



Introduction

Australia has for over twenty years been seeking to develop, deliver and embed both targeted reablement programs and more generic wellness and reabling service delivery approaches as a key focus of home and community care.

We have compiled a short history to show the journey undertaken across Australia since 1999 until the present time, 2021. Some of this information has been extracted directly from the Unpacking Reablement work undertaken by the Australian Association of Gerontology (AAG) in 2019 and supplemented with additional information and links.

Ref: Fact sheet 2 Australian approaches to reablement in the home support and care program July 2019.

Please note: this section is focused primarily on the delivery of wellness and reablement service delivery work practices by home and community care providers, therefore the history of wellness and reablement as part of the home support assessment process by the Regional Assessment Services (RAS) and Aged Care Assessment Services (ACAT) is not detailed.

The role of the assessment services is clearly stipulated in the My Aged Care Assessment Manual 2018 stating that wellness and reablement processes need to be embedded in the assessment and support process and that both RAS and ACAT assessors will work with the client to establish a support plan that reflects the client's strengths and abilities, areas of difficulty, and the support that will best meet their needs and goals. This includes the consideration of formal and informal services as well as reablement pathways.

1. Programs and Approaches - Home Independence Program Western Australia. 1999 - 2018

The first Australian Reablement Program was developed by Silver Chain in Western Australia. Called the Home Independence Program (HIP), it was targeted at individuals when they were first referred for home care, or at existing clients requesting increased services because of a change in need.

The HIP program was intensive, goal and time-limited (12 weeks maximum) and used evidence-based strategies to assist people to optimise their functioning, prevent/delay further functional decline, promote healthy ageing and encourage self-management of chronic disease. The program promoted active engagement in daily living activities using task analysis and redesign, work simplification, and assistive technology.

Depending on an individual's goals it might also include strength, balance, and movement programs for improving or maintaining function and mobility; chronic disease self-management; falls prevention strategies; medication management, continence, and nutrition management; and strategies to assist the individual to reconnect socially.

When first developed the program was delivered by an interdisciplinary team consisting of a Nurse, Occupational Therapist and Physiotherapist working closely with home support staff. Over time HIP coordinators who did not have a health professional background delivered the program with support from health professionals as needed.

Check out more information at: [keepable.com.au](https://www.keepable.com.au)

In 2004, the Personal Enablement Program (PEP) was developed by Silver Chain, targeted at older adults being discharged from hospital. This service differed only from HIP by being shorter, 6-8 weeks, and providing post-acute nursing if required.

Funded by WA Health as part of the then WA Home and Community Care (WA HACC) Program, HIP and PEP operated from 2004 until 2018.

Evaluation

The Home Independence Program was evaluated over a long period of time and the research has informed international approaches to reablement. To read more click on the links below.

- Lewin G, Alfonso H, Alan J. *Evidence for the long term cost effectiveness of home care reablement programs*. Clinical Interventions in Aging. 2013;8:1273–81.
- Lewin G, Calver J, McCormack B, Coster C, O'Connell H, Wheeler B, et al. *The Home Independence Project*. Geriacton. 2008;26(3):13–20.
- Lewin G, De San Miguel K, Knuiman M, Alan J, Boldy D, Hendrie D, et al. *A randomised controlled trial of the Home Independence Program, an Australian restorative home-care programme for older adults*. Health Soc Care Community. 2013 Jan;21(1):69–78.
- Lewin G, Vandermeulen S. *A non-randomised controlled trial of the Home Independence Program (HIP): an Australian restorative programme for older home-care clients*. Health and Social Care in the Community. 2010;18(1):91–9.

2. WA Home and Community Care Program (WA HACC) Wellness Approach. 2006 – 2018

In 2006 the WA HACC Program, adopted a 'Wellness Approach' as the policy basis for the future delivery of HACC services across the state. This represented a major change of focus from a traditional dependency model of service delivery to an enabling model.

To facilitate this, the WA HACC Program partnered with CommunityWest, a WA based not-for-profit organisation, to design and develop the approach and to mentor and support WA HACC service providers to implement this significant reform process.

Working in partnership with the WA HACC Program, CommunityWest spent time with providers to support them to understand, implement the changes and work towards a refocus of their service culture. Resources and staff skill development were also provided to HACC staff to help them feel confident in providing home support from an enabling or wellness approach.

The work completed as part of the WA HACC Wellness Approach informed Australian Government resources (such as the CHSP Living Well at Home Guide) developed by the Australian Government to support development and delivery of wellness and reablement in the Commonwealth Home Support Program.



Evaluation

Two reports were produced on the WA HACC Wellness Approach journey.

The 2013 report, *Challenging community care with wellness – An implementation overview of the WA HACC Program's Wellness Approach*, provides an implementation overview including creating a climate for change, planning and implementing change, key enablers and barriers to implementation and evidence of change.

The 2015 report, *Wellness: Now and for the Future. Promotion and enhancement of the Wellness Philosophy*, reviewed progress and worked with key stakeholders to better understand the local experience of implementing the Wellness Philosophy and the lessons learnt along the way.

Click the title links to open the reports.

The Victorian Active Service Model (ASM) and reablement. 2009 - current

In 2009 The Victorian Department of Health and Human Services began implementing the Active Service Model (ASM) in Home and Community Care (HACC) services.

The ASM is a quality improvement initiative that aims to help people in the HACC target group live in the community as independently and autonomously as possible and on promoting capacity building in community care service delivery. However, it is recognised that not all HACC clients will be able to live independently and autonomously. To this end, the ASM is based on the principle of working collaboratively with clients to assist them in gaining the greatest level of independence they can and wish to achieve.

The approach continued after the Victorian HACC services for older people were transitioned into the CHSP on 1 July 2016 and the initiative was renamed in Victoria 'Wellness and Reablement' to align with the national CHSP terminology.

Several resources were developed to assist the then HACC assessment services and service providers to implement ASM/reablement.

A number of these resources are still available on the Victorian Department of Health web site.

Click here to go to the website

Evaluation

Australian Healthcare Associates (AHA) was engaged by the Victorian Department of Health to conduct a review of the first three years of the implementation of the Active Service Model (ASM) by Home and Community Care (HACC) funded organisations in Victoria.

The 2015 report can be accessed by clicking here.



3. Australian Government reports and reviews

2011 - Productivity Commission Inquiry Report Caring for Older Australians.

In 2011 the Productivity Commission Inquiry Report Caring for Older Australians discussed the need for the focus of the aged care system to be on the wellbeing of older Australians – promoting their independence, giving them choice and retaining their community engagement and access to a range of services that, to the extent possible, restore their independence and wellness.

The Commission also recommended introducing intensive time-limited reablement services into community aged care.

Citing Australian and international research, they noted that there was “emerging evidence that reablement or restorative home support programs – programs designed to help people ‘do things for themselves’ rather than ‘having things done for them’ – can delay or reduce the need for home care and other aged care services”.

2017 -Legislated Review of Aged Care Report (Tune Report)

Recommendation 29 of the Legislated Review of Aged Care 2017 focussed specifically on reablement, the need for reablement needs to be assessed and referred to upon entry into My Aged Care, and the need for better integration with health and community supports. [Click here to open the report.](#)

The report recommended that:

The government and providers work to improve access to wellness and reablement activities to provide greater choice and better support for consumers to live independently, including by:

- increasing access to short-term reablement supports and/or episodic care, rather than the provision of ongoing care, including an increased focus on the use of assistive technology
- enabling better integration with other available support systems such as the health care system and community-based support
- supporting staff and consumers to better understand and access information about wellness, reablement and restorative care
- providing aged care assessors with training on wellness, reablement and restorative care.

2018 Australian Government National Review of Wellness and Reablement within the Home Care sector

A national review of wellness and reablement approaches within the home care sector was undertaken by the Nous Group on behalf of the Department of Health in 2018. Its aim was to understand how wellness and reablement 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 subsequent 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.

[Click this link to view the CHSP good practice guide](#)

4. Australian Government Resources and Initiatives

Since 2015 the Australian Government have developed a number of resources and manuals to support the sector to embed wellness and reablement into service delivery practices. These include:

2015 Living well at Home – CHSP Good Practice Guide

The guide was developed to help service providers understand the concepts and principles of wellness, reablement and restorative care approaches in services delivered under the Commonwealth Home Support Programme (CHSP). It seeks to build on existing examples of good practice and draw on the communications, capacity-building and training products that have been developed over a number of years in all jurisdictions and overseas.

[Click this link to view the pdf](#)

2020 – 2022 Commonwealth Home Support Program Manual

The Commonwealth Home Support Programme – Program Manual 2020-2022 is the fifth version of the Manual since its inception in July 2015 and supersedes all previous versions.

Along with the Living Well at Home Good Practice Guide it provides actionable steps in the delivery of wellness and reablement. Both promote a cultural shift away from 'doing for' to 'doing with' and the need to look at time limited services that address a client's specific barriers to independence and support them getting back to doing things for themselves.

2018 – 2020 Australian Government – Better Ageing - Promoting Independent Living

The Better Ageing - Promoting Independent Living Budget measure provided \$29.2 million over two years to help senior Australians to continue living at home more independently for longer. The measure was designed to provide a comprehensive approach to implementing, trialling and measuring a reablement focused assessment model and included a range of supports targeting assessment services, service providers and senior Australians.

Included in the measure was a 2 year trial (to June 2020) of using reablement approaches among CHSP providers in 19 selected regions across Australia. The trial tested a reablement-focused assessment model to see whether it:

- provided measurably better outcomes for clients
- reduced or delayed the need for more complex aged care services

More about the Budget Measure and reablement trial can be accessed by [clicking here](#).

The budget measure also involved a number of elements targeting cultural change across consumers, RAS and CHSP Providers. These resources can be accessed by clicking the links below:

Australian Government Wellness and Reablement Initiative

[Wellness and Reablement Digital Site](#)

[Community of Practice – More Good Days](#)

[E learning modules through the My Aged Care Learning Environment \(MACLE\)](#)

[My Aged Care Podcasts](#)

Where are we now?

2021 Royal Commission into Aged Care Quality and Safety

From a wellness and reablement perspective the Royal Commission states that there is a need to move away from predominantly task based care delivery to supports that actively enable and maximise a person's capacity and health. It discusses the need for us all to better understand the ageing process and to support people to adopt a healthy approach to ageing throughout life. In particular it emphasises the need for aged care providers to put the person at the centre of support and focus on providing support that prevents and delays any impairment of that individual's capacity to live independently.

Click here to view the report.

The Aged Care Royal Commission has highlighted that the current aged care system does not sufficiently meet the needs of older Australians seeking support.

Within the context of wellness and reablement there is a need for providers to transform their services in line with the themes emerging from the final report of which:

- building the capacity of older people,
- preventing and delaying any decline in capacity and
- optimising a person's capacity to live independently is fundamental.