Integrated Care Matters

Reablement Care at Home

Knowledge Tree Branch
This Insight examines the evidence around the effectiveness of reablement services.

Key points

- Initial research findings suggest reablement is an effective and cost-effective alternative to traditional homecare.
- Evaluations reveal improvements in the health of people using services and show high levels of recipient satisfaction with the service.
- Reablement has been shown to work best when staff are fully trained; receive ongoing management support; have sufficient flexibility over the duration and content of visits; and are working in multi-disciplinary teams.
- Studies suggest that any transfer of provision for individuals from local authority reablement services to independent providers should be carefully handled in order to minimise disruption to service users.

This paper synthesises research evidence about the effectiveness of services intended to support and sustain people with dementia to live at home, including supporting carers. The review was commissioned to support an inspection regime and identifies the current state of scientific knowledge regarding appropriate and effective services in relation to a set of key outcomes derived from Scottish policy, inspection practice and standards. In many areas, policy and practice developments are proceeding on a limited evidence base. Key issues affecting substantial numbers of existing studies include: poorly designed and overly narrowly focused studies; variability and uncertainty in outcome measurement; lack of focus on the perspectives of people with dementia and supporters; and failure to understanding the complexities of living with dementia, and of the kinds of multifactorial interventions needed to provide holistic and effective support. Weaknesses in the evidence base present challenges both to practitioners looking for guidance on how best to design and deliver evidence-based services to support people living with dementia in the community and their carers and to those charged with the inspection of services.

This factsheet explains intermediate care and reablement.

This paper describes two small studies examining the impact of home care reablement on subsequent service use. The evidence so far strongly suggests that a period of home care reablement can reduce the subsequent use of home care services and that, for some people, these benefits may last for a year or more. However, a number of organisational and cultural factors can limit the immediate and longer-term benefits of home care reablement.

SCIE (2011) Reablement: a cost-effective route to better outcomes [link]

This is one in a series of research briefings about preventive care and support for adults, focusing on reablement. The Social Care Institute for Excellence website hosts a range of resources on reablement [link]

Wales Model for Reablement and Intermediate Care
Two reports by Third sector organisations in Wales (Royal Voluntary Service and AgeCmru) explore the provision of reablement and intermediate services across Wales. [link 1] and [link 2]

NHS England Quick Guide to Better Use of Care at Home
This resource includes advice and case studies on how to make best use of reablement and rehabilitation

- Needs to be goal-oriented and can be provided in a number of housing settings, which may be an interim arrangement;
- Reablement is a flexible and valuable service, but should not be seen as a default option, nor as a standardised period of 6 weeks;
- Reablement should not be considered to automatically supersede a package of care at home which is already meeting the needs of the individual;
- In many cases, reablement will be best suited to working in partnership with care at home [link]

Cordia Services LLP (2015) [link] Cordia reablement service

This video explains how the Cordia reablement service was created and how it is helping people live more independently in their own homes
**International Examples**


This paper provides a background to reablement and the rationale for the concept. It deflects on the limited evidence base, the contradictory nature of policies relating to it and the variation in definitions to explore critical perspectives. The authors identify challenges, including that reablement approaches may lead to hidden side effects such as social isolation and a paradoxical increase in hospital admissions. They argue that further research is needed to assess the short- as well as longer-term impacts of reablement for clients, carers, services and systems.

Legg, L et al. (2016) A systematic review of the evidence on home care reablement services. *Clinical Rehabilitation* 30(8). [link]

This systematic review seeks to determine whether publically funded ‘reablement services’ have any effect on patient health or use of services. The study found that reablement is an ill-defined intervention targeted towards an ill-defined and potentially highly heterogeneous population/patient group. There is no evidence to suggest it is effective at either of its goals; increasing personal independence or reducing use of personal care services.


This systematic review examines effectiveness of reablement, as well as its different service models. The authors conclude that the reablement approach may improve homecare services through evaluating needs and treatment plans for elderly people. It may also lead to reducing healthcare service utilization in the short term, and increase employee satisfaction at a reasonable marginal cost.

**Australia**


This study using data linkage sought to determine whether older individuals who participated in a reablement (restorative) program rather than immediately receiving conventional home care services had a reduced need for ongoing support and lower home care costs over the next 57 months. It found that individuals who had received a reablement service were less likely to use a personal care service throughout the follow-up period or any other type of home care over the next 3 years. Reduced use of home care was associated with median cost savings per person of approximately AU $12,500 over nearly 5 years.
New Zealand
Parsons, JGM et al. (2013) A Randomized Controlled Trial to Determine the Effect of a Model of Restorative Home Care on Physical Function and Social Support Among Older People. *Archives of Physical Medicine and Rehabilitation* 94(6), pp.1015-1022. [link]

This randomised controlled trial sought to determine the impact of a restorative model of home care on social support and physical function among community-dwelling older people. Significant improvements in physical function were observed after a period of restorative home care services. The absence of an associated change in social support may have been the result of a combination of factors, including the threshold of physical function required for community ambulation, the low rate of allied health service provision, and the time required to re-establish social ties.

Canada
Dubuc, N et al. (2013) Development of integrated care pathways: toward a care management system to meet the needs of frail and disabled community-dwelling older people. *International Journal of Integrated Care* [link]

The home care and services provided to older adults with the same needs are often inadequate and highly varied. Integrated care pathways (ICPs) can resolve these issues. The aim of this study was to develop the content of ICPs to follow-up frail and disabled community-dwelling older people. Once computerized, these ICPs will facilitate the exchange of information as well as the clinical decision-making process with a perspective to adequately matching the needs of an individual person with resources that delay or slow the progression of frailty and disability. Once aggregated, the data will also support managers in organizing teamwork and follow-up for clients.

Norway

The aim of this study was to explore and describe how an integrated multidisciplinary team in Norway experienced participation in reablement. Three main themes emerged from the participants’ experiences with participating in reablement, including “the older adult’s goals are crucial”, “a different way of thinking and acting – a shift in work culture”, and “a better framework for cooperation and application of professional expertise and judgment”. Structural factors that promote integrated multidisciplinary professional decisions include providing common meeting times and meeting places as well as sufficient time to apply professional knowledge when supervising and supporting older persons in everyday activities.
USA


This quasiexperimental study sought to compare readmissions of Medicare recipients of usual home care and a matched group of recipients of a restorative model of home care. The authors argue that the restorative care model offers an effective approach to reducing the occurrence of avoidable readmissions, although results indicated marginal statistical significance.

**Other Useful Resources**

The King’s Fund published a comprehensive reading list on Intermediate Care and Reablement in June 2013 - [link]

NICE published guidance on older people with social care needs and multiple long-term conditions [link]

NICE guideline 74 on Intermediate care and reablement covers referral, assessment and how to deliver a multidisciplinary service that helps people to be as independent as possible, ensures people transfer from hospital to the community in a timely way and to prevent unnecessary admissions to hospitals and residential care. [link]

The UK National Audit of Intermediate Care aims to take a whole system view of the effectiveness of intermediate care and reablement, to develop quality standards and patient outcome measures and to benchmark local performance against agreed, national standards. The 2017 report is available at [link]