NATIONAL AGED CARE REHABILITATION AND REABLEMENT ROUNDTABLES

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About this White Paper

This publication is an ARIIA White Paper and Research Report.

The ARIIA White Paper and Research Report provides researchers and policy makers with evidence-based data and recommendations summarising roundtable discussions with aged care professionals.

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Acknowledgement of Country

Flinders University was established on the lands of the Kaurna nation, with the first University campus, Bedford Park, located on the ancestral body of Ngannu, near Warriparinga.

Warriparinga is a significant site in the complex and multi-layered Dreaming of the Kaurna ancestor, Tjilbruke. For the Kaurna nation, Tjilbruke was a keeper of the fire and a peace maker/law maker.

Tjilbruke is part of the living culture and traditions of the Kaurna people. His spirit lives in the Land and Waters, in the Kaurna people and in the glossy ibis (known as Tjilbruke for the Kaurna). Through Tjilbruke, the Kaurna people continue their creative relationship with their Country, its spirituality, and its stories.

Flinders University acknowledges the Traditional Owners and Custodians, both past and present, of the various locations the University operates on, and recognises their continued relationship and responsibility to these Lands and waters.

About ARIIA

In response to the increasing age of the population, the Australian Government funded Aged Care Research & Industry Innovation Australia (ARIIA) in 2021 to build the capability and capacity of the aged care workforce to use evidence for improvements in quality of care.

A major part of this initiative is the Knowledge and Implementation Hub (KIH) which is charged with identifying and synthesizing the available evidence on a range of topics nominated by the sector as key priority areas. One of the key topics identified was '*Rehabilitation, Reablement, and Restorative care.*' Evidence informing the integration of rehabilitation, reablement, and restorative care approaches into the lives of older Australians is integral to the provision of aged care and sector reform. Recommendations from the Australian Royal Commission into Aged Care suggest integrative rehabilitation, a combination of practice based on science (evidence-based) and experience (experience-based), could play a key role in improving the independence and quality of life for older Australians by improving physical function and independence (Commonwealth of Australia, 2021). Therefore, ARIIA's intentions are to disseminate findings using formats and resources that the aged care workforce can understand and use to provide effective evidence-based practice.

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Acronyms

ARIIA- Aged Care Research and Industry Innovation Australia

KIH- Knowledge and Implementation Hub (ARIIA)

ITP- Innovator Training Program (ARIIA)

EAG- Evidence Advisory Group

RAC- Residential aged care

OT- Occupational therapist

1. Executive Summary

Rehabilitation, reablement, and restorative care approaches were identified as a priority topic by the aged care sector to build workforce service knowledge and capability to improve the independence and quality of life for older Australians. Despite understanding that these approaches promote high quality of life by enabling people to continue to live independently, and engage in activities they enjoy, the practicalities of delivering these approaches in aged care is more complex.

The aim of these round tables was to understand the experiences and intricacies of integrating rehabilitation into Australian aged care services, to understand the experience of key stakeholders integrating reablement approaches into their care, to identify the barriers and facilitators to embedding such approaches into aged care services and to disseminate findings to inform future aged care service delivery.

The roundtables were held in person on the 30th of November 2023 at Atura Hotel in Adelaide. Attending in person was necessary to support open discussions. Participants represented aged care managers, service leads, customer engagement and research co-ordinators, physiotherapists, social workers and occupational therapists from New South Wales, Western Australia, Queensland, and South Australia.

From the roundtable discussions, requirements and recommendations were identified to assist the aged care sector integrate rehabilitation and reablement into service delivery. These included the need to *attract a skilled workforce*, *make a career in aged care more attractive*, *educate* older people and their families to understand reablement and how to support independence, *improve communication systems*, *integrate technology*, *improve the quality of evidence for reablement* specific to aged care, and to *produce practical resources* to support care delivery.

The ARIIA Knowledge Implementation Hub will continue to use the evidence to develop resources to support the aged care sector.

2. Introduction

Enabling access to evidence and resources on critical topics is an important function of the Knowledge and Implementation Hub within the ARIIA project. *Rehabilitation, reablement, and restorative care* was identified as a priority topic by the aged care sector to build workforce service knowledge and capability to improve the independence and quality of life for older Australians. These three approaches help older adults maintain functional capacity and recover from injuries and illness. They promote a high quality of life by enabling people to continue to live independently, engage socially and participate in the activities that bring them enjoyment.

> *Rehabilitation* approaches can improve the lives of older people by restoring their physical function and promoting independence (Wade, 2021). Rehabilitation interventions are designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment (World Health Organization, 2024).
>
> *Reablement* is considered an active process of (re)gaining skills and confidence in maintaining or improving function or adapting to the consequences of declining function (Mishra & Barratt, 2016).
>
> *Restorative* care is often used to delay a person's need for high level residential care. Programs are usually short-term and less intensive, costly, more complex than rehabilitation programs and often take place in the community (Poulos & Poulos, 2019). Our Evidence Advisory Group (EAG) considered this approach to be embedded in rehabilitation and reablement.

Both the scoping review of systematic reviews and discussions with EAG, suggested that key issues appear to be preventing these approaches being more broadly integrated into aged care. Despite the understanding that rehabilitation and reablement could enhance independence and quality of life for older people, policy, funding, and variable terminology means the evidence for such approaches in aged care lacks clarity. This makes is challenging to argue how effective these approaches might be for older people receiving aged care services. To fully understand the complexities and practicalities of embedding rehabilitation and reablement into aged care, we needed to discuss our findings with key aged care stakeholders. Roundtables provided an appropriate mechanism to facilitate such conversation and reflection.

Aims of the roundtable

The aims of the roundtables were to:

1. understand the experiences and intricacies of integrating rehabilitation into Australian Aged Care services.
2. understand the experiences of service providers, healthcare professionals, and aged care workers on integrating a reablement approach into their aged care services.
3. identify the barriers and facilitators to providing rehabilitation and reablement in the delivery of aged care and to discuss possible approaches to support aged care rehabilitation and reablement services.
4. disseminate discussion findings to inform aged care service delivery.

3. Methods

Key stakeholders were invited to attend national roundtable sessions at Atura Hotel in Adelaide on the 30th of November 2023 to discuss rehabilitation and reablement in the context of Australian aged care. Roundtables were facilitated by members of ARIIA's KIH and ITP teams. Rehabilitation roundtable discussions took place in the morning session, with reablement discussion the focus of the afternoon.

Ethics approval was obtained from the Flinders University Research Ethics Committee (6601- The intricacies of rehabilitation in the Australian aged care sector, and- 6390- Reablement in the Australian aged care sector). All participants provided written consent and agreed to discussions being audio recorded. Resources developed by ARIIA were circulated prior to and during the meeting (see Appendix 1 and 2).

Data analysis

Data were recorded and transcribed verbatim. The transcript was coded using NVivo software version 12 by two research fellows (one was present at the round table event; the other was not). The researchers first read the detailed transcript and then coded the transcript line by line using open coding. Similar words and sections of text were grouped together, and new codes were added as individual concepts emerged. Participants were provided with a draft report for verification that their comments were fairly represented and identifying factors were removed.

4. Results

Eleven key stakeholders attended the roundtable discussions, participants held a range of roles in aged care across Australia in both residential aged care and community settings (Table 1). The morning session focused on *rehabilitation* in aged care lasted approximately three hours. The afternoon session considered *reablement* in the aged care sector and lasted approximately two and a half hours.

Table 1- Round table participant details

Participants	Location
Manager, service design and innovation, community service	NSW
Occupational therapist with reablement development, delivery, and management experience	WA
Customer Engagement and research co-ordinator	QLD
Residential Services Manager	SA
Interim General Manager Home Care and Community Services	SA
Physiotherapist	SA
Professor in Healthy Ageing	SA
Physiotherapist	SA
Allied health and Living well manager	SA
Clinical Team Leader at Aged Care and Housing Group	SA
Head of Social	SA
Facilitators- Dr Claire Gough, Dr Stephanie Champion, and Robyn Garrick (ARIIA)	

Key findings

From the round table transcripts, we identified five key factors that limit the integration of rehabilitation, reablement, and restorative aged care approaches. These included, varied terminology, funding systems, inequalities and ageism, perceptions, expectations of older people and their advocates, and the aged care workforce. Discussions allowed us to identify several recommendations that may be useful to consider when integrating rehabilitation and reablement into aged care delivery, including attracting a skilled workforce, changing the stigma around ageing and careers in aged care, and education of older people and the workforce (Table 2).

Defining rehabilitation and reablement

Roundtable participants were asked to share their understanding of rehabilitation and reablement. They regarded ***Rehabilitation*** as an acute and intensive approach to care, provided in hospital and focused on regaining function after *'a new event',* related to an *'acute episode,'* such as a fall or hip fracture. Rehabilitation, delivered by Allied health professionals was considered to have a *'quality tag'* to it, meaning that it is often more desirable than other approaches. Older people expect that

rehabilitation interventions support recovery, *'get me back to where I was,'* while ***Reablement*** was more commonly delivered at home and in residential care facilities as a short-term approach to support and maintain the independence of older people, *'doing with someone, rather than doing for them.'* For example, working with someone in the community to be able to carry out domestic tasks independently. However, identifying when an older person needed reablement was believed to be more difficult and required '*unpacking*' to determine how to effectively support the individual.

Roundtable participants broadly agreed that there wasn't a clear definition for either approach, but each had a generalised understanding of the approaches which were adapted to suit their aged care setting. They acknowledged that healthcare professionals had different ideas of what rehabilitation and reablement was, which could cause issues when delivering care.

> *'We've got all of these different ideas of what reablement is but actually between physios and OT's and between nurses and doctors there's actually a lot of difference and these people are working together to provide the same services, but actually have different approaches to what they're doing.'*

Evolution of terminology

The evidence suggests rehabilitation and reablement definitions have evolved in-terms of meaning and care interventions over time (Wade, 2021). Round table discussions explored experiences of how and why these terms have changed. One participant shared a personal experience of setting up an in-home aged care rehabilitation program, '*We couldn't call it rehabilitation because that happened in a hospital… so we called it reablement.'* In other instances, the move towards the use of reablement seems to have been driven by funding models*, 'The funding doesn't allow for rehabilitation… it does allow for reablement.'* Current funding systems in Australia prevent aged care providers from charging aged care residents for rehabilitation programs and assessments (Care and services in aged care homes guidelines- Item 2.6 Rehabilitation support (Australian Government Department of Aged Care, 2014)). Hence funding structures appear to influence terminology and treatment approaches across all aged care settings.

Funding issues

Australian residential aged care is funded to support '*dependency*' and '*deficit*', which acts as a disincentive to embed '*progression*' and '*improvement*' approaches such as rehabilitation and reablement into aged care services (Commonwealth of Australia, 2021). Participants agreed that in residential aged care, '*The more deficit that you have, the more money, the more funding that you get.'* This contradiction is felt by industry, *'It contradicts each other really, because you get more funding for the more dependent an individual is. So that initial motivation to get somebody to their full potential's not there.*'

In home care settings, service providers offer individual care packages rather than assessments for short-term reablement or restorative care, *'Because they want to make them a homecare package client.'* Service providers were deemed to prefer providing long-term home care packages, possibly influenced by the lack of incentive to onboard new clients for short periods of time, as it is not cost effective. The business models adopted by providers are not nimble and responsive, but often entrenched in the complexities of funding models. Care decisions appear to reflect the funding frameworks and models that do not reward reacquisition of capability but rather continuing care and dependency.

Inequalities and Ageism

In terms of older people living in residential aged care, roundtable participants discussed inequalities in treatment approaches. Assessing if an older person was suitable for rehabilitation or reablement was considered to depend on perception and alignment with funding requirements, *'I think there's some inherent ageism in it. So, the GP's whilst they generally do want the best for their patients, it's whether they think they're actually going to make it. Will it make a difference?'* These decisions were deemed dependent on the experience of the care co-ordinator and how they assessed individual needs. Roundtable participants agreed that older people who enter hospital from aged care often only receive basic help such as *'Getting in and out of bed, sitting up, getting in and out of a chair.*' As they will return to residential aged care, they are not given the opportunity to participate in more proactive reablement or rehabilitative approaches. This seemed in contrast to the treatment approach and expectations for younger adults and appeared to be influenced by ageist views, *'Well you're not going to fix arthritis, what's the point? They don't bother, or if you've got a hip fracture, well you're going back to a nursing home. If I was 40, would you give me rehab inpatient and intensive? Yes, you would, just because I'm 80 doesn't mean that I deserve any less.'* These concerns, driven by funding streams have been discussed in the literature with inequality recognised in the debate around whether older people residing in residential aged care services are entitled to receive rehabilitation following acute injuries such as hip fracture (Crotty et al., 2020).

In addition to inequalities in access to services, the care received by aged care residents who had advocates was also determined to be quite different, *'If you've got someone advocating for you and you've got money to pay for additional services, that's where you're getting that rehabilitation. But if you don't have that, it really doesn't seem fair.'* Advocacy for older people appears to be closely tied to accessibility of economic resources. Participants highlighted inequalities in access to rehabilitation and restorative care for older people, considering such decisions to be an issue of basic human rights.

Perceptions and expectations

Aged care stakeholders expressed that along with a lack of definitional clarity for rehabilitation and reablement, perceptions and unrealistic expectations of older people and their advocates complicated care delivery. Roundtable participants reported that family members of older people entering residential aged care often ask for *'rehabilitation*' (not reablement). Care providers believed that family members, friends, and advocates considered rehabilitation to have a more professional feel, *'Rehab is something people will be proud to have.*' Providers expressed that rehabilitation was perceived as a higher standard of care by older people and their family members and there was a perception that outcomes from rehabilitation would be better. However, evidence to the value, benefits, and feasibility of rehabilitation or reablement approaches within aged care is still limited. It is also unclear whether older people and their advocates understand what reablement is.

The perception that rehabilitation would be appropriate and beneficial for older people entering aged care caused complications, with families expecting rehabilitation, even if the approach was not deemed appropriate (or funded). The understanding of what rehabilitation involved was often not understood by family members, however, these expectations added pressure to aged care providers, *'It's something we struggle with all the time, expectations versus what we can actually offer and provide and if it's going to be any benefit really, there's that fine line too.'*

Expectations and demands on aged care services were considered to have shifted considerably over the last decade, previously older people entered aged care whilst still being able to *'drive their cars.'* Individuals entering care are now older, frailer, and more dependent than ever before (Australian Institute of Health and Welfare, 2023). The shift in demographic seems to suggest that families and advocates are expecting aged care services to deliver '*rehabilitation*' (acute, intensive care) to remedy the decline which may have underpinned entry to aged care. In contrast '*reablement approaches'* that focus on optimising the capabilities of the individual's independence and autonomy may better reflect the aged care context.

> *'Now they're coming in and they are either really limited in mobility… and then we've got families that are clinging on to "I want you to make mum walk again. Surely, if you give her physio four times a week, she'll keep walking" – and that's a wonderful theory, but it's not always practical for many reasons. So, it's the expectations have really raised and that's great, because we need to meet and deliver better quality care and outcomes but sometimes it's hard to achieve and meet all of those expectations.'*

The integration of reablement into aged care was considered *'a tough sell at times.'* The reablement approach supports and encourages older people to carry out tasks independently such as showering, and cooking. This aims to ensure individuals can do as many functional tasks as possible so they can remain living in their own homes as independently as possible. However, aged care recipients, especially those receiving in-home care expect to *'get the service'* they are paying for, and not have someone come in to support them to do their own sweeping, *'People will tell me where to stick it and I'm not surprised in some ways. But what we're trying to say is, we're trying to improve your strength, so that you could do a little bit of sweeping yourself, because that means you're more mobile and we've challenged your balance.'* This highlights how intentions and practicality of care delivery can be difficult to align. Roundtable participants determined that educating older people and their families to the benefits of reablement is necessary to manage expectations and deliver the best long-term outcomes, *'It's also around the health literacy and the understanding around what reablement is and the purpose of what we're trying to work with the customer with.'*

One participant however, argued that higher expectations could potentially be a good thing for the aged care sector following bad press for the aged care industry. Consumers are *'Starting to expect this level of care and service around rehab, reablement.'* Aged care services are going to have to adapt and provide the care that is expected and required to support quality of life for older people.

Rehabilitation, reablement and the aged care workforce

When considering rehabilitation as an intensive program delivered by Allied health professionals, roundtable participants discussed the common perception that aged care workers and organisations did not have the capacity nor capability to deliver rehabilitation. Participants voiced difficulties of recruiting and retaining skilled professionals in aged care, as funding and pricing for the National Disability Insurance Scheme (NDIS) meant that attracting people to work in aged care was impossible, '*This is what affects recruitment, we can't get OT, we can't get physio… So, we are missing out the people in aged care especially we're missing out on staffing, and we have delay even if you want to pay to get contractors, there's a delay. Unless you have got someone who loves working in aged care.'* In Australia, the amount Allied health providers can charge per hour for rehabilitation varies considerably between the NDIS ($193.99) and aged care sector (Medicare, $58.30), which impacts attainment and attractiveness of such roles.

Frontline aged care workers will be needed to provide reablement as part of everyday activities such as dressing. However, their skills set and capacity vary. Despite attempts to train carers to deliver reablement, the high rate of staff turnover impacts the provision of reablement in aged care.

> *'The people who are doing the reablement they're often frontline workers as well. So, it really depends on the capacity and skillsets of frontline workers, how much you can train them up because obviously there's a big churn of frontline workers. So, organisations trying to maintain that training and systems and that sort of thing to support them in that is complicated. So, we know all the things that we've, that could actually support people to maintain their function and improve their function as much as possible. But actually trying to get that message out there and making it work from a systems point of view for an organisation is complicated.'*

The leadership and structures of aged care systems were considered important to support the aged care workforce to deliver reablement *'If you have a manager who understands what it's all about and will invest in your staff education and the model of care that will support this (reablement) in the work.*' Leadership was seen as critical with leaders who didn't seem to care or prioritise Allied health and wellbeing being seen as just meeting basic expectations which was not seen as aspirational culture leading to staff finding alternate workplaces.

Participants discussed the stigma around a career in aged care, *'I'm a registered nurse… I'll never forget one day going to a group of nurses and everyone was saying, where do you work? Where's your skill? What are you doing? I work in aged care... Oh.'* This was echoed by others who determined that careers in aged care were not considered attractive, '*But there's that stigma that aged care it's really not that exciting. You can't really do much there, and for me in residential care it's one way in. They're not really ever leaving, improved or anything like that. And it's, it's really education about the things that we can do, that we can achieve and how we can make a difference to whether it be someone's last couple of years, whether it be their 10 years or whatever.*' Participants discussed the need to remove the stigma and educate people into how rewarding careers in aged care are, the career progression they could make and the skills they could develop.

Nurses' role in rehabilitation and reablement

The Royal Aged Care commission (2021) suggested that nursing staff should provide more rehabilitative services in aged care. Roundtable participants were asked about this recommendation, which was met with conflicting opinion. Initially the nurses in attendance were perplexed by suggestion of additional workload and considered that these skills were out of their scope of practice, *'So, I interpreted that question as, oh my goodness I as a nurse have got to be in charge of a rehab program, I wouldn't have a clue.'* Being involved in rehabilitation was certainly not a priority for nurses, '*I'm happy to be involved but led by an Allied health colleague who has created the program, but I've got other stuff to do*.' Embedding such approaches into daily tasks was accepted by the group, however, deemed unrealistic due to other demands and additional time requirements, '*Trying to get the person doing more for themselves and reintegrating that independence. However- it takes longer.*'

In contrast, other participants considered that nurses were already involved in supporting reablement approaches, *'If you're supporting someone to try and return to self-managing their medications that's still restoration, reablement. So, I think they (nurses) do it, but I think nursing can, can be seen as very task focused*.' This was agreed with by another participant who thought that the issue really returned to the definition and funding issues, summarising that everyone providing care should play a part in reablement.

Allied health professionals were deemed important to set up such approaches, yet nurses and care workers were considered important in care delivery, '*And they might be delegated to undertake that task whereas even getting dressed, putting on socks and shoes, you see the OT might come in from the aids perspective and supporting the different aids, but it actually might be the nursing staff or care staff who are actually doing that practical application of supporting self.'* This was supported by a physiotherapist in attendance who noted that nurses had more contact time with older people receiving care, *'The nurses have more time than we do for physio, I only have probably 20 minutes, half of an hour. Whereas they do the day-to-day stuff, even the cleaners play a part, they talk to them or the family. I think they're looking at a model of supporting reablement in these tasks.'* Despite the overall approval for a *'Multi-disciplinary approach- reablement should be everyone's responsibility,'* participants thought that nurses needed more training on how to be involved in the process of reablement, as they *'Play a really important role within that multi-D team.'*

Requirements and recommendations

As expected, identifying the barriers to rehabilitation and reablement in aged care dominated the conversation, however facilitators to support rehabilitation and reablement in aged care were identified (Table 2).

Table 2- Facilitators to embedding rehabilitation and reablement into aged care

Requirements and recommendations
Attracting a skilled workforce - *Translating skills from acute settings to aged care*
Making a career in aged care more attractive - *By changing the stigma around ageing and opportunities for those working in aged care*
Education - *Ensuring older people, their carers and care workers understand what reablement is and how to support independence*
Improving communication systems - *To improve the efficiency of care* - *To frustration for older people and their families*
Integrating technology - *To support and engage people in activities they enjoy*
Improving the quality of evidence - *High quality evidence is required to inform practical delivery of care*
Producing practical resources - *To support the delivery of rehabilitation and reablement in aged care* - *Suitable for older people, their families, aged care workers and health professionals*

Attracting a skilled workforce

Roundtable participants prioritised a skilled workforce and determined that nurses with experience in public health often understood rehabilitation and reablement which was useful to support aged care delivery. Nurses and care workers with the skills to integrate reablement into daily care were seen to be valuable to support older people when Allied health practitioners were not available.

The ability to translate skills from acute settings to aged care was seen as beneficial in supporting the aged care sector, 'I think there's a high level of skill out there in the community, in the skill of our Allied health and Nursing as well, the people that can adapt to different environments and that real commitment to the care and restoration or rehab of the clients they serve. So, I think we should recognise that because I think we often don't.'

Allied health professionals were considered advocates for the integration of rehabilitation into aged care and essential for the development of person-centred programs. There was discussion around the need to move away from previous approaches where nurses were not involved in care delivery that, '*Rehabilitation was for the Allied health colleagues it wasn't for the nurses… The RNs do the meds, and the Allied health do the exercises*.' Participants agreed that nurses and care workers are well placed to integrate reablement into everyday tasks as they spend the most time with older people. Allied health practitioners acknowledged that despite their importance in delivering rehabilitation and designing person centred programs, they may make it more complicated because they *'want to hold on to it (as their own).'*

Changing the stigma- 'Making a career in aged care attractive'

Participants discussed the need to make a career in aged care more attractive as this would allow the sector to employ the people with the needed skills and attitudes to deliver effective care. This would facilitate the delivery of reablement in everyday tasks and alleviate some of the workforce retention issues. However, the practicalities of changing the stigma around a career in aged care was deemed more challenging and wrapped up in the wider issue of challenging societal ageist views.

Education

The need to understand and educate care workers, older people, and their families of what reablement is and the possible benefits was considered an important need and priority. This was closely linked with prioritising and valuing reablement as an important component in aged care, 'I think an enabler is actually valuing it (reablement) and then skilling people up in that area.' Participants discussed the needs to understand benefits of such approaches, as well as the services available to support appropriate referrals.

Roundtable participants discussed the need to review the educational messages and content taught at a university level to ensure that the delivery of rehabilitation and reablement is embedded across all health professionals' responsibilities. 'You need to go back to university seeing what's actually being delivered in uni, what the message is? Is it that nurses are part of reablement and rehab or is it view that it is Allied health. But I think we can support during student placements by really encouraging that reablement sits across all disciplines.' Despite the understanding that things are beginning to change, and universities are supporting placements in aged care for physiotherapy and occupational therapy students, participants discussed the need to support and encourage more students to undertake placements in aged care. This was considered key in changing perceptions and increasing the attractiveness of aged care careers in the long-term.

Improved systems to support communication

Participants reported frustration in data sharing systems, ‘It is crazy to me that we have Commonwealth systems like Primary Care and Ageing but there’s no way a GP knows if anyone’s getting any aged care support unless the person tells them. So, there’s no integration of data at all.’ The need for systems that allow for data sharing to enable carers to access medical history and information was determined especially important for homecare workers to support their roles. This was seen as a way of saving time and improving care delivery whilst relieving the frustration for older people who are often asked for the same information repeatedly.

Integration of technology

Technology was viewed to have the potential to support goals and interests of aged care recipients and engage them in activities that they enjoy. Participants discussed the use of virtual reality to support their aged care residents and the success of Telehealth during the COVID-19 pandemic. However, despite the potential, participants were cautious about the integration of technology in aged care and concluded that the usability, acceptance, and readiness of the aged care organisation was needed. This is an important consideration to ensure that the use of technology is useful to support staff rather than add additional burden.

Strengthen the Evidence for reablement

The need for high quality evidence that demonstrates the benefits of reablement for older people was considered important to support aged care. Finding evidence to support such interventions is difficult for the sector, ‘What we found is one of the challenges around reablement is that because nobody is doing it in the same way you can't measure it and you can't have good outcomes and good evaluations and then show it to the government that a short term reablement program really does work in community care because it's so diverse.’ High quality evidence to drive practical delivery of reablement in response to age related decline is lacking but important to justify the need for reablement approaches and support care delivery.

Development of practical resources

Participants agreed that developing evidence-based resources to support the delivery of reablement would be useful to support uptake in aged care. Developing manuals or protocols of the best interventions, informed by the evidence would be useful for new Allied health staff, especially those unfamiliar with aged care services. These resources are available to support balance and falls prevention for older adults and are lacking in the reablement space. The ability to produce such resources is limited by the lack of generalisable evidence for the benefits of and interventions useful for reablement in aged care.

Results summary

The round table discussions provided a wealth of information around the practicalities of integrating rehabilitation and reablement into aged care. Despite conflated and unclear terminology, it appears that aged care systems could align more closely with reablement approaches that would address ongoing capability of the older person. However, to more broadly implement this approach, the value and contribution of these approaches by older people, their family, and the aged care workforce needs to be improved. In particular, building client and resident understanding that aged care provision is focused on supporting capability through the provision of services rather than only on the provision of service is needed. Education for older people and their families is required to support the uptake of such approaches.

In addition, aged care providers need to consider the skills of the workforce to ensure they are well placed to support reablement and independent function for older people. Working to remove stigma and make careers in aged care more attractive may act as an incentive to strengthen the workforce and attract professionals with the skills required to deliver high quality aged care. Evidence to inform reablement interventions is required to understand the benefits of such an approach and justify suitable funding systems for the sector. The development of practical resources to inform best practice may be useful for the delivery of future reablement approaches in aged care.

5. Discussion

This roundtable has provided an important contextual base for considering how rehabilitation, reablement and restorative approaches need to be considered within the aged care system. In particular, they enable the complexities and realities of providing aged care services and delivering care in Australia to shape the meaning of the assembled evidence resources in the ARIIA Knowledge and Implementation Hub. Knowledge resources will be critical to the further development of the aged care sector, but they need to be contextualised in the realities of consumer expectation, workforce realities and funding systems. The roundtable provided a mechanism for practical considerations involved in integrating rehabilitation and reablement approaches into aged care services to be considered.

While rehabilitation arising from acute events such as falls and fractures will require an ongoing interface between the health and aged care systems, the importance of reablement to aged care as a means of addressing continuing capability for older people is noteworthy. This will require ongoing efforts to build a culture that incorporates functional ability and autonomy as a focus for care provision. Leadership, education, and practice resources will be critical to embedding these approaches into practice across the whole of the service rather than seeing them as the discrete professional activities carried out on an intermittent basis. It will also require engagement with education providers as there is a need to build knowledge and capability in the education and training of the future workforce and not just rely on workplace training.

Allied health and aged care professionals will be instrumental in ensuring that rehabilitation, reablement and restorative approaches are considered in the reform agendas including digital and data strategies, guidance for the new standards, and the development of the Home Support Program. Highlighting successful programs and the outcomes for older people of these approaches needs to be a priority as it provides the human context that illuminates evidence reviews. While ARIIA has a role in promoting the importance of this issue, the aged care sector and the Allied health professions also need to be active in this space. Primary Health Networks may be a useful partner given their interfaces between community, aged care, primary care, and health care systems.

The recent release of the digital and technology strategies provides a further opportunity to look at how technology could support care and reablement and monitor performance of the sector with respect to functional capability and consumer autonomy. Allied health professionals should be encouraged to participate in the relevant aged care advisory groups and implementation taskforces. Providing information to those representing their interests in such groups is also critical if systemic change is to occur.

ARIIA has commenced the work of bringing together evidence and resources that can guide service delivery and care practices. Where appropriate, Allied health services should be encouraged to share practices and approaches to build capability across the whole sector. Encouraging research participation is also important given the increasing proportion of the population who are over 65 and could potentially benefit from such approaches. Aged care leaders also need to be made aware of the value of these approaches to ensure that they are on the national agenda and are considered within the organisation’s operational and strategic governance.

The next steps for ARIIA will include a panel at the ARIIA 2024 conference focused on reablement and on promulgation of the roundtable findings through ARIIA and through Allied health channels. Information will also be provided to aged care training organisations and Allied health education providers.

6. Conclusion

The roundtable arose from a need to inform our understanding of the context which shapes rehabilitation, reablement and restorative approaches in Australian aged care. The Knowledge and Implementation Hub project team within ARIIA was tasked with sourcing evidence and resources around this topic as it was identified as a priority topic by the sector. The evidence accumulation process highlighted the variability in definition between the three approaches and also practice and implementation issues for the sector. The roundtable provided a unique opportunity to explore the context that surrounds rehabilitation, reablement and restorative service provision and care delivery within the sector.

A series of facilitators that could support embedding rehabilitation and reablement into aged care have been identified. These could lead to a sector that is more focused on enabling older people to continue to have agency in their lives rather being recipients of care. This will require a reorientation in focus and expectation and a culture that values independence and capability for all.

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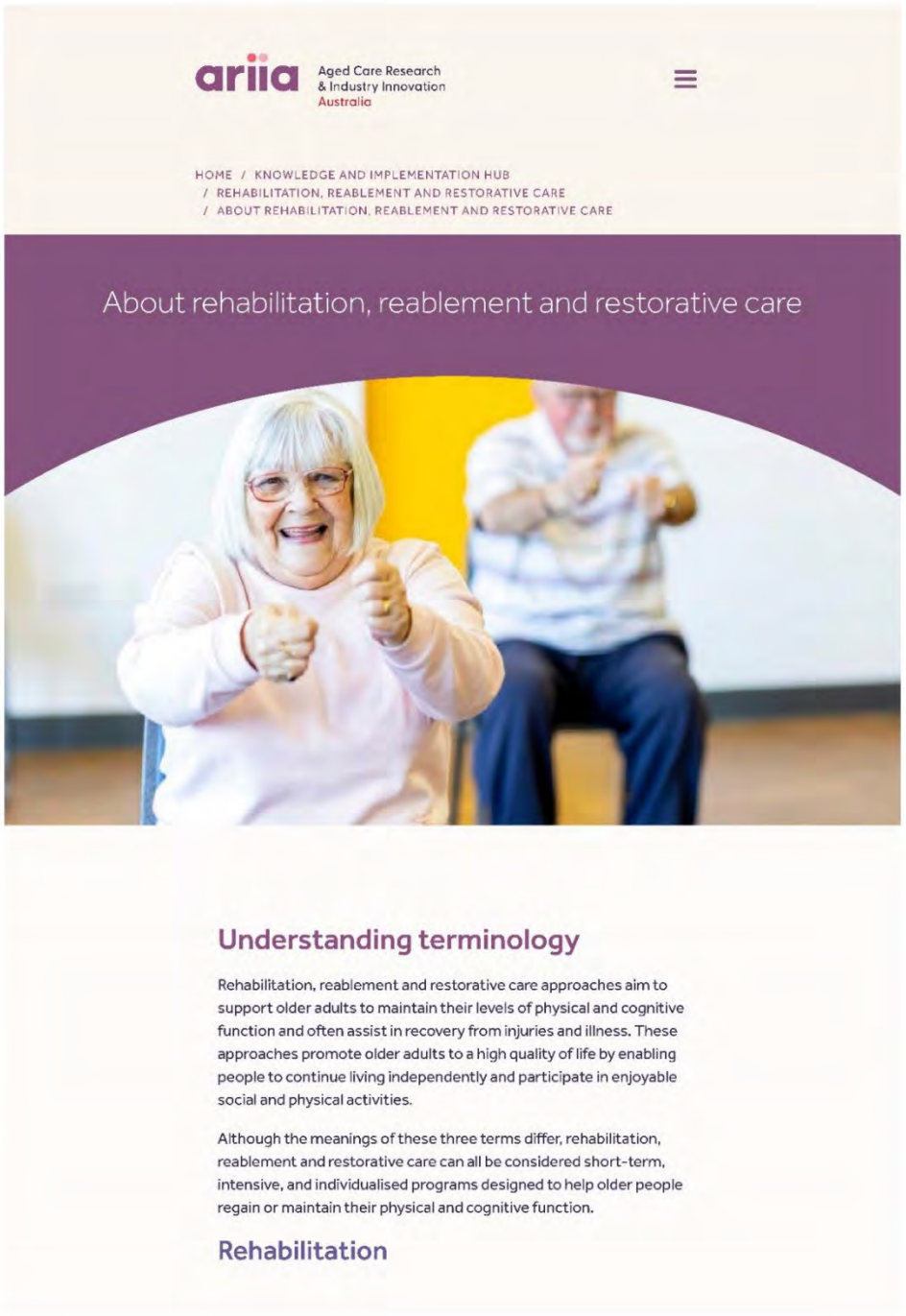
8. Appendices

Appendix 1- Rehabilitation, reablement and restorative care KIH evidence theme

(https://www.ariia.org.au/knowledge-implementation-hub/rehabilitation-reablement-and-restorative-care/about-rehabilitation-care)



The term 'rehabilitation' has various meanings across healthcare disciplines and professional groups. Arienti and colleagues [1] identified 187 definitions of the term with different understandings of what rehabilitation involved, as well as who provided it and received it.

On an international level, the World Health Organization (WHO) defines rehabilitation as 'a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.' [2] This can involve a problem-solving approach tailored to each person's priorities, needs and goals. [3]

Allied Health Professions Australia provides a more holistic definition of rehabilitation:

> Rehabilitation has a whole of person approach that aims to achieve the highest possible level of function, maximise quality of life and minimise the need for ongoing health and community support. Rehabilitation aims to restore function across physical, psychological, social, and vocational domains. Allied health professionals play essential roles in delivering cost-effective rehabilitation services. [4]

More recently, the World Health Organization has called for rehabilitation to be integrated into palliative care services where it can help people with life-limiting, incurable conditions to enjoy the best quality of life until the end of life. [5]

Reablement

Australia's Aged Care Quality and Safety Commission defines reablement as a goal-oriented '... process directed by the older person to support restoration of function or adapt to some loss of day-to-day function and regain confidence and capacity for daily activities. It may promote independence, capacity or social and community connections.' [6, p57] Staff who adopt a reablement approach to care work with people to help them regain the skills they need for everyday living or develop compensatory strategies to do what they want to do. Reablement may therefore involve learning new skills, making changes to the home, or adopting aids or new technologies to perform tasks independently. [7]

A reablement approach to aged care is emphasised in the Revised Aged Care Quality Standards (Standards 3 and 5). [6] It is also a core responsibility of Commonwealth Home Support Programmes. Home care staff working for these programs are required to move away from doing things for people or taking over tasks they can do for themselves. Instead, staff should build on what people can do to help them regain confidence and independence. [8]

Restorative care

The purpose of restorative care is to reduce or delay a person's need for residential care or reliance on home care services. In Australia, restorative care programs are usually short-term and less intensive, costly, and complex than rehabilitation programs. While directed by allied health professionals and nurses, they often include other staff and family and take place in the community. [9]

The Australian Government's Short-Term Restorative Care Programme is of eight weeks duration and excludes people in permanent residential care or receiving a home care package. Although people in residential aged care cannot access this program, the program can be delivered in a residential aged care facility. [10]

The overarching principles of rehabilitation

WHO provides the following overarching principles of rehabilitation within health systems:

- Rehabilitation contributes to the provision of comprehensive person-centred care.
- Rehabilitation services are relevant along the continuum of care.
- Rehabilitation is part of universal health coverage; efforts should therefore be made to increase the quality, accessibility, and affordability of services.
- Policies and interventions are required to address the scope and intensity of needs for rehabilitation services in various population groups and geographical areas so that high-quality rehabilitation services are accessible and affordable to everyone who needs them. [11]

These principles have been adapted to suit specific populations such as adults with mental health conditions. However, how we use these principles to support rehabilitation in aged care is less clear.

Rehabilitation and Australian aged care

While rehabilitation is an approach that could improve the lives of those receiving aged care services, structural issues with funding and barriers to access for older adults living in residential facilities can be problematic. Allocative approaches can highlight constructs such as 'dependency' and 'deficit' to access and justify the need for funding. [12] Given the Department of Health and Aged Care's guidelines for aged care homes state that providers cannot charge a resident for rehabilitative programs or assessments (Item 2.6. Rehabilitation support) [12], this can lead to uncertainty about whether older adults residing in residential care services are entitled to receive rehabilitation following acute injuries such as hip fractures. [13]

Currently, community aged care service users appear more likely to receive proactive rehabilitation than those living in residential care facilities. In the homecare context, the Australian Government provides financial subsidies for older Australians to access restorative care and reablement services through the Short-Term Restorative Care (STRC) Program and requires Commonwealth Home Support Programme (CHSP) services to embed wellness and reablement services into their organisation to remain eligible for government funding.

- Examining the availability of multidisciplinary rehabilitation services across all aged care services, regardless of the setting. The Royal Commission into Aged Care Quality and Safety highlighted the inadequate levels of subacute rehabilitation following major injury or illness received by older people, particularly those living in an aged care facility. [14]
- Addressing the roles of allied health professionals in delivering rehabilitation and reablement and improving access to their services.
- Reviewing the training and contribution of nurses and carers to providing these forms of care.

References

<REHABILITATION

About rehabilitation care

Scoping review summary

Environmental scan summary

Australian projects and initiatives

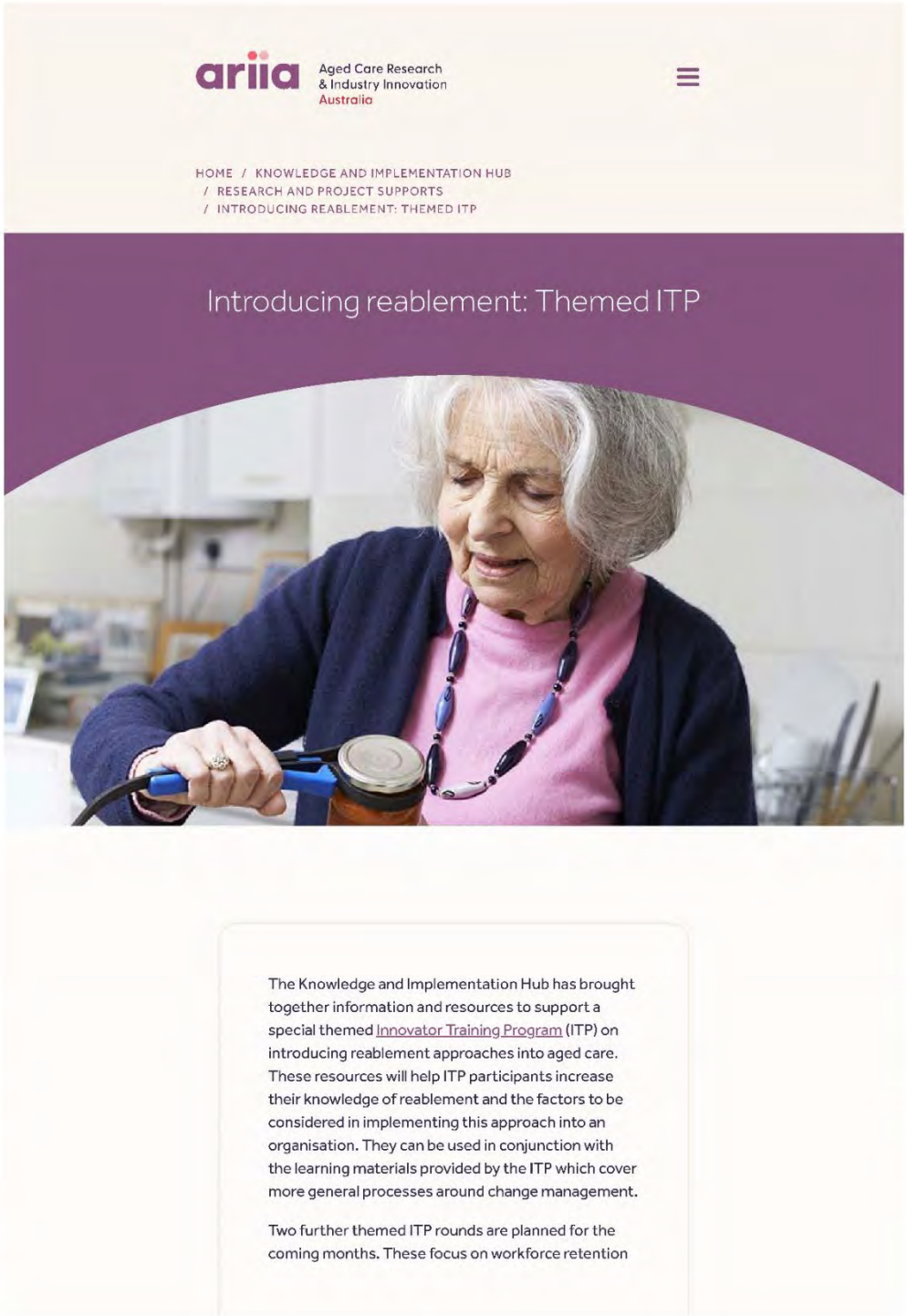
You might also be interested to

View all aged care topics →

Browse rehabilitation, reablement & restorative care resources →

Appendix 2- Introducing reablement themed ITP resources

(https://www.ariia.org.au/knowledge-implementation-hub/research-and-project-supports/introducing-reablement-themed-ITP)



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/ INTRODUCING REABLEMENT: THEMED ITP

Introducing reablement: Themed ITP

The Knowledge and Implementation Hub has brought together information and resources to support a special themed Innovator Training Program (ITP) on introducing reablement approaches into aged care. These resources will help ITP participants increase their knowledge of reablement and the factors to be considered in implementing this approach into an organisation. They can be used in conjunction with the learning materials provided by the ITP which cover more general processes around change management.

Two further themed ITP rounds are planned for the coming months. These focus on workforce retention

strategies (October 2023) and delivering nutritious and appetising food and drinks to people in aged care.

What is reablement?

This short module describes the key aspects of reablement and is the place to start if the concept of reablement is new to you.

Reablement uses a goal-directed, person-centred approach to care that helps older people regain, maintain and/or improve their independence. [1] Reablement approaches deliver significant benefits in aged care. For older people, they can provide a sense of purpose and improve autonomy and feelings of self-worth. [2] Aged care workers who integrate reablement approaches into their care may get greater job satisfaction by actively helping older people to become more independent. [3]

There are many tools available to support reablement approaches in aged care. The organisational self-assessment tool may be useful to provide an overview of the elements you might need to adopt a reablement approach into your service. Completing the organisation culture checklist may also help to understand how wellness and reablement can be embedded into your service.

Implementing a reablement approach

Implementing reablement into aged care requires an organisational or cultural shift from the traditional 'caregiver' view where older people are considered 'passive care recipients,' to a supportive service approach that encourages and empowers older adults to do things for themselves and regain any lost independence. [1] Before you introduce a reablement philosophy to care into your service, consider the six following core elements of the approach.

A person-centred approach

Each older person accessing an aged care service brings a diverse range of needs and challenges. Some individuals may be deconditioned and in need of support to relearn essential skills, while others might be coping with reduced cognitive or sensory abilities, necessitating specific strategies to assist them in performing everyday tasks. It is crucial to approach each older person as a unique individual to gain a comprehensive understanding of their specific requirements and aspirations. This understanding forms the foundation for providing tailored support and assistance that empowers people to achieve their goals and enhance their overall wellbeing.

Read more about the importance of a person-centred approach ›

Function-focused reablement

An older person's level of functional ability is defined by their physical, cognitive, social, and emotional capabilities. [4, 5] Function-focused reablement supports older people to develop or relearn the skills required to function independently and to do the activities they enjoy. [6]

Read more about function-focused reablement ›

Social connectedness

Ensuring older people are connected to their community and have social interactions with others is an important part of reablement. Physical and psychological limitations can isolate older people from others. Paradoxically, successful reablement programs may also increase the risk of social isolation and loneliness as people with regained independence are perceived as needing less support from care services, family, and friends to achieve everyday tasks. [6]

Read more about the importance of social connectedness ›

Environments that support reablement

Creating a safe and accessible environment that promotes physical, social, emotional, and cognitive improvement is crucial for fostering independence and successful reablement. The layout and design of residential aged care facilities and individuals' homes may require modifications to promote safe and positive experiences of reablement. [7]

Read more about environments that support reablement >

Evidence-based reablement approaches

Reablement programs should draw on high-quality evidence that demonstrates benefits for aged care workers, older people, and their families. [4] Evidence-based reablement approaches are those that have been evaluated and proven to promote independence and personal wellbeing. They should also be person-centred and improve the quality and safety of care delivered to older people.

Read more about evidence-based reablement approaches >

An equipped workforce

For reablement approaches to be successfully implemented into aged care, it is important that care workers understand the purpose and benefits of reablement and have easy access to the equipment needed to enact it. Aged care providers and leaders within specific organisations may need to evaluate the culture of their organisation and invest in communicating the importance and value of reablement. They should also consider the training needs of staff and how the organisation will empower its workforce to support reablement.

Read more about equipping the workforce >

Before introducing a reablement approach into an aged care service, the Australian Government Department of Health and Aged Care recommends preparing your organisation. Start by assessing your organisation's potential to deliver wellness and reablement. You can find the Toolkit for embedding wellness into your organisation here. Alternatively, the resources below may assist you to consider how to

introduce and support reablement approaches within your organisation.

Resources

- Identifying opportunities for reablement
- How to implement reablement
- Embedding Wellness and Reablement RoadMap
- Practical guide for embedding wellness and reablement into service delivery
- Wellness and reablement - what it really means for your aged care clients

Connect to PubMed evidence

If you wish to find out more about reablement in aged care, try using one of the PubMed searches below. These links (all or full text) take you to the relevant research literature in the large international PubMed database.

Reablement

ALL

FULL TEXT

ABOUT SEARCHING PUBMED

References

<RESEARCH AND PROJECT SUPPORTS

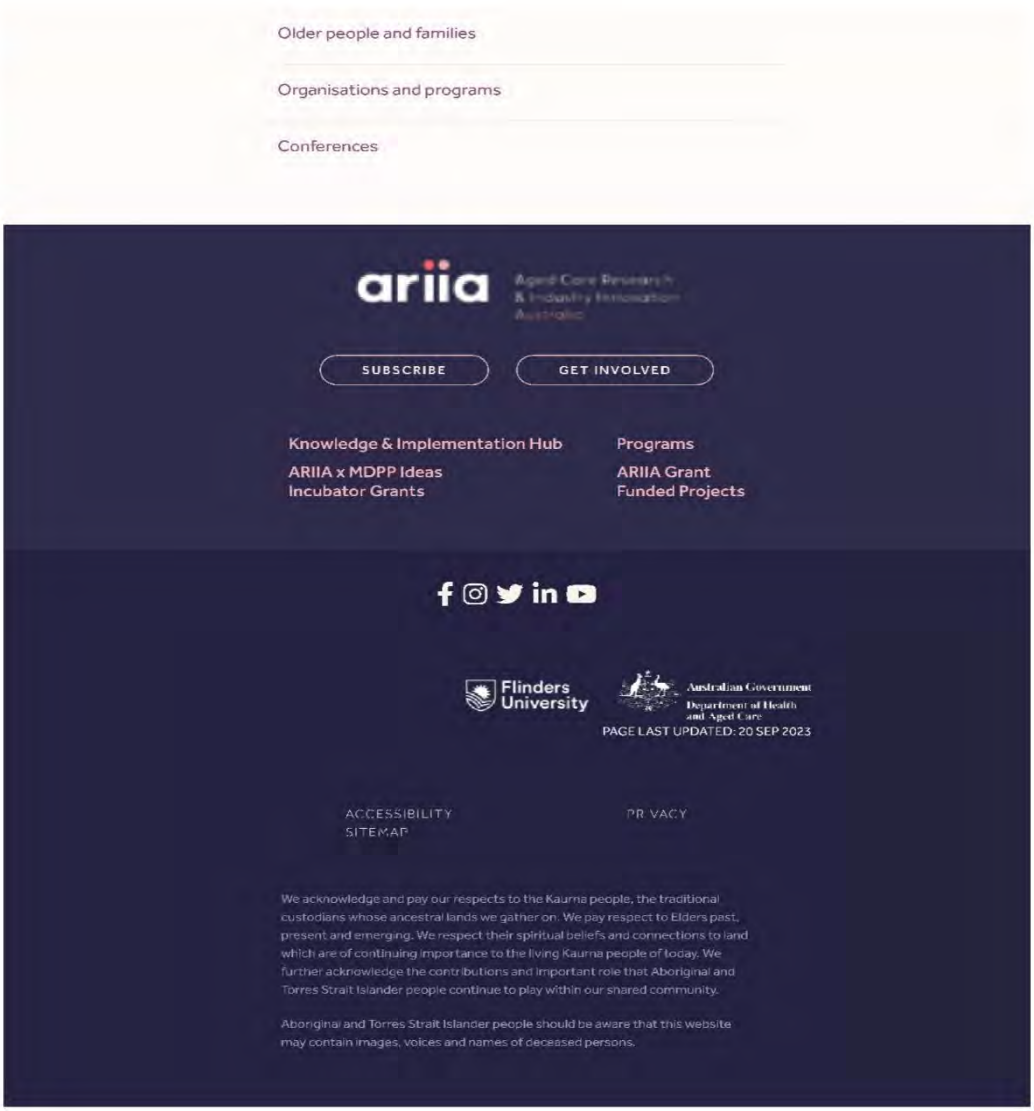
ARIIA PubMed searches

ARIIA review collection

Aged care usage by population

Beyond PubMed: Searching grey literature

Implementation approaches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We acknowledge and pay our respects to the Kaurna people, the traditional custodians whose ancestral lands we gather on. We pay respect to Elders past, present and emerging. We respect their spiritual beliefs and connections to land which are of continuing importance to the living Kaurna people of today. We further acknowledge the contributions and important role that Aboriginal and Torres Strait Islander people continue to play within our shared community.
Aboriginal and Torres Strait Islander people should be aware that this website may contain images, voices and names of deceased persons.