



SENIORS FOR SOCIAL ACTION (ONTARIO)

LINKING RESEARCH TO POLICY AND PRACTICE

DOING WITH OR DOING FOR? REABLEMENT AS AN OLDER ADULTS' EMPOWERMENT STRATEGY: A RESEARCH AND POLICY PAPER

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In this article the concept of reablement – a process used in many European countries to help older adults live more independently, is discussed. Reablement has been shown to reduce reliance on other health care resources (Tessier et al, 2016).

A CULTURE OF DETERIORATION AND INSTITUTIONALIZATION IN ONTARIO

Ontario's approach to older adults speaks for itself, as does its failures. A deficit model governs policy, programs, and how older adults are seen by the larger community. Focusing on what older adults cannot do instead of what they could do if provided with appropriate support leads to gradual and sometimes precipitous loss of function.

CBC Marketplace has documented the extent of Ontario's failed approach and its impact on individuals. It is easy to overlook the failure of a whole system when little data is collected about it. Home care data is not collected the way data is collected for long-term care.

Ontario's Home Care Program is rife with workers not showing up for scheduled appointments and this lack of reliability is causing hospital admissions. In some cases people are left in bed for 23 hours a day. The loss of function in a situation like this is unimaginable. Home Care companies' use of public funds has also been found to be shrouded in secrecy with "so few checks and balances that it is leading to missed home visits, downloading of care and front-line workers so poorly paid they are leaving the sector in droves" (Johnson et al, 2022).

THE ANTIDOTE - REABLEMENT

It may come as a surprise to many that focusing on deficits and supportive care may be counterproductive. Providing more care than people need creates dependency. Professionals who use a reablement philosophy are trained to stand back, observe, encourage and prompt people to learn new skills or re-learn skills they may have lost. This can be difficult to watch if someone is struggling, but intervening to save time or to address their own feelings can prevent someone from gaining the skills needed to be more independent. Reablement workers' use of positive encouragement has been found more helpful to people in the longer term.

Key features of the approach include:

- a focus on strengths, not deficits;
- setting and working toward meaningful goals;
- rebuilding confidence after an injury, hospital stay, illness, or an acquired disability;
- promotion of self-care skills rather than doing for someone;
- assistance to regain or retain skills so they are able to manage with little to no support;
- generally short-term and intensive support provided for free;
- focus is on restoring independence rather than resolving health issues which is how reablement differs from rehabilitation;
- geared to preventing hospital admission or a premature move to a long-term care facility;
- aims to reconnect people to their communities to reduce social isolation;
- provided in person's own home, or in a small, neighborhood residential home (Social Care Institute for Excellence, n.d.).

EUROPE IS ON THE BALL

The U.K. and European countries have introduced the concept of reablement to counteract the disempowering approaches often used in “elder care”. By supporting older adults to do things for themselves in a “doing with” rather than a “doing for” approach, the goal is to help people to retain or regain skills and confidence they may have lost during a period of illness. In Europe, the belief that people with neurodegenerative diseases are unable to participate effectively in rehabilitation programs is considered flawed.

In 2016 there was a Summit in Copenhagen where the concept of reablement was explored. Participants came to the conclusion that believing that supportive care is the only response to dementias and other neurodegenerative diseases is a nihilistic approach that needs to be replaced with a “philosophy of enablement based on a bio-psycho-social model that facilitates people living well with these conditions. It also reduces the reliance on supportive care both in the community and in residential settings” (Copenhagen Summit, 2016:1). It is now known that people with dementia can respond well to rehabilitation interventions, even following significant illness or injury (Cochrane, 2013; Begum et al, 2015; Lewin and Vandermeulen, 2010).

Reablement is a process that has been effective in supporting discharge from hospital, and preventing readmission, thereby supporting aging in place. It stresses the maintenance of function and of regaining functioning capacity in people living with dementia and other neurodegenerative diseases using both episodic rehabilitation, possibly following hospitalization to help people regain lost capacity, or to assist in regaining lost capacity because of disease

progression in order to avoid hospitalization. Ideally it should be practised in a person's own home or in a small, home-like residential setting in the community that is dementia friendly. It should be based on what the person wants, be goal-directed, and may involve technological assistance.

WHAT DOES THE RESEARCH SAY?

Ten studies of excellent quality involving 14,742 participants have been completed on the reablement approach, including four randomized trials. All showed “a positive impact of reablement, especially on health-related quality of life and service utilization. The implementation of reablement was studied in three regions, and all observed a reduction in healthcare service utilization. Considering its effectiveness and positive impact observed in several countries, the implementation of reablement is a promising avenue to be pursued by policy makers” (Tessier et al, 2016).

The countries at the forefront of development and testing of reablement are Australia, New Zealand, and the U.K. whose health care systems are similar to Canada's. There is no reason why this approach could not be incorporated into Canada's home health care system, and this would be best done through a National Home Care Program.

ONTARIO'S HOME CARE PROGRAM IS OUT OF STEP

Ontario's Home Care program is probably the worst vehicle for attempting to introduce reablement because individuals who work with those receiving this service need to be consistent. Home Care's patchwork approach undermines care consistency, thereby making implementation of a reablement process more difficult.

To properly introduce a reablement approach social care professionals build relationships with those with whom they are working to determine their priorities. Irrespective of a person's diagnosis the goal is to help the person to gain or regain the skills necessary to promote activities of daily living like washing, dressing, cooking, and being able to go out.

Typically a reablement process is used for approximately six weeks, often after a hospital stay. It can include assistance in obtaining equipment or renovations that improve accessibility and people being able to do things for themselves.

Generally speaking, that is not currently the focus of Ontario's Home Care program where workers come in, get people out of bed, dress them, make sure they are fed, and leave. There is almost a zookeeper type quality to the care people receive, where they are not actually treated like people who need and want to be able to do things for themselves. The trouble is, helping people to do for themselves takes longer and is more expensive, and therefore not considered efficient in Ontario's Home Care program. But that may be changing.

A GLIMMER OF HOPE?

In 2018, Dr. John Muscedere, Scientific Director and CEO of the Canadian Frailty Network got a group of Canadian health care leaders, researchers, and clinicians together to visit Denmark. They were surprised to learn that Denmark had built no new nursing homes for decades, and that responsibilities for eldercare rested with municipalities. They also learned that as a goal, Denmark had adopted reablement programs – “adding life to remaining years, rather than years to remaining life”. Denmark’s focus is on helping older adults to live as independently as possible and it is saving them money. They say that reablement programs have reduced home support and home care expenditures and admissions to long-term care institutions. An added bonus is that participants report much better quality of life.

Dr. Muscadere summed it up this way:

“The concept of reablement is something that could really fly in Canada... It’s an upstream approach that intervenes early to teach people how to continue to live well at home, before a crisis occurs that sets them back. It could involve physical rehabilitation after a stay in hospital, or teaching a widower how to cook a more nutritious meal... whatever is needed most to help the person regain their abilities and confidence.”

At least one Local Health Integration Network (now HCCSS) is listening. Cynthia Martineau, previously Vice-President of Strategy, Planning and Integration in the S.E. LHIN in Belleville who also visited Denmark says that “embracing local models of service delivery could help overcome one of the biggest stumbling blocks Canada faces in caring for its older citizens... We are struggling with our health human resources in Canada, especially in rural and remote areas. Local models of services delivery that compensate workers for travel time could really help us in our efforts to recruit and retain home care and home support personnel in smaller communities and would give us something to build upon to create reablement programs” (Canadian Frailty Network, 2022). Right she is.

Cynthia Martineau is now the CEO of Ontario’s Home and Community Care Support Services and will be presenting to Seniors for Social Action Ontario’s members on November 24th, 2022.

Let’s hope key decision makers at the municipal, provincial, and federal levels are listening and supportive.

WHAT YOU CAN DO

- Talk to your MPPs, MPs and municipal councillors about the need for greatly enhanced in-home services and supports that are based on a reablement philosophy.

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