



# research in practice *for adults*

## Reablement: policy, research and practice **Briefing**

## Definition

There are a number of services provided by Local Authorities in collaboration with Health that are funded in order to improve or maintain the independence of people living in the community. These mainly fall under the umbrella of prevention, rehabilitation, intermediate care, reablement and enablement. Reablement has been defined as a range of *'services for people with poor physical or mental health to help them accommodate their illness by learning or relearning the skills necessary for daily living'* (Department of Health, 2007).

It is a service that is free at the point of use and available for up to six weeks for everyone over 18 years of age who needs help regaining independence after a period of illness or the onset of a disability. There are a range of reablement services that, through short term intervention, help people recover skills and confidence to live at home. *Reablement, Enablement* and *Intermediate Care* are terms that are often used interchangeably.

Reablement services are provided by Local Authorities (LAs) with input from Health colleagues and have grown out of traditional home care services. Over half of LAs in England have reablement services.

## Policy Context

Reablement is a key policy priority for health and social care in increasing independence, reducing costs and promoting partnership work. The importance of reablement has been emphasised in recent policy, including the transfer of money from the NHS to PCTs and Councils for reablement services announced in the Comprehensive Spending Review. The Government's vision for Adult Social Care states that:

*Reablement services help people to regain independence after a crisis, and can have a significant positive impact on people's quality of life.* (Department of Health, 2010)

From 2012/13 acute trusts will be responsible for arranging and funding reablement for people who are ready for discharge from hospital. It seems they will be responsible for all health and social care for thirty days after discharge, with the exception of long term care placements. At the moment councils are funding reablement, including for hospital discharges.

## Research and Practice

The most comprehensive study of the benefits of reablement was completed in April 2011 by the Social Policy Research Unit at the University of York. This found that reablement had comparable costs to home care over a medium-term intervention but there is a high probability that for comparable costs it delivers better outcomes in terms of quality of life.

A large number of small scale studies have been done and these show that reablement is welcomed by service users because of its emphasis on increased independence, and is welcomed by staff and managers because of its flexibility and responsibility.

*research in practice for adults* has examined the evidence in terms of the implications for practice and has identified the main areas that Local Authorities need to consider. We are now using these areas as the basis of **Knowledge Exchanges** to discuss and exchange learning on how Local Authorities are responding to the research messages in practice.

The main implications for practice arising from the research are set out below.

## The Vision

There needs to be clear and shared vision of reablement between all partners and all staff working within the social care sector. The ethos of enabling people and not 'doing to' or for people is a very different methods of working for many in the social care sector. The vision needs to be supported by statements from management about the risks involved and staff need to be supported to enable service users to take risks.

## Savings for Local Authorities

There is an initial cost in implementing reablement and services are usually more expensive to provide than conventional home care. The savings come from the diminished need for long term care. The service has to be flexible so it can accommodate daily changes and the cost of flexibility needs to be factored in. The costs of Occupational Therapy and Physiotherapy also need to be factored into the service.

Studies have shown that because the need for ongoing care is reduced following a period of reablement, this releases capacity into the system so more people can receive a service. The offer of an individual budget or direct payment is often easier for someone to cope with at the end of a period of reablement, especially following discharge from hospital.

## **Which Model?**

There is no one a prescribed model to follow. Some people benefit more than others from reablement so you need to think about who the service is aimed at. Referral criteria into the service need to be clear. Many LAs have taken a phased approach to reablement, for example starting with hospital discharge, then looking at new referrals, then reassessments, then reviews.

LAs are using a mixture of in-house and external providers. It is important to consider training, skills and incentives for staff providing reablement.

It is important that reablement is joined up to other services and that there is an exit plan. This requires links to a range of low level services that you can sign post people to.

## **Outcomes for service uses**

When setting up a service the use of tools to measure outcomes are vital as they demonstrate the effectiveness of the service. A reduction in care hours is not the only indicator of success; service user perceived benefits are essential. There are various tools emerging to measure outcomes, for example the Adult Social Care Outcomes Toolkit. This is a questionnaire that measures subjective outcomes in domains that service users have identified as important to them.

You need to consider how you will measure outcomes for service users and carers. Goal setting by the by the service user is a major part of this.

## **The Right Staff**

An important element of reablement is access to therapy skills and other professionals such as Community Psychiatric Nurses can provide useful input. It is important to evaluate the input of different professionals. Studies have shown that some staff who have worked in a traditional home care service have difficulty in changing to the new way of working so there needs to be a strategy to help staff to adjust.

Staff need training in promoting independence, reassessment and good transition to ongoing care or other support.

## Communication

People using reablement require information about what it is, how it works, the ethos, costs and what will happen after the short term intervention has finished. It is important to capture regular good news stories in the press or free magazines to raise public awareness.

Local Authorities have important learning from their work that needs to be shared to support others and to ensure reablement develops in the most effective way possible.