



AAG

Australian
Association of
Gerontology



FACT SHEET 2

AUSTRALIAN APPROACHES TO REABLEMENT IN THE HOME SUPPORT AND CARE PROGRAM

July 2019



To improve the experience
of ageing through
CONNECTING
RESEARCH, POLICY
and **PRACTICE**

This Fact Sheet has been developed by the Australian Association of Gerontology (AAG) with the support of the Expert Reference Group for the AAG Reablement Project 2017-19 (1). The aim is to provide a summary of current reablement approaches for the Government's Home Support and Care Program which comprises the Commonwealth Home Support Program, the Continuity of Support Programme and Home Care Packages Program (p.6, (2)).

This is one of a series of Fact Sheets exploring reablement that have been developed by AAG with the Expert Reference Group for the AAG Reablement Project:

- AAG Fact Sheet 1: Definitions of key aged care terms and acronyms used by the Australian Government
- AAG Fact Sheet 2: Australian approaches to reablement in the Home Support and Care Program
- AAG Fact Sheet 3: Australian approaches to reablement in residential aged care in Australia
- AAG Fact Sheet 4: List of published evidence on reablement approaches
- AAG Fact Sheet 5: Case studies exploring reablement approaches
- AAG Fact Sheet 6: International guidance documents on reablement approaches

[AAG has also produced three videos featuring experts speaking about reablement. These can be viewed here](#)

What is the Home Support and Care Program?

The Australian Government's Home Support and Care Program comprises of the Commonwealth Home Support Programme (CHSP), the Continuity of Support Programme and Home Care Packages Program (2,3).

The CHSP is the entry-level tier of the aged care system. The CHSP is structured to include four distinct sub-programmes: 1. Community and Home Support; 2. Care Relationships and Carer Support; 3. Assistance with Care and Housing; and 4. Service System Development (2). "As an 'entry-level' program, the CHSP is designed to provide relatively low intensity (small amounts) of a single service or a few services to a large number of frail older people who need only a small amount of assistance or support to enable them to maintain their independence, continue living safely in their homes and participating in their communities." (3).

"The Commonwealth Continuity of Support (CoS) Programme makes sure that older people with disability currently receiving state and territory-managed specialist disability services, who are not eligible for the National Disability Insurance Scheme (NDIS), receive ongoing support." (4).

Under the *Aged Care Act 1997*, the Australian Government provides a subsidy to an approved provider of home care to coordinate “Home Care Packages”: packages of care, services and case management. “Individuals are assessed by a professional assessor using a nationally consistent assessment framework. There are four levels of support: Home Care Level 1 – basic care needs; Home Care Level 2 – low level care needs; Home Care Level 3 – intermediate care needs; Home Care Level 4 – high care needs” (5). The allocation of Home Care Packages is made to consumers who choose the provider and determine how (within the program rules) the funding will be applied. Home Care Packages are rationed, which means that once assessed as eligible for a package, the person is then placed in a queue until a package becomes available.

Potential integration of the CHSP and Home Care Packages Programs

The consideration of combining the CHSP and Home Care Packages Program into a single program for care at home was announced as part of the 2015 Federal Budget (6). The Federal Department of Social Services released a Discussion Paper in 2015 which stated that “From July 2018 (Stage 2), the Government intends to integrate the Home Care Packages Programme and the Commonwealth Home Support Programme (CHSP) into a single care at home programme to further simplify the way that services are delivered and funded.” (p.4, (7)). This is in line with the Aged Care Roadmap which identifies the medium-term goals to:

- “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.” (8)

In May 2017, the National Aged Care Alliance published a discussion paper, *Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP)*, arguing for a single program integrating Home Care Packages (HCP) with the CHSP to create a single home care system into the future (9). In July 2017, the Department of Health released a discussion paper *Future reform – an integrated care at home program to support older Australians* (10), seeking views on proposals to integrate the CHSP and HCP.

However, integration of the CHSP and HCP programs has not been mentioned in federal budget announcements since 2015 and funding for the CHSP has been extended until June 2020 (11).

Integration of the Aged Care Assessment Teams and Regional Assessment Services

The 2018 Federal Budget includes “\$14.8 million over two years to prepare for a streamlined national assessment framework which could potentially allow people to access all types of aged care via a single assessment”(12), in line with Recommendation 27 of the *Legislated Review of Aged Care 2017* (13). The Government plans to design and implement a new framework for streamlined and faster consumer assessments for all aged care services, to be delivered by a new national assessment workforce from 2020 (14).

Reablement in the Home Support and Care Program

The 2011 Productivity Commission Inquiry Report *Caring for Older Australians* (15–17) recommended introducing intensive time-limited reablement services, with eligibility and entitlement assessed by the Aged Care Gateway (Recommendation 9.2, p.155, (17)). 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” (17).

Reablement in the CHSP

The CHSP Program Manual 2018 (18), *Living well at home CHSP Good Practice Guide* (19) and CHSP Guidelines (2) all promote a wellness and reablement focus and a cultural shift away from ‘doing for’ to ‘doing with’. A distinction between wellness and reablement is made: “Like wellness, reablement aims to assist people to reach their goals and maximise their independence and autonomy. However, whereas a wellness approach can be applied to all CHSP clients, reablement is a short-term or time-limited intervention that is more targeted towards a person's specific goal or desired outcome to adapt to changed circumstances such as functional loss, or to regain confidence and capacity to resume activities.” (p.22, (18)).

*The CHSP Program Manual 2018 defines reablement as:
“An approach to service delivery which aims to assist people to
maximise their independence and autonomy.
Reablement supports 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. Supports
could include training in a new skill, modification to a person’s
home environment or having access to equipment or assistive
technology.”*

From 1 July 2018, the Federal Department of Health conducts random auditing of wellness approaches in CHSP services (18). In addition, service providers have to submit regular reports on wellness and reablement approaches to service delivery in accordance with the CHSP grant agreement, using a template provided by the Department of Health (18).

Assessment for Home Support and Care and reablement

The My Aged Care Assessment Manual for Regional Assessment Services (RASs) and Aged Care Assessment Teams (ACATs) 2018 defines reablement as “time-limited interventions targeted towards a person's specific goal or desired outcome to adapt to some functional loss, or regain confidence and capacity to resume activities” (20).

The National Screening and Assessment Form (NSAF) is used as part of the ACAT and RAS Home Support assessments and has three components: 1. Screening conducted over the phone by My Aged Care contact centre staff; 2. Home Support Assessment conducted face-to-face by the Regional Assessment Service (RAS), and; 3. Comprehensive Assessment conducted face-to-face by Aged Care Assessment Team (ACAT) (21). RASs can only refer to the Commonwealth Home Support Programme (CHSP), while ACATs can refer to the CHSP, Home Care Package, Residential Care, Residential Respite Care or Flexible Care (Transition Care or Short Term Restorative Care) (20).

Wellness and reablement processes are stipulated as needing to be embedded in the My Aged Care assessment and support process (20). Both RAS and ACAT assessors and the client will work together 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 (18,20,21). The RAS is responsible for ensuring that all the service types needed to meet the person’s reablement goals are planned for and for reviewing progress against goals and

outcomes (18,20). In some cases, the RAS assessor may need to take on a coordinating role/short-term case management during the reablement period (18,20). In addition, clients who are on the waitlist for a Home Care Package, or who are currently receiving a Home Care Package that is fully allocated, can be referred by the client's most recent assessment service (usually the ACAT) to a short-term, time-limited CHSP service that is monitored and reviewed by the client's most recent assessment service (3).

The 2018 Federal Budget included funding for a trial of a revised assessment model for older Australians accessing entry-level aged care services that “promote greater independence and autonomy” at four RAS sites (22). The trial commenced in early 2019, will run until June 2020, and will be subject to external evaluation. In announcing the initiative the Minister said that consumers in the trial regions will receive an ‘active assessment’ and ‘are expected to complete a reablement program lasting six to eight weeks, during which they will be assessed and coached to achieve their capability goals’ (23). The announcement of this initiative stated that “Aged care consumers, their families and carers and intermediaries such as GPs and pharmacists in the future will benefit from the development, implementation and evaluation of national supports for wellness and reablement approaches.” (22).

Current reablement services in Home Support and Care

As described above in the section on assessment for home support and care, ACATs and RASs can refer to aged care service providers for time-limited periods of reablement services under the CHSP, which may be coordinated/case-managed by either the RAS or the ACAT, depending on which did the original assessment (18,20). Wellness and reablement approaches can involve support from allied health professionals, as recently confirmed by the Government through an amendment to the Living Well at Home CHSP Good Practice Guide (p.14)(19), a point which was previously unclear due to an error in the Good Practice Guide.

Victorian Active Service Model (ASM) and reablement

The Victorian Department of Health and Human Services began implementing the Active Service Model (ASM) in Home and Community Care (HACC) services in 2009. The ASM is an initiative that aims to help people live in the community as independently and autonomously as possible (24). The approach continued after the Victorian HACC services for older people were transitioned into the CHSP on 1 July 2016 (25) and the initiative was renamed in Victoria ‘Wellness and Reablement’ to align with the national CHSP terminology (26). The ASM PREPARE and ASM PREPARE-Express were developed in 2010 as Practice Review Planning and Reflection tools and guidance material (27). “The ASM is a quality improvement initiative that focuses on restorative care and on promoting capacity building in community care service delivery. The ASM is focused on assisting people in the HACC target group to live in the community as independently and autonomously as possible;

however, it is recognised that not all HACC clients will be able to live independently and autonomously.” (p.10, (28)). Thus, reablement approaches are promoted as a core philosophy across all CHSP and HACC for Younger People (formerly HACC) services in Victoria, not only as a time-limited service, by assisting people “to participate in everyday activities, maintain or rebuild confidence, improve social connectedness and wellbeing, and stay active and healthy” (p.15, (29)).

Several resources were then developed to assist HACC assessment services and service providers implement ASM/Reablement. These resources included: a ‘Goal Directed Care Planning toolkit’ (30) and a resource entitled ‘Supporting older people living well at home. Understanding the role of OT’ which outlined how Occupational Therapists worked collaboratively and built strong relationships within and between local service providers to deliver effective, coordinated care in line with reablement (p. 9) (31).

Australian Healthcare Associates 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, now CHSP Australia-wide) funded organisations in Victoria (28). Enablers of the ASM implementation were identified as the need for support from management/industry leaders, staff training and guidance materials, and regional networks and partnerships (28). There was widespread acknowledgement of the important role the ASM Industry Consultants had played in implementing and driving the ASM (32). Difficulty managing/shifting client expectations, limited resources and high demand for services were identified as some of the barriers to ASM implementation. Shifting client expectations through care planning, communications, marketing materials and client information so that clients and their family viewed HACC as a “doing with”, strengths-based and goal-focussed service rather than a “doing for” or entitlement services was key (28).

To assist in evaluating the impacts of ASM/ Reablement on clients and carers, the Victorian Department of Health & Human Services engaged La Trobe University to work in collaboration with the Department and a group of interested funded service providers to develop and test a suite of client and carer outcome tools (p. 3). Data analysis from the pilot study showed that ASM outcomes for clients and carers can be captured within a framework comprising experience of community services, skills and capacity, managing the caring role, and quality of life. A clear association was established between outcomes measures and goal attainment. Results from the experience of community services surveys showed very high satisfaction among clients and carers with the way services were delivered (p. 12). Staff involved in the pilot reported high usability and acceptability of the tools. Staff reported that using outcomes measurement tools had a positive impact on their ASM practice (p. 13) (33).

Western Australian approaches to reablement in Home Support and Care

The Home Independence Program (HIP) was the first Australian reablement program and was developed in 1999 by Silver Chain, the then largest Western Australian home care provider. Targeted at individuals when they were first referred for home care, or at existing clients requesting increased services because of a change in need, HIP was designed to be both a means of reducing the demand for home care by reducing an individual's need for support and to be part of a longer-term prevention strategy to assist the individual to maximise their health status and quality of life. The service was intensive 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 the self-management of chronic disease (34). It was goal-oriented and 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.

Due to the success of the HIP pilot study, the West Australian (WA) Health Department funded a two year operational trial of HIP in one metropolitan Home and Community Care (HACC) region and before the two years were completed had asked Silver Chain to implement another service based on the HIP model in all metropolitan health regions, this one targeted at older adults being discharged from hospital. This service - the Personal Enablement Program (PEP) - differed only from HIP by being shorter, 6-8 weeks, and providing post-acute nursing if required.

Following the successful completion of the operational trial, the WA Health Department asked Silver Chain to expand the HIP service across all metropolitan health regions and later into two country regions. Funded by WA Health as part of the HACC program, HIP and PEP then operated from 2004 until 2018 providing a reablement opportunity to many thousands of West Australians and also providing an opportunity for a series of increasingly rigorous research trials of the HIP model which found that participation in HIP resulted in:

- A reduction in the need for ongoing services and reduced service requirements (35–39)
- Median cost savings per person of approximately AU\$12,500 over nearly 5 years as a result of service use reduction (35)
- Gains in functioning, mobility, confidence and morale (36,38,39).

Influenced by the positive outcomes and philosophy of HIP and PEP, the WA HACC Program, in 2006, 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.

When HIP and then ‘Wellness’ were first developed and implemented, assessment of an individual’s capabilities and needs was part of HACC service delivery and was conducted by service providers in order for them to determine eligibility and, if appropriate, develop their support plan. In 2007 the National HACC Guidelines called for a consistent approach to assessment in all jurisdictions and introduced the concept of two levels, intake and comprehensive assessment, independent from service provision. In response, in 2009 the WA Department of Health introduced an assessment framework for WA HACC which was then implemented across the state over the next six years resulting in 2014 in a network of Regional Assessment Services (RAS) to conduct face to face wellness focussed assessments, commence support planning, and make recommendations for appropriate levels of support that build independence and well-being. Within this development, Access Care Network Australia (a subsidiary of the Silver Chain Group), one of the RAS providers, developed and implemented a reablement approach to assessment in all their RASs. This approach incorporates an active or ‘show me’ assessment, where a person being assessed is encouraged to ‘show’ the assessor their ability to carry out certain activities of daily living, and provides an opportunity for an assessor to actively assess the extent to which a person is capable of conducting these tasks. The active assessment provides an opportunity for the assessor to suggest techniques (such as ways to safely get into and out of the shower) and/or strategies (such as using frozen chopped vegetables to improve the dietary content of meals and improve the ease of cooking), in order to enable a client to continue to conduct that activity independently. It may also involve the provision of follow-up ‘coaching’ to support someone to gain or regain confidence to carry out these activities independently, by following up with the client, providing encouragement, reinforcement and checking their progress against any goals for improvement. In some cases, small aids or equipment may be provided that can be used to support someone to conduct a particular task or to overcome particular functional limitations.

In addition to providing the opportunity for introducing reablement strategies to the client at the time of assessment, it enables the assessor to identify individuals with the potential to benefit from more intensive or

specialist reablement opportunities and refer them on; or when the person is found to require ongoing support develop a goal directed and wellness focused support plan for the service provider to follow.

Following the positive findings of an evaluation of this approach to assessment the WA Health Department asked ACNA to provide training in their assessment approach to all other RASs in WA. This training was subsequently provided and continues to be available to WA Assessment agencies including WA Aged Care Assessment Teams.

Subsequent to WA HACC services coming under the jurisdiction of the Commonwealth on 1 July 2018, the Commonwealth has funded a trial in which ACNA is training five RASs in different states to adopt a reablement approach to assessment and appointed external evaluators to examine the outcomes. This trial is scheduled for completion at the end of 2019.

Acknowledgment of Country

Australian Association of Gerontology acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures, to Elders past, present and emerging, and to all Aboriginal and Torres Strait Islander peoples including members of the Stolen Generations. For further information see AAG's [Aboriginal and Torres Strait Islander Ageing Advisory Group \(ATSIAAG\)](#)

Funding

Funded by the Australian Government through the Dementia and Aged Care Services Fund



Australian Government
Department of Health

References

1. Australian Association of Gerontology (AAG). Terms of Reference. Expert Reference Group for the AAG Reablement Project 2017-19 [Internet]. 2018 [cited 2018 Aug 31]. Available from: <https://www.aag.asn.au/documents/item/2208>
2. Department of Health. Commonwealth Home Support Programme Guidelines. Effective 1 July 2018. [Internet]. Australian Government; 2018 Apr [cited 2018 May 15]. Available from: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2018/commonwealth_home_support_programme_guidelines_-_effective_as_of_1_july_2018.pdf
3. Department of Health. Commonwealth Home Support Programme Interaction with Home Care Packages [Internet]. Australian Government; 2018 May [cited 2018 May 24]. Available from: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/05_2018/chsp_interaction_with_home_care_packages_-_factsheet_o.pdf
4. Department of Health. Commonwealth Continuity of Support Programme [Internet]. Australian Government; 2018 May [cited 2018 Aug 31]. Available from: <https://agedcare.health.gov.au/programs-services/commonwealth-continuity-of-support-programme>
5. Department of Health. About the Home Care Packages Program [Internet]. Australian Government; 2017 Apr [cited 2018 Aug 31]. Available from: <https://agedcare.health.gov.au/programs/home-care/about-the-home-care-packages-program>
6. Roberts K. Aged care. Budget Review 2017-18 Index [Internet]. Parliament of Australia; 2017 May [cited 2018 Oct 28]. Available from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201718/Aged_care
7. Department of Social Services. Increasing Choice in Home Care - Stage 1 Discussion Paper [Internet]. Australian Government; 2015 Sep [cited 2018 May 22]. Available from: <https://engage.dss.gov.au/wp-content/uploads/2015/09/Discussion-Paper-Increasing-Choice-in-Home-Care-Stage-1.pdf>
8. Aged Care Sector Committee. Aged Care Roadmap [Internet]. 2016 Mar [cited 2018 May 22]. Available from: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2016/strategic_roadmap_for_aged_care_web.pdf
9. National Aged Care Alliance (NACA). Increasing Choice Stage 2: Integrating Home Care Packages and the Commonwealth Home Support Program (CHSP) [Internet]. 2017 May [cited 2018 May 22]. Available from: <http://www.naca.asn.au/PDF/NACA%20Discussion%20Paper%20CHSP.pdf>
10. Department of Health. Future reform - an integrated care at home program to support older Australians. Australian Government; 2017 Jul.
11. Department of Health, Australian Government. Commonwealth Home Support Programme Funding Extension [Internet]. 2018 [cited 2018 May 24]. Available from: <http://livestream.education.gov.au/health/24may2018/>
12. Grove A. Aged care. Budget Review 2018-19 Index [Internet]. Parliament of Australia; 2018 May [cited 2018 Oct 28]. Available from: https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201819/AgedCare
13. David T. Legislated Review of Aged Care 2017. Department of Health, Commonwealth of Australia; 2017.
14. Department of Health. Budget 2018-19. Better Access to Care- streamlined consumer assessment for aged care [Internet]. Australian Government; 2018 May [cited 2018 May 22]. Available from: <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet76.htm>
15. Productivity Commission. Overview. Inquiry Report: Caring for Older Australians. Australian Government; 2011 Jun. Report No.: 53.

16. Productivity Commission. Volume 1. Inquiry Report: Caring for Older Australians. Australian Government; 2011 Jun. Report No.: 53.
17. Productivity Commission. Volume 2. Inquiry Report: Caring for Older Australians. Australian Government; 2011 Jun. Report No.: 53.
18. Department of Health. Commonwealth Home Support Programme. Program Manual 2018 [Internet]. Australian Government; 2018 [cited 2018 May 24]. Available from: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/04_2018/chsp_manual_-_effective_as_of_1_july_2018.pdf
19. Department of Social Services. Living well at home: CHSP Good Practice Guide. Commonwealth Home Support Program (CHSP). Australian Government; 2015 June [cited 2019 Aug 5] [Internet]. 2015. Available from: https://agedcare.health.gov.au/sites/default/files/documents/08_2019/living_well_at_home_-_chsp_good_practice_guide.pdf
20. Department of Health. My Aged Care Assessment Manual. For Regional Assessment Services and Aged Care Assessment Teams [Internet]. Australian Government; 2018 Jun [cited 2018 Aug 31]. Report No.: v. 1. Available from: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/06_2018/my-aged-care-assessment-manual-june-2018-v1-1.pdf
21. Department of Health. My Aged Care: National Screening and Assessment Form [Internet]. Australian Government; 2017 Feb [cited 2018 May 15]. Available from: https://agedcare.health.gov.au/sites/g/files/net1426/f/documents/02_2017/national_screening_and_assessment_form_fact_sheet_-_february_2017.pdf
22. Department of Health. Budget 2018-19. Better Ageing- promoting independent living [Internet]. Australian Government; 2018 May [cited 2018 May 14]. Available from: <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet88.htm>
23. The Hon K Wyatt MP. Trial of reablement approach to help seniors stay mobile and independent. [Internet]. 2019. Available from: <https://www.kenwyatt.com.au/ministerial-news/2019/4/4/trial-of-reablement-approach-to-help-seniors-stay-mobile-and-independent>
<https://www.kenwyatt.com.au/ministerial-news/2019/4/4/trial-of-reablement-approach-to-help-seniors-stay-mobile-and-independent>
24. Victoria State Government, Department of Health and Human Services. Active Service Model [Internet]. 2018 [cited 2019 Jun 21]. Available from: <https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines/hacc-quality-and-service-development/active-service-model>
25. Department of Health and Human Services. Transition of Victoria's HACC system [Internet]. Victorian Government; [cited 2018 Oct 30]. Available from: <https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-transition>
26. Department of Health and Human Services. Active Service Model. Wellness and reablement consultants [Internet]. 2018 [cited 2019 Jun 21]. Available from: <https://www2.health.vic.gov.au/ageing-and-aged-care/home-and-community-care/hacc-program-for-younger-people/hacc-program-guidelines/hacc-quality-and-service-development/active-service-model/regional-industry-consultants>
27. Victoria Department of Health. ASM PREPARE Active Service Model: Practice Review Planning and Reflection Tool. State Government of Victoria 2010. These documents are no longer publicly available but were sighted in preparing this fact sheet.
28. Australian Healthcare Associates. ASM PREPARE 3 Year Review. Final Report [Internet]. 2015 Mar [cited 2018 Jun 12]. Available from: <http://www.hwpcp.org.au/wp-content/uploads/2015/04/ASM-report-Final-march-2015.pdf>
29. Department of Health. Victorian Home and Community Care program manual 2013 [Internet]. State Government of Victoria; 2013 Nov [cited 2018 Oct 28]. Available from: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/hacc-program-manual-2013>

30. Pascale, K. The Goal Directed Care Planning Toolkit: Practical strategies to support effective goal setting and care planning with HACC clients. Eastern Metropolitan Region (EMR) HACC Alliance, Outer Eastern Health and Community Services Alliance, Melbourne, Vic. 2013.
31. Pascale K. Supporting older people living well at home... Understanding the role of OT. Melbourne: Outer Eastern Health and Community Services Alliance; 2016.
32. Australian Healthcare Associates. ASM PREPARE 3 Year Review. Final Report. [Internet]. 2015 Mar [cited 2018 Jun 12]. Available from: <http://www.hwpcp.org.au/wp-content/uploads/2015/04/ASM-report-Final-march-2015.pdf>
33. Latrobe University, College of Science, Health and Engineering. HACC Active Service Model Client and Carer Outcomes Framework and Measurement Tools Project Summary of Final Report. Australian Institute for Primary Care & Ageing; 2017 Jan.
34. Silver Chain Nursing Incorporated. Home Independence Program (HIP) User Manual. 2007.
35. 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.
36. Lewin G, Calver J, McCormack B, Coster C, O’Connell H, Wheeler B, et al. The Home Independence Project. *Geriatrics*. 2008;26(3):13–20.
37. 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.
38. 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.
39. Lewin G, Vandermeulen S, Coster C. Programs to promote independence at home: how effective are they? *Generations Review*. 2006;16:24–6.