



## Restorative Home Care Services

### Abstract

*Restorative home care services are being developed around the world. While having somewhat different origins and structures, these services share a capacity building paradigm and are designed to assist older people to maximize their functioning and reduce their need for ongoing assistance to complete everyday tasks. The evidence for the effectiveness of these services is positive though limited. In comparison to usual home care, they have been shown to increase individuals' functional abilities, their self-rated health, and their confidence and well-being, and to decrease individuals' need for ongoing care. More research is needed to address a range of unanswered questions about these services.*

**Keywords:** *home care, restorative, older adults, functional improvement, service use*



**Pre-test CME Quiz**

A new restorative paradigm for the provision of home care is gaining currency in a number of countries around the world. This restorative paradigm is one in which individuals are assisted to maximize their ability to engage independently in everyday living and social activities, rather than simply having essential tasks done for them so that they can

remain living in their homes. While the restorative home care services that have been developed within this paradigm in different countries share a focus on capacity building, they have somewhat different origins and ways of operating. This article describes these developments and the evidence that currently exists for the effectiveness of these services.

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## Restorative Home Care around the World

The development and testing of restorative home care services has

**SHOULD AN INDIVIDUAL STILL REQUIRE ASSISTANCE FOLLOWING RE-ABLEMENT, HE OR SHE IS REFERRED TO AN INDEPENDENT HOME CARE SERVICE.**

been described in the United Kingdom, the United States, New Zealand, and Australia. An extensive literature search was, however, unable to identify any published information on similar developments in Canada, where the functions of home care still

appear to be limited to maintenance or substitution for long-term or acute care.

### United Kingdom

The need for greater investment in prevention and rehabilitation services for older people was identified 10 years ago<sup>1</sup> as a response to what the U.K. Audit Commission described as “a vicious circle of spiralling costs, inefficient use of scarce resources and a failure to enable older people to live as they preferred—independently in the community.”<sup>2</sup> While health services responded by investing in intermediate care services to assist recovery outside acute services, local government authorities (responsible for home care in

the U.K.) responded by developing home care re-ablement services—designed to help people develop, or redevelop, the skills and confidence to do things for themselves rather than require ongoing assistance from others. This strategy is seen as having the potential to assist local government to meet the burgeoning demand for services as well as resulting in better outcomes for individuals.<sup>3</sup>

By 2008, 106 local government authorities already had a re-ablement service or were in the process of establishing one. The service is commonly provided by home care staff who are not health professionals but who have received training in re-ablement and are often able to access occupational therapists for consultation or referral. Re-ablement teams also have access to aids and equipment. Intervention is usually for a maximum of 6 weeks and targeted at either people who have been newly discharged from hospital or people referred from the community who have been assessed as eligible for local government-funded home care services. It is rare for a service to target both groups. Should an individual still require assistance following re-ablement, he or she is referred to an independent home care service. Managers have described re-ablement as being not just about helping people minimize the amount of support they need



#### Key Point

*Restorative home care services are currently being developed in the U.K., the U.S., New Zealand, and Australia.*

but also about fine-tuning long-term care arrangements.<sup>4</sup>

### United States

Whereas in the U.K. the development of a restorative approach to home care was prompted and subsequently supported by government policy, the development of restorative home care in the U.S.

has been in direct

response to researchers' experience. When Tinetti et al. conducted a trial of home-based rehabilitation, they found that home care workers frequently worked at cross-purposes with rehabilitation therapists. While therapists worked with patients to enable them to perform tasks for themselves, home care workers were doing exactly the same tasks for them.<sup>5</sup> This experience—that home care was not focused on assisting individuals to improve their functioning but was inadvertently contributing to the disablement process—matched previous researchers' experiences.<sup>6,7</sup>

The restorative home care service subsequently developed by Tinetti's colleagues with a large home care agency was based on principles from geriatric medicine, nursing, rehabilitation, and goal

attainment. Unlike the U.K. model, assessment, care planning, and parts of the multicomponent intervention were carried out by health professionals, nurses, and therapists. The role of the nonprofessionals in the team was restricted to direct care support.<sup>8</sup>

### New Zealand

The development of restorative home support programs in New Zealand has been in the context of government policy support for Ageing in Place initiatives that help older people to remain living in the community for as long as they choose. These types of programs are described as consistent with the notion that older people have considerable potential to recover fitness and the evidence that disuse plays a significant role in poor health and functional loss.<sup>9</sup> Parsons et al. argued that restorative home support programs with an associated shift in the funding structure would be an effective response to major issues identified in the New Zealand home support sector including poor morale, high staff turnover, and inefficient funding models<sup>9</sup>; this argument was endorsed by the National Select Committee on Home Support.<sup>10</sup>

The recommended model has several key components, including nationally recognized training for support workers, quarterly reviews and assessments, goal set-

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ting, health professional home care coordinators, repetitive functional rehabilitation delivered by support workers,<sup>11</sup> and allied health input as required. The model has been developed both for older people at all levels of need, using a fee-per-service funding model, and for clients with high levels of need, using a bulk-funding model.<sup>9</sup>

## Australia

The first restorative home care program in Australia was developed in 1999 by Silver Chain, a large West Australian home care provider, as a direct response to being unable to meet the demand for services. With the objective of reducing the demand for services, Silver Chain developed the Home Independence Program (HIP) to assist older people to optimize their health and everyday functioning and thereby reduce or remove their need for ongoing care. This program was designed to be time limited (3 months maximum), individualized, goal directed, evidence based, and delivered by an interdisciplinary allied health team, with the support of trained home care workers. It was targeted at older people when they were first referred for services or when existing clients were assessed as needing an increase in services.<sup>12</sup>

The adoption of a service response such as HIP was also consistent with the direction of

national aging policy. The 2001 National Strategy for an Ageing Australia specifically identified “the importance of healthy ageing to enable a greater number of older people to remain healthy and independent for as long as possible,” and had as its first goal within its healthy ageing strategy, “All Australians have the opportunity to maximise their physical, social and mental health throughout life.”<sup>13</sup>

HIP was also designed to directly address the concern that the way home care was being delivered was encouraging older people to adopt a passive, dependent role, often setting up a vicious cycle of an ever-increasing loss of confidence, skills, and belief in abilities.<sup>14</sup> Other more recent responses have been at the state funder level. The Victorian and West Australian Home and Community Care programs have adopted a whole of sector approach to encouraging providers to adopt a restorative approach to home care.<sup>15,16</sup>

In 2006, the Department of Human Services in Victoria adopted an “active service model” as its vision for home care. The concept includes the provision of person-centred, timely, and flexible services that prioritize capacity building and restorative care to maintain or promote a client’s capacity to live as independently as possible. The project to facilitate the universal adoption of this type



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of service model has so far included six pilot studies with different services; a national forum and state seminar for providers; a literature review; and consultations with consumers. An implementation plan is currently in development.<sup>15</sup> Also in 2006, the West Australian Health Department adopted a Wellness Approach to Community Homecare (WATCH) as their policy position for future growth in service delivery as well as the underlying philosophy for all aspects of the program. As in Victoria, the focus is on the development and implementation of an overarching restorative or wellness model that can be adopted by service providers regardless of their organizational structure or their client target group.<sup>16</sup>



### Key Point

*Restorative home cares services have also been shown to reduce mortality and the need for nursing home placement, and improve self-rated health, confidence, and well-being more than usual home care.*

## Effectiveness of Restorative Home Care Services

The evidence for the effectiveness of restorative home care services is currently limited by the small number of studies that have been conducted in which there has been a control group for comparison of outcomes. As service development has differed between countries, there are also variations in service focuses and objectives. The study outcomes examined therefore vary, although the majority of studies have examined functional outcomes and the use of services following participation in a restorative service.

## United Kingdom

To date, only two systematic evaluations of the effectiveness of home care re-ablement services in the U.K. have been completed. In the first small study, the difference in outcomes in terms of ongoing service use for individuals who had received re-ablement compared with individuals who received usual home care was so large that the investigators concluded that there was no doubt that the service was extremely successful. The study examined the level of service use at a 3-month review and found individuals in the re-ablement group to be more likely to not be receiving services, or to have decreased their level of service receipt, than individuals in the comparison group.<sup>17</sup>

The second study was also small and was further limited by not having baseline data or a comparison group. It did however look at whether users of a re-ablement service used home care in the longer term. The study found that in three of the four services studied, between a third and a half of the individuals who received re-ablement did not use any home care services for up to 2 years afterwards. Additionally, there appeared to be a year or more delay in starting services for those who did subsequently go on to receive usual home care; and for two of the services studied, the proportion receiving less home care than at discharge increased over the 2 years.<sup>18</sup>



### Key Point

*The types of interventions that are incorporated into restorative home care services that have been shown independently to be effective in promoting older people's independence include exercise programs and physical therapy, aids and equipment, task analysis and design, health education, chronic disease self-management, falls prevention strategies, and home modifications.*

Although not yet complete, a large rigorous evaluation of re-ablement services, designed to fill the current gaps in evidence, is presently underway.<sup>4</sup> Two interim reports are available. One describes the features of the services being studied, which include five re-ablement services and five services that provide only usual home care<sup>4</sup>; the other describes the results of the analysis of the costs and short-term outcomes for the 629 individuals who have received re-ablement to date.<sup>2</sup> These individuals were found to have significantly improved self-rated health, quality of life, and social care outcomes between pre- and postintervention periods.<sup>2</sup>

### United States

There has been just one U.S. study on the effectiveness of a restorative home care service. Having developed and implemented a restorative service in one branch of a large home care agency, Tinetti et al. prospectively individually matched 691 service users with home care users in five other branches of the agency. The two groups were then compared in terms of staying at home, functional status at the end of the home care episode, and length and intensity of that episode. They found that individuals who received restorative home care were more likely to be living at

home and show greater improvement in their self-care, home management, and mobility scores at discharge than those receiving usual home care. They also found that the restorative home care episodes were shorter than usual care episodes and concluded that reorganizing the structure and goals of home care can enhance the outcomes for clients without increasing health care utilization.<sup>19</sup>

Although not actually involving a home care agency, another U.S. study is also relevant because, unlike the situation in the U.K., Australia, and New Zealand, older people in the U.S. experiencing functional difficulties are not eligible for home care services unless they have recently been hospitalized or had an acute medical episode. Gitlin et al. used a randomized controlled trial to look at the effectiveness of a multicomponent intervention to reduce functional difficulties and enhance self-efficacy and adaptive coping in older people with chronic conditions. Intervention clients were found to have significantly improved functioning in self-care tasks critical for independent living at both 6- and 12-month follow-ups compared with members of the control group. They also had greater self-efficacy, less fear of falling, fewer home hazards, and a greater use of adaptive strategies.<sup>20</sup>

## New Zealand

Parsons et al.'s Assessment of Services Promoting Independence and Recovery in Elders (ASPIRE) project, which was designed to examine the effectiveness of three of

the home support services developed as Ageing in Place initiatives, included evaluation of Community FIRST, a restorative home support service for older people with high and complex needs. The evaluation was

designed as a meta-analysis of randomized controlled trials of each of the three services. The outcomes examined included institutionalization and mortality rates, functional dependency, and quality of life. All three interventions were found to reduce mortality and the likelihood of institutionalization, although these reductions did not achieve statistical significance. Functional independence was shown to have improved for those receiving Community FIRST services, but not for those in the other groups.<sup>9</sup>

## Australia

Over the past 10 years, Silver Chain has conducted progressively more rigorous tests of HIP. This has included the pilot study,<sup>12</sup> a 2-year

operational trial,<sup>12</sup> a nonrandomized controlled trial,<sup>21</sup> and, currently, a large randomized controlled trial.<sup>22</sup> The outcomes examined in the pilot and subsequent research trials included individual outcome measures of functioning and well-being, as well as ongoing service use. The operational trial included only the latter. All studies have found that HIP was successful in reducing or removing the need for home care for between 52% and 71% of clients 3 months after service commencement, and that these proportions decreased only marginally at the 12-month follow-up.<sup>22,23</sup> The proportion of clients in the intervention group who did not require the care for which they were originally referred was found in both controlled trials to be significantly higher than that for the controls, with the likelihood of receiving home care at 1 year being many times lower.<sup>21,22</sup>

In all studies, HIP clients were also shown to make gains in the first 3 months in everyday functioning, confidence, and well-being, and to essentially retain the gains over the next 12 months. However, whereas in the nonrandomized controlled trial the HIP group showed significant improvement compared with the control group on all measures, this was not the case in the randomized controlled trial. In this most recent trial, the control group also showed

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IN 2006, THE DEPARTMENT OF HUMAN SERVICES IN VICTORIA ADOPTED AN "ACTIVE SERVICE MODEL" AS ITS VISION FOR HOME CARE.

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**Figure 1:**

Assistive device to help older person wash own legs

improvements on all measures between baseline and first follow-up, and the only significant difference between the groups was in instrumental activities of daily living at 12 months because the HIP group retained their improvement better than those in the control group. It is hypothesized that HIP has essentially contaminated the control group by an independence philosophy now being generally accepted across the organization and likely to have influenced care workers' practice. There was however a significant difference between the groups in the proportion of clients who had become independent in bathing, and assistance with showering or bathing was the major reason that people had been referred for home care.

The evidence for the effective-

ness of the Victorian active service model pilots is limited by the small number of participants involved in most of the programs as well as the lack of control groups. Nevertheless, the external consultants concluded that three of the four projects were able to demonstrate potentially positive outcomes of an active service model approach with their client groups within their specific settings. In particular, the Moreland project, which provided the service to 97 households, was able to demonstrate how a restorative approach and specific interventions could substantially improve the functional capacity of clients to complete activities that are frequently performed by home care workers.<sup>24,25</sup>

While it is still too early for the effectiveness of WATCH to be





**Figure 2:**

Gardening made a little easier with longer handles

examined (many agencies are still in the process of implementation), a formative evaluation has recently been completed. This evaluation showed the implementation process to be judged by agency staff as generally effective, and the staff to clearly demonstrate an understanding of and a positive attitude towards adopting a restorative approach to home care. The evaluators considered that the clarity provided to the sector about the values that should guide home and community care services was a particular success of the implementation.<sup>26</sup>

### **Specific Interventions That Restore Function or Promote Independence at Home**

This article has described the devel-

opment, delivery, and evaluation of restorative home care services. The services that have been developed are multifaceted and include different elements/components, some of which are shared while others are not. To date, there has been no research that has systematically varied the program elements to determine which are critical for program success and contribute to positive client outcomes. The evidence, on the other hand, is accumulating for the effectiveness in promoting independence of the types of interventions that may be incorporated into a restorative home care service, depending on the needs and goals of the individual, the skills and knowledge of the staff, and the resources available. Such interventions include physical activity and therapy;





**Figure 3:**

Encouraging the older person to keep doing things for themselves

strength and balance training; use of assistive technology and equipment; task analysis and redesign; occupational therapy; health education and chronic disease self-management; falls prevention strategies; and social rehabilitation.

In their 2000 review, McWilliams et al. concluded that there was sufficient evidence for the effectiveness of health promotion and exercise programs for all older adults, and in-home geriatric health care management and falls prevention programs for frail older persons, to recommend their generalized adoption.<sup>27</sup> A more recent review led Ryburn et al. to conclude that, in general, the findings regarding the effectiveness of the interventions examined were very encouraging. They found that the evidence relating to occupational

therapy and health education in improving functional and health statuses was particularly strong, whereas the evidence relating to social rehabilitation was weak.<sup>28</sup>

The home environment too is increasingly being recognized as having the potential to support or inhibit older people's independent living. Home modifications have been shown to make it easier to perform household and self-care tasks<sup>29-31</sup> and reduce the need for caregivers.<sup>32</sup> Together with the provision of aids and equipment, home modifications can either substitute for home care services or supplement them cost-effectively.<sup>33,34</sup>

## Conclusions

Several aspects have contributed, though in different measure, to the development of restorative home

## SUMMARY OF KEY POINTS

Restorative home care services are currently being developed in the U.K., the U.S., New Zealand, and Australia.

Restorative home care services focus on assisting older people to improve their functioning rather than simply doing things for them.

Although presently limited, the evidence available shows that restorative home care services are significantly more likely to result in increased functional independence and reduced need for ongoing assistance than are usual home care services.

Restorative home care services have also been shown to reduce mortality and the need for nursing home placement, and improve self-rated health, confidence, and well-being more than usual home care.

The types of interventions that are incorporated into restorative home care services that have been shown independently to be effective in promoting older people's independence include exercise programs and physical therapy, aids and equipment, task analysis and design, health education, chronic disease self-management, falls prevention strategies, and home modifications.



### Post-test CME Quiz

*Members of the College of Family Physicians of Canada may claim MAINPRO-M2 Credits for this unaccredited educational program.*

care services in the U.K., U.S., New Zealand, and Australia: a focus on healthy aging; a wish to enable older people to remain living independently in the community for as long as they would like; a recognition of the potential of older people to improve their functioning and regain skills and abilities and the potential for services to inadvertently contribute to individuals' decline; and the ever-increasing demand for services due to population aging.

The effectiveness of these restorative home care services, which focus on capacity building and enabling older persons to

maximize their ability to live their lives independently in the community, has as yet only been rigorously tested in a small number of trials. However, the results of these trials are extremely encouraging and have demonstrated the services' efficacy in improving functioning and reducing the need for ongoing care without seemingly costing any more than usual care.<sup>19</sup> There are however still many unanswered questions. We do not know, for instance, whether certain individuals may benefit more than others from this type of service; whether the timing of the intervention makes a difference;



## Clinical Pearls

Older people have considerable potential to recover fitness and regain functional independence and should therefore be provided with the opportunity to do so before maintenance home care is considered.

how long the benefits last; what the impact is on carers and families; and which elements of the service are most critical. We do know, as described, that individual interventions can be effective, but not what training or experience is required to deliver them and what other service attributes are the critical value adds.

There is much still to be discovered about these programs. Exciting times lie ahead for home care researchers like me!

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