Reablement: key issues for commissioners of adult social care

Key messages

- Reablement leads to improved health and wellbeing.
- Reablement improves outcomes and reduces expenditure on ongoing support.
- No single leading delivery model exists. Many teams have developed from services such as in-house home care.
- Government investment in reablement could lead to more joint working and funding between health and local government.
- Assessment and goal planning are integral to people achieving their individual aims.
- Occupational therapists have a key role in the provision of reablement and can assist in ongoing reablement for people with complex conditions.
- More evidence is needed on how reablement influences outcomes in different models of delivery.
- Research suggests that customer satisfaction can be high from a well-run reablement service.
- There is a wealth of information available to commissioners on putting reablement into practice.

Introduction

This At a glance briefing outlines research and practice evidence about reablement and describes what is required for successful implementation. It provides links to evidence and information freely available online and presents two case examples of the impact reablement can have on the population and on local authority budgets.

‘Reablement aims to help people do things for themselves rather than the conventional home care approach of others doing things for them.’

The focus of reablement is on restoring independent functioning rather than resolving health care issues. It aims to help people do things for themselves rather than the conventional home care approach of others doing things for them. Reablement is welcomed by people receiving the service, and represents an investment that can produce savings.¹

Research on reablement has examined whether it is a better approach to supporting people than conventional home care. Key questions are whether better outcomes can be achieved, and for whom, and whether savings can be made through investment in reablement.

The findings are broadly positive. One study found that, compared with home care, reablement delivers improvements in physical functioning and reduces the need for ongoing support services.² Another concluded that reablement was
Reablement aims to improve people’s confidence and independence and results in a reduction in social services’ spending on home care and other forms of support.\textsuperscript{3} Significantly associated with better health-related quality of life and social care outcomes compared with conventional home care.\textsuperscript{3} The same study also concluded that there is a high probability that reablement is more cost-effective in the long run than conventional home care and therefore worth investment.

Setting up a reablement service

Reablement works through an intensive short-term service leading to lasting savings. It aims to improve people’s confidence and independence and results in a reduction in social services’ spending on home care and other forms of support.

The implementation of reablement services is at different stages in councils with social services responsibilities (CSSRs) across England. Some CSSRs are still at the planning stage, some are piloting schemes and others have reablement services in place. A progress report published by Care Services Efficiency Delivery (CSED) in 2010\textsuperscript{4} shows that the majority of established schemes were in-house, although a small number of councils had outsourced their services. Over 80 per cent of councils were reportedly operating ‘intake and assessment’\textsuperscript{1} as opposed to hospital discharge schemes. Around a quarter of councils co-funded reablement with health and the remaining schemes were funded solely by the council.

The balance between jointly-funded and solely-funded schemes may shift now that the Government has announced targeted investment in reablement via health budgets. The government Spending Review and the 2011/12 NHS Operating Framework provided funding to primary care trusts (PCTs) for the financial years 2011/12 and 2012/13 to develop local reablement services in partnership with councils.\textsuperscript{5} Commissioners should be working with their PCT counterparts to negotiate use of this funding.

Tips for commissioners

The following tips will be helpful to those setting up and monitoring a reablement service.

1. The first step is to baseline the current service in order to identify the impact of reablement. CSED provides some useful benchmarking formats and advice.\textsuperscript{6}

2. When setting up or reviewing a reablement service, use a standard framework such as the toolkit published by CSED. This is based on local authorities who piloted the use of reablement across England. The toolkit is set out in eight sections describing the project steps that help lead to a successful reablement service.\textsuperscript{7}

3. The connections with other community-based services, such as intermediate care, need to be reviewed, especially if they have been developed on a needs basis rather than planned. Bury NHS and Adult Care Services has an integrated model with the connections between many community services identified in its document on reablement.\textsuperscript{8}

4. To ensure an efficient service it is essential to review the care pathway and the targets set at

\textbf{Performance monitoring needs to be robust to ensure that reablement is cost effective.}
The best available research evidence demonstrates savings of 60 per cent on social care spend following a period of reablement."
Research has identified the particular importance of occupational therapy skills in the delivery of reablement.

However, having occupational therapists as core team members is not the only way they can contribute. In some places they are external to the team but work collaboratively, sometimes being co-located with a reablement service to be on hand to give advice. Other reablement teams employ occupational therapists to deliver training to care workers, especially in the areas of assessment and goal-setting.

Providing training
In the UK, CSSRs designate NVQ Level 2 as the base qualification for reablement care workers.¹⁴

However, specific reablement training must complement qualifications so that care workers grasp the ‘reabling ethos’, which is distinct from the spirit of standard home care. A shift away from the old ‘doing for’ ethos needs to be supported by a training programme. There is currently no single, accredited training programme for reablement care workers, although individual councils have developed training manuals and programmes which they may be willing to share. In addition, the North East Improvement and Efficiency Partnership (NE IEP) has published a guide to reablement for frontline staff.¹⁵

Handover to other services
Where a person has benefited from reablement but has ongoing support needs being met by a conventional home care agency, the worry is that this traditional approach might undo the progress made during reablement. There are ways of addressing this and a number of teams are working to ensure that care providers delivering ongoing support understand the reabling ethos. In one team, reablement workers mentor home care workers when a person’s support needs have increased following handover. Another London borough is renegotiating home care contracts to reinforce the reabling message.

Example: High satisfaction
Nottingham City Council satisfaction surveys show that 90 per cent of people using the reablement service are satisfied or very satisfied. The service has a strong holistic approach ensuring that links with networks such as faith communities and neighbours are re-established. An outcome tool using a five-step ladder approach is used to ensure that people who use the service are in control and that outcomes are measured by both sides. About 40 per cent of users leave with no need for further services, and as the largest age band is 85–95 this is a very good outcome.
Outsourcing

Many reablement services were started in-house and consideration is now being given to outsourcing as the market matures. Issues concerning transition from an existing service are analysed in guides by Gerald Pilkington Associates and Think Local, Act Personal which examine the different options and their risks, costs and benefits.

Further information

SCIE At a glance 46: Reablement: a key role for occupational therapists

SCIE Research briefing 36: Reablement: a cost-effective route to better outcomes

A number of firms offer web-based support to establish, review and enhance reablement:

Peter Fletcher Associates
www.peter-fletcher-associates.co.uk/

Whole Systems Partnership (WSP)
www.thewholesystem.co.uk/

Gerald Pilkington Associates
www.geraldpilkingtonassociates.com/

Office for Public Management (OPM)
www.opm.co.uk/

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References


