

Reablement- international perspectives

Seminar, Maastricht Sept 14th, 2022

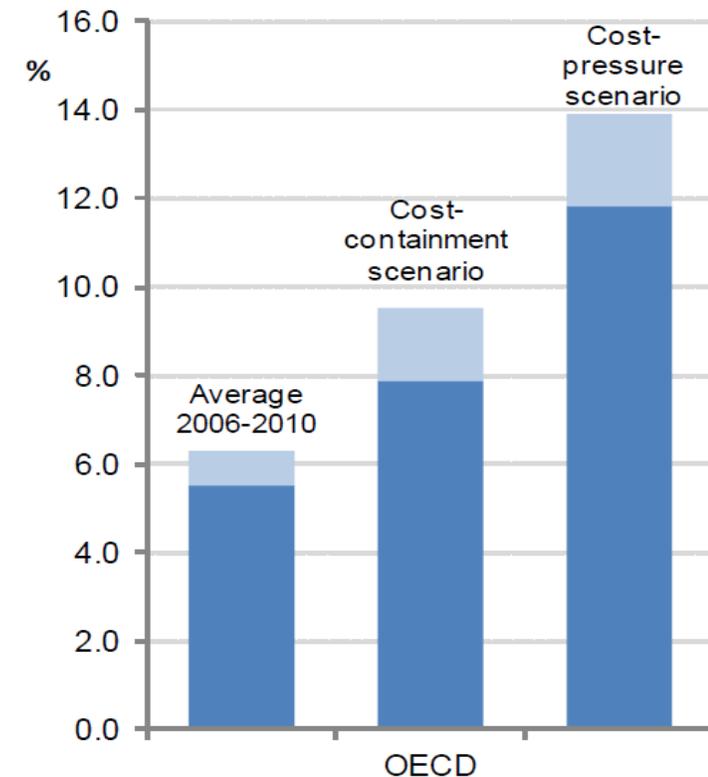
Tine Rostgaard, professor, Roskilde University, Denmark and Stockholm University, Sweden



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

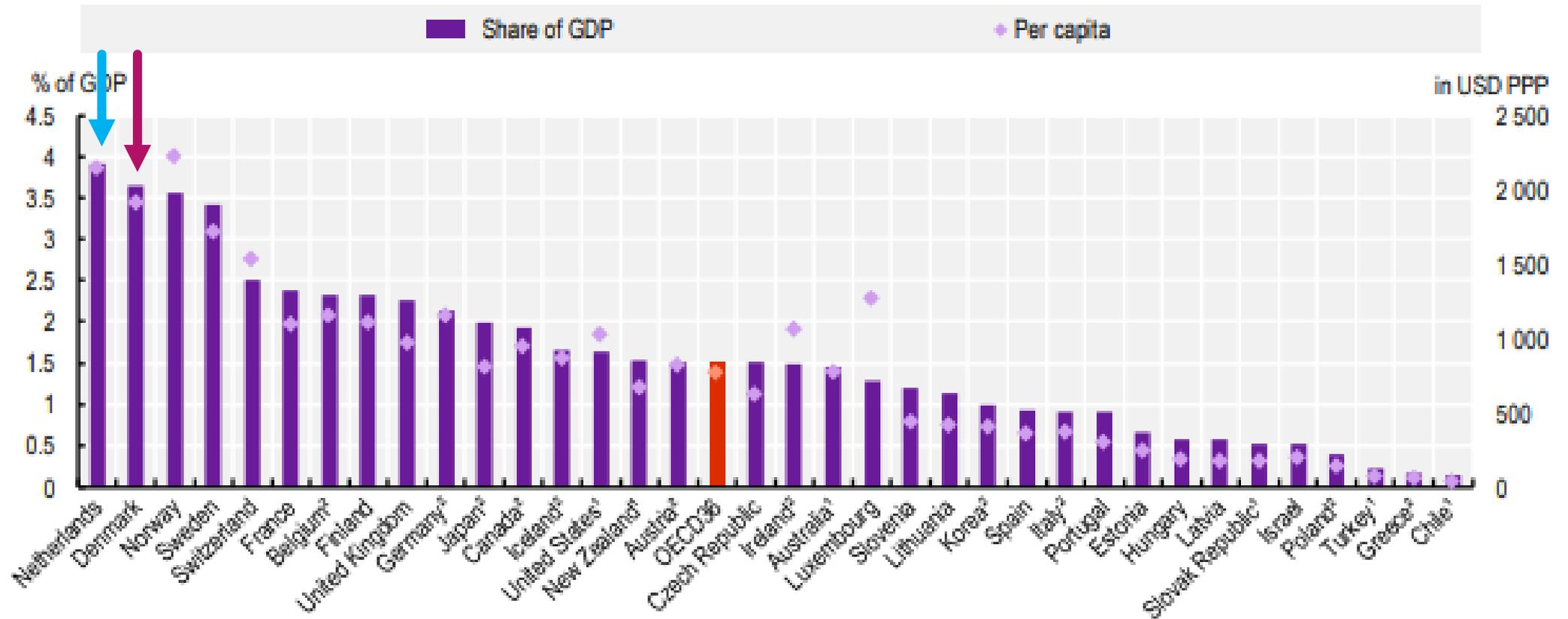
- Ageing societies with increase in no. of OPs with long-term conditions and need for social care
- Many wish to remain in their own homes as they age
- Changes in household composition and preference for informal care
- Projections of increasing age-related spending

Projected health and LTC expenditure, % GDP, 2060



Source: OECD (2013) Public Spending on Care: A New Set of Projections.

Figure 1. Total LTC expenditure as share of GDP and per capita, 2018 (or nearest year)



Source: OECD

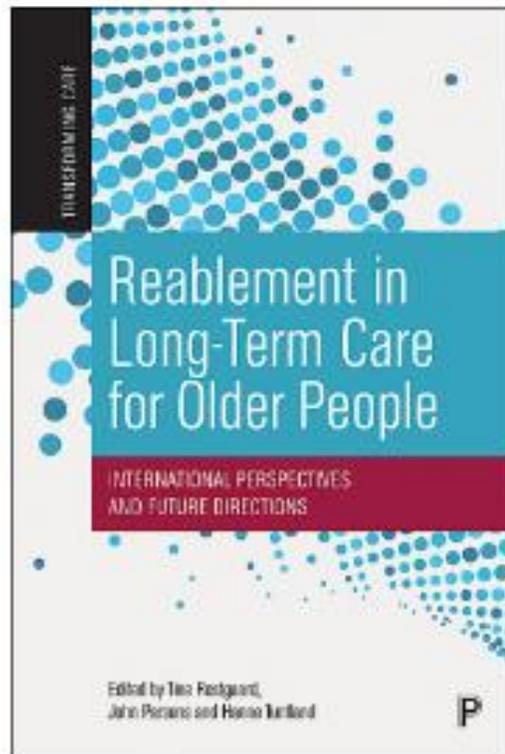
Ageing societies and the need for responsive LTC systems

- **Sustainability**
 - ▶ Costs/investments, prevention, competences and resources
- **Fairness**
 - ▶ Equality, affordability, gender balance, unburdening informal carers, care drain
- **Quality**
 - ▶ Professionalised, integrated and inter-disciplinary, participation, empowerment and person-centered approach



▶ REABLEMENT

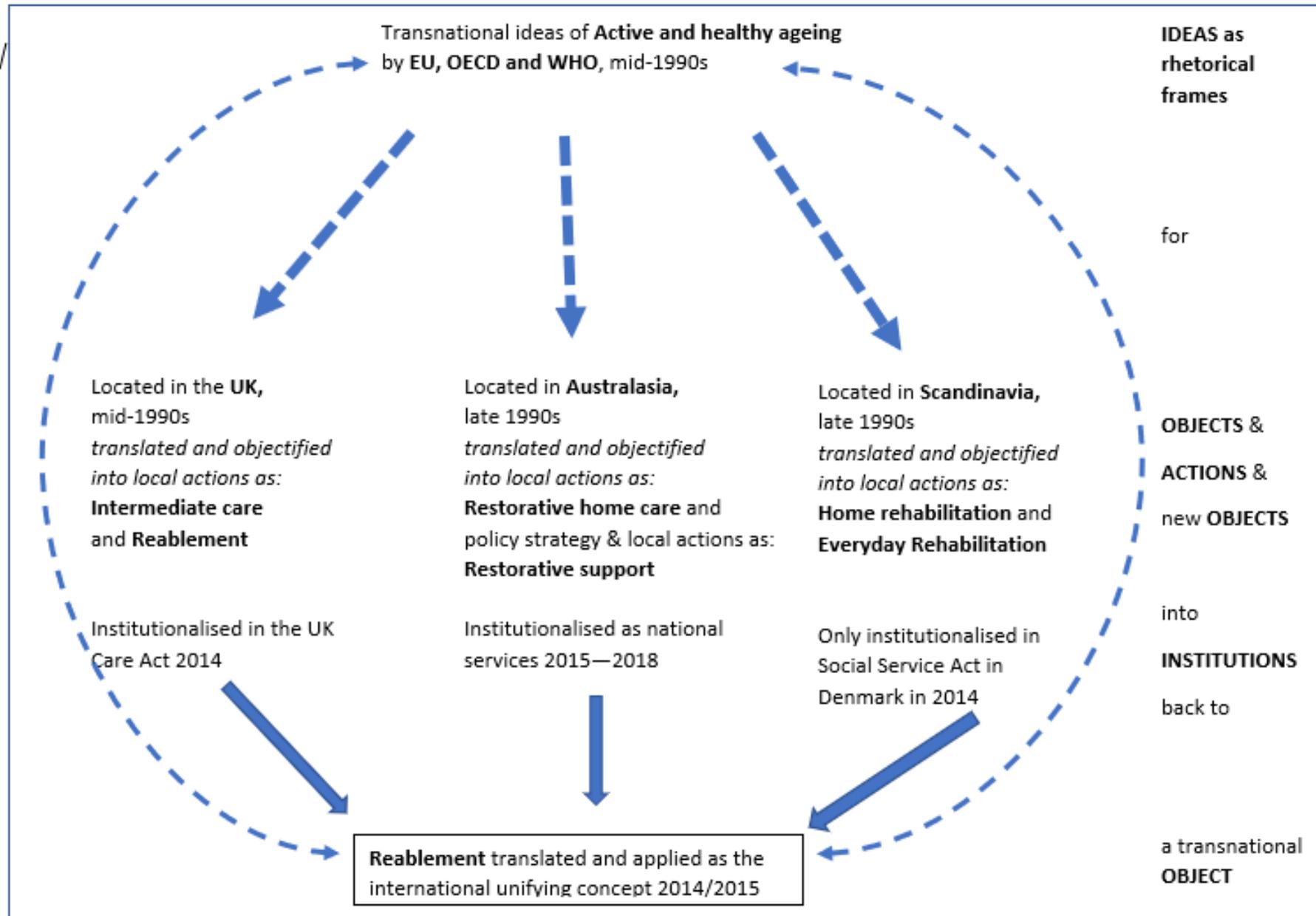
International perspectives with reablement – some book snapshots



Reablement in Long-Term Care for Older People

Edited by Tine Rostgaard, John Parsons and Hanne Tuntland

The travel of reablement as an idea and practice



Implementation in five countries

- ▶ Common features but also different degrees of **integration within home care**, and **assessment focus** (e.g. geriatric vs social welfare)
- ▶ **Goals** may be constrained by available services and goals may be aligned to clinician priorities. Important to maintain participant-driven goal-setting – this also favours a successful outcome.
- ▶ **Team approach** important element, also leading to higher levels of staff satisfaction and reduced staff turnover
- ▶ **Cross-disciplinary approach**. Variation of professional **disciplines**, from registered nurses and therapists to reablement care workers. Can require **delegation of tasks** which can be challenging for health professionals
- ▶ **Facilitation** varies but important role of regions/municipalities and unions. In legislation in DK; in Australia somewhat ‘lost in translation’

Does it improve client-level outcomes?

- **Few studies** with rigorous research methodologies high on evidence hierarchy
- So **collective evidence**, that reablement enables older adults to have better personal outcomes than if they had received conventional home cares, still weak.
- But promising in regards to **quality of life**
- On the other hand, little evidence that the outcomes for reablement participants are **any worse** than for non-participants
- And service evaluations found that the majority of users were **satisfied** with the service and what they felt they **had achieved**.
- Also 'just the right thing to do' in regard to **user participation** in setting goals

Is it cost-effective?

- Based on an investigation of the studies looking into **costs and service use**.
- The evidence base is still **limited**; additional studies designed to capture health-economic perspectives over the long term are urgently needed.
- **Health economic perspectives** on reablement are limited to studies conducted in the UK and Scandinavia
- Reablement is evaluated in relation to usual care, that is **conventional home care**
- In all studies except one, reablement resulted in **positive effects on outcomes** covering quality of life and performance of daily activities and/or lower costs
- Indication that **reablement is promising regarding cost-effectiveness** compared to usual home care services,

Unresolved issues in a silent LTC revolution

- ▶ Which **reablement models** are most cost-effective and work best for the individual user?
- ▶ **Long-term effects and hidden side-effects** – isolation, loneliness, admission to hospital
- ▶ Which **user groups** gain most from reablement: dementia, substance abuse, chronic needs, nursing home residents?
- ▶ Effect on **informal care** – contrary to EU goal to increase women's labour market perspectives
- ▶ Scepticism – aim of **cost reduction** or **better services** leading to higher quality of life?

Tak!

