

TERMS OF REFERENCE

Expert Reference Group for the AAG Reablement Project 2017-20

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About AAG

AAG's purpose is to improve the experience of ageing through connecting research, policy and practice

Since 1964, the Australian Association of Gerontology (AAG) has been Australia's peak national body linking researchers, educators, policy-makers, practitioners in aged care, health and allied health, as well as consumer advocates and other experts engaged in ageing issues. With a growing membership of over 1200 members across every State and Territory in Australia, our members are passionate about making a difference. AAG has 18 Collaborating Research Centres that represent all major research in ageing in Australia. AAG is the executive office for the International Association of Gerontology and Geriatrics Asia Oceania Region and the International Longevity Centre – Australia. AAG's Strategic Priorities 2017-2020 can be viewed [here](#).

Gerontology is multidisciplinary and is concerned with physical, mental, and social aspects and implications of ageing.

Background to project

The Australian Association of Gerontology (AAG) has chosen to undertake a series of activities on the topic of reablement during 2017 to 2019 because:

1. One of David Tune's Legislated Review of Aged Care 2017 (the Tune Report)¹ recommendations focussed 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 (see Appendix 1 for relevant excerpts from the Tune Report);
2. Many policy directions, including those in the Tune Report, call for a focus on reablement. However, exactly what a reablement service entails and how it should be implemented in practice needs further work (see Appendix 2 for some recent definitions of reablement);
3. A recent national review of wellness and reablement approaches within the home care sector was undertaken by Nous Group on behalf of the Department of Health². Further work is needed to ensure that an evidence-based approach to reablement is adopted by Government, and;
4. Due to the interdisciplinary nature of reablement, the topic ties in with the funding AAG has received from the Department of Health to translate research into practice in the intersections between the aged care, disability, health and allied health systems³.

¹ https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/08_2017/legislated_review_of_aged_care_2017.pdf

² Department of Health, Review of wellness and reablement in the home care sector, 6 March 2017.

<https://agedcare.health.gov.au/programs/review-of-wellness-and-reablement-in-the-home-care-sector>, last accessed 20170921 (p.143)

³ Through AAG's SUBSTANCE program funded under the Dementia and Aged Care Services fund. Through sector and stakeholder collaboration and exchange, research translation and dissemination, one of the aims of the SUBSTANCE program is to promote evidence-based practice improvements by aged care, health and dementia service professionals.

Scope of project

Aims and objectives

The aim of this project is to promote the implementation of evidence-based practice reablement approaches by aged care, health and dementia service professionals. This is to be achieved through sector and stakeholder collaboration and exchange, research translation and dissemination.

The focus of this project should be on aged care service provision across all providers and stages, not just specific types of services, funding sources or stages of the aged care assessment and service delivery process. The advice provided should be general enough to be applied across all service settings and providers. However, possible barriers to service provision in some settings or due to funding constraints may be acknowledged. Furthermore, any evidence-based guidance or support AAG provides may be tailored to a specific setting (e.g. residential care versus home care).

Interaction with other initiatives and policies

AAG is aware that other organisations and Government are currently undertaking a series of initiatives addressing reablement. This includes, but is not limited to, the Budget 2018-19 announcements:

- Better Access to Care- streamlined consumer assessment for aged care⁴
- Better Ageing- promoting independent living⁵

In addition, AAG acknowledges that other policy changes as the Government proceeds in working towards the Aged Care Roadmap⁶ will also affect the implementation of reablement approaches. This includes the possible implementation of the following actions from the Aged Care Roadmap:

Medium-term actions from Aged Care Roadmap

- “Establish an integrated assessment workforce.”
- “Establish an assessment process for eligibility, needs, and funding levels for the new integrated care at home programme.”
- “Amalgamate existing home care programmes to form an integrated care at home programme with individualised funding that follows the consumer.”
- “Commonwealth Home Support Programmes and Home Care Programme providers transition to care at home registered providers.”
- “Integrate fee arrangements for home care and Commonwealth home support to support the new care at home programme.”

Long-term actions from Aged Care Roadmap

- “Single assessment framework extended to cover residential and flexible care, and becomes service agnostic.”
- “Seamless movement between home based and residential care with true consumer choice of care and provider across the spectrum.”
- “Remove the distinction between care at home and residential care, creating a single aged care system – agnostic as to where care is received.”
- “A consumer will receive the same government contribution, regardless of whether they are receiving care and support in their home or in a residential setting.”

AAG encourages and supports other organisations’ initiatives encouraging evidence-based practice improvements in reablement. This includes trials of assessment frameworks for reablement and home care and support provider approaches

⁴ Department of Health. (2018a). Budget 2018-19. Better Access to Care- streamlined consumer assessment for aged care. Australian Government. Retrieved from <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet76.htm>

⁵ Department of Health. (2018b). Budget 2018-19. Better Ageing- promoting independent living. Australian Government. Retrieved from <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet88.htm>

⁶ Aged Care Sector Committee. (2016). Aged Care Roadmap. Retrieved from https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2016/strategic_roadmap_for_aged_care_web.pdf

to reablement. AAG will endeavour to invite representatives from other such initiatives into the Expert Reference Group for the AAG Reablement Project 2017-20 to ensure there is no unnecessary duplication of efforts and that knowledge sharing and collaboration is fostered.

AAG is not a Registered Training Organisation and also does not provide professional development that is approved/accredited by professional bodies. AAG does run webinars, workshops, and other events where knowledge and experiences can be shared between individuals interested in ageing.

Principles to be upheld

In guiding the AAG Reablement Project 2017-20, the Expert Reference Group will play a role in ensuring that [AAG's Principles](#) are upheld:

- **Evidence-informed** - AAG's views are based on research, practice knowledge and the experiences of older people.
- **Multi-disciplinary and holistic** - AAG puts older people's lives and environments at the centre of our work by bringing together those with interests in all aspects of ageing research, education, policy and practice.
- **Independent** – while acknowledging the informed contributions of different groups, AAG is not beholden to the interests of any profession, institution, service sector or interest group.
- **Collaborative** – AAG brings together its members and key stakeholders to improve the experience of ageing.
- **Fair** – AAG is committed to promoting equity of access and outcomes for all older people in Australia and internationally.

Resources

AAG has assigned a Senior Policy and Research Officer, Dr Sandra South, as responsible for implementing the AAG Reablement Project 2017-20 for approximately 1 day per week during the project. Dr South may allocate more or fewer hours per week to this project depending on different priorities.

There is currently no budget for reimbursement of Expert Reference Group members contribution to this project.

Schedule

Detailed schedules for different activities within the project will be developed as the project progresses.

Composition of the Expert Reference Group

The Expert Reference Group is formed to ensure a breadth of expertise, service providers, service types and service locations. In addition, an attempt has been made to ensure that representatives from recent and upcoming reviews, trials and other evidence-based initiatives exploring reablement approaches in aged care are included. There is an opportunity to invite further members in order to ensure that a sufficient breadth of representation is maintained.

The current membership of the Expert Reference Group can be seen in Table 1. Dr Sandra South – Senior Policy and Research Officer at AAG – will act as Chair of the Expert Reference Group.

Table 1. Current membership of the Expert Reference Group for the AAG Reablement Project 2017-20 as at 10 February 2020.

Full Name	Company
Pamela Bruder	
Wendy Dobson	
Gill Lewin	
Lachlan Mulquiny	
Ricki Smith	Access Care Network Australia
Professor Lindy Clemson	Ageing and Health Research Team, University of Sydney- Thematic Area - Participation & Ageing
Lee-Fay Low	Ageing, Work and Health Research Group, The University of Sydney
Lyn Franco	Attendant Care Industry Association
Mandy Callary	Australian and New Zealand Society for Geriatric Medicine
Vanessa Jessup	Australian Physiotherapy Association
Leander Mitchell	Australian Psychological Society
Nathan Hall	BaptistCare
Catherine Joyce	Benetas
Claudia Meyer	Bolton Clarke
Kath Paine	Bolton Clarke
Marguerite Bramble	Charles Sturt University Bathurst
Elissa Burton	Curtin University, Western Australia
Richard Adams	Department of Health and Human Services Victoria
Jayne Power	Department of Health and Human Services Victoria
Sanetta Du Toit	Department of Occupational Therapy, The University of Sydney
Beatriz Cardona	Department of Sociology, Macquarie University
Michael Fine	Department of Sociology, Macquarie University
Anna Harrington	Exercise and Sports Science Australia
Kate Laver	Flinders University
Beth Dawson	Gateway Health, Victoria
Hilary O'Connell	Independent Living Centre WA
Stephen Teulan	Nous Group
Roxanne Gelle	Occupational Therapy Australia
Kym Torresi	Speech Pathology Australia
Professor Julie Byles	The University of Newcastle
Natalie Francis	Vivir Healthcare

Key Responsibilities

The Chair

The Chair has responsibility for:

- Managing the project, including the development of a schedule for the project;
- Attending and presiding at all meetings. If the Chair cannot attend a meeting it will be cancelled;
- Issuing meeting agendas and related paperwork;
- Writing and distributing minutes to the Expert Reference Group;
- Providing secretariat support services to the Expert Reference Group;
- Providing regular reports to AAG's CEO;
- Coordinating any communications regarding this project to people outside the Expert Reference Group; and
- Liaising with key stakeholders and collating their feedback when requested.

The Chair does not have voting rights.

Expert Reference Group members

The Expert Reference Group will contribute to the planning and execution of the activities with the AAG Reablement Project 2017-20 by:

- Providing suggestions as to possible topics and issues that should be addressed in the project and individual activities;
- Providing feedback on any proposals developed;
- To the extent possible, providing updates on any current initiatives they are involved in related to reablement;
- To the extent possible, contributing content and/or background material relevant to the project;
- Considering feedback obtained from key stakeholders; and
- Voting on any motions when called on by the Chair.

The Expert Reference Group will be appointed and operate according to these Terms of Reference until the 31st of July 2020. Expert Reference Group members can resign from the Expert Reference Group at any time and may nominate another person from their organisation/research team to take their place.

Meetings

Expert Reference Group meetings will primarily be held by teleconference. The meeting dial-in details will be provided by the Chair. It may also be appropriate for those members of the Expert Reference Group who are attending the pre-conference workshop on reablement at the AAG Conference 2018 in Melbourne to meet there.

Detailed minutes will be provided to all Expert Reference Group members as soon as possible following each meeting. This will allow for any members who were unable to attend the teleconference to stay up-to-date and contribute to any discussions or votes via email.

Frequency

There will be no more than two one-hour teleconference per month until the end of July 2020, depending on the need for the group to have a discussion. Wherever possible, an attempt to address issues and seek feedback via email will be made.

Quorum

A quorum for a meeting is six of the Expert Reference Group members, in addition to the Chair.

Conduct

During meetings, Expert Reference Group members are expected to respect the following:

- Devices must be put on mute when not speaking.
- Members must identify themselves by name before they speak.
- All remarks are addressed through the Chair.
- Members do not interrupt each other.
- Members must treat each other with respect.
- Members must respect the confidentiality of the meeting discussions and any papers.

Motions and amendments

Proposals made to the Expert Reference may be either made in writing to the Chair via email between meetings or made verbally during a meeting. If the motion is verbal, the Chair will restate the motion to ensure it is understood by all members. All motions and amendments must be seconded, or they will lapse.

Voting

A motion will be passed if a majority is obtained, that is, 16 of the 31 Expert Reference Group members. The Chair does not have voting rights.

Voting will never occur during meetings but will instead occur via email to the Chair. This is to allow members who are unable to attend teleconferences to participate in the decision-making process. All members must vote by the specified date.

Proxies

Expert Reference Group members may assign a proxy from within the Expert Reference Group to raise or discuss an agenda item on their behalf or to cast their vote if they do not have access to email during a voting period.

Expert Reference Group members may assign a proxy from outside the Expert Reference Group to attend meetings and vote on their behalf if they plan to be away from their email and unable to attend teleconferences under a longer period. Proxies will be approved at the discretion of the Chair following a discussion with the Expert Reference Group member as to whether or not it is practicable for them to contribute to the best of their ability remotely.

Confidentiality

Documents and meeting items will be clearly marked by the Chair as confidential on the document and/or in the meeting Agenda.

Members are subject to information disclosure provisions in their organisational or professional code of conduct. Members are to treat material with the utmost care and discretion and in accordance with the terms of their code of conduct.

All Expert Reference Group members are required to read, understand, sign and return the Confidentiality Agreement to the Chair (see Appendix 3 for Confidentiality Agreement). This may be done by emailing a signed and scanned copy to the Chair, or by typing the name and saving the document as a PDF to be returned via email to the Chair.

Communication channels

Communication regarding the work of the Expert Reference Group and the progression of the project will be managed and distributed by AAG's National Office.

The Chair will be the point of contact for any members or other stakeholders who have queries or concerns regarding the progress of the project. Expert Reference Group members are therefore required to forward any queries or concerns regarding this project to the Chair.

Any queries or concerns regarding the conduct of the Chair should be attempted to be addressed via discussion with the Chair, in the first instance. If this does not resolve the issue, the CEO of AAG may be contacted.

Conflicts of interest

Conflict of interest is defined as any instance where an Expert Reference Group member, partner or close family friend has, or may be perceived as having, a direct or indirect financial or other interest in matters under consideration or proposed matters for consideration by the Expert Reference Group.

A member must disclose to the Chair and situation that may give rise to a conflict of interest or a potential conflict of interest and discuss how this conflict of interest should be managed with the Chair and CEO of AAG.

Appendix 1- Reablement excerpts from the Tune Report and Productivity Commission Inquiry Report

The Tune Report 2017

The Legislated Review of Aged Care 2017 conducted by David Tune (the Tune Report) notes that in 2011 the Productivity Commission (the Commission) saw the My Aged Care gateway as a platform for accessing services such as intensive time-limited reablement service. At the time of assessment, the Productivity Commission suggested that reablement interventions may include advice and/or referral for service on the provision of aids and equipment, home modifications, allied health and therapy, retraining and education.

The Tune Report notes many benefits of the reablement approach, including that “Using a reablement and wellness approach can reduce the cost of services for each consumer, through eliminating or reducing the need for ongoing and more complex services. This would enable more consumers to access required services. It may also assist in re-setting service provider and consumer expectations about the time period for which they need aged care services.” (para. 8.140, p.143)

The Tune Report goes on to have a specific recommendation focussed on reablement, with particular reference to integration with other systems such as the health-care system and community-based support:

“RECOMMENDATION 29

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. (p.144)”

The Productivity Commission Inquiry Report- Caring for Older Australians 2011

“Based on the evidence on reablement programs (see chapters 6 and 9), the Commission considers that in addition to health and personal care services and low level community support services for high level care recipients, the aged care service basket should include an intensive reablement program and such a program should be highly subsidised, if not free of charge (see chapter 9 for further details).” (p.78)

“Recommendation 9.2: An intensive reablement service should be introduced to give greater focus on independence, rehabilitation and restorative care. Eligibility and entitlement for this services should be assessed by the Australian Seniors Gateway Agency.” (p.155)

“Further evidence, however, is needed to answer questions such as what are the most effective types of restorative or reablement programs, who benefits most from the programs and what is the most effective duration and timing of interventions.” (p.10)

Appendix 2- Definitions of reablement

[Australian Government, Living well at home: CHSP Good Practice Guide](#)

[Australian Government, My Aged Care, Linking support and reablement](#)

“Reablement involves time-limited interventions that are targeted towards a person’s specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities.”

This is the definition of reablement referenced in the Tune Report (p.123)

[Australian Government, Commonwealth Home Support Programme Programme Manual 2017](#)

“**Reablement** Like wellness, reablement aims to assist people to maximise their independence and autonomy. However, reablement supports are more targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities. Supports could include training in a new skill, modification to a person's home environment or having access to equipment or assistive technology.” (Glossary, p.111)

[The Productivity Commission, Inquiry Report, Caring for Older Australians](#)

“[from Glossary] **Reablement.** Intensive and generally time-limited programs aimed at restoring function. Services included as part a reablement approach can include physiotherapy, psychosocial and other education programs, environmental modification and linkages to social activities.” ([Overview](#), p.xiv)

[The Nous Group, Wellness Reablement Review](#)

“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 recover where possible – it seeks to enable people to live their lives to the fullest.”

[Social Care Institute for Excellence \(SCIE\) U.K., Reablement: key issues for commissioners or adult social care](#)

“Reablement aims to help people do things for themselves rather than the conventional home care approach of others doing things for them.”

“Skill mix

Care workers are the bedrock of the service. However, many reablement teams also include care managers, occupational therapists and physiotherapists. Research has identified the particular importance of occupational therapy skills in the delivery of reablement.

However, having occupational therapists as core team members is not the only way they can contribute. In some places they are external to the team but work collaboratively, sometimes being co-located with a reablement service to be on hand to give advice. Other reablement teams employ occupational therapists to deliver training to care workers, especially in the areas of assessment and goal-setting.

Appendix 3- Copy of Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

Expert Reference Group for the AAG reablement project 2017-20

I

(full name in block letters)

Of

(name and state/territory of organisation)

understand that as a member of the expert reference group:

I may be the recipient of information or material (either in verbal or written form) relating to the operation and administration of the Australian Association of Gerontology (AAG), key stakeholders in the aged care sector, personal information, or information classified as confidential and/or sensitive.

I acknowledge that improper access, use or disclosure of the information or material may cause serious harm to the objectives of the expert reference group and/or individuals.

I understand that there are laws concerning privacy, confidentiality and non-disclosure which may apply to information which comes into my possession as a member of the expert reference group

I undertake to ensure any information marked as confidential is handled, managed and stored with due regard to appropriate physical security and the security of information technology and systems.

I undertake to preserve the confidentiality of information that may come into my possession (either in verbal or written form, including information on the deliberations of the expert reference group), unless the Chair authorises the disclosure of information for the purposes of consultation with the stakeholder group I represent.

I will abide by the terms of any authorisation by the Chair concerning the level of appropriate consultation or discussion with my stakeholder group to occur outside meetings of the expert reference group.

Signature

Date