

Home care re-ablement services: investigating the longer-terms impacts

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Home care re-ablement is a relatively new, short-term intervention in English social care. It aims to reduce needs for long-term support by helping people (re)learn daily living skills. A large-scale study examined the longer-term impacts of home care re-ablement; the cost-effectiveness of re-ablement; and the content and organisation of re-ablement services. People receiving re-ablement were compared with those who received conventional home care; both groups were followed for up to one year.



Key findings

- There were no net cost savings to health and social care in the first year of re-ablement, compared with conventional home care. However, home care re-ablement is almost certainly cost-effective because of improved outcomes for users.
- Re-ablement was associated with a significant decrease in subsequent social care service use. The costs of the social care services (excluding the cost of re-ablement itself) used in the 12-month study period by people in the re-ablement group were 60 per cent less than the costs of the social care services used by people in the conventional home care group.
 - However, these lower costs were almost entirely offset by the higher cost of the re-ablement intervention. The average total (including re-ablement) cost per person of the social care services used by the re-ablement group was just £380 lower than the costs of the social care services used by the comparison group.
 - Re-ablement resulted in improvements in users' health-related quality of life and social care-related quality of life up to ten months after re-ablement, in comparison with users of conventional home care services.
- Taking into account any differences between the two groups at the start of the study, there was no significant difference in the average costs of healthcare services used by the re-ablement and comparison groups over the full 12 months.

- Taking social care, re-ablement and healthcare costs together, there was no statistically significant difference between the total costs of the services used by the re-ablement and comparison groups over the 12-month study period.
- Effective re-ablement services require good initial staff training and on-going supervision; clear outcomes for users and flexibility to adapt these as needs change; and prompt supply of equipment. Prompt transfer to home care for those who need it at the end of re-ablement is essential to maintain capacity in re-ablement services.
- Users and carers were positive about the impact of re-ablement on their independence and confidence, although some would have liked more help with mobility and activities outside the home.
- At a cost of £30,000 for each health-related quality of life gain, there is 99 per cent probability that re-ablement is cost-effective against total health and social care costs, and just under 100 per cent probability against social care costs alone. At a more stringent threshold of £20,000 per health-related quality of life gain, the probability of cost-effectiveness is 98 per cent for health and social care costs and 99 per cent for social care costs only.
- For social care-related outcomes, at a cost of £30,000 per outcome gain, there is 78 per cent probability that re-ablement is cost-effective against both health and social care costs and 98 per cent probability that re-ablement is cost-effective against just social care costs. At a lower threshold of £20,000 per social care-related outcome gain, the probability of cost-effectiveness is 68 per cent for combined health and social care costs, but still 98 per cent for social care costs only.

Background

English adult social care departments are developing re-ablement services. Re-ablement is a specific approach in home care, focused on developing confidence and (re)learning self-care skills, thereby increasing independence and reducing longer-term support needs. Providing equipment, such as rails or special cutlery, to use at home is an important part of re-ablement. Some re-ablement services only accept people discharged from hospital. However, the majority of re-ablement services are offered to most people referred for home care, whether referred from hospital or the community. Re-ablement lasts up to six weeks. In autumn 2010, £70 million was allocated to NHS Primary Care Trusts to develop re-ablement services; this will be followed by an additional £150 million in 2011/12, rising to £300 million per annum from 2012 to 2015.

This study aimed to:

- provide evidence on the longer-term impacts of home care re-ablement, by comparing outcomes for re-ablement users with those of conventional home care service users up to 12 months later
- identify factors affecting the level and duration of benefits for service users
- identify impacts on and savings in the use of social care and other services that could offset the costs of re-ablement
- describe the content and unit costs of re-ablement services.

Findings

The impact of re-ablement on quality of life

Home care re-ablement appears to have positive impacts on individuals' health-related quality of life and social care outcomes up to 12 months later. Re-ablement was associated with greater improvements in health-related quality of life, compared with people using conventional home care services; and to a lesser extent with improvements in social care outcomes (the ability to look after oneself and engage in chosen daily activities). These results took into account differences in the characteristics of the two groups.

The costs of re-ablement services

Established methodologies estimated that a typical period of re-ablement (average 39 days) costs £2,088; an hour of service user contact time costs £40. These are higher than conventional home care services. Although evidence was limited, re-ablement services employing occupational therapists cost no more than those employing only social care staff.

The impact of re-ablement on use and costs of social care and health services

The mean costs of re-ablement plus any other social care services used during the first eight weeks of the study was £1,640. This was significantly higher than the conventional home care services that were used by the comparison group during the same period (£570).

However, people having re-ablement used less social care services in the following ten months (mean cost £790) than the comparison group (mean cost £2,240). After accounting for baseline differences, the costs of the social care services (excluding re-ablement) used by people in the re-ablement group were 60 per cent lower than those used by the comparison group over the year. These lower social care services costs following re-ablement cancelled out the higher cost of re-ablement. Over the full year, the total cost of the social care services used by the re-ablement group was just £380 lower than those used by the comparison group; the difference was not statistically significant.

People in the re-ablement group had significantly higher health service costs during the eight weeks following referral to re-ablement. More people in this group had just been discharged from hospital and these people had significantly higher healthcare costs (mean £1,850) than those referred to re-ablement from the community (mean £1,020). However, there were no significant differences in the mean costs of the health services used by the re-ablement and comparison groups, whether referred from hospital or the community, over the subsequent ten months, and therefore over the duration of the study as a whole. The study was unable to investigate whether there were cost savings beyond the first year.

The cost-effectiveness of home care re-ablement

Cost-effectiveness compares improvements in health-related quality of life and/or social care outcomes against the costs of those improvements. The National Institute for Health and Clinical Excellence assumes £20,000 to £30,000 is an acceptable cost for each additional quality of life year gained.

The study found that re-ablement is cost-effective in relation to health-related quality of life outcomes and may be cost-effective for social care-related outcomes. At a 'willingness to fund' threshold of £30,000 for each increase in health-related quality of life, there was 99 per cent probability of cost-effectiveness against both health and social care costs and just under 100 per cent if social care costs only were included. At a threshold of £20,000 per health-related quality of life improvement, the probability of cost-effectiveness was 98 per cent for health and social care costs and over 99 per cent for just social care costs. These differences arose because some re-ablement service users had higher health care costs than people using conventional home care services.

Re-ablement was also found to be cost-effective in relation to social care outcomes. At a threshold of £30,000 for each unit gain in social care outcomes, there was 78 per cent probability of re-ablement being cost-effective against total health and social care costs and 98 per cent probability against just social care costs. At a threshold of £20,000 per unit gain in social care outcomes, the probability of cost-effectiveness was 68 per cent for health and social care costs and 98 per cent for social care costs only.

The organisation and content of home care re-ablement services

According to service managers and front-line staff, internal organisational factors contributing to the effectiveness of home care re-ablement were:

- Commitment, enthusiasm, knowledge and skills of front-line staff. This required thorough initial training and on-going supervision and peer support. Training was particularly important for staff recruited from conventional home care services.
- High quality initial assessments by senior staff; clear goals agreed with users; regular reassessment throughout the re-ablement process; and flexibility to alter the timing, duration and content of visits as users' capabilities improved.
- Rapid assessment and delivery of equipment. Having quick access to occupational therapy skills and equipment was vital if occupational therapists were not employed within re-ablement teams.

The effectiveness of re-ablement was also affected by factors in the wider service environment, including:

- Clarity among all relevant staff (including hospital discharge staff and adult social care managers) about the aims, potential and limitations of re-ablement.
- Access to specialist training and skills, especially if re-ablement services accept users with a wide range of health problems and impairments. Access to occupational and physiotherapists was particularly important; other important sources of expertise included continence advisors, community matrons and sensory impairment specialists. Training on working with people with dementia and other mental health problems could also extend the effectiveness of home care re-ablement.
- Prompt transfer to long-term home care services at the end of re-ablement for those still needing support. Lack of capacity in home care services led to re-ablement services becoming 'blocked' by clients awaiting transfer; the efficiency of re-ablement services was correspondingly reduced.

User attitudes and motivation were also considered important success factors.

User and carer perspectives

Service users and carers initially knew little about the nature and aims of home care re-ablement. Nevertheless, after receiving the service they reported greater independence, confidence and increased motivation to improve self-care skills further. Most commonly reported achievements related to personal care and preparing simple meals/snacks. The routines created by regular monitoring visits boosted users' confidence, especially after illness or hospitalisation. The quality of relationships with front-line re-ablement workers was an important source of motivation to achieve agreed goals.

Users with non-progressive health conditions reported greater improvements than those with chronic or deteriorating conditions. Some users would have liked more help with improving mobility and activities outside the home. Carers reported improved confidence in supporting users, but would have welcomed more advice on how to maximise users' independence.

Implications for policy and practice

On the basis of this study, current policies promoting home care re-ablement appear well-founded and offer good value for money.

The following areas of practice could be developed:

- Greater attention to explaining the aims of the service (probably on several occasions following initial assessment) may improve users' understanding and responsiveness.
- More help with improving mobility inside and outside the home.
- Closer relationships between home care re-ablement and physiotherapy services may be appropriate, especially as NHS Trusts begin to invest in re-ablement.
- How carers can contribute to, and benefit from, re-ablement warrants further consideration.
- Further discussion is needed as to whether re-ablement should be a targeted service or accept most people referred for home care. Both staff and service users in the study agreed that re-ablement had greater benefits for people recovering from acute illnesses, falls or fractures than those with chronic, complex or progressive health problems. Given increasing pressures on all health and social care services, a more targeted approach may be appropriate.

Study design and methods

A comparative design was employed. People using home care re-ablement services in five English local authorities were interviewed at the start of their contact with the service, as were users of conventional home care from five different local authorities (the baseline). Both groups were re-interviewed nine to 12 months later. Any potential bias created by differences between the two groups was mitigated by adjusting for baseline characteristics and by the study design; this examined differences in experiences and outcomes between the two groups over time.

- 1015 people were recruited to the study and 382 completed follow-up interviews.
- At each interview, standardised measures were used to assess:
 - self-perceived health
 - perceived quality of life
 - health-related quality of life (EQ-5D)
 - social care-related quality of life (ASCOT).
- Local authorities supplied data on the volume and costs of services used by participants for eight weeks following recruitment and for a sample week at follow-up. Participants provided details of health and voluntary organisation services and equipment used.
- Local authorities provided information on the global costs of their home care re-ablement services.
- The organisation, management and delivery of re-ablement services were investigated through:
 - interviews with senior and operational managers
 - focus groups with front-line staff
 - observations of re-ablement visits.
- Semi-structured interviews were conducted with small samples of re-ablement users and carers.

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