

Health and Community Care

Evaluation of City of Edinburgh Council Home Care Re-ablement service

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A re-ablement home care service was introduced by the City of Edinburgh Council (CEC) into one area of the city in October 2008 and subsequently rolled out to other areas. Re-ablement home care services aim to assist clients through careful support and encouragement to increase their independence. Goal setting and review of outcomes are central to the ethos of re-ablement. This study, commissioned by the Scottish Government, aimed to assess the early impact of the re-ablement service in the area where re-ablement was first introduced. Costs of the service were also assessed.

Main Findings

- The re-ablement service had a considerable impact in reducing the number of hours required by clients at the end of their six week period of re-ablement. The number of hours were reduced by some 41% over the six weeks. Two thirds of those who had reduced their care hours required no further service at the end of the re-ablement period.
- Over the period of re-ablement, clients referred from the community had the greater reduction in terms of hours of care (45.5%) compared to those from the hospital route (38.6%).
- The greatest reduction of hours were achieved for re-ablement clients who started with between 5.1 and 10 hours of care. The hours of care required by this group reduced by 60%.
- Over the six week period, those clients in the control group i.e. those receiving the non-re-ablement/traditional home care service, required a very small increase in hours of care over the period compared to the re-ablement clients.
- Many of the clients interviewed noted that the re-ablement service had allowed them to 'get back on their feet very quickly' and had given them the confidence to undertake tasks for themselves.
- The new service was positively viewed by front-line and supervisory staff, with a recognition that re-ablement allowed much more to be achieved with clients than would be the case in the non-re-ablement/traditional home care service.
- Some issues were raised about the new service by clients, in house staff and the independent providers. These issues included the handover process, the impact on the traditional home care service, and the scope of the new service.
- The cost of providing the re-ablement service to the 90 clients was more expensive than providing the traditional/non-re-ablement service to an equivalent 90 clients in the control group. The front line care costs for the two groups were very similar. However, the management and administration costs were significantly higher for the re-ablement service compared to the control group.
- The evaluation demonstrates that as a result of the re-ablement service, 41% of care hours were freed up at the end of the service. This extra capacity could be used either as a substantial time releasing or a cash saving efficiency.
- An evaluation tool was developed to allow CEC to evaluate the extent to which reductions are maintained over the medium to long term. Initial analysis showed that further reductions in care hours were achieved by the re-ablement clients in the 3 months following re-ablement.

Background

The re-ablement approach in home care offers support and encouragement to clients to empower them to help themselves and so increase their independence. Goal setting and review of outcomes achieved are central to the re-ablement ethos. Re-ablement contributes to the key policy objective of supporting people to live healthy and independent lives at home for as long as possible. The increasing number of people requiring support and limited resources requires local authorities to be innovative in how they deliver support. The re-ablement service was introduced into the South East area in Edinburgh in October 2008 and has been subsequently been rolled out across the other areas within Edinburgh.

The Scottish Government commissioned an evaluation of the CEC's homecare re-ablement service and findings from the evaluation were intended to inform not only the rollout of the service across Edinburgh but also other local authorities who are reviewing their home care services.

The evaluation took place between October 2008 and June 2009 and covered the first eight months of the re-ablement service.

Aims and objectives

The aim of the research was to examine the early implementation of the new re-ablement service and to explore its impact on a range of stakeholders including:

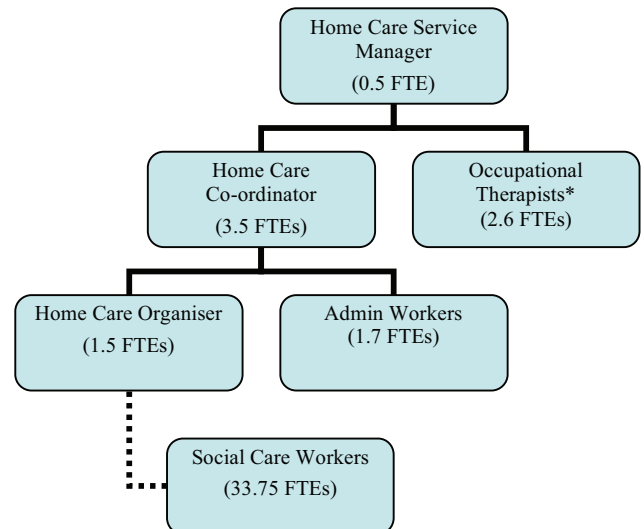
- clients receiving the new service;
- clients continuing to receive the traditional home care service;
- the workforce
- independent sector and in-house providers

The cost of providing the new service compared to the existing one was also assessed.

The re-ablement service in Edinburgh

Following approval by Edinburgh's Health, Social Care and Housing committee in March 2008, for the introduction of the new re-ablement service a group comprising of service users, their advocates, carers and stakeholders was set up to provide support and advice on implementation of the service. A home care modernisation team comprising of health and social care officers was also set up to implement the service. A series of consultation and communication exercises were held with other staff and stakeholders.

A re-ablement team was set up in the south east sector of Edinburgh to deliver the service (see below). The size of the team was determined by the expected referral demand.



* Line managed out-with re-ablement

Social care workers for the new service were recruited from CEC's existing mainstream home care service. They underwent 2 days training in re-ablement.

The client's journey

Clients can be referred to the re-ablement service either from the community or hospital. The Home Care Co-ordinator assesses clients from the community whilst hospital sector clients are usually assessed prior to leaving hospital. The client's suitability for the re-ablement service is further assessed at a screening meeting involving social workers, community care assistants, occupational therapists and the Home Care Co-ordinator.

Suitable clients then commence a 6 week re-ablement service with an allocated number of care hours. Clients may also be allocated support from OTs and/or additional equipment and adaptations.

At the initial meeting between the client and re-ablement staff, goals are discussed and agreed. Staff also re-enforce the culture of re-ablement i.e. 'to do with rather than doing for', clients and/or carers.

Methodology

The research employed a range of quantitative and qualitative research methods.

Data on the hours of care at the start and the end of the period of re-ablement required by the first cohort of clients (n=90) receiving the re-ablement service was collected and compared to a matched control group in another area of

Edinburgh receiving the traditional service. The number of hours of care required by both groups was also tracked for a further three months following the end of re-ablement to assess the longer term impacts of the service.

Data relating to staff, administration and training costs associated with re-ablement and the traditional service was also gathered and analysed.

The qualitative element of the research included a number of focus groups and interviews with various stakeholders. One to one interviews were conducted with:

- clients of the new service (n=14)
- clients receiving the traditional service in the same area of Edinburgh (n=3).

The first group of clients were asked about their experience of the re-ablement service and the second group were asked whether they had noticed any changes in the service they received.

Focus groups or interviews were conducted with front line and supervisory staff (n=16), and independent providers (n=2). These participants were asked about their experience of the re-ablement service including the implementation of the service, perceived benefits to clients and areas for improvement.

Research Findings

Impact on care

Analysis of data showed that over the six week re-ablement period, the service had a considerable impact in reducing the number of hours of care required by clients. The total hours of care required were reduced by 41% over the six week period. In comparison, the control group clients required a small increase in hours of care over the same period.

In total, 60% of the 90 clients reduced their care hour requirements over the period of the re-ablement service. Almost two thirds of these required no further home care service at the end of the re-ablement period. Clients referred from community routes showed a greater reduction (45.5%) in terms of hours of care required compared to those from the hospital route (38.6%).

Clients' views of re-ablement

The majority of the re-ablement clients interviewed were very positive about the new service and were all satisfied with any reductions in hours of service that resulted at the end of the re-ablement period. Clients were also particularly pleased at the speed with which any equipment they required to assist them in their homes was put in place.

Many of the clients interviewed felt that the service had allowed them 'to get back on their feet'. The majority of clients interviewed had been discharged from hospital and reported that they would not be able to cope in the first few weeks after being discharged without the support they had received.

However there were a few concerns associated with the introduction of the re-ablement service:

- Two clients expressed concern at the handover to the independent sector provider at the end of the re-ablement period. In one case the carer was not happy with the quality of the care the client received and in the other case the client had not been informed who the new provider would be.¹
- Some clients felt that the re-ablement service would benefit from the inclusion of additional elements of domestic support, such as basic cleaning, where required.
- The establishment of the new service appears to have had a negative impact upon some of the existing non-re-ablement clients a view corroborated by local management of the existing service. For example, one of the three clients interviewed felt their care worker was more pressurised than usual and had more clients to visit.

Staff views of re-ablement

The re-ablement service was also positively viewed by front-line and supervisory staff, with a recognition that it allowed much more to be achieved with clients than would otherwise be the case with the non-re-ablement/traditional home care service. All staff thought that this had been of benefit to the clients. One respondent described re-ablement as a 'Rolls-Royce service.'

All of the re-ablement staff were pleased with the increase and quality of the interaction between social care workers, OT staff and home care co-ordinators that the new service had achieved. This had led to improved job satisfaction amongst the social care workers.

Independent sector providers' views

The two providers from the independent sector reported that initially they had been kept well informed about the introduction of re-ablement although in the view of one provider this had not been maintained.

Both service providers felt that re-ablement reinforced the ethos of their own companies.

¹ CEC Home Care Service have since implemented a standard protocol setting out expected good practice for handovers.

They both reported that hand over meetings did not always take place and that they were not necessarily informed whether a client had been through re-ablement when bidding to provide services for that client.

Neither were concerned that re-ablement might lead to fewer clients, or clients with smaller care packages.

Costs and benefits of re-ablement

The overall costs of providing the re-ablement service were greater than those attributed to providing the traditional service for the control group. Of particular note was the management costs attributed to the new re-ablement service. These were markedly higher than those for the control group, mostly due to the appropriately lower management to staff ratios in the new service. The research showed that these ratios were an important part of the success of the service.

Many of the benefits of the new service were articulated by stakeholder participants. However, a significant benefit to CEC is the freed up capacity of care hours that the new service has created. This capacity can be viewed as a time-releasing efficiency. The ability to care for more clients using the same level of resources is particularly useful in the current context of an increasing ageing population. The additional capacity could also be used by CEC as a cash saving efficiency should it choose to reduce the number of hours of care bought from the independent sector and provide these hours in-house utilising some of the freed capacity.

The evaluation tool

An evaluation tool was developed which collected data on the number of hours of care received by a client. This allowed assessment of the impact of re-ablement over a longer time frame. The evaluation only allowed for client data to be

collected for one three month period following the end of the re-ablement service. Initial analysis showed that re-ablement clients further reduced their care hour requirements (albeit by a small amount). However, in order to assess whether the benefits of the re-ablement service are maintained, data needs to be collected over a longer time period. It is recommended that the CEC uses the evaluation tool to track clients for 12 months.

Key learning points

Further work on the handover process is required in order to minimise disruption for those re-ablement clients requiring support after the initial period of re-ablement.

The scope of the re-ablement service could be extended to include elements such as cleaning and other domestic tasks.

For those considering implementing a similar re-ablement service they should ensure that the quality of service for existing home care clients is maintained during the introduction.

Conclusion

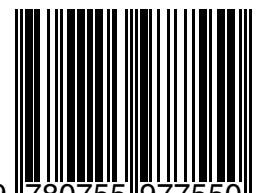
The research has shown that the new re-ablement service, although more expensive to provide than the traditional non-re-ablement service over a similar period, has many benefits. It has been shown that these benefits appear to be sustained over the short term. In the immediate future, it will be important to assess how long-lasting the benefits of re-ablement have been over the 12 month period.

This document, along with full research report of the project, and further information about social and policy research commissioned and published on behalf of the Scottish Government, can be viewed on the Internet at: <http://www.scotland.gov.uk/socialresearch>. If you have any further queries about social research, please contact us at socialresearch@scotland.gsi.gov.uk or on 0131-244 7560.



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