

Factsheet 76w ● December 2021

Reablement, intermediate care and preventative services in Wales



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1 About this factsheet

This factsheet focuses on reablement and intermediate care services, though it also touches upon the wider agenda of ‘preventative services’, which are a key part of the Welsh Government’s strategy for the provision of social services under the *Social Services and Well-being (Wales) Act 2014* – see section 2 below.

Broadly speaking, reablement and intermediate care services are both likely to consist of a varied range of integrated health (NHS) **and/or** social care services (provided by the local authority) that can be offered on a short term basis to prevent unnecessary hospital admission or a premature placement in long-term residential or nursing care.

If offered, reablement and intermediate care services must be free of charge for periods up to and including six weeks.

Note: The information given in this factsheet is applicable in Wales. Different rules apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information – see section 12 for their contact details.

2 The Social Services and Well-being (Wales) Act 2014

This Act was fully implemented in April 2016 and is the main legislation that covers the social care system in Wales, including:

- the social care assessment process;
- related rules in regard to arranging and paying for care (be this care within your own home/non-residential services; residential care homes or nursing care homes);
- the guidance documents that local authorities must use when assessing needs; and
- the guidance documents that local authorities must use when means testing people who may need to pay towards their services.

The relevance of this Act to reablement, intermediate care and preventative services is outlined in the sections which follow.

3 What are reablement, intermediate care and preventative services?

3.1 Preventative services

Welsh Government guidance to accompany the *Social Services and Well-being (Wales) Act* advises that “when identifying levels of service necessary to meet need, local authorities must always have regard to the need to provide or arrange preventative services”.

The preventative services should “achieve the following purposes”:

- contribute “towards preventing or delaying the development of people’s needs for care and support”;
- reduce “the needs for care and support of people who have such needs”;
- minimise “the effect on disabled people of their disabilities”; and
- contribute “towards preventing people from suffering abuse or neglect”¹.

The guidance specifically states that “reablement can be a key element of preventative services”. Although not mentioned in this particular guidance, intermediate care can also be seen as a preventative service.

Note: The rest of this factsheet will focus on reablement and intermediate care only, as they share the common rule that they must be free of charge for up to six weeks.

Other types of services that may meet the Welsh Government’s general definition of preventative services are likely to be charged for as per the processes outlined in Age Cymru’s other factsheets on social care topics.

¹ Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government

3.2 Background to reablement and intermediate care

Intermediate care and reablement services were developed in the early 2000s in both England and Wales, though the Welsh Government issued its own guidance on the topic to local authorities and the NHS in Wales. Although at the time these were new terms, intermediate care and reablement services built upon existing provision and ideas to help older people to readjust to living at home following a hospital stay and/or prevent unnecessary hospital stays.

There is quite often confusion as to what constitutes intermediate care and what constitutes reablement. Sometimes this results in the terms being used interchangeably.

In general, however, intermediate care can be said to be a health service (NHS) led service, whereas reablement is social care led (i.e. by the local authority social services department).

Section 3.3 and section 3.4 below have further information on definitions used for intermediate care and reablement, respectively. Section 3.5 discusses some of the overlaps and differences between the two terms.

Broadly speaking, it can be said that intermediate care services and reablement services must have the aim, through therapy or treatment, to support someone to recover or maintain their ability to live independently at home. Services without these characteristics would not be classified as intermediate care or reablement.

Note: For example, in the case of personal care services provided in someone's own home by social services, there may well be no expectation that the person will realistically reach a point when support is no longer needed and thus the support will be provided *indefinitely*; whereas, intermediate care or reablement services are provided on a **short term basis** because the person has been assessed as having the capability to regain some or all of their ability to carry out daily living tasks.

3.3 Intermediate care – general definitions in use in Wales

“Intermediate care describes a range of services providing time limited support to [NHS] patients (up to 6 weeks) which promote independence by avoiding unnecessary hospital admission or admission to long term care, facilitates timely discharge from hospital and forms a bridge between hospital, home, dependence and independence. Intermediate care is provided on the basis of a comprehensive assessment resulting in a structured individual care plan that involves active therapy, treatment, social work intervention, or opportunity for recovery. Intermediate care involves cross-professional working and agencies working in partnership”².

Intermediate care services should also “maximise people’s rehabilitation and recovery after illness and minimise dependence on long term health and social care services”. There will be a “planned outcome of maximising independence and typically enabling [someone] to resume living at home”³.

3.4 Reablement – general definitions in use in Wales

Reablement services aim to encourage and support people to learn or re-learn skills necessary for daily living, following a period of illness or after a stay in hospital. Reablement support is about helping you to discover what you are capable of doing for yourself, and to give you confidence when moving around your home and with tasks such as washing, dressing and preparing meals.

Reablement services are most frequently delivered in your own home.

Staff will discuss and assess your needs to find out what you can do and what is causing difficulty. You will then agree a plan describing the support you will need to help you improve. The emphasis is on staff supporting you to attempt and complete tasks described above rather than undertaking tasks on your behalf – helping you discover what you can do for yourself and giving you the confidence to try.

² Getting back on your feet: reablement in Wales, August 2012, RVS

³ WHC (2002) 128 / NAFWC 43/02 - Welsh Health Circular and National Assembly for Wales Circular: Intermediate Care Guidance, December 2002, Welsh Government

“At heart, reablement is about helping [you to] maximise [your] ability to live life as independently as possible...it’s an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can’t, and aims to reduce or minimise the need for ongoing support after reablement”. Additionally, it will involve “integration and collaborative working between health, housing and social services; appropriate collaboration with services provided by the third and private sector [and] a focus on prevention and early intervention in order to avert possible crises”⁴.

Note: Analysis in Wales found that 71% of people who receive a reablement service “require either a decrease in level of support or none at all”, following the reablement period⁵.

3.5 Differences and similarities between reablement and intermediate care

Differences

A report from 2012, produced by RVS (the Royal Voluntary Service), is helpful in regard to setting out the most significant differences, as follows:

⁴ Getting back on your feet: reablement in Wales, August 2012, RVS

⁵ Reablement Services in Wales, December 2014, Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)

- **Intermediate care** is “a group of services aimed at preventing admission to hospital, speeding hospital discharge and preventing or delaying admission to long-term residential care”.

In contrast:

- **Reablement** seeks to “maximise a person’s level of independence so that their need for ongoing homecare support can be minimised. Reablement clients, therefore, [can] include those who may have undergone a phase of intermediate care, but also people who remain within the community requiring support to live at home and have not [needed] a hospital [visit] or long-term care placement”⁶.

Similarities and/or overlapping elements of reablement and intermediate care

It can be said that both reablement and intermediate care are similar “in that they both involve short term interventions with the aim of building independence”⁷. Also, a programme of interventions aiming to promote independence (i.e. reablement) might also prevent hospital admission (i.e. one of the aims of intermediate care), so there is a certain degree of overlap in this respect.

As touched upon in section 3.1 above, overall, both reablement and intermediate care can be seen as part of a broader Welsh Government strategy to make ‘**preventative care**’ central to social care and healthcare provision in Wales.

⁶ Getting back on your feet: reablement in Wales, August 2012, RVS

⁷ Ibid

Note: On this topic, the Welsh Government has stated that there “is a need to focus on prevention and early intervention to make services sustainable into the future. Section 15 of the [Social Services and Well-being (Wales)] Act places statutory duties on local authorities to [provide] or arrange the provision of preventative services to achieve various purposes set out in subsection 15 (2) of the Act, including preventing or delaying the development of care and support needs. Local authorities and local health boards must when exercising their functions have regard to the importance of achieving these purposes in their areas”⁸.

4 Welsh Government guidance on reablement / intermediate care and overlaps with the Social Services and Well-being (Wales) Act 2014

4.1 Intermediate care guidance

NAFWC 43/2002 – Intermediate Care Guidance (Welsh Government, December 2002)

This Welsh Government guidance from 2002 contains information on the definition of intermediate care and can be accessed on the NHS Wales website at:

www.wales.nhs.uk/documents/whc2002-128-e.pdf

⁸ Integrated Care Fund: Revenue, Capital and Dementia Guidance 2021-2022, Welsh Government. A copy can be found at:
<https://gov.wales/sites/default/files/publications/2021-02/integrated-care-fund-revenue-capital-and-dementia-guidance-2021-2022.pdf>

4.2 Reablement reports by Social Care Wales

Note: *Social Care Wales* is responsible for regulating and developing the social care workforce in Wales, as well as leading improvement across the social care sector (they shouldn't be confused with the *Care Inspectorate Wales* who regulate and inspect care homes and domiciliary care providers). Contact details for both organisations can be found in section 11 below.

There is no specific guidance on reablement; however, Social Care Wales have published some relevant reports on the topic:

- **Reablement Services in Wales (December 2014)**

www.socialcare.wales/resources/reablement-services-in-wales

- **Reablement Services in Wales: Themed Review of Practice (July 2016)**

www.socialcare.wales/cms_assets/file-uploads/25a-reablement-themed-review-report-july-16.pdf

4.3 References to reablement and intermediate care in the codes of practice and statutory guidance⁹ to accompany the Social Services and Well-being (Wales) Act 2014

Note: The codes of practice and statutory guidance for the *Social Services and Well-being (Wales) Act 2014* can be found on the Social Care Wales and Welsh Government websites at:

www.socialcare.wales/hub/codes-of-practice

www.gov.wales/code-practice-charging-social-care-services

⁹ Statutory guidance and codes of practice that accompany particular legislation are backed by law and assist individuals and organisations to interpret the legislation correctly and work in accordance with it.

As part of the Act, the Welsh Government has placed a lot of emphasis on the role of social care services in preventing “escalating need”¹⁰.

The Act makes very little direct mention of intermediate care, but reablement is featured fairly frequently (this may be because – as outlined in section 3 above – intermediate care is seen as an NHS led service, whereas reablement is a social care led service by the local authority social services department, and, as the Act primarily concerns the operation of social services, this may account for the focus on reablement).

The Act appears to further emphasise the importance and use of reablement services, so it continues and builds upon reablement policy that already existed prior to this Act. For example:

- The Act contains numerous stipulations for local authorities, including their duties to carry out care needs assessments for social care services. In connection with this they need to ensure they meet “duties to promote the well-being of people who need care and support [including] carers”. Also, as indicated in section 3 above, they **must provide a range of preventative services, with reablement being a key element of this.**
- Also, the guidance reiterates previously established practice that “effective reablement...should be delivered in partnership between the local authority and the NHS”¹¹.

¹⁰ Social Services and Well-being (Wales) Act 2014: The Essentials, Welsh Government, 2015

¹¹ Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government

Note: The *Social Services and Well-being (Wales) Act 2014* also led to the creation of **Regional Partnership Boards**. These Boards “bring together health, social services, housing, the third sector and other partners to take forward the effective delivery of integrated services in Wales”. Regional Partnership Boards are assisted in developing and testing new approaches and service delivery models through the *Integrated Care Fund (ICF)*. Welsh Government guidance on the ICF advises that it “provides an opportunity to...establish preventative intervention to help avoid unnecessary hospital admissions or inappropriate admission to residential care as well as preventing delayed discharges from hospital; [plus] increase the capacity of reablement and rapid response services to better meet demand (including night time and weekend services)”¹².

5 Key points about reablement and intermediate care – ‘time limited’ care interventions that are free for six weeks

Some of the key points about intermediate care and reablement are:

- **They are provided free of charge for any period up to and including six weeks.**
- **They are a time limited intervention. Usually this will be for up to six weeks, though some episodes may only last for one to two.**
- **The support provided should depend on individual needs and the outcomes that it is hoped can be achieved.**
- **Decisions on whether someone could benefit from intermediate care/reablement services will be the responsibility of the range of health and/or social care professionals responsible for your care at the time.**

Note: Examples of the types of circumstances where they would be likely to consider arranging such services are outlined below in section 6.

¹² Integrated Care Fund: Revenue, Capital and Dementia Guidance 2021-2022, Welsh Government.

Periods of intermediate care or reablement that last for longer than six weeks

In relation to the first two bullet points above, it is recognised in intermediate care guidance that in certain circumstances patients may need the service for **longer** than the usual six weeks – for example, this could be where “frail older people [are] recovering from major trauma” or “following a stroke”¹³.

The same general time period applies in the case of reablement services as well – i.e. “most services are provided for up to six weeks...although it can be extended if required”¹⁴.

Re-assessments for extending care beyond six weeks

In the case of both reablement and intermediate care services, extensions beyond six weeks will be subject to a full re-assessment.

Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales* has further general information on needs assessments.

¹³ WHC (2002) 128 / NAFWC 43/02 - Welsh Health Circular and National Assembly for Wales Circular: Intermediate Care Guidance, December 2002, Welsh Government

¹⁴ Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)

Note: The fact that reablement and intermediate care are provided free of charge for up to 6 weeks has been an established policy for a number of years and pre-dates more recent legislation, such as the *Social Services and Well-being (Wales) Act*. However, the guidance accompanying this Act provides further confirmation that reablement services continue to be a service that is provided free of charge for up to 6 weeks:

In regard to **“charging for [the] provision of preventative services [a] local authority may not charge for the first six weeks of reablement services provided for the purpose of providing assistance to an individual to maintain or regain the ability to live independently”**¹⁵.

This point is further emphasised later on in the guidance, as well as the instruction that in certain circumstances a longer period should be considered:

“A local authority must not charge for certain types of care and support which must be arranged free of charge”. This includes “care and support provided as reablement...for up to 6 weeks”. When providing reablement “local authorities should have regard as to whether to extend this period in individual cases where a person’s needs [are] such that their outcomes would benefit from a longer period of free reablement support, such as those who may require rehabilitation for a longer period for”¹⁶.

As previously discussed above, the *Social Services and Well-being (Wales) Act* makes very little mention of intermediate care. However, intermediate care policy also continues as before and was **not** repealed as a result of the implementation of the *Social Services and Well-being (Wales) Act*.

¹⁵ Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government

¹⁶ Social Services and Well-being (Wales) Act 2014 – Part 4 and 5 Code of Practice (Charging and Financial Assessment) (version 5 – April 2020), Welsh Government

5.1 Health and social care professionals who may be involved in setting up your reablement or intermediate care package

The wide range of health and social care professionals who might be involved in setting up your care package could include:

- Doctors, nurses;
- psychiatrists;
- specialist community mental health nurses;
- physiotherapists;
- occupational therapists;
- speech therapists;
- social workers; or
- care assistants.

6 Who can benefit from reablement or intermediate care services – reasons why such services may be arranged

Health and/or social care services that meet the definition of intermediate care or reablement may be provided in the following scenarios:

- In order to prevent unnecessary 'acute hospital admissions' (an 'acute hospital admission' is a hospital stay as a result of an unexpected event – i.e. often it will be via an initial visit to an Accident & Emergency (A&E) department, where it is identified that treatment on a medical or surgical ward is required).
- In instances where an acute hospital admission **is** necessary and appropriate, the services can subsequently facilitate timely hospital discharge following this and prevent prolonged stays that are unneeded (these can be damaging to people's long term health and chances of recovery).

- In order to prevent someone having to enter long-term residential care, where this move may be premature and sufficient recovery to remain living at home may be possible. In these scenarios people can be assisted to explore the option of remaining at home, prior to a long term decision being taken in regard to the appropriateness of residential care.
- In general, to maximise people's health, help in a speedier recovery from illness, provide rehabilitation and/or re-build their self confidence to live independently at home.

In regard to reablement specifically, the following reasons for putting services in place may also come into play:

- The person is experiencing “frequent falls”.
- A person's carer is under considerable stress; and/or
- There is an “unstable care package” currently in place¹⁷.

Some of these points are explored in further detail in sections 6.1 to 6.5 below.

6.1 An alternative to hospital admission

If you become ill at home or have a fall that causes only a minor injury, you may be able to avoid being taken to an Accident & Emergency (A&E) department and/or being admitted to hospital unnecessarily, if appropriate ‘crisis response’ services can be put in place at short notice to care for you at home (a crisis response service may consist of a combination of healthcare and social/personal care support).

This avoids the stress of a busy A&E department and/or hospital environment. It also means once you recover, your longer term needs can be reviewed in familiar surroundings. It is important for staff you could encounter in an emergency to be aware of the basic eligibility criteria for intermediate care and/or reablement services that are available in the area, so that prompt decisions or referrals can be made.

¹⁷ Position Statement on Reablement Services in Wales, 2013, the Social Services Improvement Agency Wales (SSIA) (SSIA no longer exists and its functions fall within the remit of Social Care Wales)

As an example, the following staff may note your suitability for such services and start the arrangements:

- Your GP or an out-of-hours doctor.
- District nurse.
- Social care staff.
- Ambulance service paramedics.
- A&E department or hospital medical assessment unit staff.

At the end of any short term care such as this, your needs should be reassessed to identify any ongoing care and support you may need – also see section 8 below for further information.

6.2 Supporting a timely discharge from hospital and/or preventing delayed discharges

Once you no longer need care in a hospital setting, you may benefit from intermediate care or reablement services to support your ongoing, or further, recovery. This can assist to maximise your independence and prevent prolonged stays in hospital that can be detrimental to people's health. The services may be in your own home (particularly if it is a reablement package), or where necessary in a community hospital or similar establishment.

Depending on your assessed needs, this could involve:

- Nursing support.
- Specialist assistance from an occupational therapist or physiotherapist.
- Practical or personal care support.

Note: Also see Age Cymru's Factsheet 37w *Hospital discharge arrangements for older people in Wales* for further information.

6.3 Rehabilitation following a serious illness, injury or operation

If someone has had a serious illness, injury or operation, they are likely to need support to get back on their feet. For example someone may:

- have lost confidence to shower or bathe without help;
- experience difficulty standing for long enough to prepare a simple meal; or
- be fearful of falling, making it difficult to go shopping or to meet friends.

Intensive short term support can enable some people to get back to how they were before, without needing longer term services, although successful reablement will not necessarily always mean going back to doing things exactly the same way. For example, reablement services can also be successful if they allow the person to find *new* ways of doing things that still allow them to maintain a good level of independence, improve their quality of life **and** minimise the chances of them being admitted to hospital.

Reablement services may also be beneficial to people who have gradually deteriorated over a period of time, perhaps as a result of becoming socially isolated.

6.4 When facing permanent admission to a residential or nursing care home

As a general rule people should not be discharged directly from an acute episode of hospital care to a permanent placement in a care home. Following active treatment, social care and/or healthcare staff should assist the person to recover and rehabilitate as far as possible, prior to any decision about a care home being made.

Also see Age Cymru's Factsheet 37w *Hospital discharge arrangements for older people in Wales* for further information.

As indicated above in this factsheet, *the Social Services and Well-being (Wales) Act 2014* places a high priority on preventative services, including "preventative intervention to help avoid unnecessary [and/or] inappropriate admission to residential care"¹⁸.

¹⁸ Integrated Care Fund: Revenue, Capital and Dementia Guidance 2021-2022, Welsh Government.

Note: The impact and severity of someone's condition can sometimes mean a direct move from a hospital ward to long-term residential care may be required. For example, this might be after specialist rehabilitation has already been completed (such as is offered in a stroke unit); sufficient previous attempts to support the person at home have been tried (with or without an intermediate care package), or a judgement has been reached that a short period of intermediate care in a residential setting followed by a move to a different care home is likely to be distressing.

However, in these instances, it may well be appropriate for eligibility for NHS continuing healthcare (NHS CHC) to be considered prior to moving on to examining ongoing services that the local authority social services department might provide for someone.

More information on NHS CHC can be found in Age Cymru's Factsheet *20w NHS continuing healthcare and NHS-funded nursing care in Wales*.

6.5 Older people with dementia or other mental health needs

A stay in hospital, or prolonged stay in an A&E department, can be traumatic if you have dementia. It means separation from familiar people, places and routines. If, for example, suitable intermediate care support is available, it may mean that you avoid hospital admission in the first place, or a timely discharge from hospital can be achieved.

Such a service could be an appropriate option for older people with other mental health needs, if there is a goal that could be addressed within a limited period of weeks as part of their recovery from an episode of mental or physical ill health.

7 What types of service may be available?

The range of services that form part of an intermediate care or reablement package can vary across the country. Where possible the preference is for core services to be provided in your own home. However, depending on the circumstances, services might also be provided in a day centre, a day hospital, community hospital, or other residential setting.

Services that might be available are outlined in section 7.1 to 7.3 below.

7.1 Rapid response teams

Rapid response teams may also be referred to as 'community resource teams' or 'crisis response teams'.

They offer a rapid assessment of your needs when contacted by a GP or district nurse; an ambulance crew attending you, or by staff in the accident and emergency (A&E) department.

Rapid response teams may be community and/or A&E based. They can initiate quick access to nursing support, disability equipment, help with personal care at home or when necessary in a care home. Their main aim is to prevent unnecessary hospital admission.

Local GP practices, out-of-hours services, the ambulance service or the hospital A&E department should be aware of when and how to access their local teams.

Rapid response teams may be able to initiate a supported discharge from hospital. This is a short term programme to allow rehabilitation and recovery at home. It might include similar elements to those outlined above – nursing care and/or sessions with other health professionals and/or personal care or supply of equipment or small scale adaptations.

7.2 Residential rehabilitation

This involves a short-term period of care in a community hospital or residential care home for people who need rehabilitation services to enable them to re-gain sufficient physical functioning and confidence to return safely to their own home, but have improved to the extent that they no longer need 24-hour access to consultant-led medical care.

7.3 Day rehabilitation

In addition to services that allow you to live at home, you may attend a day hospital or day centre where physiotherapy or other rehabilitation services are available.

8 The relationship between reablement / intermediate care and other care & support services

Reablement or intermediate care should be seen as an element of your *overall* care, or a stage within it – i.e. they shouldn't be viewed as an isolated service.

As an example, with intermediate care, it may act as a stage in identifying the long term support you are likely to need after an accident or illness (whether or not this involved a stay in hospital).

Intermediate care and reablement services may have links to a range of other local authority or NHS services, such as:

- falls prevention;
- telecare;
- footcare services;
- disability equipment and/or adaptations;
- sensory impairment services; or
- continence services.

8.1 When reablement or intermediate care services come to an end?

At the end of an agreed period of reablement or intermediate care your ability to manage daily living tasks will be reviewed again, via a **care needs assessment**.

If this assessment identifies the need for longer term support, appropriate steps can be taken to meet those needs, be it through NHS provision, or local authority assistance such as domiciliary care (i.e. care in your own home), provision of aids and adaptations, or a place in a care home. Potentially, NHS services might also be provided in conjunction with local authority social services assistance.

For further information on care needs assessments and the types of services that might be offered as a result of this, see Age Cymru’s Factsheet 41w *Social care assessments for older people with care needs in Wales*.

The Welsh Government recognises the importance of other care services coming into play at the end of a period of **intermediate care**:

“To ensure that the benefits of intermediate care are fully realised, support from...linked services remains essential”. As an example, “some people who have completed an episode of intermediate care will need more home care support as a follow on requirement” (“intermediate care should form an integrated part of a seamless continuum of services linking health promotion, preventative services, primary care, community health services, social care, support for carers and acute hospital care”)¹⁹.

In regard to **reablement**, one of the Code of Practice documents to accompany the *Social Services and Well-being (Wales) Act 2014* gives the following example:

A review of needs “towards the end of [their reablement] programme concludes that Mr Jones has recovered some measure of independence with support from the...programme but needs continuing care and support to help him with his personal care. [He] meets the eligibility criteria and managed care and support services are delivered [by social services] through a care and support plan. Community based services will continue where they are helping Mr Jones towards his personal outcomes and meeting his needs”²⁰.

¹⁹ WHC (2002) 128 / NAFWC 43/02 - Welsh Health Circular and National Assembly for Wales Circular: Intermediate Care Guidance, December 2002, Welsh Government

²⁰ Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government

9 Accessing reablement or intermediate care services

If you, or a relative, are in a situation where reablement or intermediate care seem like they may be applicable (as outlined in sections 3 to 7 above), but staff caring for you have not mentioned it, you could try raising the issue with them. For example, depending on the circumstances, this could be:

- Paramedics who attend to you at home.
- The team responsible for your hospital discharge.
- Your GP or other out-of-hours doctor.
- The adult social services team in your local authority.

The above professionals should be able to initiate the process of setting up appropriate intermediate care or reablement services, or know the procedure for referring you to an appropriate team who can.

On the other hand, if they feel that such services are not the most appropriate for your particular needs, they should explain their reasoning for this to you. If you disagree, you could ask them to reconsider and potentially make a complaint if you think you are being denied important services that could aid your recovery – for further information on making a complaint to social services or the NHS, see the following Age Cymru factsheets:

- Factsheet 59w *How to resolve problems and make a complaint about social care in Wales*; or
- Factsheet 66w *Resolving problems and making a complaint about NHS care in Wales*.

If it is thought that you may be eligible for intermediate care or reablement, your needs will be assessed. If it is decided that you are eligible, the goals it is hoped you might achieve within a specific time should be discussed and agreed with you and also, where appropriate, with your carers.

These goals should be recorded in a **care plan** that identifies the active therapy or treatment and support you will receive to help you realise your potential for further recovery.

A named person should be appointed to ensure that your care plan is implemented and your progress is monitored and reviewed at regular, agreed, intervals.

Your needs should be reassessed in detail at the end of the agreed period of intermediate care or reablement package. This will allow staff to identify any ongoing need for care and support from then local authority social services department and/or the NHS – see section 8.1 above.

10 Reablement case study

The Welsh Government has produced some ‘case scenarios’, contained in their Code of Practice documents, to illustrate the approach that should be taken by local authorities when determining whether someone’s needs mean that they are eligible for assistance. One of these scenarios features reablement:

“Mr Jones is in hospital and his suitability for [a] reablement service has been identified by hospital staff. Through a proportionate assessment, a reablement team identifies needs and agrees outcomes with Mr Jones and [his carer] Mrs Jones”.

In conjunction with the staff, Mr. Jones identifies personal outcomes that are important to him:

“I want to be able to wash and dress myself independently [and] be able to have a bath but need help to get in and out...I want to feel confident enough to be able to walk to the local shops [and] I want to take up some of my social activities [that] I have drifted from over the last few years”.

At the review following the provision of the services, “there is agreement that reablement has been a success and outcomes have been achieved. No further assistance is required. Mr and Mrs Jones are given information of how to get [further] help should they require it in the future. Mr. Jones has received services that restore his level of functioning”²¹.

Alternatively, other on-going services may be required via different service provision methods if the person continues to have needs (see section 8.1).

²¹ Ibid

11 Useful organisations

Age Cymru Advice

Free and confidential information and advice on matters affecting the over 50s in Wales.

Tel: 0300 303 44 98

E-mail: advice@agecymru.org.uk

Website: www.agecymru.org.uk/advice

Age Cymru organisations (local)

Your local Age Cymru may be able to provide advice and support on a range of issues. **Age Cymru Advice** can provide details of your local Age Cymru (see above), or visit the Age Cymru website at:

www.agecymru.org.uk/local

Care & Repair Cymru

Care & Repair Cymru work to ensure all older people have homes that are safe, secure and appropriate to their needs. There is a network of local Care & Repair Agencies across Wales.

Call your local agency on: 0300 111 3333

Website: www.careandrepair.org.uk

Care Inspectorate Wales (CIW)

CIW inspects and regulates care and social services in Wales.

Tel: 0300 7900 126

E-mail: ciw@gov.wales

Website: www.careinspectorate.wales

Community Health Councils (CHCs)

CHCs are a statutory and independent voice in health services in Wales. They work to enhance and improve the quality of local health services. For information on the CHC covering your area, see the NHS 111 Wales website at:

<https://111.wales.nhs.uk/localservices/communityhealthcouncils>

Healthcare Inspectorate Wales (HIW)

The HIW is the independent inspector and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

E-mail: hiw@gov.wales

Website: www.hiw.org.uk

NHS 111 Wales

NHS 111 Wales can provide contact details for local services and telephone or web advice on health issues and common illnesses.

Tel: 111

Website: www.111.wales.nhs.uk

Older People's Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640670

E-mail: ask@olderpeoplewales.com

Website: www.olderpeoplewales.com

Public Services Ombudsman for Wales

The Ombudsman looks to see whether people have been treated unfairly or have received a bad service from a public body, such as a local authority.

Tel: 0300 790 0203

E-mail: ask@ombudsman.wales

Website: www.ombudsman.wales

Social Care Wales

Social Care Wales is responsible for regulating and developing the social care workforce in Wales

Tel: 0300 303 3444

E-mail: info@socialcare.wales

Website: www.socialcare.wales

Welsh Government

The devolved government for Wales.

Tel: 0300 060 4400

E-mail: customerhelp@gov.wales

Website: www.gov.wales

12 Further information about Age Cymru

Age Cymru is the national charity for older people in Wales.

We campaign, we research and we fundraise to make sure we build a better life for all older people. We ensure older people's voices are heard, we challenge and change attitudes and we fight discrimination wherever we find it. We provide a range of national and local services and programmes directly to older people in the community and we ensure the highest standards so you can be assured of consistency and quality wherever you see the Age Cymru name and logo.

Our family includes local Age Cymru partners and national partners, Age NI, Age Scotland and Age UK.

Our information materials

Age Cymru and Age UK publish a large number of free information guides and factsheets on a range of subjects, including money and benefits, health, social care and housing. Some resources, such as this factsheet, are produced 'in-house' by Age Cymru, whilst others are branded Age UK and – depending on the subject matter – contain either information which is applicable in England and Wales, or for the whole of the UK.

Contact details

Age Cymru Advice

Tel: 0300 303 44 98 (9am to 4pm, Monday – Friday)²²

E-mail: advice@agecymru.org.uk

Website: www.agecymru.org.uk/advice



www.facebook.com/agecymru



www.twitter.com/agecymru



www.youtube.com/agecymru

Contact us if you would like:

- To order copies of any factsheets or information guides.
- Further advice if you cannot find the information you need in this factsheet.
- Details of your nearest local Age Cymru organisation.

²² 0300 numbers are reserved exclusively for charities and not-for-profits. Calls made to an 0300 number are charged the same as a call to a standard 01 or 02 number. They are also automatically included in any landline or mobile inclusive minutes package.

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