

Re-ablement and Assistive Technology

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Introduction

- Brief introduction to the Knowledge Transfer Partnership
- Introduce the evidence base to re-ablement homecare
- Re-ablement is more than homecare
- Explore the potential opportunity for assistive technology to be used within the re-ablement approach

Knowledge Transfer Partnership

- “Supports UK businesses wanting to improve their competitiveness, productivity and performance by accessing the knowledge and expertise available within UK Universities and Colleges” (KTP 2011).
- Several stakeholders, including the Technology Strategy Board
- York St John University and City of York Council project: develop a strategy for a re-ablement homecare service

Homecare Re-ablement

- Services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living (Kent *et al.*, 2000).
- the aim is to maximise long-term independence and quality of life (Petch, 2008).
- Up to 6 week service
- Nil cost
- Various models
- Culture shift for workers and service users

Doing with, not doing for



Evidence (De Montford University, 2000)

Care package required post 1st review	Matched Service Users (control group)	Re-ablement roll-out (intake)
Discontinued	5%	58%
Decreased	13%	17%
Maintained	71%	17%
Increased	11%	8%
Total	100%	100%

Evidence

- Care Service Efficiency Delivery longitudinal studies (Social Policy Research Unit):

RETROSPECTIVE STUDY (SPRU, 2007)

- **53% to 68% left re-ablement requiring no immediate homecare package**
- **36% to 48% continued to require no homecare package two years after re-ablement**
- Of those that required a homecare package within the two years after re-ablement:
- **34% to 54% had maintained or reduced their homecare package two years after re-ablement**

Evidence

- PROSPECTIVE STUDY (SPRU, 2010)
- Average cost of homecare re-ablement = £2,088 per person
- Over a 12 month period the savings were almost entirely off set by initial investment
- Improved health-related and social care-related quality of life for re-ablement service users.
- Effective homecare re-ablement depends on specific training, fast access to OT and telecare provision.

The Re-ablement Approach

- Outcomes-focused, not task led
- Individual assessment
- Meaningful goals set by the individual
- Multi agency approach
- Not just homecare!
- Not just 6 weeks!
- Standard approach within adult social care (and beyond)

Telecare

- Access to a prompt telecare assessment and fitting service is vital.
- All staff should receive training in telecare equipment.
- Should be integral not marginal (Putting People First)
- Local authorities should consider commissioning a basic package to all service users, free of charge, while receiving homecare re-ablement.
- Re-ablement programmes offer a new opportunity for telecare and telehealth (Clark, 2011)
- Further research required.

Assistive Technology and the Re-ablement Approach

- A role beyond telecare...
- Assistive technology fits with the re-ablement approach:
 - Outcomes- focused.
 - Individual assessment.
 - Promoting independence.
 - Monitoring progress.
- Assists with a scaffolding approach to supporting a person to live independently.
- Supports the assessment period: establishing need
- Provides the reassurance for family members.
- Better outcomes for the service user.

Examples

- **West Lothian: (Bowes and McColgan, 2006)**
- “Smart technology is effective in a model of care promoting independence, choice and capacity building.”
- “A mainstreaming strategy can offer wider support, reduce the stigma of using services and facilitating additional support if needed”
- **Herefordshire:**
- Just Checking used as assessment tool within re-ablement homecare services.
- Savings of more than £180,000, against a total cost of £79,363
- Major reduction of 43% in residential care admissions

Outcomes: Re-ablement and AT

- Increased choice
- Improved safety
- Increased independence
- Sense of control
- Improved quality of life
- Remaining at home
- Reduced carer stress
- Increased support for people with long term conditions
- Reduced accidents and falls
- Greater capacity for service providers
- Reduced admissions
- Reduced reliance on long term care

Conclusions

- Re-ablement needs to be a multi-agency approach – health, social care, housing.
- Individual assessment period.
- Commitment to achieve the right outcome for the individual may require initial cost.
- Telecare is integral to the approach
- Assistive technologies should be central – the two are synonymous

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