The organisation and content of home care re-ablement services

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Home care re-ablement is high on the English adult social care policy agenda. It aims to help people regain skills and confidence so they can live as independently as possible, thus reducing needs for longer-term home care services. However, little is known about what re-ablement involves or how best to organise services. This first study of five well-established re-ablement services shows which features are considered to contribute to success.

Key findings:

- Staff (re)training and on-going supervision are essential in changing staff approaches from doing tasks for users to encouraging and motivating users to maximise their own skills.

- The five re-ablement services had been developed from traditional local authority in-house home care services. Initially they were all selective, accepting people discharged from either hospital, or intermediate care, or from the community. However, they expanded to take almost everyone referred for home care, excluding only people with terminal illness or advanced dementia. The widening of their intake is likely to result in the impact of re-ablement being limited for some services users, for example those who have less potential to improve their independent skills.

- Re-ablement can be provided for a few days up to several weeks, depending on individual capacity and needs. Flexibility over the duration and content of visits, team support and careful staff rostering facilitate swift responses to users' changing capacity and needs.

- Prompt supply of equipment and independent living aids to users is vital; rapid access to occupational therapists for more complex equipment is essential.

- Users needing on-going home care services require prompt referral to independent home care agencies; lack of capacity in the latter sector delays discharge from re-ablement and blocks the service to new referrals.

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Background

Home care re-ablement is high on the policy agenda for English adult social care. Re-ablement offers short-term, intensive home care support. It aims to help people regain skills and confidence so they can live as independently as possible, with consequent reductions in needs for long-term home care services.

Despite the growth of re-ablement services across England, there is little evidence on how they are best organised and delivered. What are the most effective interventions? Which groups of users benefit most? What is the optimum timing and duration of re-ablement interventions?

The Department of Health has commissioned research into the longer-term impact of re-ablement. As part of this study, the organisation and delivery of five established re-ablement services were examined in detail; factors contributing to their success were explored with senior managers and front-line staff.

Findings

Setting up re-ablement services

The five services in the study were all well-established. A common factor behind their development was the need for specialist services to support the recovery of people discharged from hospital, sometimes following periods of intermediate care or physical rehabilitation. Another common factor was the refocusing of local authority in-house home help services following the outsourcing of long-term home care services to independent sector providers. In all cases this had involved retraining existing in-house home helps.

The five re-ablement services had all initially been selective, accepting people discharged from either hospital, or intermediate care, or from the community, if they were considered as having the potential to improve their independent living skills. Over time they had become more inclusive, accepting almost everyone eligible for adult social care under local Fair Access to Care Services (FACS) criteria who required home care support. Only people for whom re-ablement would have no benefit (eg with terminal illnesses or advanced dementia) were excluded. However, some services did not have the resources or staff skills to offer re-ablement to people with learning disabilities or mental health problems.

In this expanded 'intake' role, re-ablement services had several additional functions (Box 1).

The more inclusive approach of re-ablement services is likely to result in much diluted outcomes for service users whose potential to be re-abled is more limited. People newly discharged from hospital after an accident or fall were considered to have the largest potential for improved independence, but even small gains in self-care capacity could have a big impact on users' morale.

Training

Re-ablement staff all had basic home care training up to NVQ level 2 or 3, as well as specialist induction and training in re-ablement. In some localities, new staff were trained by accompanying experienced re-ablement workers on visits.

Some localities were able to offer additional training on dementia, visual impairments or mental health problems, thus extending the capacity of the service to work with a wider range of users.

Retraining established home help staff could be a challenge as it involved learning to observe, encourage users and help them solve problems rather than carry out tasks *for* users. Observations of re-ablement visits confirmed that newly recruited workers were more likely than retrained staff actively

Box 1
Functions of 'intake' home care re-ablement services

- Intensive short-term intervention

- Short-term home care support

- Extended assessments so appropriate levels of long-term home care services are commissioned

to involve users in both decisions and home care activities. However, a re-ablement approach led to greater worker job satisfaction and commitment.

Day to day organisation of services

After referral, clients were reassessed by a senior re-ablement worker and care plans devised with the re-ablement goals and areas of activity (Box 2). These reassessments were important because hospital discharge information did not always cover what clients could do at home and often people's needs changed once they were in their own environment. It was important that care managers understood the reasons for re-ablement reassessments and did not feel their expertise was undermined.

Because users often required very high levels of support (sometimes involving two carers), one-to-one care was rarely possible. However, careful staff rostering ensured that each user was seen by a limited number of workers. Some services were able to offer greater continuity to users with dementia or mental health problems. This involved having only two or three workers with specialist training providing their re-ablement services.

Flexibility over the length of visits was crucial, particularly at the start of a re-ablement episode. If a visit took longer than anticipated, workers could ring the office to rearrange subsequent visits.

Good records of each visit were important in ensuring continuity, particularly as users' needs and abilities could change rapidly. Re-ablement workers discussed users' progress with their supervisors on a daily basis and with each other in team meetings. Team meetings were valued by workers and also provided regular opportunities for supervisors to reinforce training and embed the re-ablement 'approach'. However, the frequency of team meetings varied and staff in some localities reported practical difficulties in attending all team meetings. In one locality, if care rotas prevented attendance, workers were encouraged to attend other teams' meetings. Workers also valued regular opportunities to 'shadow', or go on joint visits with, more experienced staff.

Re-ablement was provided for an average six weeks, but with wide variations. It could be extended beyond 6 weeks if further independence gains were likely; other people newly discharged from hospital only needed the service for a few days. Charging policies varied – some services were free but elsewhere income-related charges were made after the first few days.

Access to Occupational Therapy skills and equipment

Rapid provision of equipment such as grab rails or walking frames was a major part of re-ablement services. Front line staff could usually order small, basic items themselves. For larger, more complex items, occupational therapists (OTs) were involved. Where services operated in partnership with the NHS, OTs were part of the re-ablement team; in one locality the re-ablement service was able to 'fast-track' referrals to OTs based elsewhere in the local authority.

Discharge and onward referral

Formal reviews were conducted towards the end of a re-ablement period to assess whether on-going home care or other services were needed. People needing on-going home care could be referred back to care management teams for this to be commissioned. Alternatively, where the re-ablement service managers had authority to commission, they could do so directly and more quickly (unless safeguarding issues were involved).

Shortages within the independent home care sector often delayed discharge from re-ablement. Users would continue to be supported

by the re-ablement service until a provider could be found. This reduced the re-ablement service capacity to accept new referrals. Hand-overs to independent home care providers usually lasted only a couple of days; some front-line workers felt this was not long enough to ensure continuity of the re-ablement approach. Consequently, the achievements of re-ablement could quickly be undermined.

Implications – factors contributing to successful re-ablement services

There was widespread agreement among senior managers and front-line staff that the following factors helped to maximise the benefits of re-ablement:

- Staff commitment, attitudes, knowledge and skills, particularly abilities to assess users' potential for independence, encourage and motivate them, and provide appropriate levels of support.

- Service users who had had accidents, falls or fractures were considered to be better able and more motivated to work on specific re-ablement goals and regain their former independence, than those with long-term health problems.

- User motivation was important; previous receipt of conventional home care services could create unhelpful expectations and resistance to change. Family members were sometimes also resistant to re-ablement, preferring styles of intervention that minimised risk to older relatives.

- A strong vision and shared understanding of the aims and objectives of re-ablement was critically important, not just within re-ablement teams themselves but among care managers and NHS staff too, so as to ensure appropriate referrals and discharges.

- Flexibility over the timing, duration and content of home visits.

- The involvement of OTs in re-ablement teams and access to other specialist skills.

- Adequate capacity within independent sector home care services so that users needing on-going home care could be discharged promptly and capacity to accept new referrals maintained.

Methods

The findings reported here constitute part of a larger study into the long-term impact of home care re-ablement services. The overall study design involves:

- a comparative design, including five English local authorities with well-established home care re-ablement services and five without
- recruitment and collection of baseline data from people newly referred for re-ablement or conventional home care services respectively
- re-interviews with re-ablement service users on discharge from re-ablement
- re-interviews with the whole sample 9–12 months after recruitment to the study
- in depth interviews with subsamples of re-ablement service users and carers
- collection of data on the costs of re-ablement services and other services used by study participants
- in-depth investigation of the organisation and content of re-ablement services, as reported in this summary. This strand of the study included:
  - detailed interviews with senior re-ablement service managers in each site
  - observations of up to six visits in each site to re-ablement service users with a range of characteristics
  - a focus group discussion with front-line re-ablement workers in each site.

This strand of the study was cumulative, with each element of data collection contributing ideas for exploration in the next one.

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