

# Reablement in long-term care: lessons and innovation in a global perspective - The reablement model in New Zealand

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# Demographics of New Zealand

- NZ population - 5,151,600<sup>1</sup>
- 16.0 % of population over 65 years<sup>2</sup>
  - 5.6 % of those over 65 years identify as Māori<sup>3</sup>
  - 4.3 % of those over 65 years live in institutional care
  - Community dwelling<sup>3</sup>
    - 59.3 % 65-74 year olds
    - 31.0 % 75-84 year olds
    - 9.7 % of 85+ year olds
- 1.5 % of GDP allocated to home care provision<sup>2</sup>
- 8.5 % of those over 65 years receive home care<sup>5</sup>
- Decentralised service provision across 20 semi-autonomous regions (currently being re-modelled)



# Welfare model<sup>6</sup>



- Liberal welfare model
- Universal and affordable long-term care services
- Contracting of private providers of home care by semi-autonomous regions
- Funding model is tax-financed with some user fees
- Seperate no-fault system for health care needs resulting from accidents
- Integrated health and social care

# Reablement model in New Zealand<sup>7</sup>

- Target group – 65 years (55+ if Māori)
- A mix of time limited (up to six weeks) and longer-term evolution of home care
- Nurse led with allied health input (physiotherapy and occupational therapy)
- An emphasis on reablement care worker support and training

# Reablement model in New Zealand<sup>7</sup>

- Comprehensive geriatric assessment tool (interRAI Home Care) and goal facilitation tool
- Casemix funding derived from comprehensive geriatric assessment tool
- A strong focus on training
- Intervention components: Training in daily activities inside and outside the home, physical exercises to enhance strength, endurance and balance, home modifications
- Intensity and duration of the intervention: Daily training for 4-6 weeks.

# Implementation history of reablement in New Zealand<sup>7</sup>

- Reorientation of home care services in response to government policy developed in the early 2000s
- Commenced as an evolution of home care
- Facilitated by regional portfolio leads in each semi-autonomous health region
- More recent developments have focused on shorter term support for early supported discharge and hospital avoidance
- Investment in effectiveness and resource use

# Evidence for reablement in New Zealand

- Physical function
  - 1xRCT
- Quality of Life
  - 3xRCT
- Goal setting
  - 1xRCT
- Assessment
  - 1xRCT
- Case management
  - 2xRCT
- Reduction in hospitalization and institutionalization
  - 2xRCT
- Delayed entry to Residential care
  - 1xRCT
- Workforce
  - 1xRCT

# Current status of reablement in New Zealand

- Well-established long-term home care aligned to principles of reablement
- Slow spread of shorter term reablement services focused on support for early supported discharge and hospital avoidance



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# Evidence for reablement in New Zealand (Supplementary information)

- **Physical function**

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- **Quality of Life**

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- **Goal setting**

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- **Assessment**

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# Evidence for reablement in New Zealand (Supplementary information)

- **Interdisciplinary care**

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- **Funding**

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- **Quality assurance**

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- **Cost utility**

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## Evidence for reablement in New Zealand (Supplementary information)

- **Reduction in hospitalisation and institutionalisation**

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- **Delayed entry to Residential care**

Parsons, M., et al. (2017). "Randomised trial of restorative home care for frail older people in New Zealand." *Nursing Older People* 29(7): 27-33.

- **Workforce**

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- **Education**

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