social and cultural activities. Local and international evidence in support of W&R has encouraged Australia's role as an early adopter of these approaches.

Figure 1: What is wellness and reablement?

Definitions from the Commonwealth Home Support Programme (CHSP) Good Practice Guide



Wellness emphasises identifying needs, aspirations and goals. It acknowledges and builds on strengths and has a focus on integrating support services as a path to greater independence and quality of life.



Reablement emphasises assisting people to regain functional capacity and improve independence. Similar to rehabilitation, it is goal-oriented and aims at full recovery where possible – it seeks to enable people to live their lives to the fullest.

In a society where consumer expectations of health services are increasing, these approaches seem common sense. Nonetheless, embedding W&R in the home care sector marks a radical shift from traditional service delivery. W&R approaches move away from the “passive consumer”, “committed carer” and “expert health practitioner” roles to a system of working together. The older person identifies their needs and aspirations, then collaborates with carers and health care professionals – together they develop a plan for greater independence, autonomy and quality of life.

Who did Nous consult with?

The review included a nationwide consultation process, during which Nous worked with multiple stakeholders across several platforms. Across several months, Nous collected information through workshops, focus groups, stakeholder surveys, a review website, a provider self-assessment tool and a consumer survey. During this process, Nous engaged with consumers, assessors, providers, professional groups, primary care organisations and departmental staff. Findings from conversations and surveys of participants were complemented with market analysis and a review of the existing literature.

Figure 2: Overview of the Nous consultation process



What did Nous find?

Overall, the key finding of the review was:

There is strong support for W&R approaches, and some great examples of the approaches are emerging across the country. However, W&R approaches are not yet deeply embedded or consistently applied across the home care sector.

Success and maturity of the W&R approaches varied from case to case, which is understandable given the complexity and breadth of the home care sector. Nonetheless, there were several key messages about the implementation of W&R approaches on a sector-wide level.

There is strong support across the home care sector for the W&R philosophy



Overwhelmingly, contributors to the review expressed support for continuing sector development in W&R approaches. Despite the significant change agenda within the home care sector, clients and professionals rarely indicated change fatigue. A range of significant W&R service initiatives, as well as smaller steps by many individual providers, reflect the support for an ongoing W&R philosophy.

Interestingly, the review found that many of the participants in workshops and focus groups placed greater emphasis on either wellness *or* reablement, although the approaches are largely applied in tandem. Broad support for the philosophy is underpinned by individual experiences of both wellness-focused and reablement-focused services, which can be distinct and distinctly valuable.

Sector leadership is fully committed and providing strong endorsement



Across the home care sector, leaders express strong support for the implementation of W&R approaches. This includes representatives of consumer advocacy groups, provider peak bodies, assessors, and professional groups. Many leaders actively promoted the review with their staff and clients, engaged enthusiastically with its activities, and provided information, assistance and advice over the course of the review.

Some leaders are actively identifying opportunities to improve customer satisfaction and increase the market competitiveness of their W&R offers. This style of leadership indicates the potential to constantly improve W&R approaches, and to convert fairly isolated examples of good practice into consistent sector-wide guidelines and standards.

The review found ample evidence of the benefits of W&R



The review heard numerous anecdotal examples of how W&R approaches have changed the lives of consumers. Several are highlighted in this report as case studies. Personal stories were reinforced by national and international evidence, which demonstrates that an investment in W&R – particularly through early intervention – can significantly reduce or slow the rate of functional decline for older people. In addition to producing short-term benefits for individuals and their families, W&R is therefore also an effective preventative force: it reduces dependence on longer-term and more costly services.

Table 1: Snapshots of W&R in practice



CASE STUDY

Return to the garden

An Italian man with a passion for gardening found it increasingly difficult to kneel in his garden after his knees began to cause him grief. As gardening was an important part of his life, the man began to struggle with confidence and motivation for life. During his RAS assessment, an assessor recommended the man undertake an allied health program to regain the strength back into his knees and allow him to return to the garden. The allied health program helped the man



CASE STUDY

Restoration of a partnership

A husband and wife felt their relationship was changing when the wife began caring for the husband on a full-time basis, as well as doing all the household chores. As the husband was unable to contribute in the home anymore, the wife was spending all her time doing the housework as well as caring for him. During a RAS assessment, an assessor determined that the wife was unable to sustain all her responsibilities, given her age and physical decline. The assessor recommended the



CASE STUDY

Return to the garden

improve his knees dramatically, allowing him to enjoy gardening comfortably again.



CASE STUDY

Restoration of a partnership

couple receive domestic assistance to ease some of the burden off the wife. This allowed the couple to start enjoying their time together.

Australia is home to international W&R trailblazers



Victoria and Western Australia have been operating with a W&R focus embedded in their programs for some time. A long-term Australian W&R trailblazer – Silver Chain’s *Home Independence Program* and *Personal Enablement Program* in Western Australia – has been used as case study for international models of reablement care. The Victorian Home and Community Care Active Service Model (ASM) has also been internationally studied and replicated. Its pilot of an Industry Consultant role for communicating and ensuring compliance with W&R approaches and development of the ASM PREPARE audit tool for organisation self-assessment are particularly notable.

Other states and territories have also taken steps to introduce a W&R approach, and many individual organisations are using well-developed practices. While successes are well-recognised within organisations, there is potential to share more broadly. Recognition of trailblazing approaches, wherever they occur, could champion cross-sector change and promote best practice beyond the two well-known examples above.

The lack of financial incentives constrains some providers



Participants in workshops and focus groups expressed concerns about a lack of financial incentives to pursue W&R approaches. This was particularly the case for smaller providers and/or providers whose business model was built on outputs and older dependency-focused services. While these stakeholders could generally see the benefits of W&R approaches, they had difficulty reconciling the approach with their business model.

There was a high level of awareness that W&R services can be more time-consuming and costly, particularly given the additional time needed for client engagement. Providers noted a lack of recognition for the additional time needed to implement and deliver W&R approaches: *“We still get paid the same, whatever the outcome.”*

Linked with this attitude was a resistance by some providers to accept referrals for time-limited services – they perceived the cost of bringing on and exiting clients for a short period as a barrier to change. Accordingly, there was a call for greater recognition in the funding arrangements for providers who demonstrated a commitment to W&R. Clear incentives were seen by many participants as necessary encouragement to make the changes required.

On the other hand, providers who had already embedded a philosophy of W&R in their services were less concerned about the need for financial incentives. Those who had moved forward despite these concerns noted that *“the pay-off is high in terms of consumer outcomes.”*

The maturity of W&R approaches varies between individual providers

It goes without saying that individual consumers, assessors and providers are at different stages of their W&R journey. In partnership with the sector, Nous produced a maturity model to understand how far the sector has progressed in practical terms, and to provide a tool for ongoing self-assessment.



The purpose of the model was to provide a pathway for stakeholders to identify, assess and support progress to higher stages of maturity as they further embed W&R within their home care service delivery offerings.

The structure of the maturity model and an overview of results from consultation are outlined overleaf. The findings are based on self-report – drawn from an online self-assessment survey. They indicate that many providers see themselves as further along in the implementation process than other evidence would suggest. Assessments by participants in workshops and focus groups identified greater variability and often much lower levels of maturity.

Figure 3: Nous' Maturity Model for W&R implementation *

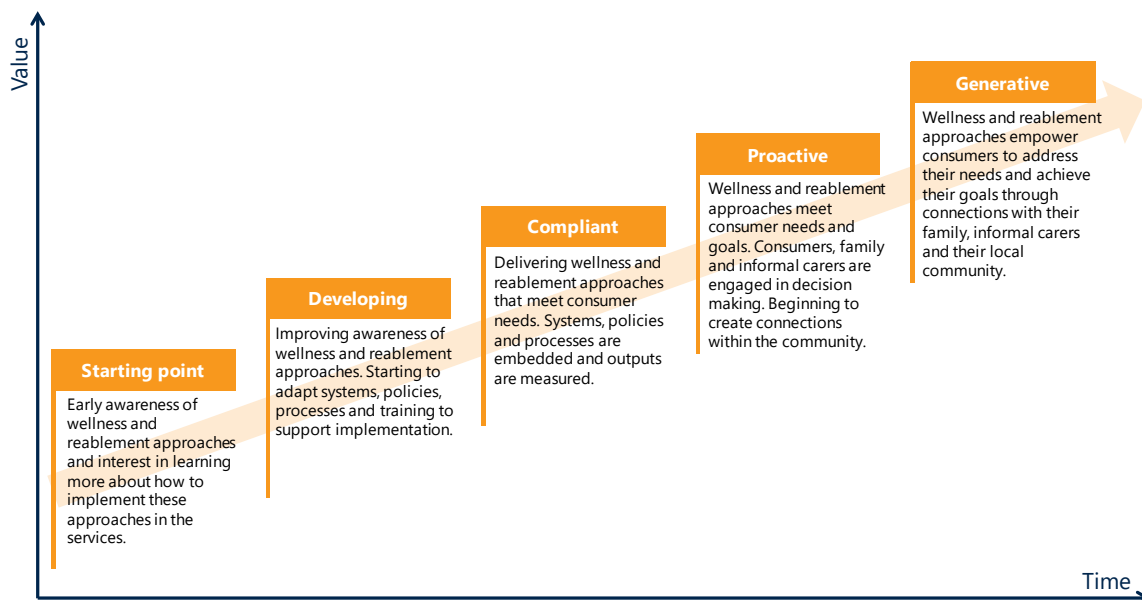
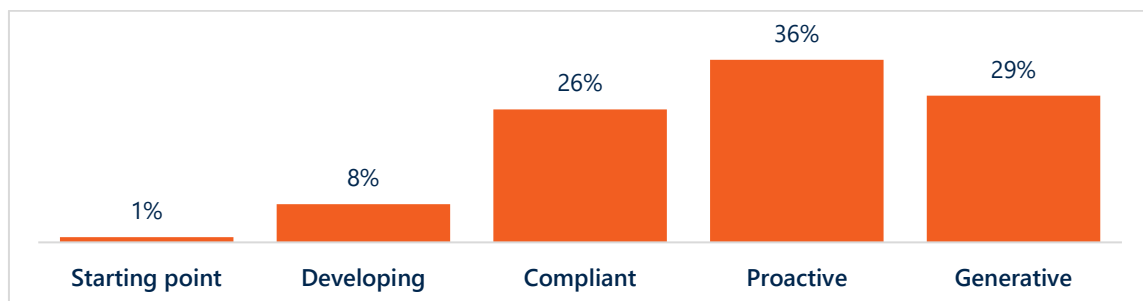


Figure 4: Overall self-reported maturity levels of providers (results from online Self-Assessment Survey)

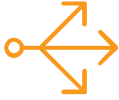


*This maturity model was translated and developed from the Hudson model. The translation and development of the model for W&R approaches was the product of a partnership with sector leaders and industry representatives.

Implementation progress also varies between service types

Across the five in-scope programs, services are provided across multiple service types. These services vary significantly, from home maintenance and modifications, domestic assistance, nursing and personal care, to social support, transport and meal services. The diversity of needs and aspirations – and the service offerings which meet them – indicate that a one-size-fits-all approach to W&R is not possible.

Some programs and service types are more consistent with W&R approaches than others, and some programs adopt an approach that aligns more specifically with either wellness or reablement (for example, social support focus on the former and home modifications on the latter). In some other service activities, such as domestic assistance, nursing and home maintenance, W&R approaches are relevant, but approaches to delivery depend on individual circumstances. The review heard examples of reablement for meal services, and particularly the Home Independence Program demonstrated potential for reablement among those receiving personal care services. However, the review also heard that the expectation to deliver W&R (and particularly reablement) outcomes within consumer-directed care packages was not held by all providers. Overall, consultation emphasised the continuing variability in the sector. Clear guidelines for how W&R approaches can be applied for each service type as well as incentives to go beyond the minimum required would ensure consistent W&R approaches in future.



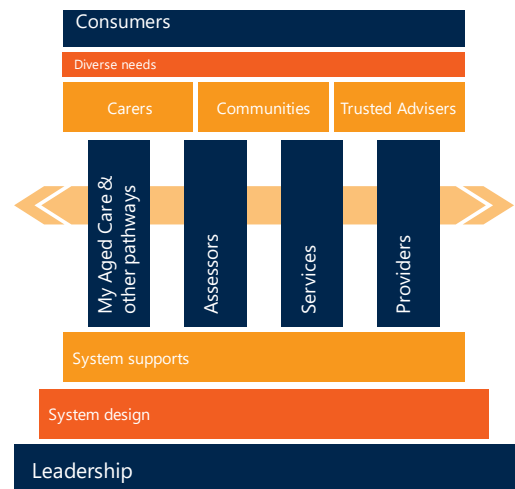
How are the challenges being met?

Every sector stakeholder has a role to play in creating a system where activity is aligned towards a focus on W&R.

A key finding from the consultation process was that the whole home care system needs to work together to further embed W&R approaches. Figure 5 portrays this collaborative structure.

The foundation of this structure is *leadership*, by lead stakeholders across the sector. These include consumer and carer advocacy groups, assessors, professional groups and provider groups. At the highest level are *consumers*, whose engagement with W&R is critical. Each component of the sector – the organisations and individuals at every layer – must play their part for the maturity of the sector to increase in any substantive way.

Figure 5 | A collaborative structure for the home care sector



Leadership will underpin progress

A strong guiding coalition of leaders is needed to motivate, guide and challenge the sector to maintain a strong focus on the outcomes. The review found strong support amongst sector leadership, and a common desire amongst leaders to work together to champion change. They pointed to the importance of ensuring there are champions at every level of sector leadership.

Cultural change is a key challenge for implementation



True cultural change requires the involvement of players at every level of the collaborative structure. The review identified some significant challenges in shifting the mindset and dialogue around home care. Simultaneously, it found great examples of where cultural change challenges are being overcome. A successful, cross-sector implementation of W&R approaches requires a fundamental change in attitude and culture for consumers, assessors and providers.

The review found that consumers are not currently driving changes in the system.

A long history of being “provided to” rather than “partnered with” has created a consumer culture that is only beginning to become aware of the opportunities for developing greater autonomy in old age. Many consumers don’t really get it yet – they are the least prepared part of the sector. To address this, there is a need to overcome the fear of service being removed.



Customers
& carers

Assessors &
providers

The W&R philosophy presents very real challenges for a workforce who may be used to doing things *for the client*, rather than *with the person*. There is a need for a shift from the idea that providers can work faster without client input, to focusing on how to engage, empower, and find out what the client really wants.

This involves both service providers and assessors –the review found that RAS teams are a vital link between consumers and providers, facilitating the transition to W&R.

Consumers (and their carer advocates) often expect to receive the services to which they are ‘entitled,’ and perceive ‘independence’ as a euphemism for no services. Often consumers would prefer a continuation of the service, even if they could do without it – the Home Independence Program found that consumers were far more motivated to graduate from a personal care service than from a domestic assistance service. Consumer advocacy groups also highlighted that consumers will be reluctant to give up services if they do not know whether they can readily access them again if required in future.

The review heard consistently that, if W&R approaches are to be embedded, addressing the attitudes and concerns of consumers and carers will be critical. Despite the challenges, the review’s consumer survey responses also indicated a desire among consumers to learn about W&R, with 65 per cent of respondents saying they would like to know more. This suggests that well-designed communications would find a ready audience.

“The onus is on aged care providers to break the cycle of dependency with clients... though it is important for the Department of Health to drive community education, the success of wellness and reablement with consumers is directly related to how we conduct ourselves as providers and assessors.

We need to be educated on the ideal outcomes of W&R approaches, how these approaches have worked in the past, and what realistic goal-setting looks like so that we can give consumers something to look forward to.”

National teleconference participant



Awareness, education and training will guide the transition from the old mindset to the new approach

A consistent and high level of understanding of both wellness and reablement is the foundation for an effective system. Though W&R approaches have been building for some time, clear and consistent messaging and awareness raising about 'why' and 'how' W&R approaches work continues to be vital.

The greatest change happens when consumers play an active role in ensuring the services they receive are focussed on W&R. Nous asked consumers how they found out about W&R: aged care providers were a key source of information, alongside peak bodies, GPs and government publications.



Customers & carers

Assessors & providers

RAS and ACAT teams can play a key role in supporting consumers and providers to self-educate on W&R. The review heard great examples of assessors as educators– for example, a non-metropolitan RAS which holds an education session on W&R for a different provider in its jurisdiction each week.

However, some groups of consumers experience greater barriers in accessing information. Education has been most effective when community groups use peer and social networks to translate the benefits of W&R in practical terms. There was a regular emphasis on the importance of educating 'trusted advisors' – informal carers, family, peers, community organisations, local pharmacists.

The review also found that internal training and support for RAS teams makes a real difference, and there was evidence that multiple teams have embedded staff training. Additionally, introducing the context and intent of W&R approaches at system entry, via the MyAgedCare portal and throughout the assessment process, was suggested to help assessors make a big difference to consumer expectations from the outset.



Communication and innovation strengthen engagement

The review repeatedly emphasised the importance of communication: between clients and providers, between providers and assessors, and within the many other relationships on which the home care sector is built. Articulating and achieving client's aspirations begins with strong relationships, where communication and partnership between client, assessor and provider determines a clear and achievable path to better health outcomes.

Partnership with client



The review emphasised that the best W&R outcomes result when the service provider and the client 'connect' – there is no substitute for engagement, including knowing the person and their aspirations. As noted earlier, there were some concerns that this can increase the amount of time that a service provider spends with a client, and that this could have a negative impact on achieving the number of outputs for which the service is funded. Where organisations had already embedded a W & R approach, this concern was less prominent.

Active listening gets to the root of the problem

Mary lives in a regional city in New South Wales. She has received home cleaning and cooking services for several years. She also diligently visits her GP when health issues occur. Mary had also experienced the embarrassment and discomfort of incontinence for some time. The topic never came up with the home service worker and was always pushed down the list of issues in her short visits with the GP. When Mary met a new home care team member she was asked what she hoped for over the next year: she wanted to go to her granddaughter's wedding in Sydney, but did not have the confidence. Quickly, targeted exercises and medication support were put in place and Mary was able to attend the wedding. She was delighted and her family shared a special day that will be remembered for years to come.



CASE STUDY

Communication between the system players brings change

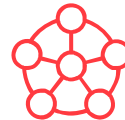
The links between system components are not always easy to make or to maintain. Especially between RAS assessors and service providers. There are great examples where this is being overcome in regional areas – through effective engagement and communication between the various system participants. For example, assessors and providers know each other through formal and informal networks and collaborate to ensure the approaches are working for clients.



In other examples, regional networks and communities practice ways of strengthening the learning and changing the culture. Communication across various levels of the sector can create the impetus for community-driven activities, which provide positive and sustainable W&R outcomes at a relatively low cost.

Yarning circles – providers, community groups and consumers

Each month, a community organisation for Indigenous people with disability brings together providers and community groups to chat with community members and their families about what services are available around disability supports, and how they can be accessed. At the end of each meeting, organisers ask participants what they would like the next month's meeting to be about. The informal and responsive nature of the meetings has meant they have been well-received by the community. The program has been extremely effective in building the community's trust and building a two-way dialogue between disabled community members and service providers. The yarning circles not only get information out to the community, but enable service providers to listen to feedback about what the community needs.



CASE STUDY



Innovative ideas can result in improved consumer engagement

A different mindset can lead to innovative ideas – some providers have come up with clever approaches that create incentives to embed wellness and reablement approaches.



Seniors' gym

A gym owner applied to her local government for a grant to enable her to subsidise fees for her older clientele. Her application was successful, and the grant funding allowed her to heavily subsidise membership fees for eight weeks per client. Through this grant, a higher an increased number of older clients were able to join the gym and focus on their physical, mental wellbeing and social wellbeing. After the eight weeks of service, the older clients could choose to continue to attend by paying the full amount if they wished to do so.

Fishing with friends

Each week, a group of older men referred for social connection in Adelaide meet up at their local community centre to go fishing. The group was set up by the local council and has gained a high level of interest over the years. The group now allows men of all ages to participate (with no distinction between clients and broader community members). This approach has fostered greater social connections between younger and older members of the group and wider community.





Clear support structures provide a foundation for success

There are key organisational processes that support W&R approaches. Specifically, successful organisations provide support for assessors and providers to access training and hold them accountable for delivering services that embody W&R. Nour's research indicated that the most comprehensive support structures were evident in WA HACC and Victorian ASM models, providing a set of best practice guidelines for services throughout the country.

Figure 6: Provider-level supports for the W&R philosophy



Overall, the review process provided deep and varied insights into how far the sector has come in its adoption of W&R approaches. This included reflection on specific experiences and areas for improvement, but also highlighted approaches and supports which will equip the home care sector to further embed the W&R philosophy.