

Reablement at Home FAQ

1. What is reablement at home?

It is a short-term personalised service for adults to maximise their independence, enabling them to remain living at home and reduce the need for ongoing care and support. It is typically provided in the person's own home, but may be in another community setting.

The ethos of reablement is ***to enable the adult to do things for themselves rather than the traditional home care approach to do things for them.***

Reablement is person-centred with agreed individual goals and outcomes, reviewed regularly throughout the reablement period, with new goals set and therapy inputs adjusted as progress is made.

Reablement will be the first offer for all adults whether new to social care or at review. All adults will be considered for reablement at the point of contact. Those who are being reviewed should be considered for reablement where new support needs are identified and where reablement could reduce the level of support needed to meet the new needs.

2. What is it for?

Reablement focusses on the adult's wellbeing by building on their strengths. It supports them to regain confidence, self-esteem and motivation; and develops outcomes to learn or re-learn the skills they need for everyday life, e.g. personal care, dressing, toileting, nutrition, meal preparation, domestic and cleaning tasks, washing, home safety, falls avoidance, managing medication, shopping, budgeting, and using public transport and local community facilities. Reablement also considers what equipment, adaptations, and assistive technology may help the adult to maintain their independence and teaches them how to use these to support themselves.

Reablement enables adults to achieve other goals such as maintaining relationships and social networks to maintain a purposeful role within their family and community.

3. Who is eligible?

The adult must be:

- 18 years of age or over
- Living within the geographical area within Essex County boundaries. (People who are ordinarily resident outside of Essex will not be eligible even if they are registered with an Essex based General Practitioner PG)
- Identified as having reablement potential - including those with life limiting conditions, dementia, learning and/or physical disability and/or sensory impairment
- Willing to engage with and undertake a period of reablement
- If discharged from hospital, able to undertake a period of reablement within 24 hours of discharge (or later as agreed with the adult)
- This can include adults in a short stay community bed, respite bed or residential/nursing placement
- Individuals who have received a period of residential reablement may also be eligible for a period of reablement at home to maximise their independence.

Reablement provides support to all adults who will benefit from reablement regardless of whether they have any impairment and/or any special condition.

It is recognised that goals for some adults may be to preserve and encourage a more functional state, enabling the adult to live as well as possible, rather than achieving 'independence'. Therefore, reablement focuses on maintaining function as well as increasing function.

The reablement service provider shall accept all referrals that meet the criteria.

4. What are the types of reablement available under this contract?

There are two types of reablement available, taking in account individual needs and timeframe to achieve the outcomes set on the assessment. These are:

- **Light Touch Reablement:** a reablement service for up to 6 (six) days. It is generally for someone who will be back on their feet again within that time and living independently, but who just

needs some very short and light touch support. Typical things covered by light touch include:

- a home safety check,
- signposting to other agencies,
- information, advice on and support to access the local community and social networks,
- basic food shopping,
- basic meal preparation,
- short term personal care, such as help with dressing, washing or toileting,
- medication supervision including prompting, ordering and collection of prescriptions.

Generally someone who is suitable for light touch reablement would be independent again during the 6 days.

- **Core Reablement:** a reablement service for up to 6 weeks offering a wide range of support tailored to the adult's needs, goals and preferences. It can include all of the services described above, but at a greater intensity and longer duration and usually involving a multidisciplinary team to support the adult, carer and family.

Core reablement will include all the support needed to help the adult regain or learn daily living skills and build a community network to support their independence in the longer term. This may also include Assistive Technology and other technology to achieve this.

5. What are priority referrals?

The contract also makes provision for certain referrals from the community to be given priority into one of these two services. These are identified by the referrer, where the adult is in crisis and would otherwise be admitted to hospital, or residential care. The provider is contacted typically by phone or email and will agree there and then, whether they are able to accept the referral.

Referrals for the priority reablement provider are only made from the following health and social care professionals:

- Emergency care practitioners
- Community health and social care professionals
- Any team working in A&E or associated wards for admission avoidance

6. When is reablement available?

Reablement is delivered 7 (seven) days a week between 7am and 11pm including weekends and bank holidays. However the personalised support hours are agreed with the adults and the reablement service provider.

7. Is there any cost for the adult?

There is no charge to the adult receiving reablement services however there is an expectation that the adult may purchase other support or small items, if required, that will help them to maintain their independence e.g. cleaning services or items of equipment not provided through Essex equipment services.

8. Who is involved in reablement?

The adult, carer and family are the centre of reablement and around them is a multi-disciplinary team that involves: the reablement worker, existing health and care providers, occupational therapists and physiotherapists. This multi-disciplinary team has specific training in reablement to carry out the role.

Community resources and other agencies will be involved in the process if necessary, this will be agreed with the adult.

9. Who identifies the adult's needs?

The needs for reablement will be identified by a health or social care professional with the adult or their carer, before a referral is made to the reablement service.

10. Who can make referrals?

Referrals are made by any health or social care professional in the acute or community setting e.g. social workers, assistant social workers, OTs and Social Care Direct teams, district nurses, matrons, GPs; from hospitals e.g. hospital wards and assessments teams; also by A&E for hospital admission avoidance.

11. What is the time frame for responding to referrals and starting reablement?

Referrals will be received by the reablement service provider between 8am to 8pm every day including weekends and bank holidays. All the referrals should be responded within 2 hours. Referrals received after 8pm will be responded the following day by 10am.

The reablement service will normally start within 24 hours after the referral is submitted with exception of the priority referral that will commence within 2 hours after the referral is made.

The providers will be as flexible as they can be in relation to priority referrals. However, it is recognised that reablement should not be started any later than 8pm in the evening. Therefore, for priority referrals, as long as the provider can get to the Adult by 8pm to start reablement safely they will endeavour to do a same day start but this cannot be guaranteed for calls made after 6pm. If the provider is not able to respond by 8pm and the case needs priority emergency intervention, the Emergency Duty Team will handle the case until reablement is in place.

12. How referrals are submitted?

Referrals from social care will be sent securely to the provider (password protected) to an email address provided by the reablement service provider until the Case Management System Mosaic becomes available to the provider.

Referrals from health care professionals or community will be also sent to the provider via secure email address.

Referrals to priority reablement will be made by telephone or email to the reablement service provider who will accept/reject the referral based on the information given. The reablement service provider will then start priority reablement with 2 hours of acceptance of the referral.

It is good practice for providers to send an email back to the referrer confirming if they have declined or accepted the referral and, if it has been declined, to indicate whether this was due to capacity or eligibility. Fuller information about the reasons for any declines will be provided in the Management Information.

13. What happens after the referral is submitted?

The reablement service provider will agree acceptance of the referral and confirm with the referrer and adult the start time and date.

14. How soon will reablement start after a referral is accepted?

Non priority reablement will commence within 24 hours of referral being received, unless a later date/time is requested by the referrer or adult. Priority referral will commence within 2 hours of the referral being received.

15. How carers will be involved in the reablement process?

Where there is a carer, the reablement provider will recognise them as an expert partner in care, offering support and training where necessary so that their caring role complements and helps to sustain independence.

The reablement provider must fully involve the carer in the planning and exit from the service for the adult, ensuring the carer is confident to maintain their caring role after reablement, so that any changes as a result of the reablement intervention will not impact adversely on the health and wellbeing of the carer.

16. Can the start of the reablement be postponed?

The start of the reablement period may be postponed for up to 7 (seven) days if requested by the referrer to allow for a period of convalescence, preparation or adjustment for the adult and/or their family or carer if it is deemed this will achieve better outcomes. In such cases the reablement service provider shall start to provide the service on the agreed start date and time.

17. What happens if the adult is admitted to hospital during reablement?

Reablement can be suspended for a period of up to 7 (seven) days in the event of an adult being in hospital. The service can then be resumed upon discharge where appropriate. Anything longer than 7 days needs to be recommissioned.

18.Can reablement be extended beyond 6 weeks?

The reablement service provider may choose to extend a reablement package beyond 6 (six) weeks if they believe this will lead to a better long-term outcome at no cost to the adult or ECC.

However, if the person has completed their reablement and needs ongoing services but has not been moved on to a care provider, the reablement provider will charge ECC for the every hour of care they provide for that person.

19.Can reablement be shorter than 6 weeks?

The reablement service provider will work with the adult to determine what length of reablement is suitable based on the adult's goals and the outcomes to be achieved. However, if the adult only needs up to 6 days support, the reablement service provider should consider this to be light touch reablement.

20.How is equipment and assistive technology involved during reablement?

Equipment and assistive technology have an integral role in reablement, therefore the reablement service provider has approved assessors to access equipment services to support the adult during the reablement process.

Equipment will be ordered through the Essex Equipment Service from the reablement equipment catalogue. ECC and NHS bear the costs of any standard equipment listed in the catalogue or larger pieces of equipment which have been identified as assisting in the achievement of goals and outcomes of the adult.

Smaller items of equipment that are not standard equipment may be purchased by the Adult.

21.How will the adult be prepared for ending reablement?

Exiting and moving on from the reablement will be discussed and agreed at the earliest opportunity with the adult and their carer, with termination of the service agreed by both adult and reablement service provider.

Where the adult requires ongoing formal support, whether this is social care or continuing healthcare, the reablement service provider will liaise with the appropriate partners to ensure the necessary arrangements are in place for the adult exiting the reablement service.

The reablement service provider will provide information to ensure the transition between services.

Where an adult does not require any ongoing support, the reablement service provider will issue a reablement report to the adult and ensure they know what community and voluntary organisations and other services are available and how to access them if required in future.

The reablement service provider will inform the adult's GP within 7 (seven) days of the adult's exit from reablement, of the outcomes achieved, and any ongoing health and/or support needs.

22.How many times can an adult have reablement?

There is no limit on how many times an adult can access reablement, provided that each time the adult has been assessed and would benefit from reablement. However the reablement principle is to increase independence and support the adult at home in achieving independence during a short period of time (around 6 weeks). If the adult is not benefiting from reablement, social service or health service should consider offering a different support package.

23. What happens if the adult already has a domiciliary care package, can they have reablement as well?

The majority of adults that are referred into reablement will not have a care package and will follow the usual reablement pathway. However there will be some adults that will have an existing care package, but may still benefit from reablement.

In such cases there are three options

- i. Care package is suspended and reablement commenced
- ii. Care package runs alongside reablement (two services work together)
- iii. Care provider provides the reablement intervention

In deciding which option to choose the primary consideration should be: what is best for the adult?

Factors which can be taken into account in making this decision include:

- Which option will give the adult the best chance of reaching maximum independence?
- What will happen at the end of reablement if the adult needs ongoing care?
- Will providers complement in each other in their work eg by sharing important information? Or will their work conflict?
- How will the change in service impact on the adult?
- Is the care provider trained to deliver a reablement programme?
- How will the adult understand any charging issues?

If the adult has an allocated social worker then the referrer should discuss with them which is the best option for the adult. If there is no allocated worker, the referrer should talk to the Countywide Duty Team so that a decision can be made which is in the best interests of the adult.

If the care package is to be suspended the HAT or community team would suspend the package with SPT.

24. How does Reablement at Home fit with Reablement in a Residential setting

Typically a move between the services would be from residential reablement to reablement at home as the adult becomes more independent and may no longer need night time care. For example if an adult was ready to leave residential reablement after 3 weeks, but it was thought they would benefit from reablement at home for a further 2-3 weeks they could be discharged from residential reablement and their social care case manager could then refer them into the reablement at home service. The care manager would then commission a short period of reablement at home for them. This would be a similar process to being discharged with a domiciliary care package.

25. Where can we find the Reablement pathways?

The pathways have been provided to the Service Managers.