

A review summary:

Rehabilitation, reablement, and restorative care in the context of Aged Care

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Prepared by Dr Claire Gough and Dr Janine Margarita Dizon, Research Fellows. Knowledge and Implementation Hub, Aged Care Research and Industry Innovation Australia, Flinders University

Key Points

- A scoping review of systematic reviews identified 64 reviews on rehabilitation, reablement, and/or restorative care in the aged care context published since 2012.
- These systematic reviews focused on a range of themes around rehabilitation, reablement, and/or restorative care. Most centred on functional interventions for improving the ability to perform the activities of daily living. Interventions for specific conditions such as stroke, hip fractures, and cardiac conditions were also featured.
- The role of allied health and multidisciplinary approaches were other predominant themes, along with barriers and facilitators, to these forms of care within the aged care sector.
- The literature includes economic evaluations of rehabilitation services, mostly in the form of cost-benefit analyses.

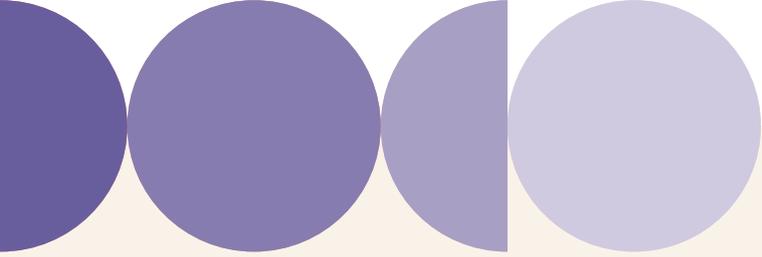
Background

The remit of the newly established Knowledge and Implementation Hub of the Aged Care Research and Industry Innovation Australia is to identify and synthesise the existing evidence of best practices in aged care provision. Based on a survey of the aged care workforce, the Centre identified rehabilitation, reablement and restorative care as one of four priority topics of interest to the sector. [1] This report summarises preliminary findings of a scoping review of the existing synthesised literature on rehabilitation, reablement, and restorative care in aged care settings. The purpose of the review was to understand and map the major themes being discussed in the research.

Rehabilitation, reablement, and restorative care

There is a lack of definitional clarity regarding rehabilitative, reablement and restorative care. The terms are variously used in literature, policy, and practice with the frequent conflation of terminology. [2] The lack of definitional clarity can be seen in a recent systematic review by Sims-Gould et al. [3] They use the term '4R interventions', which encompasses reablement, reactivation, rehabilitation, and restorative care. These interventions are described as 'intensive, short-term programs that aim to help home care recipients regain or retain the ability to manage some aspects of their care [3 p. 654]. They identified two clusters of programmes, namely those delivered following discharge from hospitals, and those delivered without a preceding hospital stay. [3]

The Aged Care Royal Commission includes in their recommendations the statement 'care and support should ... emphasise restoration and rehabilitation, with the aim of maintaining or improving older people's physical and cognitive capabilities and supporting their self-determination.' [1 p 207] A review of models of aged care conducted for the Royal Commission uses the terms reablement and restorative care to describe programs that aim to restore and/or maintain physical function. These include a range of interventions including 'exercises targeting physical impairments, activities of daily living retraining, behavioural interventions, adjustments to the environment, and accessing adaptive equipment.' [4, p5] However, they also use the term 'rehabilitation' in the discussion of a reablement model of care without differentiating between terms.



Despite this inconsistency in terminology, key differences between terms can be identified. Rehabilitation has a relatively narrow focus on restoring functional ability following illness or injury. For example, the World Health Organisation (WHO) defines rehabilitation as 'a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.' [5] Restorative care, more recently termed 'reablement', has a broader focus on restoring independent functioning and preventing decline [2, 6] to improve quality of life, support self-determination and ageing in place, and reduce the need for aged care services. [1, 3] The programmes are usually intensive and short-term, delivered in the home, provided by an interdisciplinary team, and include goal setting and personalised support plans.

Rehabilitation, reablement, restorative care in an aged care context

Australia's population is ageing, with the number of people aged 85 years and over expected to increase to 3.7% of the population by 2058. [1] As Australians live longer, they experience increased frailty and comorbidity. This affects demand on the aged care system and costs to governments at a time when the proportion of Australians of working age, whose taxes fund the aged care system and who provide the aged care workforce, is decreasing.

Australia has a complex aged care system that provides a range of subsidised supports for older people. Supports include care provided at home; respite care for older people and their carers; residential aged care; flexible care (restorative care, the transition from hospital, etc.); dementia support; and the Community Visitors Scheme.

There is strong support internationally for embedding rehabilitative and restorative care into aged care. [7] Therefore, it is critical to determine the extent of the published literature on rehabilitative, reablement and restorative care in aged care settings, to direct future activities in this context.

Objectives of this review

This document summarises the initial findings of the scoping review conducted to explore the extent of the published literature on rehabilitative, reablement and restorative care in aged care settings and to map the main topics of discussion into 'evidence themes' to inform the aged care workforce.

Methods

The review sought evidence from systematic reviews published in the last 10 years.

Search strategy

Six major databases were searched using an extensive range of search terms describing (1) rehabilitation, restorative care, and reablement, (2) aged care (home-based and residential), and (3) systematic reviews. The databases searched were: Applied Social Sciences Index & Abstracts (ASSIA), Ageline (EBSCOhost), CINAHL

(EBSCOhost), Medline (Ovid), Scopus, Social Services Abstracts (SSA), Social Care Online, and OTSeeker.

Inclusion criteria

We included studies which:

- included older adults with a mean age of 60 years and over
- reported rehabilitation, reablement, and/or restorative care in an aged care setting
- were published in the English language between 2012 and May 5, 2022
- documented their processes for reducing bias, including a comprehensive and replicable search strategy and a formal critical appraisal of their included studies.

Screening, selection, extraction, and presentation

All citations were collated and saved in EndNote v20 (Clarivate Analytics, PA, USA) where duplicate citations were removed. Screening and selection of relevant citations were undertaken by two independent reviewers using Covidence. The author, year, context setting and focus of the review (intervention, risks, outcomes) were extracted and summarised based on the focus of the reviews and presented using tables. The foci of the reviews were named 'evidence themes.'

Results

We retrieved 1,222 citations and 24 duplicates were removed. Both authors then screened 1,188 citations independently against the inclusion criteria. This process resulted in a final set of 64 systematic reviews for analysis.

The 64 systematic reviews informed multiple evidence themes. The list of evidence themes, a brief description of what they covered and the number of reviews informing them are presented in the Table 1 below.

Table 1. Summary of systematic reviews on rehabilitation, reablement and restorative care

Theme	Description	Number of reviews
Economic evaluations of rehabilitation	The reviews reported on various types of health economic evaluations for rehabilitation, reablement and restorative care interventions.	10
Technology (VR, e-health, robotics, exergames, and telerehabilitation)	The technologies used for rehabilitation, reablement and restorative care include eHealth, exergames, virtual reality, telehealth, and smart homes with home health monitoring technologies.	10
Hip fracture	The reviews focused on rehabilitation following hip fracture for older people with dementia or cognitive impairment, the transition from hospital to home with supportive services and perspectives of patients and carers following hip fracture exercise rehabilitation at home supervised by carers or a geriatric team.	9
Barriers and facilitators	The reviews reported on a range of barriers and facilitators in rehabilitation, reablement, and restorative care.	7
Allied health	The reviews reported on a range of allied health interventions including occupational therapy and/or physiotherapy delivered interventions, cognitive training, home care interventions and function-focused interventions.	7
Physical activity	The reviews discussed physical activity as a form of intervention and as a form of assessment for an exercise program.	5
Stroke rehabilitation	The reviews focused on rehabilitation, reablement, and restorative care for stroke survivors in different aged care settings: residential care facilities, hospital-to-home, and home settings.	4
Cognitive rehabilitation for people living with dementia	The reviews discussed different forms of cognitive rehabilitation including group meetings, goal-directed and personalised rehabilitation and joint, muscle and functional mobility re-education.	3
Falls	The reviews discussed rehabilitation strategies to address falls in aged care. Both reviews investigated multi-component programs.	2
Cardiac rehabilitation	The review reported on Tai Chi for cardiac rehabilitation of older people.	1

Note: not all evidence themes have been summarised at this stage.

Conclusion

There is a reasonable body of synthesised evidence on rehabilitation, reablement, and restorative care in the international aged care research literature. How well this evidence applies to the Australian context with its complex aged care sector and medical model of rehabilitation care is yet to be determined.

References

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For more information email ariia@ariia.org.au or call 08 7421 9134

ARIIA - Level 2, Tonsley Hub, South Rd, Tonsley SA 5042

ARIIA was established as an independent, not-for-profit organisation, set up to lead the advancement of the aged care workforce capability by promoting and facilitating innovation and research to improve the quality of aged care for all Australians.

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