



Transcript:

Prevention: Reablement

- Lynne Lock: *Alright?*
- Margaret: *Yeah.*
- Lynne Lock: *Now did you put your things in the dish washer?*
- Margaret: Having had things done for me in hospital I did wonder how I was going to cope with meals or just making a pot of tea.
- Lynne Lock: Well done Margaret.
- Narrator: Margaret, who is eighty-five, came out of hospital six weeks ago after suffering a slight stroke.
- Margaret: Really my legs weren't at all my legs, but they were.
- Narrator: The retired physiotherapist lives in the London Borough of Sutton, and was referred to the START programme, pioneered by the local authority.
- Lynne Brown: START stands for Short Term Assessment and Reablement team, and that is exactly what we are, we provide a service up to six weeks or more, depending on the individual, for people who are coming out of hospital, or to prevent them going into hospital following injury or illness. Or people that have got long term disabilities in the community, that have decreased mobility and are struggling to cope.
- Sandra Roche: It is not the same as rehabilitation, it is not that you can necessarily get better with the condition that you have. But there is some real dignity and respect issues that come through reablement.
- Prof. Julien Forder: At some levels reablement is a philosophy, it is about not trying to do things for people, but helping people to do things themselves. And there is even an argument that perhaps in the past homecare services, for example, tend to come in and do things for people; they get them dressed, they prepare the food for them, and it meets their immediate needs but that is different from reablement, where reablement is there to help people to regain those life skills. So that is, I would say, the key distinction between a reablement home care service and a conventional home care service.
- Lynne Lock: *Can you open that? Let's see you open it. Sometimes they are a bit stiff aren't they?*
- Margaret: *Sometimes, my worst nightmare.*

Narrator: Reablement in Sutton is seen as an opportunity to assess a person's social care needs, and also as an effective way of preventing injury or deterioration in a medical or physical condition.

Lynne Lock: *Oh they are big aren't they?*

Narrator: When Margaret was referred to START Lynne Locks were told she needed help with personal care, and with taking her medication. She was assessed by Lynne Lock.

Lynne Lock: I first came to Margaret when she had just come out of hospital, and I needed to assess her needs; for equipment, and how many calls she needed – it may have needed an extra call being put in at lunch time, because she wasn't able to do her meals at lunchtime – and now she is really, really coping very well. And the way we got to that stage was, we verbally encouraged her to do her own personal care, and gave her that encouragement that she was lacking when she was in hospital thinking that she wasn't going to be able to come home and do all this.

Lynne Lock: *You keep dropping these sticks.*

Margaret: *Yes, that is why this is so useful, you can't drop the trolley.*

Lynne Lock: *Alright?*

Narrator: Key features of an effective reablement scheme are the provision of specialist equipment, and the requirement that assessments are done in a person's home environment.

Margaret: *It has helped to have something like the trolley to move it.*

Lynne Lock: *Exactly yeah. And you have got your bathmaster haven't you, and your perching stool that you can sit on, and now wash independently?*

Margaret: *Yes, amazing, I don't have to think now what am I to do.*

Lynne Lock: She is a very different person now, full of more life, not down in the dumps like when I first saw Margaret. And she seems to want her life back to how she was before.

Margaret: *To me it is essential to have my own home. That is the great thing, to be able to be independent when you have always been.*

Lynne Lock: *Yeah, yeah.*

Narrator: It is expected that Margaret's condition will improve to a point where she requires few, if any, commissioned care hours after reablement. This outcome isn't unusual.

Lynne Brown: From an outcome perspective, we know that thirty per cent of the people coming through the service don't require any ongoing care at all, so their hours are cut off at the end of the six weeks. And then another thirty per cent have ongoing care, so we have developed a support plan with the person to meet their ongoing needs, and it is

something like forty-two per cent of that ongoing care is on a reduced level to what it was in the beginning.

Margaret: *I can't say I could stand on my head or my heels, but it is such a help to feel independent.*

Lynne Lock: *Good.*

Margaret: *And get about.*

Lynne Lock: *Good.*

Narrator: Sutton's reablement scheme is known as an intake model, in other words it is inclusive, and anyone in need to social care will be assessed.

Lynne Brown: For us reablement isn't just about moving everybody out of the system, and being self supporting, and only focussing on people who have had a fracture or a break, and are potentially going to get better, it is about everybody; everybody has some degree of reablement potential.

Carer: *Up we go, hold on to there.*

Narrator: Sutton's START service means that some people get support who wouldn't qualify under a different type of reablement scheme. People like Rob and Anne.

Rob: What they do, they come and get her up in the morning, take her to the bathroom, toilet her, wash her, dress her, and bring her down here, and then I give her breakfast. And in the evening they come along and they do the reverse.

Carer: Four steps, well done.

Rob: In themselves they might sound like two very simple tasks, which they probably are, but when it is on top of everything else that you are doing during the day they sometimes become like a major obstacle.

Narrator: Rob's wife Anne has dementia, for several years he has cared for her without any social care support.

Carer: *Anne would you like to brush your hair.*

Narrator: *But the responsibility has worn him down.*

Rob: I am normally a pretty happy-go-lucky chap, and as this thing has progressed I have found – and this is a dreadful thing to say – I was beginning to resent what I was having to do.

Carer: *Come on then, show me how you brush your hair. How do you have it, down or back?*

Rob: I have said to my closest friends, you must notice that I am being really miserable at the moment, and that is not like me.

Narrator: Two weeks into reablement Rob has realised that he was doing too much for Anne.

Carer: Do you want to brush your hair today? That's it then, brush your hair.

Rob: What the carers have been doing, they get her to do some of the things because they have probably got a little bit more time and a little bit more patience than I have been showing. But they certainly helped her to try and do some of the things for herself.

Alright? Yeah, yeah? Put your arm in there, push it through.

Narrator: With this intervention the need for Anne to go into residential care may be delayed, and the decline in Rob's mental health is being reversed.

Rob: I can honestly say after the first twenty-four hours I felt totally different, because I hadn't had to do those two jobs that day. Now that they have been coming to us for a fortnight people have said to me, you are back to your normal self.

Okay, do you want to carry on walking?

Anne: *Mhm.*

Rob: *Okay, come on then.*

Narrator: Sutton's experience of reablement echoes the findings of a national report which compared this type of scheme with more conventional services.

Prof. Julien Forder: What we found was that people using reablement had better outcomes. So reablement was more expensive but produced better outcomes, and on that basis we found that it was cost effective, or it had a very chance of being cost effective.

Narrator: Sutton council has evaluated its START scheme to identify cost benefits and personal outcomes. Results show that reablement has proved to be good value for money.

Sandra Roche: In total, for that first two years operation an accumulative saving should be £2 million. In terms of people, four hundred additional people have been diverted out of the social care system altogether, so they have achieved full independence, compared to the proportion that we would have expected from our control group. So there is a real significant difference for people.

Narrator: In November last year the government announced that it is making £1 billion available to local authorities to set up reablement schemes. It believes that such projects provide positive outcomes for people as well as saving money in the long term.

[End of Recording]