Evaluation of the Croydon Reablement Service

Samantha Treacy, Hannah Reidy & Martin Webber

International Centre for Mental Health Social Research
Department of Social Policy and Social Work
University of York

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EXECUTIVE SUMMARY

Background

In January 2013, a new mental health reablement service was set up in the London Borough of Croydon. The service aimed to offer mental health service users a short, focused programme targeting needs and goals that they had selected. It aimed to work with them rather than do things for them. The service was designed as a pilot project in order to evaluate the effectiveness of the programme.

Aims

This evaluation set out to:

- evaluate short–term outcomes for the reablement service users

- explore service users' and carers' perceptions of the service and its impact on their lives

- explore the reablement team workers' views of the service, the benefits to service users and areas of challenge

Method

A mixed methods design was used in conducting the evaluation. This comprised the collection and analysis of routinely collected data which included socio-demographic details, referral source, carer involvement, external resources people were referred to, previous service use, and the pre- and post-service collection of the Health of the Nation Outcome Scales (HoNOS), Payment by Results Care Cluster (PbR), Adult Social Care Outcome Toolkit (ASCOT) and Warwick-Edinburgh Mental Health Wellbeing Scale (WEMWBS). Additionally, qualitative interviews with reablement service users, their carers and a focus group with the reablement workers within the service were undertaken.

Results

The statistical analysis undertaken for the evaluation found positive outcomes across all of the outcomes measures used – WEMWBS, ASCOT, and HoNOS. The qualitative analysis also found that users of the reablement service were mostly very positive about the service.

Conclusion

The data suggests that the Croydon Reablement Service is having a positive impact on people's mental wellbeing, their mental health and social functioning, and social-care related quality of life. This is further supported by service users' mostly positive perceptions of the service. However, as there was no control group, these results need to be interpreted with caution.

CONTENTS

INTRODUCTION

The government has financially supported the development of reablement services using specific funding streams since 2010. The promotion of these services is also reinforced in the 'Caring for Our Future' White Paper (HM Government, 2012) and is consistent with the Care Act 2014 – specifically, promoting individual wellbeing, preventing needs for care and support, promoting integration of care and support with health services and providing information and advice.

Reablement services are designed as short-term intensive support programmes for people with physical or mental health problems. These services focus on "helping an individual gain independence and better functioning rather than resolving their healthcare issues. The aim is to help people do things for themselves rather than…doing things for them" (SCIE, 2012). Reablement originated in the field of physical health problems, and has been further developed for older people. The available research from these areas have been shown to result in better outcomes using a variety of health-related quality of life and social care outcome measures (Francis, Fisher & Rutter, 2011), and a reduction in current and future use of care (McLeod and Mair, 2009; King et al, 2012; Lewin et al, 2013, 2014). It has also been reported that "results from all available evidence show or imply longer term cost savings as a result of investment in reablement albeit that the reablement service is generally more expensive to deliver than the control" (SCIE, 2011).

Reablement for people with mental health problems remains a relatively new development, although these services are being increasingly commissioned by local authorities and piloted in mental health services as a means to support recovery, but also to decrease dependency on statutory services and ultimately to potentially cut costs. In part, given the nascent stage at which reablement is at within mental health, there are currently no peer-reviewed published evaluations of reablement in mental health services. Here follows a summary of the available unpublished results:
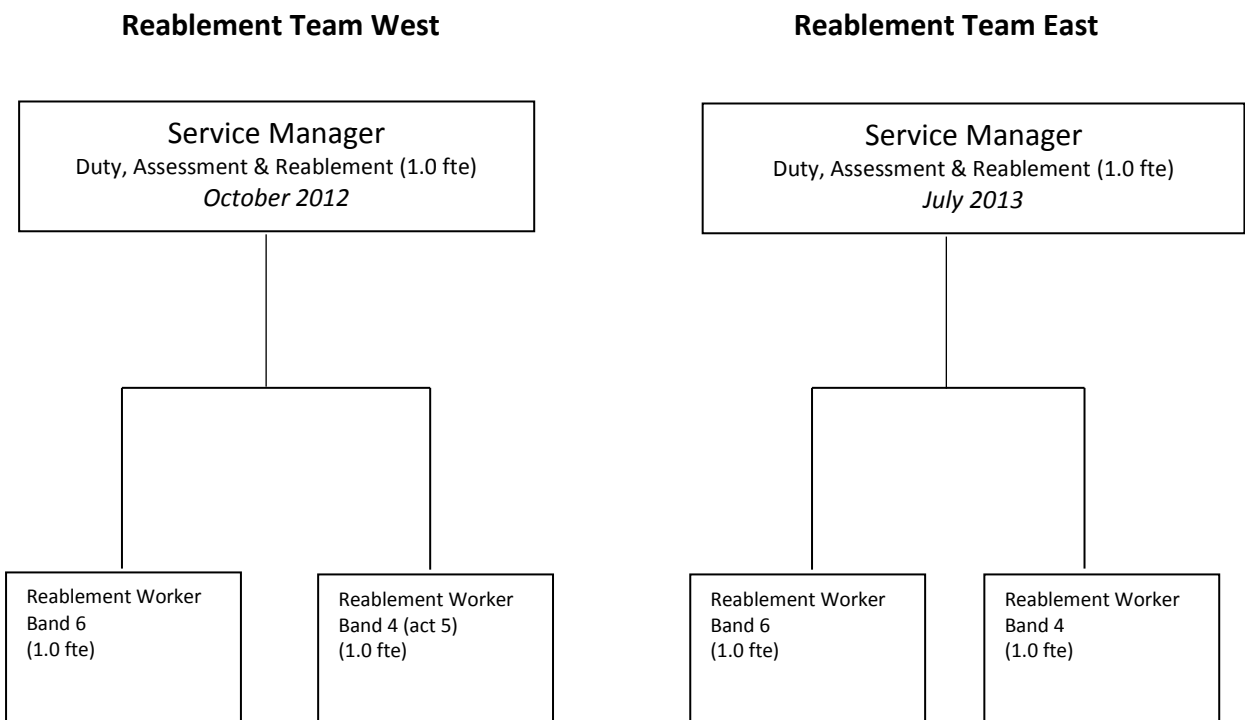
Organisation	Length of programme (weeks)	Summary of Main Findings
Croydon Reablement Service (Treacy et al, 2013)	12 maximum	Only seven people had completed reablement, so no statistical analysis could be undertaken. *Qualitative:* mostly positive feedback from service users and staff. Service users liked the programme structure, felt they were achieving goals and would continue building on these, some people felt more confident. Lack of clarity about purpose of reablement for some.
Southwark Reablement Service (Reidy et al, 2013)	13 maximum	FACS: needs significantly lower. RAS: significant reductions for an indicative Personal Budget. No significant differences on HoNOS or WEMWBS scores, or PbR clusters *Qualitative*: lack of knowledge/clarity about reablement; some felt 13 weeks too brief; positive about regular meetings with one worker, and the

| | | flexible/personalised nature of the service; appeared those not ready to undertake the programme gained less from it; reports of change in attitude for the positive; majority would recommend service to others

A report of the follow-up study for this service is currently in preparation |
|---|---|---|
| Camden & Islington Reablement Service (Feldman, 2011) | 6-8 | 59% of reablement users had reduced needs at the end of their programme, compared to 17% of a control group.

Mean cost saving of £3,253 per person per annum. |
| Sirona CIC (in partnership with Bath and NE Somerset Council) | 6-8 | 60% of cases closed, as clients' needs were assessed as met. High levels of satisfaction reported by service users; people would have liked to have stayed with the service for longer |

THE CROYDON REABLEMENT SERVICE

In January 2013, a new mental health reablement service was set up in the London Borough of Croydon by Croydon Council, Croydon PCT and South London and Maudsley NHS Foundation Trust. It started accepting referrals in March of the same year.

At the time of this evaluation, the service was operating in two localities within the borough, Croydon East and Croydon West, and was structured as shown in the diagram below:

Reablement Team West   **Reablement Team East**

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Service Manager                          Service Manager
Duty, Assessment & Reablement (1.0 fte)  Duty, Assessment & Reablement (1.0 fte)
October 2012                             July 2013
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Reablement Worker    Reablement Worker    Reablement Worker    Reablement Worker
Band 6               Band 4 (act 5)       Band 6               Band 4
(1.0 fte)            (1.0 fte)            (1.0 fte)            (1.0 fte)
```

The team in Croydon West was the first part of the service to start operating, for the first three months with only one worker. The team at Croydon East began seeing people about five months later. Since October 2013, both of the Band 6 workers of the reablement team in post are Occupational Therapists. It is of note that the Band 4 post in the East team is currently vacant, and that the service has not operated with a full complement of staff for any sustained period of time throughout the length of its operation.

Originally, it had been projected that the reablement service would be able to work with 400 service users in its first year of operation, which would result in approximately 33 referrals accepted and 33 discharges per month across the two teams. From June 2013, it was decided that the maximum length of people's reablement programmes should be twelve weeks, extended from eight weeks at the reablement workers' discretion. The monthly target was also altered and is currently 25 people.
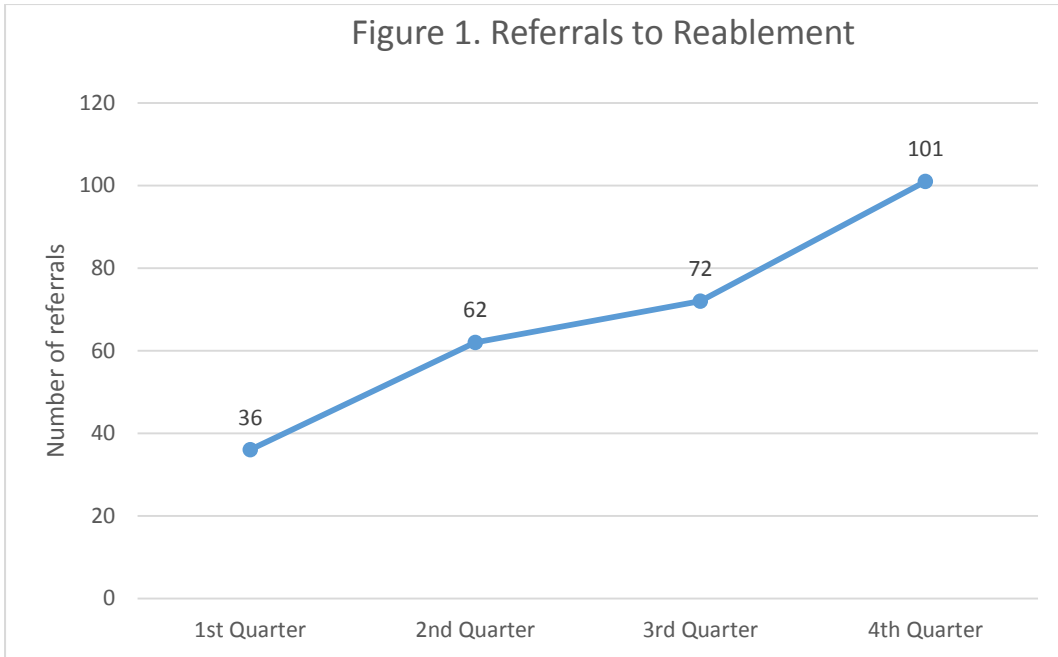
Criteria for the reablement service

The criteria used to decide whether someone is suitable for the reablement service are:
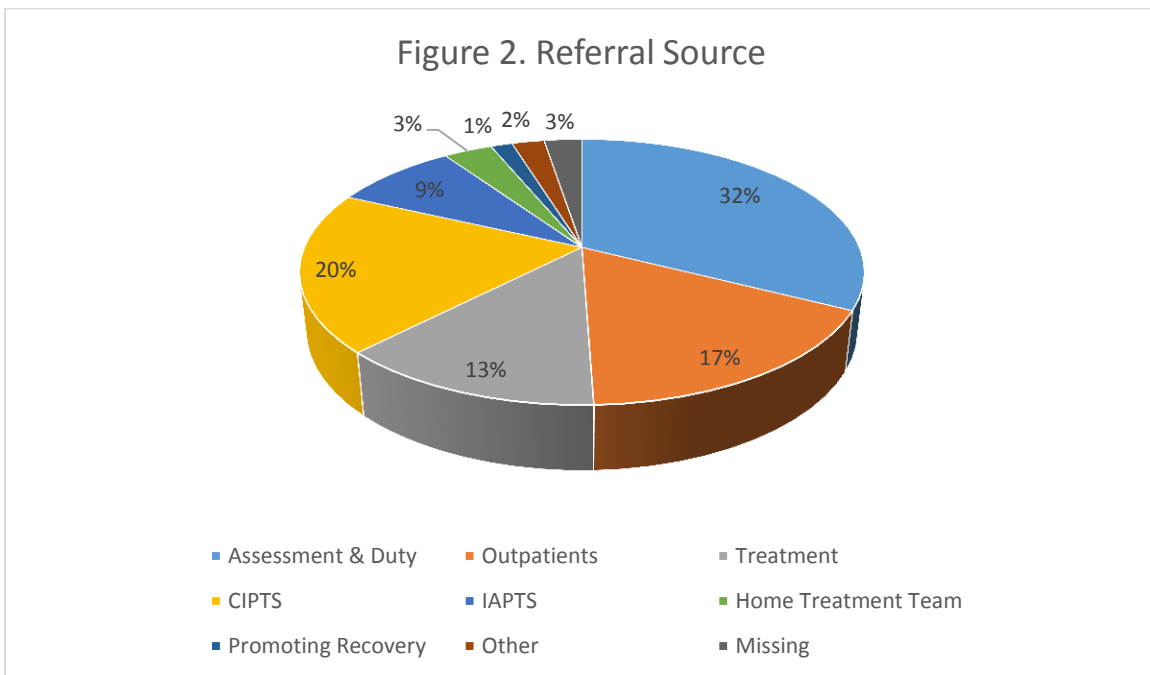
- Croydon residents
- Between 18 – 65 years
- New referrals to Croydon's Mental Health Services who without reablement would meet the criteria for care co-ordination
- People who following discharge from acute psychiatric hospital wards have an identifiable short term need that can be met by the reablement team
- People who are at the point of requiring an increase to their support in order to remain in the community
- Stable medication regime, prescribed by primary care
- People who are willing to engage

Referrals

A total of 271 referrals were made to the service between March 2013 and December 2014. Figure 1 shows the number of referrals received by the reablement service over the course of its operation – it has been divided into four quarters of 165 days starting from the date of the first referral.

Figure 1. Referrals to Reablement

A line chart titled "Figure 1. Referrals to Reablement". The x-axis shows quarters (1st Quarter, 2nd Quarter, 3rd Quarter, 4th Quarter) and the y-axis shows "Number of referrals" from 0 to 120. Values plotted: 1st Quarter = 36, 2nd Quarter = 62, 3rd Quarter = 72, 4th Quarter = 101.

It is clear from figure 1 that the number of referrals has grown over time, with nearly three times the number of referrals occurring in the last quarter compared to the first. Additionally, as compared to the referral sources captured in the interim evaluation, the range of referrers has altered over time and now includes referrals from Croydon Integrated Psychological Therapies Services (CIPTS), Improving Access to Psychological Therapies Service (IAPTS) and Promoting Recovery teams. Indeed, CIPTS are currently the second major source of referrals, behind the Assessment and Duty teams in Croydon (figure 2).

Figure 2. Referral Source

A pie chart titled "Figure 2. Referral Source" with the following segments: Assessment & Duty 32%, Outpatients 17%, Treatment 13%, CIPTS 20%, IAPTS 9%, Home Treatment Team 3%, Promoting Recovery 1%, Other 2%, Missing 3%.

Overall Aims of the Reablement Service
The reablement service aims to provide brief tailored intensive support over a maximum twelve week period to:

- Improve service users' independence and lasting resilience
- Reduce the need for ongoing support from mental health teams
- Gain a wider repertoire of support and reduce isolation
- Rebuild service users' confidence
- Rebuild people's skills around practical everyday activities (including signposting to services with expertise in a particular field)
- Access local community services
- Direct people towards support and advice around benefits, housing issues, and budgeting
- Assist service users to make plans to sustain, build or expand upon the goals that they set out to achieve initially with the service, following completion of the programme

The Reablement Process

During the reablement programme, each person is met by the Band 6 worker within the team for one or two initial sessions, and the goals they wish to work towards are identified by the service user. Discussion on the aims and parameters of the reablement service, and considerations as to whether it is suitable to meet the service users' needs, are also made at this stage. If suitability is mutually agreed upon, a plan is then jointly developed incorporating the service users' practical and/or socially directed goals with support to break these down into tasks which are achievable over the maximum twelve week period.

Following this, service users meet with one of the reablement workers at a mental health centre for half hourly sessions, generally on a weekly basis. Steps to be taken and progress towards attaining goals are reviewed and reflected upon, as well as barriers to their achievement and how these can be overcome. Additionally, the reablement team have access to a small, specific fund that can be allocated to service users to help them with achieving their aims, where their financial situation is a barrier. Towards the end of reablement, plans for maintaining or furthering goals are also made.

Carer Involvement
The service also set out to involve the carers (family members, friends, or other important people in their lives) of the people using reablement, with appointment letters asking people to invite their carers to assessments. Consent and contact details for carers, when they are not present at initial meetings, is also sought. Carers are invited to discuss and contribute to service users' reablement programmes, where this is agreed by service users. They may also be signposted to support organisations, and carers' assessments may be conducted. The team also ran three Carers' Evenings between April 2014 and October 2014, although this no longer continues due to low attendance.

Other more specific tools or elements of support offered by the service can be summarised as follows:

Wellness Recovery Action Plans
This is a plan for service users to work through which is designed to help them overcome aspects of their mental health that are distressing, and behaviour patterns that are preventing them from doing what they want to do. It includes forming a day-to-day plan about what helps and does not help in feeling 'well', including goals to work towards that might aid in this; thinking about what triggers problems and how to deal with them; early warning signs and signs that things are breaking down and concomitant action plans; crisis and post-crisis planning. It can be used at assessment, during the course of the programme, and after the programme has ended.

MIND Benefits Audit Service
MIND Croydon have been commissioned directly by the reablement service to audit the welfare benefits of service users where appropriate, and to provide advice about their benefits accordingly. It also assists people to apply for any additional/alternative benefits to which they may be entitled, and supports people with appeals and tribunals. This service has been accessible to people from the time when the reablement service began.

MIND Employment Service
In October 2014, the reablement team worked collaboratively with the MIND Employment Service to explore how they could best offer a service to reablement service users. A brief, tailored service was created for individuals who have a recent work history, to focus on offering support in getting them back into employment consistent with their previous work.

The Wellbeing Group
This group was started in June 2013 and ended in June 2014 and all of the reablement service users during this time were invited to join. Broadly, the wellbeing group was an educational group looking to improve peoples' resilience and enable greater awareness of what supports their wellbeing. It ran for one hour on a weekly basis forming a six-week rolling program that people could join at any stage. The reablement service no longer run this group due to low attendance.

AIMS OF THE EVALUATION

The evaluation of the reablement service started in March 2013 and initial data collection stopped at the end of July 2013. At this stage there was not enough data available to complete a full evaluation. The evaluation recommenced in September 2014 with the data collection stopping at the end of December 2014. The evaluation therefore aims to report on data between the start of the service in March 2013 and December 2014. The original aims of the evaluation were to:

- evaluate short –term outcomes for the reablement service users

- explore service users' and carers' perceptions of the service and its impact on their lives

- explore the reablement team worker's views of the service, the benefits to service users and areas of challenge

METHOD

Study Design
A mixed methods design was used to evaluate the Croydon Reablement Service. This comprised the collection and analysis of routinely collected data; qualitative interviews with reablement service users and their carers; and two focus groups with the reablement workers within the service.

Routinely Collected Data
The reablement workers collected the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) and the Adult Social Care Outcomes Toolkit (ASCOT) from service users at the beginning and end of their time with the reablement service. The Health of the Nation Outcome Scale (HoNOS) and Payment by Results Cluster (PbR) were collected from the referring clinician prior to starting reablement and were completed by the reablement worker at the end of the programme. Routine data was also obtained from ePJS and paper files by the reablement worker. This was collected for all individuals entering the service between 4th March 2013 and 23rd December 2014. It is of note that the ASCOT measure was not used in the evaluation until several weeks after data collection had started, and as a consequence is missing for some of the early users of the reablement service.

The data routinely collected in this evaluation (shown below) were analysed to evaluate outcomes during the period of just over one year and nine months:

Collected at Initial Assessment	Collected at end of Reablement
Gender	
Age	
Ethnicity	
Dates of referral, assessment, program start	Date program ended
Source of referral	
Previous use of services	
Carer Involvement	Carer Involvement
	Program discharge plan
	Additional services/input received and attendance
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
Payment by Results (PbR) Cluster	Payment by Results (PbR) Cluster
Health of the Nation Outcome Scale (HoNOS)	Health of the Nation Outcome Scale (HoNOS)
Adult Social Care Outcomes Toolkit (ASCOT)	Adult Social Care Outcomes Toolkit (ASCOT)

Outcome Measures
Four outcomes measures were used as part of this evaluation. Apart from the PbR clusters, changes in the mean scores of these measures pre- and post-reablement were analysed using a paired t-test. These were:

Health of the Nation Outcome Scale (HoNOS) – (Wing et al, 1998)
Used to measure the health and social functioning of people with mental health problems, and widely used in the NHS.

Payment by Results Cluster (PbR)
In mental health services, people are assessed and categorized as belonging to one of 20 care clusters reflective of their mental health needs. These fall into three subsets or categories: non-psychotic, psychotic and organic. PbR clusters were mandated for use in mental health services in April 2012. Changes in cluster for reablement service users will be reported.

The Warwick Edinburgh Wellbeing Scale (WEMWBS) (Tennant et al, 2007)
A self-report measure of both feeling and functioning aspects of mental wellbeing.

Adult Social Care Outcomes Toolkit (ASCOT) (Netten et al, 2006)
A self-report measure of people's social care-related quality of life.

QUALITATIVE INTERVIEWS
Service User Interviews
A semi-structured interview guide was developed by Tim Oldham (Hear-Us), Alison Cook at Impower, the evaluation researcher and informed by some of the questions from the Southwark Reablement Service Evaluation (Reidy et al, 2013). This was designed to elicit people's overall experiences of the reablement service: what worked for them, what needed improving, their relationships with the reablement worker, and what they were taking away with them from their time with the service.

Due to low numbers, initially every person who completed the reablement programme was asked if they wished to take part in the interviews, and these were conducted with six people. At the resumption of the evaluation in September 2014, a number of service users from each team in the reablement service were selected in part on the basis of their scores on the outcome measures, and the demographic variables to ensure that the interviews reflected as representative a sample as possible. This was also checked with the reablement workers. This sample strategy was altered part way through the data collection period, as it became apparent that there were difficulties in recruiting carers to participate in the evaluation. 17 service users were interviewed at this stage, making a total of 23 interviews overall.

Carer Interviews
The semi-structured interview guide for the carers interview was put together by the Rethink BME Carers Group in Croydon, facilitated by Pauline Fisher from Rethink and Alison Cook from Impower, with later input from the evaluation researcher.

There were only two carers involved at the initial evaluation, one of whom declined to participate. At this second stage, the researcher also had further difficulties in recruiting carers to participate causing the sampling strategy to change midway through to focus on

service users with carers. Even though attempts were made to contact almost all of the carers who had had some involvement with the service, only one interview was completed.

There were a number of reasons for this, including: relationships had either ended or had deteriorated to the point that it would not be appropriate to contact their carer; carers felt that what they had to say would not add anything to what the service user had said; service users did not want their carer contacted as it was felt the carer was too busy; carers struggling with their own difficulties; one carer was underage; carers were significantly out of area. Three carers did not wish to participate giving no reason. There were also a few service users who did not wish to take part themselves, so the researcher was unable to contact those carers.

Staff Focus Group
A focus group was conducted with all three of the reablement workers currently in post within the teams at both points of the evaluation. The structure of the group interview guide was based upon that used in the Southwark Evaluation, looking at the aims, benefits and challenges of working within the reablement service, changes that have taken place across the course of the reablement service's existence, and additional questions around carer involvement and impressions of additional services and input people received during the course of their time with the reablement service.

RESULTS

This flowchart gives a description of the sample of people referred to the reablement service:
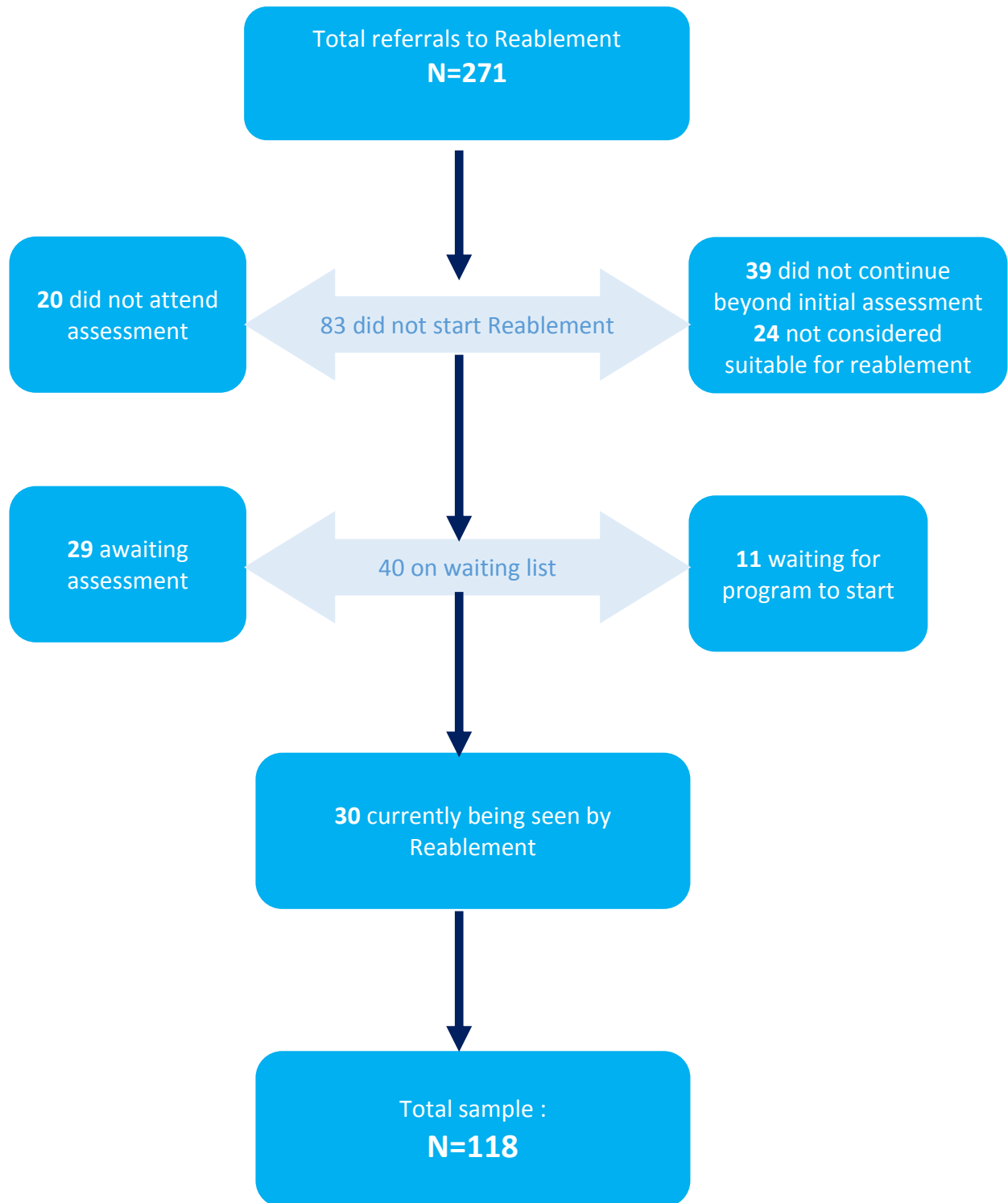
There were various reasons people did not start the program including ill health, moving out of area, not feeling the need for Reablement, simply not attending. Those considered unsuitable largely consisted of people who were felt to need 'stepping up' to other mental health teams, or who were unable to engage with the process.

Comparison of people who engaged with the reablement service beyond assessment (completed the program or are currently still using the service, n=148) with those who did not (n=83)

- **Gender**

Overall, 53.2% of those referred to reablement were female and 46.8% were male. This is commensurate with the Census 2011 data for Croydon.

There were slightly more females who started reablement than males, but these differences were not significant (figure 3)

Figure 3: Comparison between those who engaged and those who did not, by gender
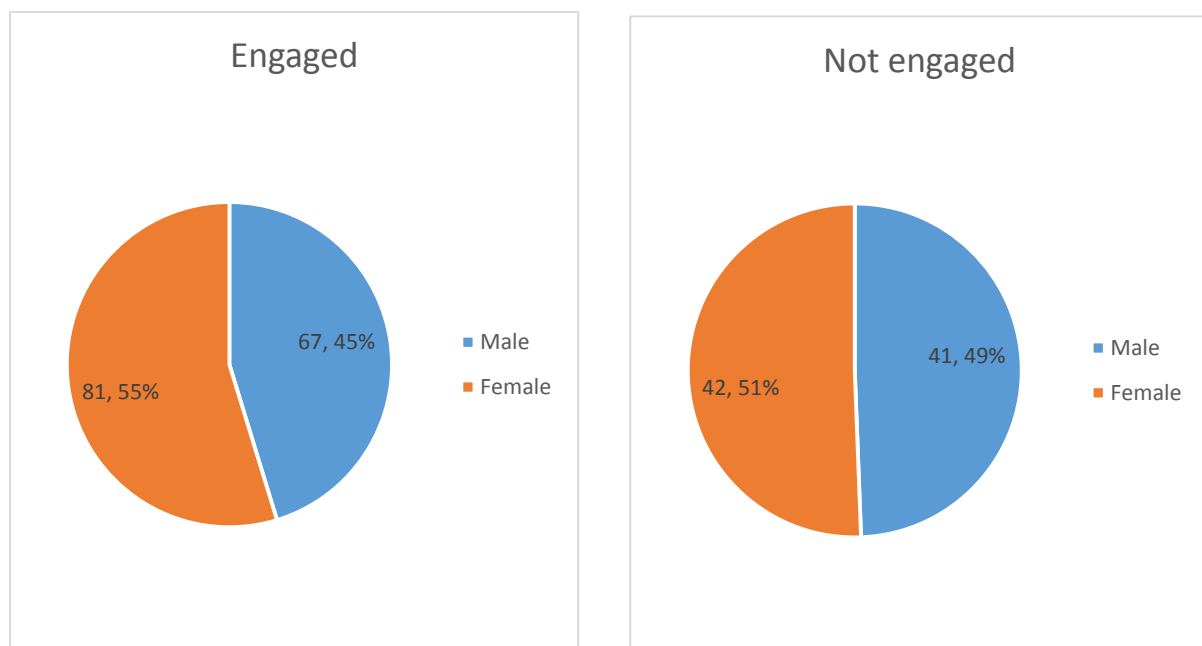
- Ethnicity

Table 1 shows the number of people from different ethnic groups that were referred to the Reablement Service alongside the figures from the 2011 Census (Office for National Statistics, 2011) for 18-64 year olds in Croydon.
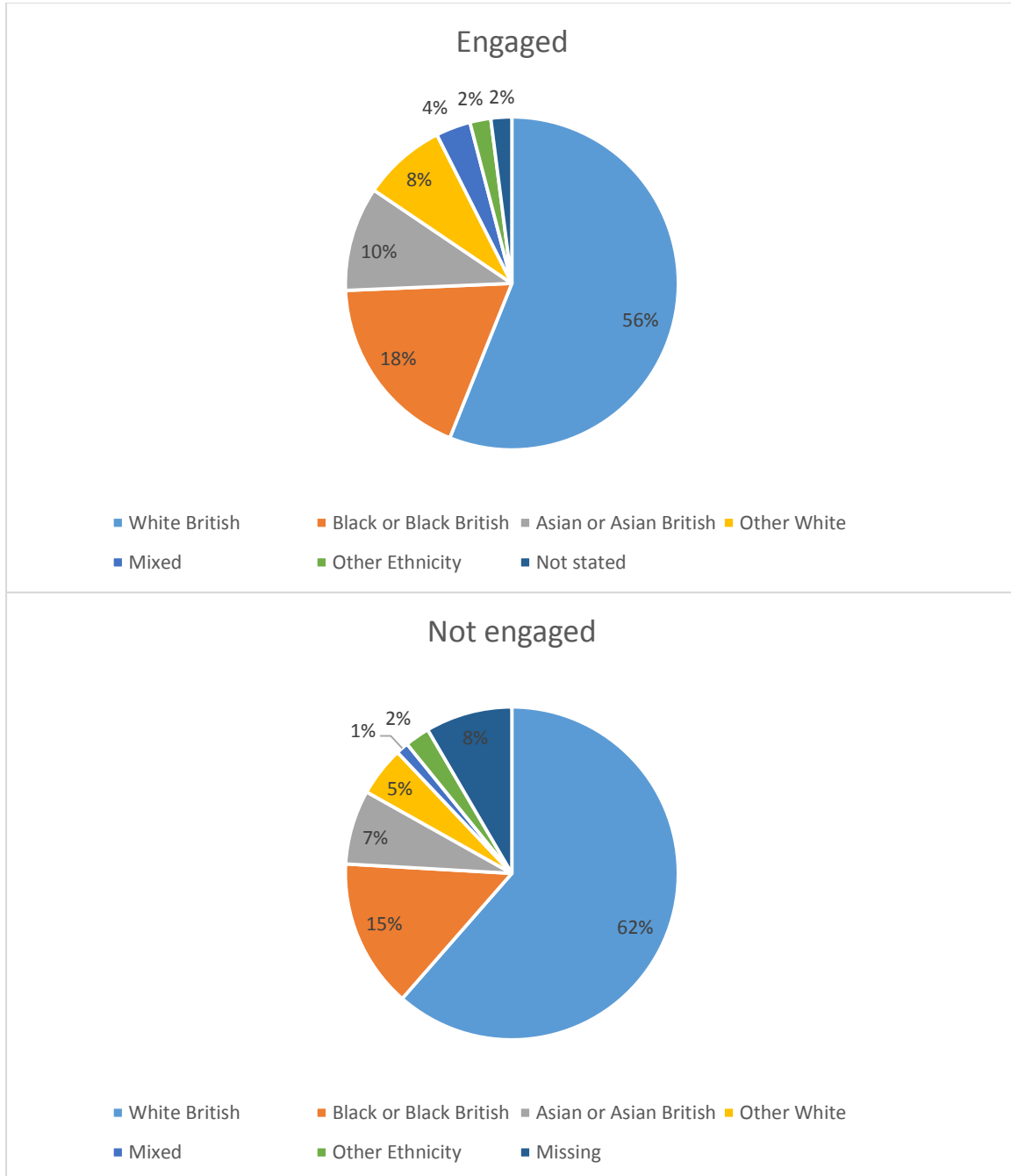
Table 1: Comparison of reablement sample with Census ethnicity data

	Reablement data (%)	Census data (%)
White-UK	58.0	46.8
Black or Black British	16.9	19.9
Asian or Asian British	9.1	17.6
Mixed Ethnicity	2.6	4.8
Other White	6.9	9.0
Other Ethnicity	2.2	2.0
Missing	4.3	n/a

Table 1 shows that there are more people from the White-UK group than would be expected, and around half the amount of people from Asian and Asian British groups, if the distribution of mental health problems and the likelihood of seeking help was the same for each ethnic group. It is of note that the numbers of people from BME groups in Croydon has grown by around 3% according to the GLA dataset (2013).

There was no significant difference in ethnicity between those who started the Reablement programme and those who did not (figure 4)

Figure 4: Comparison between those who engaged and those that did not, by ethnicity

Engaged

- White British
- Black or Black British
- Asian or Asian British
- Other White
- Mixed
- Other Ethnicity
- Not stated

Not engaged

- White British
- Black or Black British
- Asian or Asian British
- Other White
- Mixed
- Other Ethnicity
- Missing

- Age

The mean age of people referred to the reablement programme was 43 years (range=18-65). Of those who engaged in the Reablement programme, the mean age was also 43 years, which was similar to those who did not engage or were considered unsuitable (mean=42.7 years).

In comparison with the Census data (ONS, 2011), the mean age of the service users was higher than those in the Croydon population, with 51.5% of the reablement service users being aged 45 or above, and 38% of the Census population within the same range (table 2).

Table 2: Comparison of reablement sample and Census data on Age

|	Reablement (%)	Census (%)
18-24 years	8.3	14.1
25-34 years	18.3	24.5
35-44 years	21.8	23.4
45-54 years	34.9	22.4
55-64 years	16.6	15.6

- Referral source

Table 3 details the number and source of referrals made to the Reablement service, with the numbers of referrals for those who engaged and did not engage or considered unsuitable for Reablement.

Table 3: Comparison of Source of Referral to Reablement between those who engaged and those who did not/considered unsuitable

Referral Source	Engaged	Did Not Engage	Total
MAP Duty & Assessment	50	27	77
MAP Outpatients	25	15	40
MAP Treatment	15	15	30
CIPTS	31	13	43
IAPT	14	4	18
Home Treatment Team	4	6	10
GP	2	0	2
Promoting Recovery	3	1	4
Other	4	1	5
Missing	-	1	1

Figure 5 depicts, for each referral source, the percentage of referrals that resulted in engagement or non-engagement with the Reablement service. These differences were not statistically significant.

Figure 5: Comparison of people who engaged with those that did not/were unsuitable by referral source

Percentage of people engaging in Reablement by Referral Source
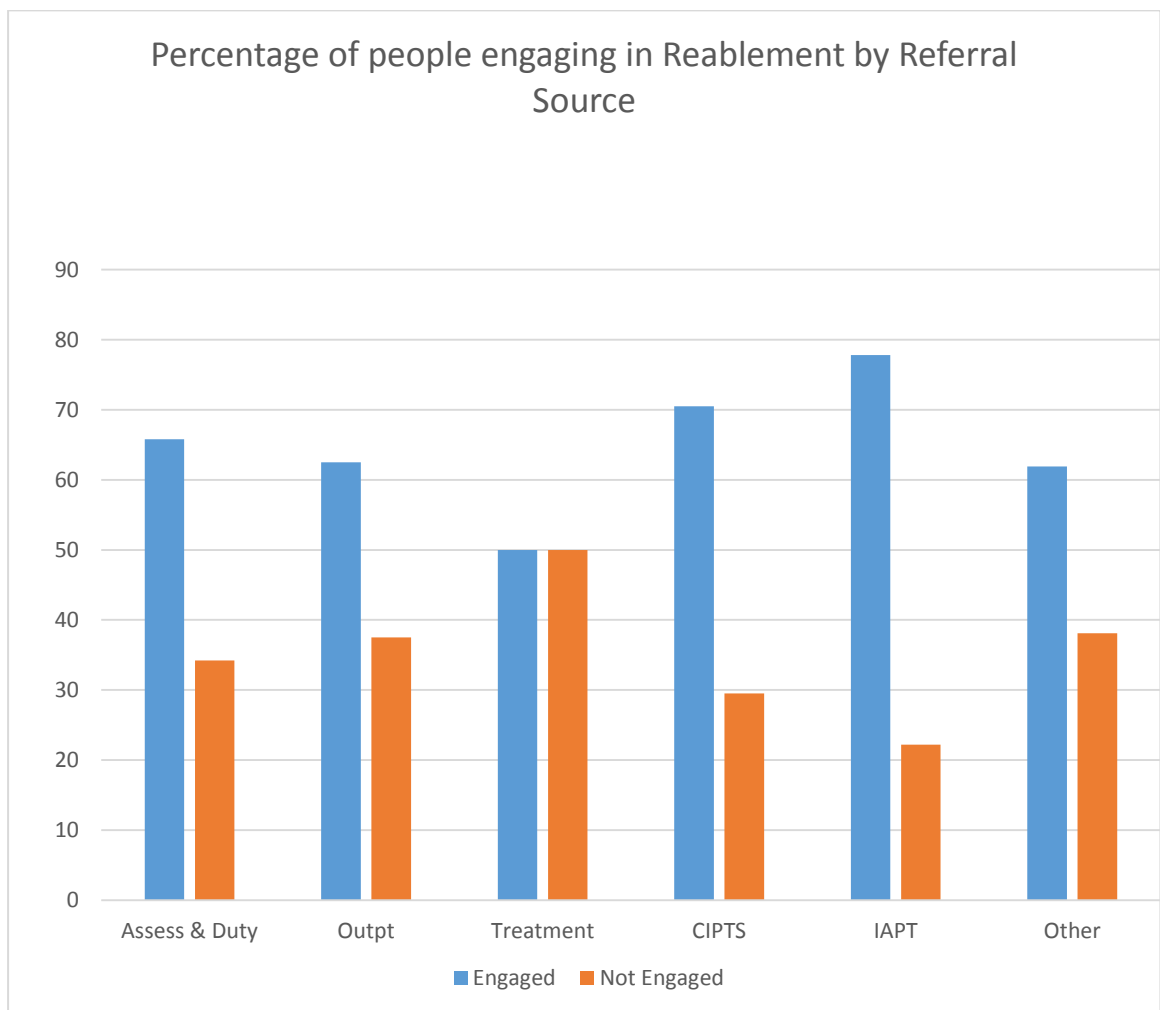
THE EVALUATION

Of the 118 people who started with the reablement service, 95 (80.3%) were considered to have fully completed their programme, and 23 started but left the programme early. Of those who left the service early, 13 began to disengage from the service or did not attend sessions, and were discharged back to their GP. For six people, their mental health problems appeared to have become more problematic and they were referred to other teams (including one admission to Triage and one to the Home Treatment Team). Two had problematic physical health problems one with additional alcohol issues which impacted on their ability to continue. One decided they wanted to be seen by Psychology only, and there was missing data on another. Perhaps not surprisingly, there was a statistically significant association between discharge destination and whether people 'completed' the reablement

programme, such that those who completed their time with reablement were more likely to be discharged to their GPs ($\chi^2(1)$=8.428, p=0.004).

Women and people of white ethnicity were less likely to complete reablement (table 4).

Table 4: Comparison of those who completed Reablement with those that did not, by Gender, Age and Ethnicity

	Completed programme (n=95)	Did not complete programme (n=23)
Gender		
Female	73.4%	26.6%*
Male	88.9%	11.1%
Age		
Under 45 years	73.2%	26.8%
45+ years	87.1%	12.9%
Ethnicity		
White	75.0%	25.0%*
BME	90.2%	9.8%

*p<0.05

- Length of reablement programme

The mean number of sessions in service users' programmes was 8 (ranging from 1 to 30 sessions).

The mean length of service users' reablement programmes was 95 days (13 weeks, 4 days; the range was 16-288 days).

- Carer Involvement

Carers were involved in the reablement programme of 31 service users (26.3%). Whilst there were more carers involved in the programmes of people who did not complete Reablement (34.8%, n=8), than for those who did (24.2%, n=23), the difference was not statistically significant.

- Baseline measures

There were no significant differences between the scores of those who completed Reablement and those who did not on any of the baseline outcome measures (WEMWBS, ASCOT, HoNOS) – indicating similar levels of mental wellbeing, social care-related quality of life and mental and social functioning at the start of the programme. All of those in the 'psychosis' cluster at the start of reablement completed the programme.

Outcome Measures

One of the key outcome targets for the reablement service was to discharge service users back to their GP. Of those who were considered to have completed the reablement programme, 89.5% (n=85) were discharged to their GP. Of the remaining ten people, five were referred for ongoing treatment (including the Personality Disorder Service,

Outpatients, and Assessment teams), three for services to continue with reablement (including drug and alcohol services), and two to other destinations.

The analysis of the other outcome measures used to assess change between the start and end of the reablement programmes for service users is shown in table 5.

Table 5: Results of the paired t-test analysis comparing scores pre- and post-reablement using WEMWBS, ASCOT, and HoNOS

	Pre-Reablement	Post-Reablement	Difference	t-test
	Mean (SD)	Mean (SD)		
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (n=66)	32.3 (8.0)	41.1 (9.5)	8.83	$t(65)=-8.8$, $p<0.001$
Health of the Nation Outcome Scale (HoNOS) (n=88)	11.6 (5.5)	7.3 (4.7)	-4.25	$t(87)=6.7$, $p<0.001$
Adult Social Care Outcomes Toolkit (ASCOT) (n=56)	0.4 (0.3)	0.6 (0.3)	0.153	$t(55)=-5.2$, $p<0.001$.

On average, reablement service users reported statistically significantly greater mental wellbeing on the WEMWBS scale at the end of their reablement programme compared to at the start. The final score on this measure of 41.1 is considered to be in the average range (40-59). On average, service users reported statistically significantly reduced scores on the HoNOS post-reablement compared to pre-reablement, indicating an increase in health and social functioning. Additionally, service users reported a statistically significant increase in their social care-related quality of life (measuring achievement of everyday activities) at the end of their reablement programme compared to at the start.

With regard to PbR clusters, the majority of people fell within the 'non-psychotic' clusters both before and after reablement (figure 6).

Figure 6: The PbR clusters for service users pre- and post-reablement
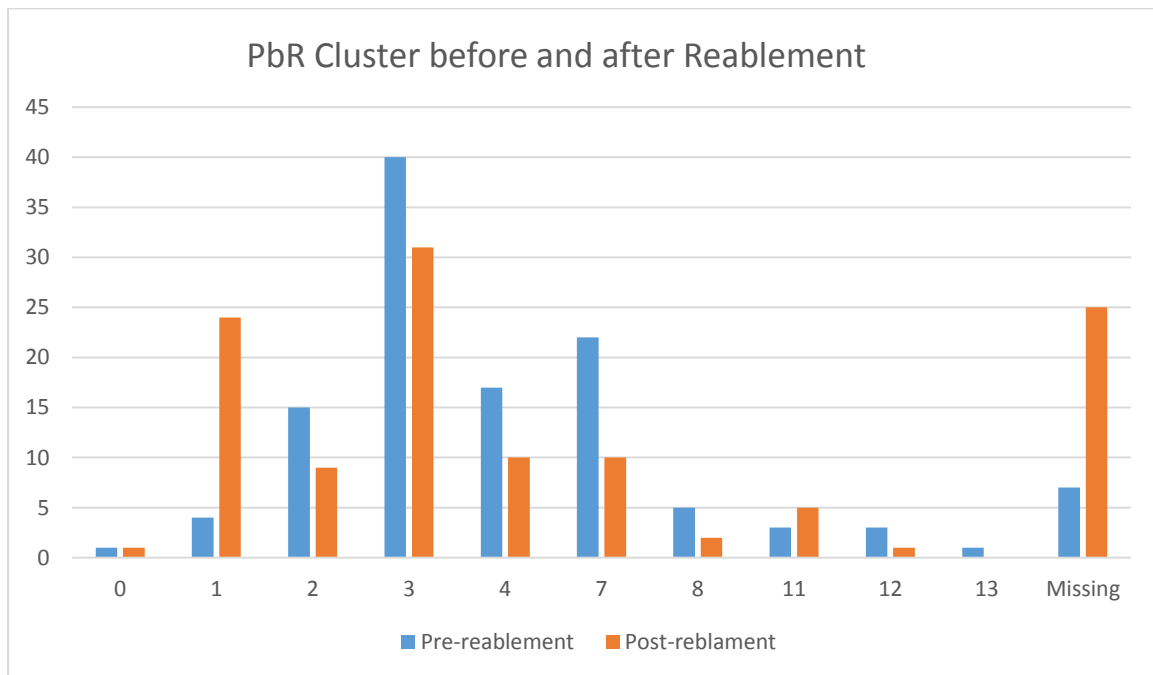
In terms of change, figure 7 shows the direction of change in PbR cluster groups for service users at the end of their reablement programmes:

Figure 7: Changes to PbR cluster at the end of Reablement
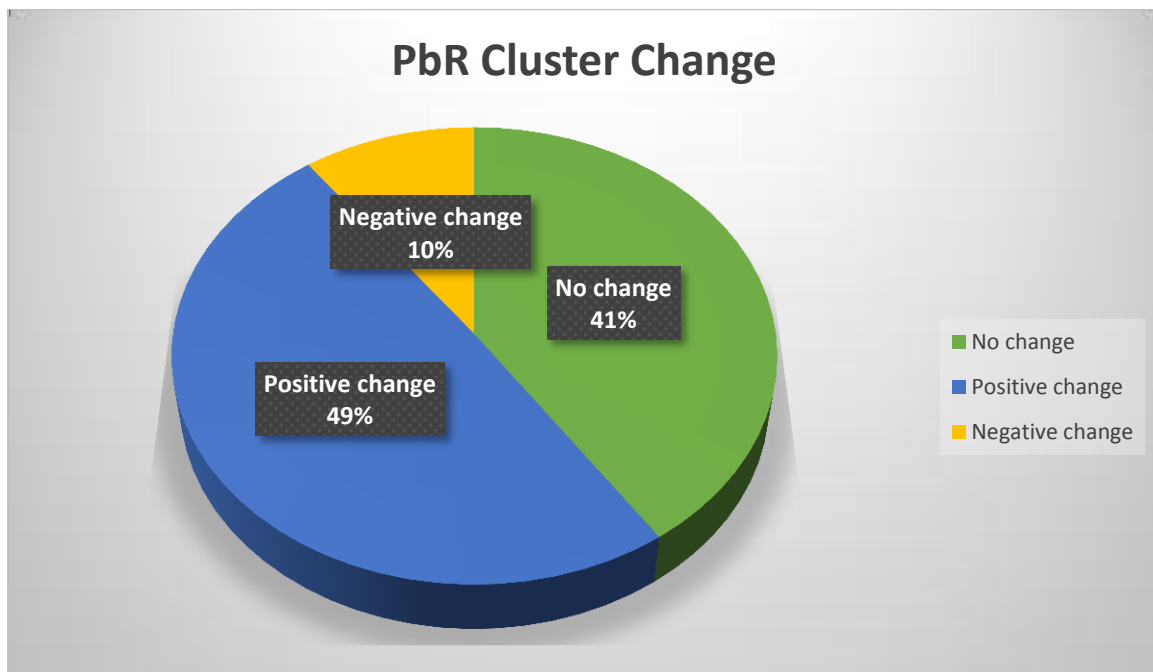
QUALITATIVE ANALYSIS

In total, 23 service users and two carers were interviewed as part of the reablement service evaluation. Two focus groups were also conducted with the reablement workers at each evaluation point. Table 6 shows a comparison of those interviewed for the evaluation and the total number of people who engaged in the reablement service beyond the initial assessment. A higher proportion of interviewees were male; were referred to reablement from outpatients; had a carer involved; and spent less time in reablement than the overall cohort of reablement users.

Table 6. Characteristics of interviewees and reablement users

	People Interviewed (n=23)	Overall sample (n=118)
Gender		
Male	13 (56.5%)	54 (45.8%)
Female	10 (43.5%)	64 (54.2%)
Age		
Mean	43.26	43.24
Range	18-62 years	18-65 years
Ethnicity		
White-Uk	13 (56.5%)	67 (56.8%)
Black or Black British	3 (13%)	21 (17.8%)
Asian or Asian British	2 (8.7%)	13 (11%)
White Other	3 (13%)	9 (7.6%)
Mixed ethnicity	2 (8.7%)	4 (3.4%)
Referral Group		
Assessment & Duty	6 (26.1%)	43 (36.4)
Outpatients	7 (30.4%)	22 (18.6)
Treatment	5 (21.7%)	15 (12.7)
CIPTS	2 (8.7%)	22(18.6)
IAPTS	0 (0)	7 (5.9)
Other	3 (13%)	9 (7.6)
Number of reablement sessions (mean, median)	8, 8 (3 missing)	7.65, 8 (19 missing)
Duration of reablement programme (in days, mean, median)	80.8 (11.5 wks), 74 (10.6wks)	95.1 (13.6 wks), 87(12.4 wks) (3 missing)
Discharged to GP	87%	84.7%
Carer Involved	43.5%	26.3%

The length of time between the end of people's reablement programme and the interview date ranged between 0 days (as 30.4% of service users were interviewed on the same day as they were discharged) and 375 days. The mean length of time was 143.9 days or 20.5 weeks.

The Analysis

The qualitative analysis focuses on the interviews conducted with the 17 service users interviewed for the second phase of the evaluation with reference to the previous interim interviews when they converge or diverge with current themes.

All of the 17 people interviewed had something positive to say about the service, particularly their relationships with the reablement workers, mirroring the results of the earlier interviews. 15 people reported an overall positive experience of the service, with 13 of those meeting, or on their way to achieving, the goals they set out to meet at the start of their programmes. Two people were less positive about the programme, feeling that it had not met their needs by the end of the programme, and they were particularly unhappy that they had been discharged from mental health services at the end, with the services they had been referred to not meeting their needs. The positive perspectives of the interviewees reflects the positive scores across all of the outcome measures.

REABLEMENT AND EXPECTATIONS
The expectations that people had of the service were mostly derived from what the referrers had told them and their previous experiences of mental health services. The majority of people were somewhat unsure of what to expect, some had low expectations, some were clear about what to expect, and some had expectations which were perhaps out of keeping with the limits of the service:

"I thought I was going to be with them for a long time" (participant E)

Most of those interviewed reported that they were reasonably clear about what reablement was and would involve after the initial sessions. Some people continued to believe that the length of their programme would be longer. Some had difficulty distinguishing the reablement programme from other services but were able to talk about the particular work with particular workers. This was also noted by workers, for example:

"I think they see it as an extension of coming to the resource centre, coming to mental health services, they don't necessarily differentiate between services" (worker B).

GOALS
During the initial sessions, the reablement team aim to work with service users to elicit their goals and to devise a plan to achieve or begin to achieve these during the time of the programme:

"you are the expert, you know yourself, deep down at whatever level you know what you need to do to improve things and we're about helping you identify what's stopping you from doing it in the first place" (worker A).

Everyone interviewed commented that they were sufficiently involved with the planning, and that they owned their goals:

> *"It was very much focused on what I thought was right for me, which I liked. I thought that was really good, rather than just being given a list of options: 'we can do this, this or this for you'. It was more like, 'what would you like us to do?'" (participant O)*

The types of goals that people ended up working towards were mostly around finding some form of meaningful activity to do – including seeking or maintaining employment and studying; to go out more or meet more people; or to do more exercise. It is important to note that those who were less pleased with the service (although they had set some goals that fitted within the services' parameters) wanted to attend some form of day centre or drop-in centre, and have access to a programme of activities over a longer period of time. For a number of others stability of mental health was their key overall goal.

What helped people?

> *"With the psychiatrist you just go and talk to them about how you're feeling that day, or previous days that you haven't seen them. But with reablement, it was looking forward to things that you wanted to do, and trying to get there and achieve everything that you wanted" (participant K)*

For most of the service users, the structures and routines that were created as part of their programme was the most impactful element of the programme, although some people were initially reluctant about this as it seemed fairly simplistic, but found that putting it into practice was helpful.

> *"I had a clear goal, but what I had difficulty with was 'how am I going to achieve that?' Because we do tend to sit back and look at the bigger picture, but what reablement helped me to do was actually say 'what do I need in stages to get to that?'" (participant C)*

The process of having someone to check back in with was also seen as motivating, particularly as it appeared to engender a sense of achievement for people, impacting on their confidence. For example:

> *"I just needed a kick up the backside every week, and that's what I got. It was someone giving me a goal and someone there who, even if I didn't quite make it would still say 'well, you know, you did half of it. You're halfway there' And you've just got that boost every single week that kind of made you feel like at least you've started to achieve something" (participant J).*

Other elements of the service that seemed particularly helpful to people included being funded to attend activities or services that they may not have otherwise been able to afford (such as courses or gym attendance). A couple of people were very appreciative of the applications for funding sourced by reablement workers to support them whilst their benefit applications were being processed. The knowledge of other services and local resources was also remarked upon as helpful by a number of people who felt as though the service provided them with lots of information.

Whilst the service is not specifically aiming to help people with their mental health problems per se, reablement workers offer people support with these difficulties where they impact on their capacity to achieve goals. For example, a couple of service users talked about how workers recognised early signs of a relapse of their mental health problems and very quickly referred them to another mental health professional and the timeliness of this was seen as very helpful. One was able to resume reablement after a few weeks, and the other had to be referred back to the community mental health team. Both were very pleased with the way this was handled by the reablement worker.

Crisis plans and having a clear message about what to do in an emergency was very important to people at the end of reablement. The sense of having a 'safety net' was mentioned by a number of people as making them feel more reassured and confident in trying new things.

What didn't help?
Many of the service users (n=11) interviewed reported that they felt their reablement programme was long enough, and were therefore happy with being discharged to their GP. A couple of people would have preferred to continue for a longer period, but ultimately felt that the programme was helpful and they continued working towards goals post-discharge. There were three people who did not feel that the programme was long enough, and were particularly unhappy that they had been discharged from secondary mental health services at the end as they felt that their mental health problems were not sufficiently ameliorated, and the services they were referred to post-reablement were not helpful:

"now I feel isolated. I feel like I've been rejected because I've got nobody to take care of me" (participant E)

"As far as I'm concerned, after I took the overdose… I was there for a couple of weeks, and that was it. P*** off. I'm on my own again" (participant F)

"As soon as they stopped seeing me, it all went. As I was saying, you're only with them for so many weeks, I think it was 16 weeks, I'm not 100%. Once you've had 16 weeks you're out the door. They don't give a damn about you, and that's wrong. I still needed them. I need them now". (participant Q)

The services that the reablement team signposted people to were of mixed usefulness to people, although much of this had been fed back directly to workers by service users. One service user felt that there were not enough good resources available in the local area. Waiting times for some services was an issue, particularly referrals to psychological therapy, and people talked about cancellations of services and specific delays were being experienced in the processing of Personal Independence Payments. Much of this is obviously out of the hands of the reablement service. However, one of the issues that was raised by a few people was that they did not always feel confident in approaching some of the services (particularly social or counselling services) on their own, and it was not

apparent to them that there had been communication between the reablement team and some of those services when they got there.

Finally, there were a couple of people who had issues with the environment of the mental health resource centres that they saw their workers in. A couple of people had had negative experiences of the waiting area of one centre and one described other centre users as "threatening" and "intimidating". The other centre was largely seen as a calmer environment, but one felt it was not central enough.

Outcomes and Impact of Reablement

Apart from one service user, everyone reported having a positive experience of the reablement service at the time it was happening, with a number of people reporting that their confidence had increased, their mental health or wellbeing felt more stable, and many people reported that they had met or were on their way to meeting their goals.

Five people had found paid employment, with two people currently also doing voluntary work. A couple of people had also undertaken short courses. A number of people had started attending the gym or went swimming, which was funded by the reablement programme, and many of these were continuing with this at their own expense. Most of the problems respondents had with their benefits were resolved by the time they were interviewed, and two people had moved into better accommodation.

"I met my goals. If I didn't have that enablement, I don't think that would have happened". *(participant C)*

"It helped me so much, and I felt so much better because of it. I kind of miss it" *(participant J)*

"The reablement service is a good way to come out of being under Psychiatrists care. It is a very good idea and I think it did work for me" *(participant A)*

"this is the best experience that I've had of mental health care probably within about 15 to 20 years, without doubt" *(participant O)*

Some people reported that they found it relatively easy to maintain the changes they had made with the reablement service, although many experienced an initial 'blip' post-discharge particularly with not having someone to check in with. However, there was a sense that people were seeing reablement as a start to a process that it was ultimately up to them to continue with, for example:

"It is difficult when the structure ceases because you haven't got that sort of ongoing relationship to keep you in check. I'm not easily the most self-motivated person from time to time, however, it has given me the connections… But you do kind of have to say "right, you've got to do it for yourself", and ultimately it's got to come at some point" (participant G)

A number of people positioned their reablement experience as a platform to build upon and that they were more confident now. For example, some said:

"willing to try new things, and I don't feel as anxious about doing new stuff" (participant D)

"Since I've been in the reablement, having stuff set for you and knowing that you had to do these tasks by a certain date, I was like well I can process that and put it into my actual life". (participant K)

There were two people who reported a positive experience of the service, but for whom achieving their goals and sustaining these were stymied by their mental and/or physical health problems. For both of these people, going out or meeting people had been their primary goals, but post-reablement both remained as ambivalent about this as they had been at the start. Workers offered to accompany them to places, which they appreciated, but this did not alter the amount of time they spent outside of their homes or reduce their difficulties in doing so.

There were also a couple of people for whom reablement appeared to have a negative impact because they felt that they had ongoing mental health problems which required a longer period of work with a mental health professional. It is of note that they all had relatively recently attempted suicide; were perhaps the most socially isolated of those who were interviewed; and had current issues with alcohol misuse. They seemed not to know about some of the numbers to call in an emergency, or to have the same sense of a 'safety net' described by the majority of other service users. It may also be that without a personal budget, their desire to have access to some form of day centre programme or drop-in centre could not be fulfilled

Relationship with staff
All of the interviewees reported that they had good relationships with the reablement workers. They stated that workers were friendly and welcoming from the outset and that they seemed to care about them, which was of particular importance to some of the service users who had had negative experiences previously. For example:

"I knew they were looking out for me. I know that it weren't like just shelved" (participant L)

People felt listened to and able to talk about what they needed to, and that the staff were professional, knowledgeable and empathic. It was also remarked by some that the workers were flexible around appointments, for example:

"That 12 weeks has helped me immensely… everything he done, he went an extra step for me. I'll never forget that" (participant N)

Participants made very few negative comments about the workers throughout the evaluation, although one person felt that staff were not as knowledgeable about the interface between mental health and addiction as they could have been, and another felt that on one occasion a staff member did not appreciate the difficulties that s/he had filling in forms as someone with dyslexia.

MIND BENEFITS SERVICE

Nine people interviewed for this part of the evaluation had difficulties with their benefits, and attended the MIND Benefits service to help with this (a total of 63 people, or 53.5% of the sample attended this service). The majority of people who attended the service resolved their benefits issues. The feedback was largely very positive, with the staff being described as knowledgeable and very thorough, and that the process was quick. The positive view was echoed by the reablement workers, and in the interim report. A couple of people remarked that they felt the workers paid particular attention to their case, helping with appeals and tribunals, including one with a slightly more complex and overwhelming claim:

"he was like my anchor until it was over. He said to me 'I will be with you all the way, I will come to court with you, I will go to the tribunal with you', and he'll hold my hand all the way… he was just this amazing person that was holding my hand and helping me and believing me. That was the other one, to believe me…" (participant H)

Only one person remarked that the service was not as thorough as had been hoped, although had been of some help. This service user felt that they needed more help and guidance to navigate the benefits system as a totally new claimant, and that they were still unsure that they were receiving all of the benefits to which they are entitled.

Service User Recommendations

The interviewees had few recommendations for improving the service, and most would recommend the service to other people as it stands (four people had talked to people in their acquaintance about it). Thus, these recommendations came from a small number of people:

- Have some form of checking back, follow-up or review process to see how things are going for people – possibly coupled with an easy way to be referred back to services
- To see people in community or go to people's homes
- Set up a group for socially isolated people using the service
- Use peer supporters or have access to these
- Promote the service more, so people know what it is and that it is there – possibly have an online presence

CARER INVOLVEMENT

All of the evaluation interviewees reported that the reablement service had encouraged them to bring along a 'carer' to their initial meeting. Whilst everyone had at least one person in their lives who gave them some form of support with their mental health problems, around 50% did not choose to directly include them, for various reasons ranging from the practical (carers living far away) to the personal – that reablement represented for them a time to do things for themselves, and/or they did not wish to place any additional burden on those that cared for them. This was echoed by the staff team, for example:

"I think the ethos of reablement is about enabling that person to do for themselves, so if there is a carer involved, then by default they're going to be less involved" (worker B).

It is important to point out that for some of those who did not directly involve their carers they gained a lot of support from people throughout the reablement process who helped them sustain or pursue further goals afterwards.

Only a relatively small number of carers had face to face meetings with reablement workers, and this was mostly restricted to the first reablement session when discussions about what the reablement service does and the goals that service users wished to work on were discussed. Telephone contact was also established and ongoing for some carers. The service users mostly reported that they were happy with this level of involvement and found it helpful in that carers kept an eye on them, and also that it helped carers to have more of an understanding of the service users' issues. For example:

"It was helpful having her along, and I would recommend that anybody that's coming out of psychiatric services, they get their family involved…" (participant A)

Most of the service users stated that the relationships that they had with carers was positive already, and that the service did not make an impact on this. However, some felt that coming to reablement had made them feel more open to talking about their mental health problems generally, and a few who had not previously discussed these with friends and family did do so. A couple of people also talked about how their attendance at the reablement service had assuaged their carer's anxieties. For example:

"Gave him reassurance that I was being cared for. Yeah it was a big deal actually" (participant O)

Unfortunately, only two carers were interviewed for the evaluation, both of whom had attended the initial reablement session. Both carers were positive about the service both for themselves and for the service user, and felt that they had been involved enough. For example:

"There was a lot of questions I wanted to ask, which I did" (carer A)

Both had been signposted to a carers' organisation which was taken up by one who found it helpful. The other felt that she no longer needed it. Both described feeling that reablement had freed them up to have more time to do what they needed to do:

"I saw he was getting on well, I was just relieved to take a step back" (carer A)

The process of stepping back, and taking a more supportive and encouraging role rather than a doing one was reported. For example:

"It was a learning process for myself…Both learning how to cope with each other" (carer B).

Interestingly, both carers and a couple of service users talked about the dynamics of their relationships beginning to shift from a kind of dependent relationship to one of more interdependency, where help and support was returning to a more 'give and take' situation – or at least was moving in that direction.

It is perhaps of note that one of the carers did not know that the reablement programme was over at the time of interview.

SPECIFIC STAFF ISSUES

"In the current climate, it's quite a difficult time to be doing this kind of role because of the housing issues and the money issues, benefits issues. Actually sometimes that's a real block. Quite depressing if I'm honest" (worker B)

Funding/Budget for service users
All of the workers agreed that given the problematic financial situation of a number of service users "having a pot of money…actually helps breaks down the barriers" (Worker B). One of the issues that arose in the interim evaluation and appears to have continued throughout, is that workers are unclear as to how much money is available to support service users in pursuing their goals, and what the upper limits are – they are currently operating in a kind of 'notional' state. They reported that service users were 'astounded' that they could receive monies, and experienced no apparent exploitation of this.
An additional difficulty observed by the staff team has been that it is taking a long time for the funding to come through at times, even for small sums, leading to a lengthening of the reablement programme for some and also at times leading to service users "deflating, especially when people have got the confidence up to go somewhere and then can't" (worker C).

Staffing Levels
Workers reported that they have rarely had a full team in post and this had at times impacted on the amount of work they can do directly with service users. This has also had an impact on their work promoting the service to other teams and services keeping it on their agenda, and in finding out about and fostering connections with other local resources.

Housing
Between the interim report and this one, staff reported feeling clearer about the way the housing system works, which is seen as important as

"an awful lot of people are coming with housing issues, because of the current climate" (worker B) … "so you can't ignore it" (worker A)

The team have now established connections with the Council's Housing department, including the Support Needs Assessment and Placement (SNAP) team and have been able to mediate at times for service users. They have also facilitated service user's access to more specialist service such as Shelter and Croydon's Rent in Advance Scheme (CRIAS), from which they have received positive feedback from service users.

Service Progression

The team reported that over time they have become more confident in their roles and clearer about the boundaries of the service, which has enabled them to be more precise with service users and referrers about what the service can and cannot do. One of the patterns across time that they have noticed is that people with debilitating physical health problems which have a big impact on their capacity to do things, particularly those requiring multiple medical appointments, struggle to continue with reablement as it currently stands. Also, people who struggle to devise any goals, and those who appear to have minimal internal locus of control also appear to struggle more.

There is also the sense that the purpose of reablement is something that has to be restated throughout the work with service users, for example:

"people come in and things have happened during the week and you just get the whole lot. And trying to have to reinforce what we're about, what we're not about in a way that's supportive but clear" (worker B).

Future Directions

Workers felt that meeting service users in community places away from mental health resource centres linked in with their goals. This could help workers see what other non-statutory services do and build their relationships with them. Although the workers feel they have a good relationship with MIND, there is scope to extend this to other agencies. It was also felt that:

"For things to be sustainable, people need to be confident in using services that are non-mental health" (worker A)

Using non-mental health places as meeting points may reinforce this. Concerns had been expressed that staff numbers and current service targets make this difficult to achieve at present.

DISCUSSION

This evaluation is of the first 21 months of the reablement service's operation. Its main findings are that its service users have experienced an increase in their mental wellbeing, social care-related functioning and mental and social functioning in this period. This is further supported by the predominantly positive interviews conducted with service users. However, without a control group, it is difficult to interpret whether these changes would have occurred for this service user group without having attended the reablement service. Therefore, these positive findings should be interpreted with a degree of caution.

As was the case with the interim report, since the reablement team was established, there has rarely been a full complement of staff, particularly Band 4 workers, which means that it is difficult to know whether the particular skill-mix that was envisaged at the outset functions as it was hoped. Even though some of those interviewed were seen with support workers and also a trainee OT, involvement was still in large part with the Band 6 worker. It would also appear that this has had an impact on the number of service users seen by the service directly, but also on the potential to develop the service further and open up other referral avenues.

It also remains difficult to know how the service impacts on the carers of the reablement service users due to the limited contact had with them. It may be that by the time an individual attends reablement, their need for carers to be involved has reduced. The carers who did participate both talked about a process of stepping back and realigning relationships, which suggests that this may be the case.

Since the interim evaluation, which was conducted at a time when fewer than expected people had used the service, there appear to have been a number of changes to the service. It seems now that service users are in the main clearer about what the reablement service is than had been the case previously. In part this appears to be because there seems to be a lot of time taken through the initial stages or during the assessment to have these discussions with service users and to think through whether the service is a suitable one for them. In general, all of the service users did feel that they were involved enough in the design of their programme .The reablement team also appear to have been able to establish relationships with other services, particularly around housing, that did not exist before, and continue to have and furthered the relationship with MIND.

RECOMMENDATIONS

- Promotion of the service

Some of the service users remarked that they did not feel that the service was well known (which presumably would result in a lack of demand from service users). The staff team also talked about how there is rarely a full complement of staff which has meant that their ability to attend team meetings or indeed with outside organisations (possibly including service user and carer groups and GPs) is reduced. A service leaflet has recently been created and distributed that may aid in this somewhat.

- Discharge

With a short-term intervention such as reablement, coupled with the good relationships described by service users, it is perhaps inevitable that discharging people is going to be experienced negatively by some. One of the issues is that the services that some people were discharged to were not felt suitable for their needs. It is of note that none of the service users interviewed reported having a personal budget, so those services that can only be accessed in this way (or by self-funders) are not available. Without having some sort of systematic process whereby the service asks people about their experiences post-reablement, this type of information cannot get fed back. It links with the issue above as well, because another way of checking this would be for staff to visit these services more frequently.

Staff have stated that they do not feel under pressure to discharge people or to see people that are perhaps not currently suitable for reablement at this point in time. It is difficult to know if this has been the case throughout.

- Locus of control

The staff team suggested that the amount that people felt in control of their mental health and indeed their lives, seemed to be a determinant in how they engaged with the programme. This was perhaps the case for some of the people interviewed for the evaluation as well. If locus of control was assessed on entry to the reablement programme, it could help workers assess the extent to which individuals felt in control of their own lives. There are several scales for this purpose, for example:

- Rotter Internal-External Locus of Control Scale (Rotter, 1966)
- Mental Health Locus of Control Scale (Hill and Bale, 1980) – this would need some adaptation for reablement

- MIND Benefits Service

Clearly both service users and staff mostly feel very positive about this service, and it appears to be a valuable option for service users. This would seem particularly prescient in the current economic climate, particularly with recent evidence of sanctions against people with mental health problems on Employment and Support Allowance (ESA) being more common than for other groups.

- More community working

A couple of service users talked about the possibility of the service developing out towards the community, seeing individuals in non-mental health settings or a home visit. Some service users also talked about the usefulness of being introduced to services by workers, or being taken to services the first time. The staff also discussed some of these issues. The idea of seeing people in community settings is probably more in keeping with the reablement ethos than seeing people almost solely in mental health centres. It may be that in order to do this the service would not be able to see the same number of people as they currently do due to travelling time. It may also incur additional costs.

- Funding

As with the interim evaluation, the funds available for the reablement service users continues to be unclear. The bureaucracy around getting the funds also appears to be an issue.

- Further research

In some ways, this evaluation is not solely a straightforward initial evaluation because a number of people interviewed were seen quite a long period of time post-reablement. However, it was not established as a follow-up study so a systematic collection of outcomes was not attempted. It could be interesting to conduct a follow-up study using some of the same measures after a period of 18-months to two years, and perhaps also looking at capturing data around levels of service use, benefits and housing levels, relationships, employment and education, medication. Future prospective studies with control groups are required to confirm the findings of this study.

CONCLUSION

The data presented in this report suggests that both the service users and staff working within the service largely feel positive about the time they have spent working on programmes with the reablement service. The evaluation found positive outcomes across all of the measures used which further supports this. The lack of feedback from carers means that it is unclear how this service impacts on them. The lack of a control group also means that these outcomes should be treated tentatively as it is possible that they may have occurred with a different service or no service at all.

ACKNOWLEDGEMENTS

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