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Comments on the relevance of the research evidence for reablement to Haringey Council policy

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1. The evidence base relating to the effectiveness of reablement approaches other than older people is virtually non-existent. We originally intended our study to focus just on older people, but due to difficulties in recruitment we lowered the age threshold to 18+ (and able to give informed consent). Nevertheless 93% of the reablement sample were over 65 and 97% were retired. Numbers were too small at the follow-up stage to any analysis of outcomes for subgroups (eg older vs younger people).

2. A great deal depends on the scope of referrals to reablement. Many services start as targeted, in that they just accept referrals of people due for discharge from hospital. A significant proportion of these users are recovering from injuries, accidents and acute illnesses, from which they would recover anyway. Because of this, targeted reablement services tend to show good outcomes and very high levels of effectiveness/cost-effectiveness. However, many LAs have introduced an initial period of reablement services for all (older) people referred for adult social care; this broader intake is likely to be reflected in lower levels of 'success', especially among people with lifelong, chronic or progressive conditions and particularly among people with dementia. This is what we were referring to when we talked about 'targetted' services. (Again, our numbers were too small to be able to compare outcomes for those referred from hospital vs those referred from the community). However, even with older users, reablement service managers reported that they were able to work more effectively if they had access to specialist information/advice/support, eg from sensory impairment specialists or CPNs, suggesting that a generic reablement approach is likely to be less effective.

I don't think there's any evidence from our research that justifies Haringey cutting services for adults with autism.

*Professor Glendinning was lead author on the largest and most robust study of homecare reablement in five English local authorities:

Glendinning, C., et al. (2010) *Home care re-ablement services: investigating the longer-term impacts (prospective longitudinal study)*, York: Social Policy Research Unit.