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Gerontology

Strengthening reablement and ageing well initiatives to support aged care reforms



2025

To improve the experience
of ageing through
CONNECTING
RESEARCH, POLICY
and **PRACTICE**

Acknowledgement of Country

AAG acknowledges Traditional Owners of Country throughout Australia and recognises the continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures, to Elders past and present, and to all Aboriginal and Torres Strait Islander peoples, including members of the Stolen Generations.

For further information, see the AAG [Aboriginal and Torres Strait Islander Ageing Advisory Group](#).

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Strengthening reablement and ageing well initiatives to support aged care

Executive summary

As the aged care reform agenda progresses post the Royal Commission into Aged Care Quality and Safety, there is a pivotal opportunity to enhance and expand reablement approaches and ageing well initiatives across the lifespan, with particular emphasis for people aged 50 years and older.

Reablement (goal-directed, time-limited interventions that support older individuals in regaining or maintaining independence) is supported by contemporary evidence and aligns with national policy directions (Gough et al., 2025; Prior et al., 2025).

This briefing paper explains why reablement and ageing well strategies should be integrated with aged care reforms. It uses recent Australian peer-reviewed evidence to support implementation advice and discusses the limitations of this approach for people living with disability and dementia.

1. Context: Aged care reform and reablement

Responding to the Royal Commission into Aged Care Quality and Safety, the aged care reform agenda emphasises a shift from passive, dependency-based services to proactive, person-centred models. Reablement aligns with this direction and features prominently in the forthcoming *Aged Care Act 2024*, the strengthened Aged Care Quality Standards, as well as state-based ageing well strategies.

Reablement also reflects global health policy frameworks, such as the World Health Organization's Decade of Healthy Ageing (2021–2030), which place an emphasis on maintaining the intrinsic capacity and functional ability of people as they age (WHO, 2020).

2. Defining reablement and ageing well

Reablement is a structured, time-limited, person-centred approach focused on restoring or maintaining functional independence following health decline or hospitalisation. It typically involves the clinical skill sets of allied health professionals and trained support workers (Gough et al., 2025). Reablement is also a key feature of standards of care within the Commonwealth Home Support Programme (CHSP) that builds “on what people can do, rather than focusing on what they can’t do” and “moving from ‘doing for’ a person to ‘doing with’ them,” (Department of Health, Disability and Ageing, 2025).

The concept of ageing well requires strategies that support physical, mental, and social wellbeing in later life, including preventive health, social connection, digital inclusion, transport, and age-friendly environments (Gough et al., 2025; WHO, 2020). This is consistent with the World Health Organisation’s definition of healthy ageing as the development and maintenance of functional ability for wellbeing in older age (WHO, Oct 2020).

Measuring ageing well can be complex, with some researchers adopting the Healthy Ageing Phenotype (HAP) Framework Strategies, which focus on five key domains: physiological/metabolic health, physical capability, cognitive function, social wellbeing, and psychological wellbeing (Lara et al., 2013). While there is no Australian national ‘ageing well strategy’, State and Territory governments have developed such strategies and accompanying action plans to encourage and support people to age well.

3. Alignment with government priorities

The Commonwealth Home Support Programme (CHSP) and Short-Term Restorative Care (STRC) Programmes embed reablement in home support models. The CHSP, in particular, fosters a “wellness” approach alongside the concept of reablement, encompassing a holistic, whole-of-person approach focused on three essential elements of mind, body, and social connectedness. Often associated with the “More Good Days” Wellness Wheel, a focus on wellness may offer a deeper understanding of what is important to an individual using targeted, person-centred assessments and care plans (Department of Health, Disability and Ageing, 2021). The STRC Programme is continuing within the new Support at Home Programme from 1 November 2025 under the new service type “Restorative Care Pathway.”

Reablement and ageing well initiatives also support key policy frameworks:

- The New Aged Care Act establishes reablement as a foundational care principle.
- The National Preventative Health Strategy 2021-2023 to enhance the health and wellbeing of all Australians at every life stage by using a systems-based prevention strategy that addresses broader determinants of health, reduces health inequities, and lowers overall disease burden.
- The National Dementia Action Plan 2024-2034, to raise awareness about dementia, decrease population risk, and enhance service coordination for individuals affected.
- The Strengthened Aged Care Quality Standards require providers to focus on independence, wellness, and outcomes.
- State health and ageing strategies emphasise prevention, inclusion, and integrated support.
- Australia’s Disability Strategy (2021–2031) calls for inclusive ageing support for people with disability.

4. Current system gaps

Despite policy alignment, there are a range of issues impacting the widespread implementation of reablement approaches.

Data from the 2023 CHSP Wellness and Reablement report suggests that although service providers see the value of integrating wellness and reablement approaches, they often find it challenging to implement and sustain them in practice (Department of Health, Disability and Ageing, 2024). Specific challenges of wellness-related approaches include service capacity, client-related barriers, costs, demand and inadequate staffing. Similarly, reablement approaches continue to be significantly hindered by cost, client-related issues, service capacity and demand, staffing and process challenges (p. 5).

Other key issues include:

- **Workforce capability:** Staff often lack training in person-centred goal setting and reablement frameworks (O’Connor et al., 2020; Prior et al., 2025).
- **Service silos:** A disconnection between aged care, disability, and primary health services reduces continuity of care and limits outcomes for older people (AAG, 2025).
- **Funding disincentives:** Existing task-based funding structures may inadvertently promote dependency rather than reablement (Gough et al., 2025).
- **Access and equity:** CALD, Aboriginal and Torres Strait Islander, LGBTIQ+, and rural populations face barriers to accessing reablement-informed services.
- **Measurement and outcomes:** Many residential care providers lack routine tools to assess progress on reablement in their residents (Gough et al., 2025).

5. Evidence of effectiveness

There is growing evidence supporting reablement:

- A recent scoping review of systematic reviews identified strong evidence that reablement supports independence and reduces long-term care needs in older adults (Gough et al., 2025).
- Reablement programs can improve function and delay residential care admissions (Gough et al., 2025).
- Staff engagement and leadership are crucial to the successful implementation of reablement in community settings (Prior et al., 2025).
- Dementia-specific enablement approaches have been associated with improved confidence, functional adaptation, and carer engagement (O'Connor et al., 2020; Dementia Australia, 2020).
- Recent research highlights the importance of addressing staff attitudes toward reablement, especially in dementia care. Tuntland et al. (2025) conducted an explorative qualitative study revealing that negative perceptions among care staff can significantly hinder the adoption of reablement practices for individuals with dementia. The study emphasises the need for targeted training and organisational support to overcome these barriers and effectively implement reablement strategies in dementia care settings.

6. Considerations for people with disability and/or dementia

However, some reablement approaches may not be suitable or desirable for all older people. Individuals with cognitive, behavioural, or functional impairments may face additional challenges, including:

- A limited capacity for goal-setting or engagement in task-oriented programs, especially for people experiencing confusion and cognitive decline (O'Connor et al., 2020).
- Progressive conditions (e.g., Parkinson's Disease, multiple sclerosis) and/or intellectual disability often require long-term support rather than the pursuit of short-term gains in managing symptoms, with rigid models (e.g. 8-week STRC limits) too narrow for complex conditions (Gough et al., 2025).
- Workforce skill gaps in trauma-informed care, communication, and supported decision-making can impede inclusive reablement delivery (Prior et al., 2025).
- Negative staff attitudes and a lack of understanding about the benefits of reablement can impede its adoption in dementia care (Tuntland et al., 2025).

Overcoming these obstacles, and others as they may arise, requires comprehensive staff education and a supportive organisational culture that values person-centred care and continuous improvement.

7. Recommendations to support reform

To strengthen implementation, using an evidence-based approach, we recommend the following actions:

1. Codify reablement in legislation with clear definitions and implementation guidance (KeepAble, 2021).
2. Further investment in the aged care workforce, specifically to include accredited reablement training (Department of Health, Disability and Ageing, 2024; Prior et al., 2025).
3. Support cross-sector models that link or integrate aged care, disability, dementia, and health care (O'Connor et al., 2020).
4. Embed measurement and tracking of outcomes using functional and quality of life tools (Gough et al., 2025).

5. Fund innovation through co-designed pilots tailored to diverse communities (Gough et al., 2024).
6. Promote ageing well initiatives in local health planning through partnerships with community services and local government (Dementia Australia, 2020).

Policy Response:

- Develop a national “ageing well” strategy aligned with the Healthy Ageing Phenotype (HAP) Framework with particular focus on the key domains of physiological/metabolic health, physical capability, cognitive function, social wellbeing, and psychological wellbeing (Lara et al., 2013).
- Embed flexibility and adaptation within reablement models.
- Invest in specialist training for dementia and disability-informed care.
- Involve carers and support networks in goal setting and review.
- Strengthen links with specialist and community-based disability, dementia and palliative services (AHHA, 2021).

8. Conclusion

Reablement and ageing well initiatives offer transformative potential for older people living in Australia and accessing aged care services as they age. With coordinated investment in workforce, data, and integrated models, these approaches can support people to age with dignity, autonomy, and improved wellbeing, regardless of their functional status or background.

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