Reablement as social investment in older people

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Expert Panel III
Ensuring ageing with dignity

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Drivers for change towards supporting reablement as social investment in old age

- Ageing societies with increase in no. of OPs with long-term conditions and need for social care
- Many wish to remain in their own homes as they age
- Changes in household composition and preference for informal care
- Projections of increasing age-related spending

Source: OECD (2013) Public Spending on Care: A New Set of Projections.
Fundamental change to approach in home care provision

• Reablement is an individualised care provision supporting independant living:
  - Focus is to help people with poor physical or mental health to accommodate their illness, by learning or relearning the skills necessary for daily living
  - Goal-oriented (outcome) rather than merely input and output oriented
  - Based on ‘what matters’ to the older person, not care staff

• Overall aim to improve quality of life and contain LTC costs

• Broadly implemented in home care across different LTC regimes:
  - Part of national legislation in Denmark, locally implemented in Scotland, Norway, the Netherlands, Australia, England and New Zealand
From passive to active care:
‘Doing with’ rather than ‘Doing for/to’
Typical intervention in Denmark

- Short-term duration of 12 weeks
- Continuous assessment of needs and services as well as goal-setting together with OP
- Daily visits from social care worker providing assistance with and supporting the OP in performing IADL and ADL tasks
- Supported by assistive devices
- Physical training an important part, especially in-house, e.g. training to climb the stairs again
- Multi-disciplinary approach: Physio/occupational therapists supervise the social care worker and visits OP when needed
- After the intervention, the municipality assess whether the OP is fully or partially self-reliant and if further assistance from home care services is needed
Reablement in accordance with policy trends

• In accordance with Active ageing discourse
• Part of EU Commission Social investment package 2013
• In accordance with the UNECE’s 2012 Vienna Ministerial Declaration

- Requires UNECE member states to be “committed to raising awareness about and enhancing the potential of older people for the benefit of our societies and to increasing their quality of life by enabling their personal fulfilment in later years, as well as their participation in social and economic development.”

Feb 2013: László Andor, EU Commissioner for Employment, Social Affairs and Social Inclusion
Outcomes?

- Still relatively new so evidence limited. Comparability of studies across studies critical
- Evidence of effects:
  - Reduction in need for social care and decrease in costs. But including start-up investment and health care costs, no significant difference in total costs (RCT design in UK; Glendining et al, 2011)
  - Short-term improvement in physical activity or no improvement (Australia; Burton et al, 2013; Lewin et al, 2013)
  - Short and long term improvements in confidence of carrying out daily tasks (Norway, RCT design; Tuntland et al, 2015; Langeland et al 2015)
  - Indications of increase in functional ability and QoL (Denmark, on-going study financed by DanAge)
  - Cost-saving potential (Denmark; Petersen et al, 2017)
  - Care staff more likely to find work rewarding and less likely wanting to quit work (Denmark; Rostgaard and Matthiessen, 2017)
Conclusion

• Ensuring ageing with dignity and making LTC systems sustainable:
  • A means for promoting independence
  • promoting participation in daily activities that matters,
  • providing a citizen-centered approach,
  • changing the locus of expertise,
  • seeing individuals as resources,
  • furthering multi-disciplinary integration
  • and (perhaps) ensuring cost-containment

• Simply the right thing to do?