



Response to the Productivity Commission Draft Report *Caring for Older Australians*

Re-ablement in the Community

The Productivity Commission draft report *Caring for Older Australians* discusses the evidence on the benefits of re-ablement services (p142). The Productivity Commission notes that further evidence is needed to answer questions such as the most effective types of restorative programs, who benefits most from the programs and what is the most effective duration and timing of restorative interventions.

Catholic Community Services NSW/ACT (CCS) has considerable experience in providing re-ablement services to community based clients. This submission provides an overview of this experience and identifies the features of a re-ablement services which demonstrate that investment/ funding is required to ensure selected service providers have the resources to provide incentives to develop and deliver this type of service.

Definition

Re-ablement services aim to assist clients regain function (eg. through exercise) or to find different ways of achieving activities of daily living (eg. use of assistive technology, task alteration and energy conservation techniques). These approaches are also known as enablement or restorative care.

Purpose

Short-term community based re-ablement reduces reliance on ongoing services. This is beneficial for the client. While the short term program is more resource intensive than normal services initially, the reduction in service usage overall has been found to reduce costs for the health care system in the long term.

CCS Re-ablement Program

CCS has provided short term re-ablement care to 28 clients who were referred for community care services. Clients who had been discharged from hospital were excluded from this program to avoid duplication of existing transitional care services.

The program typically consists of 8-12 weeks of services. Clients undertake a goal based assessment which identifies strengths. The approach taken by coordinators and staff is markedly different to normal. The coordinators engage the client in problem solving, which often includes trialling new equipment and activities. The focus is not on service provision.

Community workers also work in a different way to normal. Community workers support and monitor clients as they work to become more independent. Community workers must learn to avoid the temptation to do things for the client as this is 'easier' or quicker. Documentation and regular monitoring is essential to ensure clients are progressing.

Catholic Community Services

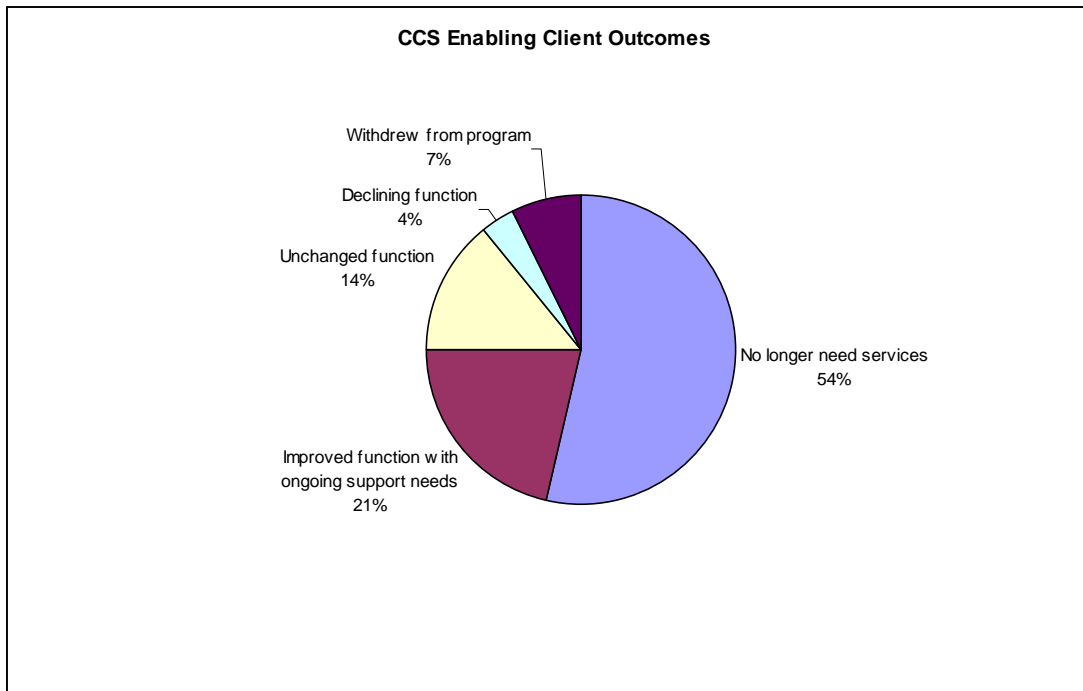
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To date, 15 (54%) of CCS clients have been discharged from the program without the need for ongoing services. A further 6 clients (21%) improved their function but had some ongoing support needs.



Features of re-ablement programs

Re-ablement should be recognised as a specialist program to provide an incentive for service providers to develop this capacity.

Re-ablement programs are markedly different from normal service arrangements for the following reasons:

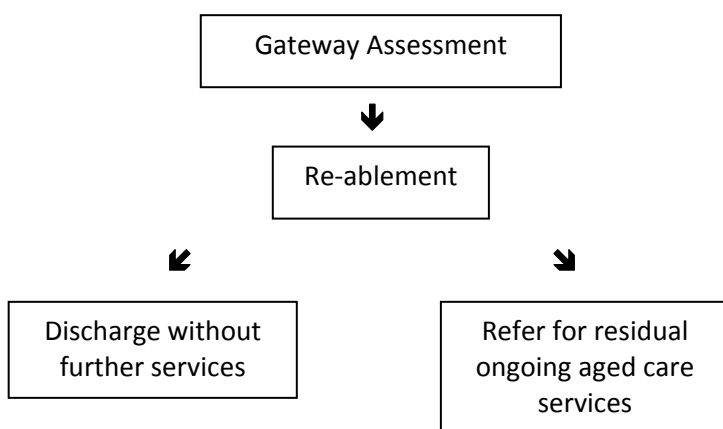
- staff need additional training
- staff need a different mind set – the emphasis is on short term duration and discharge from services where possible rather than ‘helping’
- regular team meetings provide staff support and assist in continuing development of problem solving skills
- speed of interventions – failure to provide a responsive service can discourage client participation
- visit times are flexible as the duration of visits vary as staff allow client’s to work at their own pace
- multiple visits may occur per day to assess client functioning at different times
- visits patterns vary with longer visits initially, followed by shorter visits or telephone checks as the client becomes more independent
- frequent assessment and documentation at each visit are emphasised to maintain focus on progress and ensure communication between team members
- it is preferable to employ salaried staff to avoid wages being jeopardised by client discharges
- discharge is dependent on the client progress and can occur at any time the client has ceased to make gains

- additional funding is needed for resources (e.g. assistive technology), referrals to allied health services and more intensive staffing interventions

Target group for re-ablement

The primary target group for re-ablement services are new clients at referral as this group is most likely to be motivated to work with staff to regain independence. There is significant over-servicing of existing community care clients which contributes to the deterioration of function and ability over time. This group can benefit from re-ablement services, however it is generally accepted that it can be a difficult task to wean clients from existing services. Participation among this group is determined by client motivation and willingness to engage.

Proposed Model



Recommendations

It is recommended that in the longer term, re-ablement is recognised as a specialist service type to be provided by selected aged care providers, following assessment by the Seniors Gateway.

It is recommended in the short term however, that funding be allocated to pilot re-ablement services or packages, in a similar way to the Consumer Directed Care packages that have been tendered. These 'pilot packages' will assist in the;

- **establishment of re-ablement services by experienced providers**
- **clarify payment rates for re-ablement services which differ to typical packages**
- **and provide evidence to contribute to the development of assessment tools and guidelines to be utilised by the Seniors Gateway.**

It is recommended that these 'pilot packages' be formally evaluated.

CCS is of the view that only particular types of clients will benefit from re-ablement and that certain interventions to promote independence are more effective than others. It is important that a body of evidence is available to determine the most cost effective way of delivering re-ablement services only to those clients who are most likely to benefit.

Catholic Community Services NSW/ACT (CCS) is a non profit provider of community services to more and 5000 people in their homes and communities. In 2009, CCS received funding from NSW Ageing, Disability and Home Care (ADHC) to be an enabling demonstration project. CCS work on enabling has been recognised by inclusion in the *Handbook for Community Care Services* published by ADHC.

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