Wellness & Reablement in Practice:

A training and learning guide

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Putting into Practice Wellness and Reablement

This guide has been developed for use by frontline staff delivering the Commonwealth Home Support Programme (CHSP).

Wellness and reablement is a key focus of CHSP and a reportable requirement of service delivery.

Through consultation with service providers in their regions, South Australian Collaborative Projects have collectively identified a need to further develop a wellness and reablement growth mindset through promoting and providing examples of best practice. Therefore they developed this training and learning guide to assist those staff working with older people who may benefit through a wellness and reablement approach.

This guide:

1. Defines wellness and reablement as it is in the CHSP manual
2. Explores the concept of using a World Café style workshop as a training tool
3. Provides video scenarios depicting older people to aid discussion
4. Provides examples of questions to be asked in relation to these videos
5. Provides examples of answers to aid the discussion

The guide will assist staff through:

- Presenting inspirational, new and challenging information about wellness and reablement
- Encouraging and promoting a wellness and reablement growth mindset
- Identifying and providing opportunities to share wellness and reablement practices
- Utilising an innovative training approach to explore the principles of wellness and reablement

About this Guide

Evidence demonstrates that embedding a wellness and reablement approach in aged care service delivery can lead to major improvements in the wellbeing and independence of older people.

This guide incorporates:

- Definitions: as defined in the Aged Care Commonwealth Home Support Programme Manual
- How to run a World Café Workshop
- Three role plays representing client interactions in typical service type scenarios*
- Links to relevant resources

The role plays provide an opportunity to explore wellness and/or reablement approaches in service delivery and will generate discussion about strategies to achieving best practice outcomes.

They are divided into the following:

- Scenario Background
- Client Background
- Discussion Questions
- Training Notes

The role plays were performed at the 2018 South Australian Collaborative Project's Wellness and Reablement Symposium. The training notes have been collated from the results obtained from service provider discussions and a World Café workshop in response to the scenarios.

The role plays have a broad application and can be used to deliver training sessions and workshops plus they could be shown at meetings and staff inductions.

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What is Wellness & Reablement?

Wellness

Wellness is a philosophy based on the premise that even with frailty, chronic illness or disability people generally have the desire and capacity to make gains in their physical, social and emotional wellbeing and to live autonomously and as independently as possible. A wellness approach in aged care services aims to work with individuals and their carers, as they seek to maximise their independence and autonomy.

From a client's perspective, a wellness approach means the client can expect service providers to offer to do more 'with them' rather than just 'for them'.

While a client might be experiencing some challenges in their overall functioning, a wellness approach starts from the point of view that the client continues to have goals to achieve and can continue to feel that they can make an active and meaningful contribution to society.

It means listening to what the client wants to do, looking at what they can do (their abilities) and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day to day life. It supports clients to be independent in their homes and to continue to actively participate in their communities. [1]

Reablement

Reablement refers to a time-limited 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.

Reablement approaches tend to engage clients in a process of identifying their own strengths and capabilities in the context of setting their own functional goals or targets. Clients are encouraged to focus on what they can do (safely) and what they value, instead of focusing on things that they can no longer do. 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 or having access to equipment or assistive technology. [1]

[1] Living well at home: CHSP Good Practice Guide, Commonwealth of Australia, Department of Social Services, June 2015

How to run a World Café

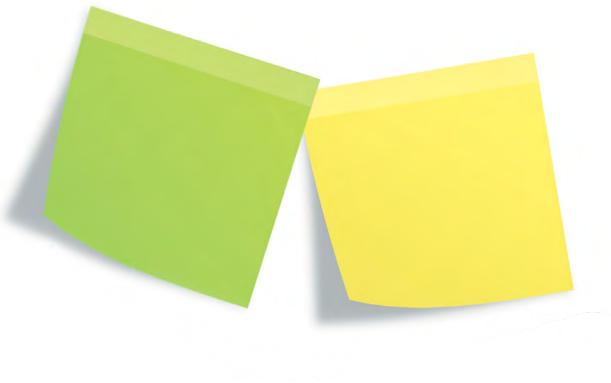
Purpose

Using a World Café Style workshop is one productive and beneficial way to discuss and understand the wellness scenarios presented in this guide, especially if working with a large number of people.

The objective of the World Café is to facilitate an open discussion and to link and build on ideas. It is a way to access the collective knowledge of the entire group.

Resources required

• Butchers paper • Markers • Post-it notes



Set up

For best results arrange the room into small table groups of equal size. A scribe will need to be at each of the tables and will remain at that table throughout the entire workshop. Each group will focus on a different question related to the wellness scenarios and each group's contributions will be documented on butcher's paper and subsequently added to during each round.

Each group has four consecutive discussions (ideally 15-20 minutes each). Group members will move onto the next table after each round. Each table builds on the discussion and outputs of the previous group.

Instructions

In each round the question will be addressed differently. The scribe will need to follow these guidelines:

Round 1 – Brainstorm Ideas

Group members are asked to work on their own for 5 minutes to write down ideas and responses on post-it notes. After this they can begin to share their ideas with the group. The scribe writes the responses on the butcher's paper.

Round 2 – Build & Cluster

The scribe begins by summarising the main points that were collated in the first round.

Then the group is invited to build on the previous contributions, in particular focusing on adding any points that weren't raised. Cluster the responses into some emerging themes or ideas.

Round 3 – Build & Prioritise

The scribe begins by summarising the main points that were collated from the previous two rounds. Then invite the group to build on the previous contributions, in particular focusing on adding any points that haven't yet been raised. Begin to prioritise the ideas in order of importance or best practice outcomes.

Round 4 – Check & Select

The scribe begins again by summarising the main points that were collated from rounds one, two and three. The group is asked to check the rationale and thinking of the previous three groups. Discuss the skills, knowledge and theory behind interventions. Look for a best practice option.

Change of Circumstances – Mary

Scenario background

A Regional Assessment (RAS) was undertaken and Grace Care Aged Care accepted the referral for a home maintenance service. Janine, the Home Assist Service Coordinator, is about to begin her first face-to-face conversation with Mary since her husband George passed away.

View film

Client background

Mary is 81. She is missing George, her husband of many years.

Mary is quite frail and has been receiving CHSP domestic assistance from Grace Care.

George had been receiving CHSP home maintenance to help with the garden. He was unsteady on his feet so the worker assisted by mowing the lawn, whilst George fertilised and pruned the roses.

As it was George receiving the home maintenance support, it is necessary for Mary to undergo a service review to plan how she would like the home maintenance service to be delivered.

Discussion questions

- Discuss three improvements that would achieve a wellness outcome for Mary. What should be considered? What did you observe about Mary's situation?
- What could be a wellness goal?

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Change of Circumstances – Mary

TRAINING NOTES

Summary:
Mary has had a RAS assessment and now has a referral for a CHSP home maintenance service.

What should be considered and what did you observe?

- Mary displayed confusion which needed to be explored
- Instead of telling Mary what would happen, consult with Mary
- Walk in the garden
- Examine the background information before-hand
- Share a cup of tea
- It seemed to be all about the assessor, instead of being about Mary
- The approach was not flexible
- Don't assume – it is important to ask
- Mobility was not assesses – allow Mary to show Janine to the door
- Mary was overwhelmed by paperwork
- Enquire – 'What other areas does Mary need help with?'
- Ensure the process is consumer directed
- Address social isolation and/or loneliness

Wellness possibilities

- Mary could join a gardening group
- Ask Mary what she might be able to do in the garden – in memory of George
- Mary could work alongside the gardener
- How has her husband's death affected her? Does she need grief support?
- Go into the garden and promote active ageing

Wellness goal setting and planning

- Establish a wellness goal – to allow Mary to maintain her garden as George did, by providing opportunities for Mary to have choice and control in the support provided and encouraging Mary's active involvement
- Discover what makes Mary happy rather than what makes George happy
- Identify Mary's wellness goals by exploring:
  - Her role
  - Existing relationships – neighbours, family, friends, community
  - Strengths
  - Accomplishments
- Document the future plan
- Identify Mary's support systems
- What is Mary's vision for the garden?
- Vision for herself?
- Use her strength of Appreciation of Beauty and Excellence
- Find out Mary's strengths to determine what she can do – use a strength based perspective
- Take time to know what is important for Mary

Annual Review of Grandfathered Client – Marge

Scenario background

Janine is a Coordinator with Grace Care Aged Care. They provide CHSP services for frail aged people over 65 years. Janine meets with Marge face-to-face for the first time to conduct an Annual Review incorporating the new wellness and reablement approach.

View Part 1 | View Part 2 | View Part 3

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Client background

Marge is a Grace Care client. She is aged 79 and is a bright and gregarious woman living independently in her own home. After a recent hip operation she has been reabled to drive her car again; however she still requires a mobility walker when walking outside her home. Marge has received domestic assistance through Grace Care for a decade and has never had a RAS assessment. She also attends the local community centre with her friend Doris, and relies on volunteer driver John to take her there and bring her home.

Discussion questions

This scenario can be successfully explored using the World Café approach.

Watch all three role plays prior to commencing the World Café discussion questions.

While viewing each scene ask participants to consider:

- What went well during the conversation between Janine and Marge?
- What could be improved and what would you do differently?

For more details about how to run a World Café workshop, please refer to the World Café workshop instructions.

World Café workshop questions:

1. Does she need these services? Why? Why not? If not how could you reduce services?
2. What are the barriers to changing her expectations? What would be a desired outcome and what strategies could you use to achieve it?
3. What are your thoughts about the relationship between client and workers? How could you address this?
4. How could you work with Marge on a wellness goal?

Annual Review of Grandfathered Client – Marge

TRAINING NOTES

QUESTION 1

Summary:
Marge believes she needs her current services. She has received these services for ten years.

Does she need these services? Why? Why not?

- Marge needs a strength based assessment
- The RAS need to establish services required
- Physio/OT assessment for lighter walker or even a walking stick
- Safety assessment post-operative
- Start with identifying strengths
- Find out what she can do
- Ask more questions to establish a better understanding of what Marge needs
- Develop a new plan focusing on positives
- Marge enjoys social interaction
- Marge must feel she is in a trusted relationship
- Consider her mental health

If not, how could you reduce services?

- Find out what's most important? The cleaning, conversation, driver?
- Implement a transition period from current to revised services over a few months
- Slowly decrease services/dependency until Marge is confident in her abilities
- Ask Marge what would be a wellness outcome for her
- Consumer choice is empowering
- Ensure a client centred approach
- Does she need less cleaning and more social connection?
- Current domestic assistance workers could help with the integration into a social support group
- Manage and reduce anxiety
- There needs to be an explanation about changing from 'doing with' rather than 'doing for'
- Mentorship with existing staff
- Upskill staff
- Review of financial contributions by Marge – might put need for services into perspective for her
- Give the rationale for any changes

Reducing services in relation to specific service types:

Domestic

- Not enough information to decide if level of service is adequate or not
- Reduce time/frequency of cleaning as Marge is able to do some lighter cleaning
- Ask the question – 'What can you now do for yourself?'
- Review equipment – lighter vacuum cleaner

Transport

- She shouldn't be accessing transport because she is capable of driving
- Encourage the client to make driving fun
- She can drive herself and Doris to the social program now
- How far can she drive? Are there alternatives?
- Does the walker fit into the car?
- Alternate self-driving and volunteer driver

Social

- Keep some aspects of the service
- Explore alternative social supports – including family
- Encourage Marge to organise her own socialising
- Visit the community centre more often

Annual Review of Grandfathered Client – Marge

QUESTION 2

What are the barriers to changing her expectations?

- Has been getting services for so long
- Attachment to contractors/volunteers
- No goal setting

What would be a desired outcome?

- Work towards a more equal relationship between client, provider and contractors
- Provide options to help her manage if services are reduced
- Ensure Marge understands that this is a normal process – not being picked on
- Ensure she understands her services are not being threatened

What strategies could you use to achieve it?

- Ask Marge what she could do – use goal setting
- Explore what is going on in her life
- Consider her mental health
- Explain fees
- Give reassurance
- Refrain from using jargon
- Respond about the lovely tea – open by being friendly and put her at ease
- Objective review, re-access without fear
- Explore what she likes so much about the service

QUESTION 3

What are your thoughts about the relationship between client and workers?

- Marge isn't clear at all about the service provision i.e. goal/timeframes/fees
- She has a sense of social responsibility toward the welfare of the 'girls' – $10 per hour – which influences how she feels
- Potential for loss of independence
- Taking away social connections – creating social isolation
- Generational change/perception change – for client and workforce
- At the 10 year mark the 'girls' are friends – they will probably remain friends regardless of employment
- The boundaries are unclear, require transparency for both Marge and workers
- Marge sees her relationship with her 'girls' as domestic assistance/friends/social support service
- Co-dependency in the relationship regarding boundaries (pulling them out could cause trauma)
- Very hard to remain friendly but not a friend (emotional challenge for staff too)

How would you address this?

- The 'girls' are an amazing resource (they may know her best) – need to ask them 'What are her strengths?' They could help complete the picture of Marge
- Service provider could implement a process around changing workers
- Provide staff training about right relationships and duty of care
- Provide staff training on boundaries, enablement, building relationships
- Need to look at professional boundaries from a strengths based perspective
- So important not to be patronising – 'us' and 'them'
- Educate client on cost of service – fee structure
- Need to explain new focus of reablement and independence as an opportunity not a possible loss – language is so important
- Language and conversation style are very important to respond to individuals to get a message across with clarity/care/honesty, and give options
- Could review and communicate with workers – how they feel about the relationship with the client (there are two sides to every story)

Annual Review of Grandfather Client – Marge

QUESTION 4

How could you work with Marge on a wellness goal?

- Change to a goal focused discussion
- Focus on Marge's interests
- Focus on strengths and abilities and build on them
- Goal planning with an emphasis on encouraging independence and connection, utilising Marge's key strengths
- Existing staff could have a role in helping to set goals with Marge
- What does wellness mean to Marge?
- Assessor could change approach – use a conversational style, be more understanding and empathetic
- Let Marge tell you her story, use discovery questions
- Use effective communication strategies to build trust and rapport such as: a friendly positive tone, acknowledge Marge's concerns, use open questions, clarify Marge's needs, provide assurance that her needs will be met
- Listen and allow Marge to express her fears and barriers
- Provide accurate information about the purpose and cost of current services
- Explore opportunities and offer relevant choices and information (eg. use of local bus, other groups, social programs, family)
- Involve advocates if appropriate

What would be the benefits of doing so?

- Empowerment through information, informed choices, autonomy and consumer control
- More relevant and appropriate services
- Right relationships
- Maximise and build on strengths
- Facilitating opportunities for community connections likely to reduce reliance on current in-home services
- Reduction in anxiety
- Increased motivation, reminded of strengths and skills, enabled to take up new or reignite old opportunities
- Building Marge's confidence to drive the outcomes – shift from recipient to decision maker
- Maintaining and improving her independence and self esteem
- Sense of achievement
- Active participation
- Change of role for Marge – e.g. picking Doris up in her car
- Marge may have opportunities to share her skills and teach others
- Enhanced health and wellbeing

To assist with theming the responses during the World Café rounds some ideas could include:

- Provider – client relationship and conversation
- Wellness goal setting and planning
- Assessment
- Domestic assistance
- Transport
- Social
- Barriers
- Strategies
- Strengths and capabilities
- Benefits

Meals/Group Social Support – Eric

Scenario background

Grace Care provides a Group Social Support program once a week at a community centre located in an area with a high population of older people. The program is predominantly run by volunteers. For $10 clients can participate in a variety of activities both structured and unstructured, plus receive a hot lunch. Transport to and from the centre by volunteer drivers is also available if required.

View Version 1 View Version 2

Client background

Eric

The main character of this scenario is Eric who is a CHSP client of Grace Care Aged Care services. Eric is aged 75, widowed, frail, and unassuming. Since the passing of his partner Pat, he lives alone in his own home. Eric is quite capable of keeping his home in order, however the fridge and cupboards are frequenty bare. A RAS assessment identified his need for social support so he attends the local community centre on a weekly basis where he plays cards and chess with John and Marge.

Marge

Marge is also a Grace Care client. She is aged 79, bright and gregarious, and lives independently in her own home.

John

John is aged 75. He is a volunteer driver for Grace Care and picks up clients and takes them to the community centre. Often while he's waiting to do the return trips he stays at the centre to socialise and have a meal.

Joyce

Joyce is a volunteer at the Grace Care Community Centre and helps with meal preparation.

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Meals/Group Social Support – Eric

The following discussion questions are designed to explore how a wellness approach can dramatically change the experiences of clients and encourages a deeper analysis of the scenario outcomes.

Discussion Questions – Version 1

- Discuss the scenario in relation to Eric's wellness and reablement? What are the missed opportunities?
- What's most important to Eric? Are his needs being met?
- How can the clients have more choice and control over their service experience?
- What could the centre have done differently to improve the clients wellbeing?
- What are the barriers to changing Eric's expectations?
- Discuss some possible wellness goals for Eric and the other clients.

Discussion Questions – Version 2

- What wellness outcomes were achieved in this scenario?
- How did the outcomes differ from the previous role play?
- What character strengths could you identify? Could any of the clients be further empowered?
- Does this outcome change the client/community centre's relationship?
- Are there other community centre activities to which this approach could be applied?

This role play was performed at the 2018 South Australian Collaborative Project's Wellness and Reablement Symposium with the intention of attendees viewing this as "food for thought". There was no workshop activity following the performance, hence no trainer notes are provided in this section.

Links to Resources

There are numerous resources available on the topic of wellness and reablement. The links provided here are resources recommended to CHSP providers by the Australian Government Department of Health.

Australian Government Department of Health – Ageing and Aged Care
https://agedcare.health.gov.au/

Commonwealth Home Support Programme (CHSP) Manual
https://www.health.gov.au/resources/publications/commonwealth-home-support-programme-chsp-manual

Living well at home: CHSP Good Practice Guide
https://www.health.gov.au/resources/publications/living-well-at-home-chsp-good-practice-guide

My Aged Care website
https://www.myagedcare.gov.au/

Wellness and Reablement – Summary of Consultations across the Home Care Sector (Nous Report)
https://www.health.gov.au/resources/publications/wellness-and-reablement-summary-of-consultations-across-the-home-care-sector

Wellness Approach to Community Home Care (A Community West & WA HACC Initiative)
http://www.careconsultancy.com.au/wp-content/uploads/2012/05/Wellness-Approach-Info-Booklet.pdf

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Actors

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