

Bite Sized Professional Development

## Stepping back from stepping in

Session title

# Why and What of Reablement

## Facilitators Guide

Keep  
Able  
Every opportunity matters



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### **Facilitators Guide**

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#### **Acknowledgements**

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### **Training Overview**

This bite sized session is the first in a series of professional development sessions developed to assist organisations working in the aged care sector to enhance the knowledge and skills of staff when working with clients to achieve their goals. The approach known as Wellness and Reablement aims to build on people's strengths and promotes independence and autonomy.

#### **Structure**

The bite size sessions have been designed to present face to face in team meetings and/or dedicated professional development workshops.

#### **Target Audience**

Staff of aged care organisations working with clients in their home and community.

#### **Purpose**

There have been many changes over recent years within the sector, a significant one for support staff, co-ordination and assessment staff has been the philosophical cultural shift in how we support older people who are experiencing difficulties with everyday activities. Instead of the traditional hands-on approach of stepping in and doing things for people, support organisation and staff are now expected to assist people to explore ways to maximise their independence and empower people to have a sense of choice and control. The Wellness and Reablement approach has been shown to have positive outcomes for older people as it acknowledges and builds on their abilities and skills, so they remain more independent, with an improved wellbeing, within the community they wish to live.

The aim of Session 1 - **Why and What of Reablement** is to enhance the understanding of the participants to why a wellness and reablement approach increases the opportunity for clients to regain or maintain abilities, thereby improving their prospects of staying in their home for longer. Through discussion of case studies participants will increase their understanding of the important role they have in providing these opportunities.

#### **Participants of Session 1 will:**

- Enhance their understanding of the ageing process
- Increase the understanding of why supporting clients to participate in activities will maximise their independence
- Understand how reablement assists clients to achieve their goal/s
- Enhance an understanding of the role they play in assisting clients to achieve their goals

#### **Resources**

- Facilitator's Guide (this document)
- PowerPoint Presentation
- Copies of Client Scenarios
- Evaluation Questionnaire

### Lesson Plan

Time	Content	Resource
2 minutes	Welcome (introductions if required) Learning Outcomes	PPP (slide 2)
2 minutes	Rethinking Ageing	PPP (slide 3)
5 minutes	How do you currently support clients to practice healthy behaviours?	PPP (slide 4) Small group discussion - feedback to group
2 minutes	What is wellness and reablement?	PPP (slide 5)
2 minutes	Every opportunity matters - Jack	PPP (slide 6 & 7)
10 minutes	What role do you play?	Small group discussion - Client scenarios and feedback to group
5 minutes	Questions and feedback	Evaluation questionnaire

### **Slide 1 – Welcome and Introduction**



#### **Acknowledgement of Country**

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 Generation.

#### **Welcome**

Introductions (if required)

#### **About the session**

This bite sized session is the first in a series of professional development sessions developed to assist organisations working in the aged care sector to enhance the knowledge and skills of staff when working with clients to achieve their goals.

The aim of Session 1 – Why and what of reablement is to enhance the understanding of the participants to why a wellness and reablement approach increases the opportunity for clients to regain or maintain abilities, thereby improving their prospects of living well and staying in their home for longer. Through discussion of case studies participants will increase their understanding of the important role they have in providing these opportunities.

### **Slide 2 – Session Objectives**

#### **Session objectives**

##### **Participants this session will:**

- Enhance their understanding of the ageing process
- Increase the understanding of why supporting clients to participate in activities will maximise their independence
- Understand how reablement assists clients to achieve their goal/s
- Enhance an understanding of the role they play in assisting clients to achieve their goals

#### **Participants of Session 1 will:**

- Enhance their understanding of the ageing process  
[Overview of biological changes and what we can do to lessen the impact of those](#)
- Increase the understanding of why supporting clients to participate in activities will maximise their independence  
[Discuss how we are currently supporting clients to participate in their daily activities](#)
- Understand how reablement assists clients to achieve their goal/s  
[Review the wellness approach and how reablement fits within and can assist a client to achieve a specific goal](#)
- Enhance the understanding of the role they play in assisting client to achieve their goals  
[Case scenario discussion to explore the role we play and how to potentially support a client to achieve their goal/s](#)

### **Slide 3 – Rethinking Ageing**



#### Rethinking Ageing

- Biological changes as we age – consequence of buildup of cellular damage and its impact over time
- Different for every individual and only loosely connected with a person's age
- Little to do with genetics only 25%
- 75 % related to healthy behaviours – eating balanced diet, regular physical activity, fostering relationships can enable people to continue to do what is important to them
- No matter what age – there are benefits to be gained from practicing healthy behaviours

#### **Additional Information**

1. At a biological level, ageing results from the impact of the accumulation of a wide variety of molecular and cellular damage over time. This leads to a gradual decrease in physical and mental capacity, a growing risk of disease and ultimately death. These changes are neither linear nor consistent, and they are only loosely associated with a person's age in years. (*WHO – Ageing and health*).

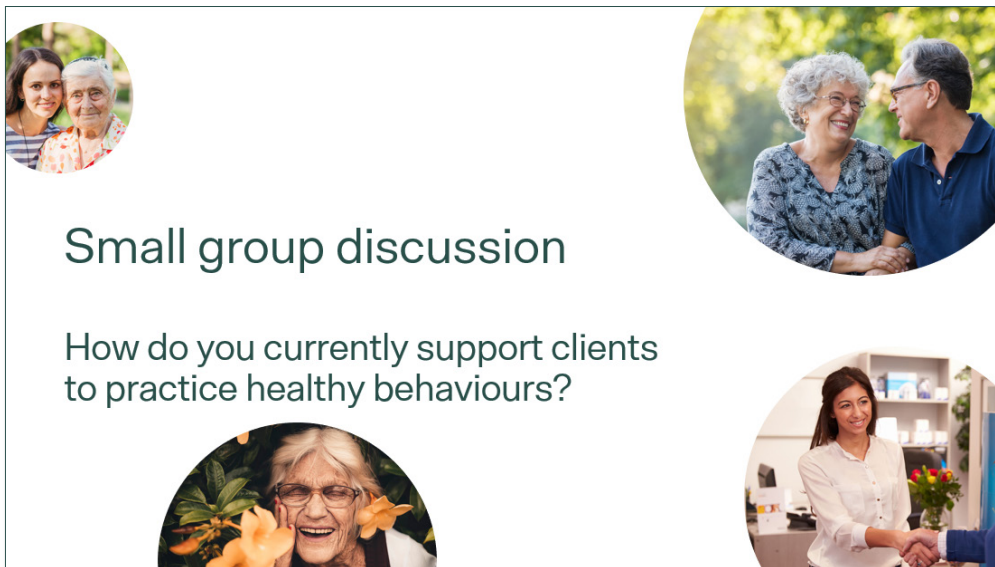
2. Research demonstrates that among those who live beyond an average life expectancy, approximately 25% of the increased lifespan is related to genetics. The remaining 75% is largely due to environmental factors, mainly diet and lifestyle factors, that have the ability to influence genetic effects for increased longevity. (*Factors that affect human longevity, Traci Bolin, Kansas State University*).

The sometimes–drastic loss of ability that many older people experience is not an inevitable part of ageing. Ageing is a normal biological process that leads to a decline in vision, hearing, skin elasticity, immune function, and resilience—the ability to bounce back. A sedentary lifestyle is one of the top four causes of ill health in the UK, contributing to type 2 diabetes, dementia, heart disease, and recurrence of some cancers. The good news is that at any age and with any combination of health problems, exercise provides, in the words of an important report from the Academy of Medical Royal Colleges, “the miracle cure.” Exercise and physical activity may reverse the decline and keep a person above the threshold for needing increased care. Physical activity is defined as any bodily movement produced by skeletal muscles that results in energy expenditure, including gardening, walking and household chores. Furthermore, evidence is growing that recovery of these four attributes of fitness improves cognitive ability and reduces the risk of dementia, not only in midlife but also in the 70s and 80s. (*Focus on physical activity can help avoid unnecessary social care BMJ 2017;359:j4609 doi: 10.1136/bmj.j4609 Published 2017 October 11*).

3. Over the past decade, emerging research has demonstrated the benefits of focussing on client independence. Traditional models of service delivery that focus on what a client can't do rather than what they can, tend to lead to an over–reliance on services by clients, which has been linked with accelerated functional decline. (*CHSP program manual, June 2020*).



### **Slide 4 – Group Discussion**



**Small group discussion**

How do you currently support clients to practice healthy behaviours?

#### **Activity**

##### **Discuss for 3 minutes**

Break up into smaller groups and each group to identify how they currently support clients to practice healthy behaviours.

##### **Feedback time 2 minutes**

Ask the group to feedback and when possible, write answers on a whiteboard or butchers' paper to refer to at the end of the session. Compare the written answers to the feedback given during the Activity - 'What role do you play?'

#### **Potential responses**

- Allow time for the client to complete as many tasks as they are able to do
- Encourage the client to commence an activity and if needed I will complete it for them
- Suggest and encourage the client to walk a little further than previously when out shopping
- Suggest the client washes the dishes while I clean the bathroom
- Talk through and encourage the client to try a new way of doing a task
- Identify and discuss the need for an allied health assessment to assist a client to complete a task
- Discuss the benefits of incidental exercise with a client



### **Slide 5 – What is Wellness and Reablement**

#### **What is wellness and reablement?**

##### **Wellness approach**

- Recognises client abilities and need to regain or retain;
- Recognises that service support needs to enable the person and provide opportunities to build capacity–focus on achieving outcomes;
- Service support provided for those activities that the individual cannot do without assistance
- Support 'to do' or 'do with'
- Regular review is built into the support/care plan

##### **Reablement**

Reablement is a short-term or time limited intervention that is more targeted towards a person's specific goal or desired outcome to changed circumstances such as functional loss, or to regain confidence and capacity to resume activities.

Supports could include:

- Training in a new skill or actively working to regain or maintain an existing skill
- Modification to a person's home environment
- Using equipment or assistive technology to complete a task

#### **Identify the difference between a wellness approach and a period of reablement**

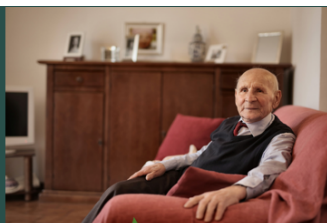
Wellness and reablement have similar aims around supporting people to enjoy a good quality of life and be as independent as possible, the principles are aligned with each. Where the wellness approach is the way in which we work with all clients, reablement is focused on short term support and helping people, where able, to adapt or regain the confidence and capacity to resume everyday activities without the need for support from aged care services.

CHSP service providers are required to work with frail older people to maximise their independence and enable them to remain living safely in their own homes and communities. Providers must structure services with a focus on client strengths and goals to support independence. This means that service providers should generally not undertake tasks that the client is capable of doing safely for themselves. The longer a client avoids reliance on ongoing services, the longer they are likely to maintain their functional independence, giving them more good days doing the things that matter to them most. (CHSP program manual, June 2020).

### **Slide 6 – Every opportunity matters**

#### **Every opportunity matters on an individual level**

Meet Jack. He has had a fall in his back yard injuring his shoulder and leg. After a brief stay in hospital, he was discharged home and support for personal care and domestic assistance was commenced.



Jack requires support with showering and household tasks after a fall. He is in pain and lost confidence to shower independently.

Staff encourage Jack to sit and wait and not take any risks in case he has another fall - after all, that is why they are there supporting him.

Jack stops using his sore arm altogether in the hope the pain will go away and waits for support staff to come before he has a shower or attempts to do any tasks around the house.

Due to Jack's pain and lack of confidence support staff step in and complete all Jack's personal care and domestic tasks.

**As the weeks go by Jack's pain lessens, but due to him not using his arm at all, the muscles and tendons lose any strength, and his arm weakens. Jack's confidence in his abilities to get back to where he was lessens. Ongoing support is established for Jack.**

#### **Dependency model –**

- Does for and does to a person
- Takes over/removes roles
- Supports declining capacity of the person
- Takes control
- Focuses on physical and mental decline
- Can isolate from the community
- Reduces self-confidence and self-esteem
- Results in illness/dependency cycles

*CHSP Good Practice Guide – July 2015*

#### **Culturally prescribed disengagement –**

- Slow down
- Do less
- Get help
- You're too old
- You shouldn't do that anymore

### **Slide 7 – Every opportunity matters**

#### **Every opportunity matters on an individual level**

Meet Jack. He has had a fall in his back yard injuring his shoulder and leg. After a brief stay in hospital, he was discharged home and support for personal care and domestic assistance was commenced.



Jack requires support with showering and household tasks after a fall. He is in pain and lost confidence to shower independently.

Tasks are broken down into small steps. With encouragement Jack is able to complete some of his personal care tasks except those that require reaching above his head. Due to Jack continuing to do what he can he regains some confidence and strength through continuing to complete these tasks.

Jack's capacity to shower independently and self belief increases which has a positive impact on his willingness to try other tasks such as hanging his washing on a clothes airer.

Over the weeks Jack is able to complete his personal care tasks on his own. His increased confidence and movement has enabled him to work on managing all his domestic tasks independently once again.

**Jack is happy for his services to be withdrawn and knows he can receive services again if he has the need.**

#### **Steps back before stepping in providing an opportunity for a person to maximise their ability/s.**

##### **Through the following:**

- Gets the balance right between 'doing with' vs 'doing for'
- Identifies what a client can and want to do, rather than only what they have difficulty with
- Gradually encourages clients who are having difficulty with activities of daily living to increase their ability
- Supports client to learn new ways of completing daily tasks
- Support roles (that is, values individuals' roles)
- Build capacity, self-management and compensates for decline
- Increases self confidence
- Retains and respects autonomy
- Focuses on re-enabling and maintain function, minimising the impact of functional loss
- Looks at ongoing appropriateness of service

##### **RAS**

- Communicates clearly and confidently with Jack regarding the aims of the CHSP program is to maximise his independence and enable him to remain living well within his home.
- Gains an understanding of what is important to Jack
- Active assessment to determine current abilities and difficulties
- Concise and clear attainable goals identified in support plan

### **Slide 7 – Every opportunity matters (cont)**

## **Every opportunity matters on an individual level**

Meet Jack. He has had a fall in his back yard injuring his shoulder and leg. After a brief stay in hospital, he was discharged home and support for personal care and domestic assistance was commenced.



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Jack is happy for his services to be withdrawn and knows he can receive services again if he has the need.

### **Co-ordinator**

- Confirms goals with Jack
- Develops support plan which identifies goals into small steps to guide both support staff and Jack
- Allocates time for support staff to enable Jack to complete the tasks he is able to do
- Reviews plan with Jack on regular intervals
- Adjusts plan on receipt of updates provided by support staff

### **Support Worker**


- Reads support plan and confirms that goals are aligned with Jacks
- Asks Jack how he likes to plan and complete his personal care tasks
- Encourage Jack to complete all tasks he can do, resting when necessary
- Report back to co-ordinator regarding any changes to Jacks' support needs

### **Slide 8 – What role do you play?**

## What role do you play?

Small group activity –  
Case scenarios

1. Read through the scenario
2. In your group, discuss how in your role you would assist this client to remain independent in the activities they are finding difficult.
3. Share with the larger group



#### **Read through the scenario 1 (see handout)**

#### **Case scenario 1 – Considerations for RAS**


- Discuss current pain medication and consider medication review with GP
- Suggest referral to physiotherapy for a personalised exercise programme to strengthen muscles.
- Open up conversation about shopping and discuss what particular tasks are difficult
- Suggest family purchase bulky items which can be ordered every month to be delivered and Bob to continue shopping weekly for fresh groceries.
- Active assessment to observe Bobs strengths and difficulties
- Activity analysis (breaking tasks into steps/skills needed) – for shopping and lower half dressing
- Discuss energy conservation techniques – shopping little and often, packing less in bags, using a shopping trolley, shop at a smaller supermarket, asking staff to lift heavy items off shelves, packing items directly into trolley.
- Ask Bob to demonstrate how he would dress lower half independently
- Demonstrate how to use low level assistive technology when dressing (sock aid, helping hand, long handled shoehorn)
- Suggest using footstool to assist with dressing
- Consider alternative footwear (Velcro straps, no tie shoelaces)

### **Slide 8 – What role do you play?(cont)**

## What role do you play?

Small group activity –  
Case scenarios

1. Read through the scenario
2. In your group, discuss how in your role you would assist this client to remain independent in the activities they are finding difficult.
3. Share with the larger group



#### **Case scenario 1 – Considerations for Support Workers**

- Bob is motivated to remain independent – may be reluctant to accept advice and support
- Provide input into activity analysis (breaking tasks into steps/skills needed) – for shopping and lower half dressing
- Promote energy conservation techniques – shopping little and often, packing less in bags, using a shopping trolley, shop at a smaller supermarket, asking staff to lift heavy items off shelves, packing items directly into trolley.
- Stepping back before stepping in – Wait for Bob outside the supermarket and support with lifting heavy bags in/out of car. Give Bob time to attempt dressing tasks and offer verbal prompt/encouragement before physical support.
- Forward Chaining – Bob starts getting dressed and support worker steps in when Bob is unable to do any more
- Build confidence to use low level assistive technology. Demonstrate on self > physical support > verbal prompts > full independence.




### **Slide 8 – What role do you play?(cont)**

## What role do you play?

Small group activity –  
Case scenarios

1. Read through the scenario
2. In your group, discuss how in your role you would assist this client to remain independent in the activities they are finding difficult.
3. Share with the larger group



#### **Case scenario 1 – Considerations for Coordinator**

- Write down steps and identify who will complete each step eg: client or support worker
- Support plan to clearly state what Bob is going to do and what the support worker is going to do.
- Regular check ins with Bob to ensure support plan is still appropriate and time frame realistic
- Support Plan to be updated as Bob progresses to achieving goals and support is reduced
- Ensure support worker is aware of changes to support plan
- Bob to receive a copy of his support plan
- Liaison with physio and encourage Bob to do his exercises prescribed by the physio.




### **Slide 8 – What role do you play? (cont)**

## What role do you play?

Small group activity –  
Case scenarios

1. Read through the scenario
2. In your group, discuss how in your role you would assist this client to remain independent in the activities they are finding difficult.
3. Share with the larger group



#### **Read through the scenario 2 (see handout)**

#### **Case scenario 2- Considerations for RAS**


- Active assessment – observe current mobility and movement
- Discuss previous fall, WHEN, WHAT, HOW?
- Provide info re physiotherapy and exercise classes to improve balance
- Ask Jean to demonstrate how she vacuums, query difference with mopping
- View mop, activity analysis (breaking tasks into steps/skills needed)
- Discuss energy conservation techniques – store cleaning products in room they will be used, use long handled equipment, divide activities throughout week, pace yourself: alternate between light and heavy tasks, take frequent breaks.
- Recommend low level assistive technology (lightweight mop, steam mop, long handled scrubbing brush/shower cleaner, robot vacuum and mop).
- Suggest different cleaning techniques – spray shower screens with vinegar and squeegee screen after every use, use steam mop to clean shower recess, do a plastic bag soak for shower head)
- Discuss private cleaner monthly to help keep on top of larger tasks

### **Slide 8 – What role do you play?(cont)**

## What role do you play?

Small group activity –  
Case scenarios

1. Read through the scenario
2. In your group, discuss how in your role you would assist this client to remain independent in the activities they are finding difficult.
3. Share with the larger group



#### **Case scenario 2 – Considerations for Support Workers**


- Jean has high standards of cleanliness and her expectations may be outside of the support which can be provided.
- Jean believes there are some tasks outside of her capabilities.
- Jean's daughter currently does tasks on her behalf. Jean may be reluctant to return to doing these tasks herself.
- Daughter may not be accepting of 'doing with'. Explain the why of reablement.
- Motivational language, use strength-based language to communicate.
- Activity analysis (breaking tasks into steps/skills needed) – for mopping and cleaning shower
- Promote energy conservation techniques – store cleaning products in room they will be used, use long handled equipment, divide activities throughout week, pace yourself: alternate between light and heavy tasks, take frequent breaks.
- Suggest different cleaning techniques – spray shower screens with vinegar and squeegee screen after every use, use steam mop to clean shower recess, do a plastic bag soak for shower head).
- Stepping back before stepping in – allow Jean to take the lead. She can clean surrounds, toilet etc.
- Forward Chaining – Jean to start cleaning shower, support worker to finish.
- Build confidence to use low level assistive technology. Demonstrate how to use > hands on support to use > verbal support > full independence.

### **Slide 8 – What role do you play?(cont)**

## What role do you play?

Small group activity –  
Case scenarios

1. Read through the scenario
2. In your group, discuss how in your role you would assist this client to remain independent in the activities they are finding difficult.
3. Share with the larger group



#### **Case scenario 2 – Considerations for Co-ordinator**

- Support plan to clearly state what Jean is going to do and what the support worker is going to do
- Explain to Jean support staff will encourage her to do things for herself and as she becomes more independent services will be reduced
- Reiterate why and how of reablement to daughter
- Regular check-ins with Jean to ensure support plan is still appropriate and time frame realistic
- Support Plan to be updated as Jean progresses to achieving goals and support is reduced
- Ensure support worker is aware of changes to support
- Jean to receive a copy of her support plan

### **Slide 9 – Questions, evaluation and thank you**



Any questions?

Evaluation

Thank you