Reablement is a homecare practice that appears to make more effective use of other approaches in helping people regain or develop self-sufficiency skills. Its use is increasing within support services in Scotland, although figures indicate that its uptake still varies considerably throughout local authority areas.

Reablement is considered to work best when staff are fully trained in its deployment, are committed to it and have the knowledge and skills necessary for its implementation (Rabiee and Glendinning, 2010). Other factors credited with contributing to its success include the involvement of carers and family members, the use of the whole team, the individualised approach, the focus on new reablement clients and their families, and the flexibility in the organisation, communication between members of the reablement team visiting a particular user, and the development of the reablement service.

One further area of considerable consequence for those delivering reablement services is the ‘hand-over’ period. This is the period at which an individual requiring ongoing homecare may be transferred from the reablement service provided by local authorities to an independent provider (Rabiee and Glendinning, 2010). The Edinburgh study highlights that this is a critical period when the quality and quantity of support might be compromised and that it may be transferred in any way. To this end, Edinburgh has begun to develop a hand-over protocol which should be used to minimise any potential detrimental effects or glitches at this stage of the reablement process. In addition, it is important that all carers, family members, and other specialists working together in multi-disciplinary teams, care practice, support and supervision, detailed communication between members of the reablement team visiting a particular user, and flexibility in the organisation, timing and control of visits are also considered to contribute to success.

User motivation and the positive involvement of users are also considered critical to achieving successful reablement outcomes. A degree of reliance to participate in reablement schemes was observed amongst those service users who had previously been in receipt of traditional services. It is therefore important that service users and practitioners engage on the aims of the service from the outset. Reablement workers may find themselves providing ‘ordinary’ homecare and thus ‘under’ the distinctive reablement approach.

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1. Current situation

Local authorities are increasingly adopting reablement services as an alternative to providing domiciliary services. Homecare reablement services are defined as services which aim to enable people with physical or mental health to help them accommodate their tasks by helping them to re-learn or re-acquire the skills necessary for daily living (CGSOC, 2007). The focus is on improving the capacity for self-care, working closely with an individual over a limited period to build up skills and confidence. Some homecare reablement services are for people with a diagnosis of dementia. Special services are also provided for people who are highly disabled or at risk of developing a terminal illness. These are considered for eligible people and suitable homecare reablement ‘service’. Generally, only people with severe mental or emotional disabilities are excluded from these generic services.

In Scotland, the service is usually available free of charge to recipients for the first six weeks. Following the initial six weeks, individuals, are individually reviewed and their future needs identified and addressed; either through the withdrawal of services, further execution of homecare or the provision of other services.

2. Policy context

The increase in the proportion of older people and the increase in the number of people of working age who are living longer means that the debates on how care services are delivered is growing in importance. In England, the Care Quality Commission (2006) notes that the average length of stay for people in receipt of social care increased from 5.5 days in 1990-91 to 11.1 days in 1999-2000. This represents an increase of 100% in the average length of stay. Furthermore, the number of older people is expected to increase by 45% in the next 20 years (Scottish Government, 2005). The increase in the proportion of older people and the increase in the number of people of working age who are living longer means that the debates on how care services are delivered is growing in importance. In England, the Care Quality Commission (2006) notes that the average length of stay for people in receipt of social care increased from 5.5 days in 1990-91 to 11.1 days in 1999-2000. This represents an increase of 100% in the average length of stay. Furthermore, the number of older people is expected to increase by 45% in the next 20 years (Scottish Government, 2005).

The most recent evaluations of the delivery of reablement services are at the level of the short-term outcomes. The purpose, content and duration of the interventions are the key elements in the delivery of the reablement scheme. A screening meeting is held at which a team led by occupational therapists (OTs).

A typical reablement service is outcome-focused, lasts between two and six weeks and is usually provided on a case-by-case basis (for example, percutaneous tubes or stooling for people with high-care needs). It may include a physiotherapist.

At all levels, reablement services will usually be trained and able to supply small/household or domestic equipment.

3. The evidence so far strongly suggests that a period of home care reablement can significantly influence the subsequent use of home care services.

Gardiner and Newbronner, 2008

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Rabiee et al, 2009; Kent et al, 2000; and Jones et al, 2009)

The study found that the reablement methodology considered, however, to contribute to the individual's abilities to perform activities of daily living. Both outcomes result in increased independence, reduced service levels, or a reduction in the number of hours of service required.


The SPRU/PSSRU study shows that the reablement methodological approach on outcomes have been very positive and two research into reablement type interventions have a longer-term impact on four UK reablement schemes (Jones et al, 2009; Rabiee et al, 2009).

All of these studies indicated a consistent effect across service users and the number of care hours needed by reablement clients increased for non-reablement clients. The evaluation also indicated that the reablement methodology resulted in increased independence, reduced service levels, or a reduction in the number of hours of service required.

The CSED research conducted over a period of a year observed and reported that 62% of participants claimed increased confidence in managing their reablement service. 84% of carers claimed increased confidence in managing their reablement service. 84% of carers claimed increased confidence in managing their reablement service.

In particular, the Edinburgh study cites a 19% increase in the number of care hours needed by reablement clients and a 30% of very positively, 30% of very negatively. 50% of reablement clients included in the study cited a 19% increase in the number of care hours needed by reablement clients and a 30% of reablement clients.

The Edinburgh study notes that the costs of delivering reablement services are offset by the savings made through the more efficient use of staff. Additionally, the study notes that the reablement methodology results in increased independence, which has a positive impact on the quality of life for service users and their families.

The SPRU/PSSRU study shows that the reablement methodology is effective in improving the quality of life for service users and their families. The study also indicates that the reablement methodology results in increased independence and reduced service levels, or a reduction in the number of hours of service required. Both outcomes result in increased independence and reduced service levels, or a reduction in the number of hours of service required.
1. **Policy context**

The increase in the proportion of older people in the population has led to a marked increase in the number of people in the UK who need help with their daily living activities. The provision of homecare services has become a key issue for local authorities, health boards and social work bodies. A range of evidence suggests that reablement is a means of addressing some of the key issues arising from existing service arrangements. It is a strategy that focuses on assisting individuals to lead full and independent lives, with the aim of reducing the overall cost of provision. This has been an area of increasing interest as the costs of providing care are rising more rapidly, reaching 1.34 million in 2008 to 1.07 million in 2018 (an increase of 6 per cent). It is then projected to rise more rapidly, reaching 1.91 million in 2028, with the steep increase in costs associated with ageing. The whole-life cost of care is a significant factor in determining whether an individual is able to remain in their own home and continue to live independently. Reablement is viewed as a means of assisting individuals to lead full and independent lives, with the aim of reducing the overall cost of provision. This has been an area of increasing interest as the costs of providing care are rising more rapidly, reaching 1.34 million in 2008 to 1.07 million in 2018 (an increase of 6 per cent). It is then projected to rise more rapidly, reaching 1.91 million in 2028, with the steep increase in costs associated with ageing. The whole-life cost of care is a significant factor in determining whether an individual is able to remain in their own home and continue to live independently. Reablement is viewed as a means of assisting individuals to lead full and independent lives, with the aim of reducing the overall cost of provision. This has been an area of increasing interest as the costs of providing care are rising more rapidly, reaching 1.34 million in 2008 to 1.07 million in 2018 (an increase of 6 per cent). It is then projected to rise more rapidly, reaching 1.91 million in 2028, with the steep increase in costs associated with ageing. The whole-life cost of care is a significant factor in determining whether an individual is able to remain in their own home and continue to live independently.

The results of the reablement intervention over a two-year period were then contrasted with those of a control group (identical in all respects to the reablement group). The application of the two approaches was found to be successful in relation to the following outcomes:

- **Improved life quality and confidence:** The reablement intervention was found to be successful in improving the quality of life and confidence of those involved.
- **Increased independence:** Participants in the reablement group showed a significant increase in their ability to perform daily activities, such as cooking, cleaning, and personal hygiene.
- **Reduced healthcare costs:** The reablement intervention was found to reduce the number of healthcare visits and hospital admissions.
- **Improved social engagement:** Participants in the reablement group showed an increase in their social engagement and interaction with others.

Overall, the evidence directly supporting the case for reablement over usual homecare is extensive and favourable, with the findings of the reablement intervention over a two-year period being very positive. This is why reablement clients included in the study received a six-week re-appraisal with traditional homecare services, or a reduction in the number of hours of service required. The CSED research conducted over a six-year period is expected to close the research gap and will focus on the long-term effects of reablement interventions.

The economic impacts of current reablement into new reablement type interventions have been very positive. The results of the reablement intervention over a two-year period have been very positive, with the exception of some individuals who were not able to benefit from the reablement service that they received.

In conclusion, the evidence suggests that reablement is a worthwhile investment for local authorities and health boards. The results of the reablement intervention over a two-year period have been very positive, with the exception of some individuals who were not able to benefit from the reablement service that they received. The results of the reablement intervention over a two-year period have been very positive, with the exception of some individuals who were not able to benefit from the reablement service that they received.
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4. Implications for practice, conclusions and recommendations

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