

Councils see regaining daily skills as older people's best bet for preventative social care

Our study shows councils struggling, through lack of evidence, to know how best to preserve independent living. 'Reablement', the most popular approach, helps people to recapture confidence doing basic tasks.

Everyone agrees that helping older people to avoid health and social care crises is good for them. It also makes sense for a social care system keen to control rising demands amid constrained resources. Unfortunately, we still know too little about the best ways to help people to stay well at home and minimise their need for intensive social care. This contributes to the current over-focus on fixing crises instead of averting them.

That's why an SSCR-funded team from the University of Birmingham's Health Services Management Centre asked local authorities in a case study region to list their top three approaches to preventative social care. Our team, which includes Robin Miller and Dr Kerry Allen, checked whether previous research backed up these choices.

A picture emerged of councils eager for sound information about what to do. Lacking formal evidence, they invested in diverse preventative approaches, based particularly on what they could glean from national policy and initiatives but also from regional networks, lessons from other areas, local data and small scale pilots. In some cases, they relied on pure intuition.

Inadequate IT systems and concern about

time and costs meant they struggled to gather evidence about what works. We concluded that they need greater practical support to set out and monitor the outcomes of their preventative work. Greater consistency generally would also make it easier to compare different approaches and to build a really solid evidence base.

'The pilot helped us to actually understand what is it we wanted, understand what we were currently delivering and was it delivering what people needed.'

Local authority commissioner for telecare service

The most popular preventative approach – and the only one prioritised by all the councils – was 'reablement' (short, intensive, rehabilitation for people who are becoming unwell or have just left hospital). Typically, a home care worker visits regularly over a short period of time (perhaps up to six weeks), and helps a person to regain confidence performing daily tasks for themselves – such as washing, dressing or feeding – rather than the worker doing it for them.



The indications from local authorities are that 'reablement' helps elderly people and can be cost-effective. This fits what we already know but the research literature remains limited, tending to rely on a handful of projects.

Telecare popular

The picture is less clear beyond reablement. Telecare was the second most popular support mentioned, but it wasn't ranked in the top three by all the councils. Older people using telecare, which includes alarms, call systems and automatic pill dispensing, felt more confident and had less need of services, said the local authorities, backing up previous studies. However, there remain lots of unknowns about telecare's overall cost-effectiveness and national research has been delayed.

Advice and information services, including helplines and leaflets, signposting services, benefits and housing support, came third

in the list of favoured options. However, as with telecare, although a minority of councils rated the service highly, they found it difficult to demonstrate that it prevented intensive social care. Beyond these three options, different councils detailed various favoured approaches including falls prevention, dementia cafés, extra care housing, befriending and post-discharge housing support.

Where does this leave us? It's good news that councils really want to know and act on what works – and that there is the flexibility to develop creative local responses. The next task is to help them with solid evidence for investment decisions. Our bottom-up research has been innovative in highlighting what is actually happening.

We were greatly helped by the NIHR School for Social Care Research, which assigned us a mentor who was very experienced, acting as a sounding board for the project and taking part in the launch. We presented our findings at a major one-day event with key researchers and local managers, including a presentation from the Social Care Institute for Excellence on the economic evidence.

As local areas continue to make difficult choices about future spending, there is much to be understood to improve investment decisions. In particular, councils need to know the relative merits of each approach as well as its costs/benefits in avoiding intensive social care down the line.

Project: [Local evidence of prevention investments, outcomes and sustainability](#)

Lead: [Professor Jon Glasby \(glasby@bham.ac.uk\)](mailto:glasby@bham.ac.uk)

Institution: [Health Services Management Centre, University of Birmingham](#)

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