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Prevention services in adult social care: reablement

Laura Clohessy

The Social Care Evidence in Practice project team recently hosted a workshop at the University of Birmingham on 23 January 2013 on the topic of reablement. The workshop was advertised as an opportunity for researchers and practitioners to discuss some of the latest practice issues and research in reablement and to determine how the project could support knowledge exchange in this area. Reablement services support people to learn or re-learn skills necessary for daily living which are lost due to deterioration in health or increase in support needs. The first presentation of the day was by Robin Miller and Kerry Allen, researchers at the University of Birmingham who shared the latest findings from a Health Services Management Centre (HMSC) study funded by the NIHR School for Social Care Research on Prevention services in adult social care.

Prevention services in adult social care

Making prevention a priority in local authorities was a key message proposed in the Care and Support 2012 White Paper, as reforms set out to provide care and support that will enable people to remain active and live in their own homes, for as long as possible. These messages have been taken up in many forms by different local authorities with the uptake of various interventions in different areas. This has highlighted the need for a knowledge base on what prevention strategies are in use and how effective they have been shown to be. The aims of this particular study were to:

- to understand what prevention services local authorities invest in
- to gather 'practice- based' evidence from local authorities of the impact of these services
- to combine 'practice-based evidence' with that of formal research studies to strengthen current knowledge

The first phase of the study included a survey of a sample of Directors of Social Services followed by interviews with identified intervention leads. Reablement was the top intervention strategy identified, with telecare & telehealth and information & advice also popular choices for local authorities. There were also a number of interventions in use by single authorities, potentially reflecting local history or demographics and perhaps identifying a need for research into what works and how this can be applied at a local level.

Models and outcomes of reablement

Prior to the workshop attendees had been asked if there were specific areas of interest on the topic of reablement they would like to discuss, of which the different models of reablement was a common response. What this study showed was that a sense of the 'traditional' model of reablement was present in all local authorities using the intervention, but that this was evolving and additional therapy and nursing services were being included in many reablement services. Reablement was fast moving to become the entry point for most adult social care services and in the future was likely to be involved with the assessment stage of adult social care. Table 1 summarises the emerging reablement models –

Table 1

Initial models	***Emerging***
Focused on a particular transition	Act as the 'entry' point to all adult services
Older people only	Open to all adult user groups
In house home care act as sole/ lead provider	Independent Sector also provide reablement
Occupational Therapy input	Other therapies and nursing input
LA funding only	Contribution from health
Social work referrals only	Multi-professional pathways / open access

Reablement was also emerging as an "underpinning philosophy" for all adult care services – with this increased application is the danger that what is meant by 'reablement' and its purpose could become diluted?

The current reablement services were on the whole the most advanced of the prevention interventions studied in relation to the setting of individual and organisational outcomes, and in the systematic review and collation of progress in achievement of

these on discharge. These processes could be strengthened though by –

- moving towards more commonalty between authorities in the type of data and analyses completed which would enable better comparison and learning about works and for whom;
- routinely following up people six months on discharge to understand if the benefits were sustained longer tem;
- considering impacts on family carers to provide a broader view of how deployment of the individuals' personal systems and resources have been changed

There is an opportunity here for research and practice to work together looking both at collaborative working and outcomes measurement in social care, particularly in the topic of reablement.

Research literature

As part of the study a formal research review was conducted on the top 3 prevention strategies identified, reablement, telecare & telehealth, and information & advice. The aim of this was to understand what works in practice in prevention strategies. To do this the research team included only empirical data driven by practice or structured reviews that included information on outcomes. What they found to be striking was that only nine primary research studies were identified in reablement. For such a visible intervention this lack of research evidence highlights a challenge for practitioners in using an evidence base to inform current practice in reablement and for the development of services. Although a somewhat limited evidence base, the key messages from the research found that it:

- has large upfront costs
- is more expensive than traditional home care
- leads to reduced service use
- leads to better individual outcomes, increased quality of life
- is cost effective over time

Conclusions

The key messages extracted from the study and presented at the workshop were that there is local and formal evidence that reablement can have a positive impact both for individuals, and for Local Authorities (in relation to decreasing service uptake). However we need to gather more evidence to understand better the long-term and broader impacts of current and future forms of reablement and what are the best configurations for different populations and local circumstances. There is also a need to consider how best to engage the independent sector within its development and delivery, and if this should be on the basis of competition 'for the market' (i.e. for the right to be the lead provider in a locality) or 'in the market' (i.e. to have multiple providers from which people can choose). Finally, as ever, the close connections with health care services in relation to both funding and delivery mean will require Health & Wellbeing Boards to ensure that a joint vision is set out within their visions and commissioning strategies.

For a full copy of the presentation used on the day please click here. A summary of the key findings of this study can be found on the NIHR School for Social Care Research website here.