

Implementing Wellness, Reablement and Restorative Support with Older People and their Allies – Seven Key Steps

Step One – Start a different conversation and get everyone on the same page

Implementing wellness and reablement is not a technical problem but rather an adaptive leadership challenge. Heifetz and Linsky (2002)¹ argue that adaptive leadership is the activity of mobilising people to tackle tough challenges and thrive. They demonstrate that adaptive leadership challenges are those for which there are no simple, painless solutions – problems that require us to learn new ways. In contrast, technical problems are well defined and the solutions are known and those with adequate expertise and organisational capacity can solve them. Adaptive leadership problems are entirely different, the challenge is complex and not so well defined; and the answers are not known in advance.

For many staff implementing different ways of working with older people requires new techniques and different types of conversations and is an adaptive leadership challenge. This means that for some staff the concept that older people can and do improve with small amounts of timely intervention, or ‘doing with’ rather than ‘doing for’ may be a radical concept for staff. Furthermore, for some staff they are motivated by ‘helping’ people to do things for them and if they take a step back then they are not ‘helping’ people. In workshops staff have reported to me that they feel guilty if they are not ‘helping’ people and struggle to let go of the idea that helping people can involve prompting and letting people try their own path.

The language of reablement, wellness and consumer directed care is confusing. If you find it confusing as a manager then imagine how confusing it must be for a front-line worker. Most front-line workers only have a basic care plan that is task focused with limited information about the person they are supporting.

Your job as the manager is to explain to all of your staff what wellness, reablement or restorative approaches mean for them in their day to day work. Run some workshops, start conversations that really practically explain what it means for people in their work. Use some practical slogans for example

- ‘doing with’ rather than ‘doing for’,
- getting people back to where they were,
- encouraging people to have the best life possible.

You can work with you staff to develop some phrases that really focus on what the outcomes you are trying to achieve.

As part of these conversations give people permission to talk about things they find difficult and why they don’t think they can improve the lives or functioning of older people. Sometimes allowing difficult conversations can deepen the learning for people.

¹ Heifetz, R., & Linsky, M. (2002). *Leadership on the Line - Staying Alive through the dangers of leading* Boston, Massachusetts: Harvard Business Review Press



Step Two – Critically read research and share it with your team

There is a strong evidence base that wellness and restorative approaches improve the health and wellbeing for older people from Australia, the United Kingdom and New Zealand (Lewin et al, 2013, Parsons et al, 2013, Parsons et al, 2014). It can also reduce people's dependence on paid supports (King & Parsons, et al 2012, Lewin & Alfonso 2013, Lewin & De San Miguel, 2013).

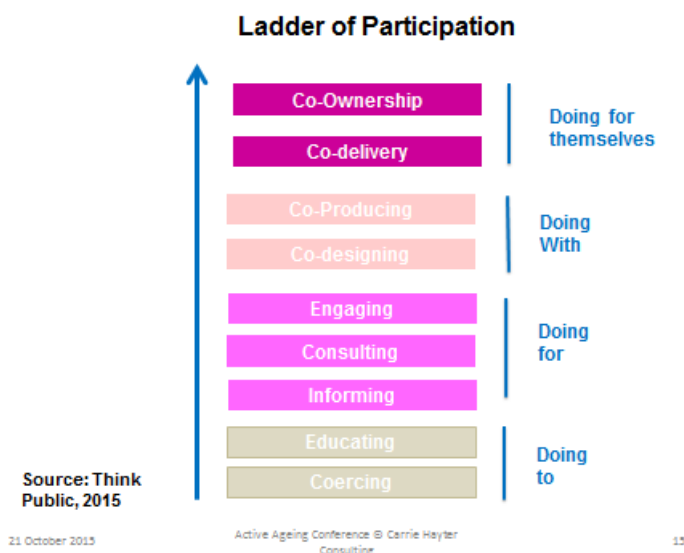
The skills of your staff in working with people to support them to identify their strengths and supports of people are also important (Department of Family and Community Services, Ageing, Disability and Home Care, 2012).

There are significant research and evidence gaps for people living with dementia and for engaging older and their carers in the process of enablement. For people living with dementia understanding what wellness and re-ablement looks like and means requires further research. A recent literature review by Alzheimer's Australia identified the benefits of physical exercise for people living with dementia (Alzheimer's Australia NSW, 2014) however, further research is needed. Carers and older people often don't understand the benefits of restorative approaches and wellness (Wilde & Glendenning, 2012).

Engage with the research and research community and share this with your staff and talk about how to translate some of the research findings into their practice. What should they change? What should they keep doing? How do they feel about letting go of some things that are not working?

Step Three – Engage Older People - Nothing about me without me

Older people have been told what to do by providers and professionals for too long. People either 'educate' or 'coerce' older people to accept services being delivered in a particular way. Rather than 'doing to' older people we need to think about how staff and providers encourage older people to do things for themselves and organise and support each other in their local community.



If we examine the ladder of participation it is about encouraging older people and their allies to be in control of their lives. There are some wonderful examples of co-ownership and co-delivery that are happening internationally and in Australia. At the [Manchester Institute for Collaborative Research on Ageing](#) a research project examining age friendly cities in Manchester used a co-delivery model. Older people living in the three different communities across Manchester were recruited as co-researchers to interview older people living in their community about their experiences of ageing. The older people recruited and interviewed older people and were able to outreach to people who were socially isolated. The co-researchers played a key role in identifying questions, recruiting participants and analysing data and interviewing 68 older people. Without the involvement and of older people as co-researchers the project would not have been able to involve people many of whom were socially isolated many of whose voices would not have been heard. You can watch a video which explains the [research project](#).

At a community level, [the Waverton Hub](#) is an example of older people creating an organisation for the community by the community. The Waverton Hub connects people together into the local community and provides opportunities for people to develop relationships and is for the community by the community.

There are some community development and leadership models being developed by people with disability for people with disability. [My Choice Matters](#) is an initiative established to prepare people with disability for the transition to the National Disability Insurance Scheme. They are funded by the NSW Government and have on-line education programs, run leadership programs and fund initiatives for people with disability to establish projects.

Step Four – Get behind your front-line staff

The front-line staff that work in the community with people are your most important asset. How do you support them to be effective in their work? When was the last time you asked them about what is working and what is not working for them? How involved are they in developing support plans with older people?

Too often the front-line staff are the most undervalued in organisations. However, front-line staff are the heart and soul of any social care agency. If you don't support them and work with them to have a shared understanding of how to implement key changes then whatever you try to implement won't work.

I have facilitated over 200 workshops with front-line staff, many staff have great ideas for how things could change or be delivered differently. Some of them are stuck in a particular way of working, however, my experience of starting conversations and implementing the 30 day enablement and wellness challenge they are transformed and energised by this experience.



Step Six – Connect people to their community

In hundreds of workshops I have heard all the barriers that staff report in terms of getting people to connect into the community. Many front-line workers have reported how people really like doing things in the community but their managers don't allocate enough resources or think creatively to enable people to connect to their community.

The research and evidence demonstrates that as people age they value building relationships and community connections. Supporting people to age well is about building community connections and relationships. Use the existing resources in the local community to build connections and enable people to access community facilities. Be creative, think outside the square and build partnerships with people to make these conversations happen.

Step Seven – Form Partnerships

The outcomes you get for people are often heavily reliant on the networks and connections that you have with key partners. Use a mindmap to explore what partnerships your organisation currently has and who you could partner with in the future. Be creative. You don't just have to partner with other social care agencies, you could partner with people in totally different fields to build a strategic relationship to improve the lives of older people

Step Eight – Be Curious, Test Ideas and build an evidence base

Agencies that work with older people are wonderful sites to explore new paradigms and ways of working. For too long, social care agencies have not focused on how they work with people and the kind of outcomes that people want.

If you really want to lead change then get curious and don't be afraid to test out your hunches or ideas. Small steps can make significant changes, even the smallest step can change the way that people think or view the world.

Empower your staff and older people to be active participants in this process. Partner with universities and researchers who can support your organisation through this journey.

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