



AAG

Australian
Association of
Gerontology



FACT SHEET 3

AUSTRALIAN APPROACHES TO REABLEMENT IN RESIDENTIAL AGED CARE

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 as described in the supporting documentation for the Government's residential aged care program.

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 residential aged care?

“Residential aged care is delivered to older people in Australia by service providers who are approved under the Aged Care Act 1997. [...] Residential care is provided on a permanent or respite basis. Residential respite provides short-term care on a planned or emergency basis in aged care homes to people who have been assessed and approved to receive it.” (3).

Reablement in residential aged care assessment and funding

National Screening and Assessment Form (NSAF)

Aged Care Assessment Teams (ACATs) conduct comprehensive assessments which determines eligibility for: a home care package, residential care in an aged care home, residential respite care, short-term restorative care, and transition care (4). States and Territories are funded by the Commonwealth Government to administer the Aged Care Assessment Program (ACAP) which includes the ACAT assessments (5). The National Screening and Assessment Form (NSAF) is used as part of the ACAT 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 ACATs (6). ACATs can refer people to the CHSP, Home Care Package, Residential Care, Residential Respite Care or Flexible Care (Transition Care or Short Term Restorative Care) (5).

ACAT assessors will assess the client's physical, medical, psychological, social and restorative needs. The assessor and 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 must include the consideration of formal and informal services as well as reablement and/or restorative pathways (5,6).

Aged Care Funding Instrument (ACFI)

The Aged Care Funding Instrument (ACFI) assesses the relative care needs of residents and is the mechanism for allocating the Government subsidy to aged care providers for delivering care to residents in their facilities (7,8). The ACFI has three funding categories or domains: 1. Activities of Daily Living (ADL), 2. Behaviour (BEH) and 3. Complex Health Care (CHC) (9). Approved Providers of residential aged care authorise a person(s) to complete and submit the ACFI (7). Some of the 12 questions in the ACFI are supported by specific assessment tools and two diagnostic sections (9). The *ACFI User Guide* states that the ACFI is principally a resource allocation instrument, not a comprehensive assessment package, and does not meet the comprehensive assessment requirements to ensure "care recipients receive quality and safe care that appropriately meets their care needs" as required in the *Aged Care Act 1997* (7).

The ACFI is being considered for review as part of the Residential Aged Care Funding Reform that is currently underway. In February 2017, the Australian Health Services Research Institute (AHSRI) at the University of Wollongong presented its final report "Alternative Aged Care Assessment, Classification System and Funding Models" (10,11). The report recommended a new blended model incorporating fixed and variable payments, to better account for individual needs (10,11). As an interim step, it recommended refinements be made to the existing ACFI to address immediate concerns. A report on a proposed Revised Aged Care Funding Instrument (R-ACFI) was released in 2017 but has not been implemented to date (12). The Minister for Aged Care announced in August 2017 that the Australian Health Services Research Institute at the University of Wollongong had been engaged to undertake a Resource Utilisation and Classification Study (RUCS). The Resource Utilisation and Classification Study (RUCS) will be the focus of reform work over the next 12 months and will inform Government's consideration of all options." (12). The RUCS study focusses on the recommended option in the 2017 AHSRI report - the blended model - (10,11), but results will be able useful in other context as well (13,14).

Reablement mentions in 2017 Revised Aged Care Funding Instrument (R-ACFI) reports

Reablement is described as fitting into the Therapy Program component of Revised Aged Care Funding Instrument (R-ACFI) presented in the *Applied Aged Care Solutions 2017* report (15–17). They argue that reablement falls under the Therapy Program because "physical therapies have been associated with

improving not only physical but also social and psychological wellness” (p.36, (15)). Under the R-ACFI Therapy Program:

“The wellness aspect aims to promote (maintain or improve) the independence of the resident in their activities of daily living. The reablement aspect focuses on short term interventions to address loss of capacity. The rehabilitation aspect has a longer-term focus to address the resident’s functional and mobility ability to improve or maintain their level of independence.” (p.41, (15)).

Reablement mentions in the 2017 AHSRI reports “Alternative Aged Care Assessment, Classification System and Funding Models”

The 2017 AHSRI Final Report mentions that terms such as ‘wellness’, ‘enablement’ and ‘re-ablement’ “are often used to describe both a philosophy of ongoing care provision, as well as targeted, time-limited interventions” (p. 22, (10)). The AHSRI Final Report explores the definitions of these terms in the Commonwealth Home Support Programme (CHSP) Good Practice Guide and defines wellness as an overall philosophy of care to “build on the strengths, capacity and goals of an individual in order to maximise their functioning and participation” (p. 22, (10)). AHSRI recommend that wellness should be recognised as core business (not a funding add-on) that applies to all residents.

In their 2017 report AHSRI use the CHSP definition of reablement, being “targeted, time-limited interventions that address functional loss or that help the person regain their confidence or capacity to resume activities” (p. 23, (10)). AHSRI note that there is currently no funding available for people in residential aged care to receive funding for specific restorative/reablement programs and that funding of reablement programs in residential care is beyond the scope of their review. However, AHSRI recommend future consideration should be given to short-term restorative/reablement programs in residential care due to the potential benefits to residents and that assessment for such programs would need to be “external and based on sound, objective criteria” (p. 24, (10)).

Reablement mentions in Resources Use and Classification Study (RUCS) reports/updates

The RUCS study explores the preferred option in the 2017 AHSRI report which involved fixed payments to cover the cost of ensuring capacity within the facility and the variable payment to cover the costs of individualised care for residents (10,13,14). The assessment for funding is undertaken by an external assessor and is separate to that undertaken internally by the facility to determine care planning (13,14). In the RUCS study, all external assessors were Registered Nurses with a minimum of 5 years’ experience (13,14).

As part of the RUCS, a supplementary follow-up study will be conducted to explore how residents have changed over time (at about six months). This will include the consideration of critical events during that period, including any “structured reablement or restorative care program (goal oriented, time limited program, not only a philosophy or treatment)” (13,18).

Reablement service provision in residential aged care

AHSRI note in their review of residential aged care funding models that there is currently no funding available for people in residential aged care to receive funding for specific restorative/reablement programs.

The 2011 Productivity Commission Inquiry Report *Caring for Older Australians* (19–21) defined reablement as “Intensive and generally time-limited programs aimed at restoring function. Services included as part of a reablement approach can include physiotherapy, psychosocial and other education programs, environmental modification and linkages to social activities.” (p.LXIX, (20)). The Productivity Commission stated that their proposed reform package, including creating a single integrated, and flexible, system of care entitlements, would allow providers of residential aged care to offer a range of services in their facilities including reablement (p.LVI, (20)).

Despite the lack of funding for reablement programs in residential aged care, several providers of residential aged care are taking the initiative to re-design their services with a reablement focus including staff training in reablement philosophy, choice and control, improved shared spaces, hospitality services, exercise programs, exercise physiologists, onsite gymnasiums, music and art therapies, gardening and cooking programs and pet therapies (22–25). Some residential care providers have also realised the opportunity for their facilities to provide a community hub for wellness and reablement services (22). However, the lack of funding for reablement approaches and the current funding model being focussed on “funding specific tasks in response to specific impairments and health conditions” has been described as a barrier to implementing reablement approaches in residential aged care (25).

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 \(ATSIAAG\)](#)

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