

Prevention services, social care and older people: much discussed but little researched?

Research findings

KEY POINTS FROM THE RESEARCH

- A range of interventions were seen as being effective locally in preventing older people from requiring any or additional social care services. This included those that were focused on promoting general health and well-being and access to mainstream services as well as those that worked with older people who have begun to access services.
- All of the nine the Local Authorities (LAs) surveyed invested in reablement services. Investments were also commonly made in telecare and equipment services, and in providing information and advice.
- Reablement services had a good understanding of the outcomes that the LA expected them to achieve. They also asked older people accessing the service about their personal outcomes. Most reablement services had systems in place through which they could gather evidence about addressing these two sets of outcomes.
- The approaches used by other interventions to the setting and measuring of outcomes varied widely. They generally relied on performance data and user feedback to assess if the intervention was successful. There were also examples of more holistic approaches that considered wider community impact and reliance by LAs on third sector providers developing outcome frameworks.

Enabling older people to retain their independence for as long as possible is important to maintain their quality of life and to reduce the increasing pressure on local authority and NHS budgets.

This study surveyed a sample of Directors of Adult Social Services in nine Local Authorities to identify what they viewed as their top three investments in prevention services for older people. These were followed by interviews with the leads for each intervention. It also reviewed the local and national evidence as to whether these interventions lead to a delay or reduction in the uptake of social care services.

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- Formal research studies in relation to reablement, telecare, and information and advice services suggest that they can have a positive impact on prevention. These findings were confirmed by local evidence (where available). However, the number and scope of studies is limited and there continues to be a considerable evidence gap.
- The type, approach and depth of evidence gathering vary considerably between LAs and interventions and this makes it difficult to combine this information meaningfully with formal research studies. Having a similar approach to setting and reviewing outcomes would enable collation and comparison of evidence.

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BACKGROUND

Despite the aim of prevention being firmly established amongst policy makers and reflected in government guidance, the formal evidence base around prevention remains under-developed. This makes it difficult for Adult Social Services to know how best to invest their resources, and how to most effectively work with health, housing and other statutory partners.

Gaining evidence about what works in prevention can be difficult due to the long time periods often involved, the use of multiple interventions at the same time and knowing what would have happened without any intervention. This scoping study worked with a sample of LAs to investigate the three 'top' prevention services that they invested in, and their impact.

THE TOP THREE INTERVENTIONS

Reablement

All of the nine LAs surveyed reported that reablement was one of their 'top' approaches to prevention. Reablement services were generally directly provided by LAs. Most worked with older people in general but a few focused on those with particular conditions, such as dementia. They were all based around core teams of specialist home carers with input from occupational therapists. There were also examples of other health and social care professionals being integrated within the reablement service.

Many LAs require older people to participate in reablement when they first access social care services. This is on the basis that these services will avoid or reduce their need for support. 'Reablement' as a concept was also being used as an approach to underpin how social care services in general should work with older people.

Technology-based interventions

Telecare, telehealth and/or other technology based interventions were amongst the top three interventions in six LAs. These included aids and equipment to enable people to undertake tasks of daily living, alarm and call systems through which older people could

Table 1: Other top three prevention interventions identified by Local Authorities

Befriending	Funding third sector organizations to provide a range of befriending services to reduce isolation and improve quality of life
Community social work approach	Working with community groups and leaders to identify local social care needs and combining community and LA resources to address these
Dementia cafes	Informal groups that encourage those with dementia to share experiences, develop friendships and access information on living with dementia
Extra care housing	Developing housing schemes that provide quality residential accommodation with support and other facilities available on site
Falls prevention	Multi-agency approach to identifying older people at risk of falling and co-ordinating a range of responses
Health improvement	Providing opportunities for older people to participate in exercise classes and access advice and support to keep healthy through peer mentors
Help at home	Low level support for older people from paid staff or volunteers in relation to non-personal care tasks such as housework and shopping
Housing support (post-discharge)	Provides housing-related support to older people discharged from hospital
Sensory impairment team	Specialist team working holistically with older people with visual and/or hearing impairments

access advice and support, and devices to monitor aspects of older people's circumstances and/or health.

Information and advice

Information and advice services were amongst the top three in three authorities. In all cases these were provided by a third sector organisation, and older people and/or their carers could self-refer. There were also links to LA call centres.

Other prevention interventions

The other interventions were only raised by one LA each (see Table 1). They include those that promoted general health and well-being to prevent older people from initially requiring social care (primary prevention) and those looking to reduce an increase in someone's dependence on services (secondary prevention). These services were largely provided by third sector organisations. Funding from health and/or other funding streams such as housing were often used as well as that from adult social care.

HOW BEST TO INVEST?

LAs were often influenced by evidence and/or advice provided by national and regional sources on the best way to invest in prevention. This included findings from central government-funded pilot initiatives and reports from third sector organisations with a focus on the needs and wishes of older people. Many of the reablement and telecare services, in particular, had begun with pump-priming money from the Department of Health.

Local analysis of current and predicted need, referral patterns and current use of services were often part of the decision-making process. Views of older people and professionals were sought through both formal consultations and anecdotal feedback. Learning from the experiences of LAs that had already developed a similar service was also seen as helpful. New ideas based on the information from these sources was often tested through local pilot projects:

"One of the things we were able to do from the pilot was to identify the gaps. Well first of all we were able to actually understand what is it we wanted, understand what we were currently delivering and was it delivering what people needed." LA Commissioner (telecare service)

There were other factors that could influence how local funding was spent. This included political commitment to maintaining the role of a local third sector provider and/or retaining in-house services and the practice based experience of senior members of staff:

"I'm not sure that there was any evidence as such. I think it was ... a collection of his feelings and thoughts about what he did in that previous authority." LA Manager

OUTCOMES AND IMPACT

Outcomes

Reablement services were clear about the outcomes that they were expected to achieve by the LA and were given targets to reduce the amount of social care support required by older people accessing their service. This was combined with a focus on the individual priorities of each older person:

"The customer will identify what they wish to be their outcome and that will be broken down into achievable aims and goals...as a team, we are given targets to receive about 80% of the new people to come in to the service have to go through." LA Manager (reablement)

LAs were generally not able to clearly state the outcomes they expected from other interventions, and these services often did not have processes through which older people could set their own outcomes. Some interventions worked on the basis that if the older people perceived the service had been useful then it was achieving the right outcomes:

"The outcome really has been to see whether customers feel that it's made a difference to them." Service Manager (information & advice)

Other interventions aimed to achieve a broader community benefit in addition to the impact on the individual older people who accessed the service.

Evidence of impact

Most reablement services had, or were in the process of introducing, systems to gather data on the achievement of older person's and the LA's outcomes. These were collated and shared with senior management, although greater emphasis in reporting was placed on reductions in the social care package required rather than meeting the older person's personal outcomes. Other interventions generally focused on performance data, such as sources of referrals, numbers of older people supported and activities provided. These were commonly combined with gaining users' experiences of the service through surveys, focus groups or informal discussions.

There were examples of more detailed evaluations of specific projects. These were often in collaboration with outside bodies, such as universities or regional support

agencies. Third sector providers were, in a number of instances, expected to develop an appropriate framework to monitor the difference their services had made.

Most of the LAs recognised that they only gathered limited evidence. Common barriers were: the cost and complexity of developing suitable IT systems; difficulty in combining new databases with existing client record systems; problems in accessing older people's records when they had been 'discharged' from the services; and a lack of capacity to take forward ideas for better monitoring and review.

COMBINING NATIONAL AND LOCAL EVIDENCE FOR THE TOP THREE INTERVENTIONS

Reablement

Local evidence indicated that by the time they were discharged from reablement services between 50–90% of older people (depending on the LA concerned) needed less or no support than when they initially contacted the service. Local evidence also revealed that many of older people's personal outcomes were met. These findings reflect those of formal research studies which have shown that reablement services can improve outcomes and lead to more cost efficient use of resources¹.

Telecare and telehealth

Local evidence gathered by LAs in this study focussed on pill-dispensing and support for people in sheltered accommodation. These reported improvement in the confidence of older people and a reduction in need for services. This reflects previous studies which found positive perceptions of older people and carers regarding telecare and potential savings achieved through diversion from or reduction in traditional care^{2,3}. Initial results from the Whole Systems Demonstrator Programme⁴ appear to show that the telehealth projects have had considerable impact on mortality and

hospital admission rates. However, the detail behind these findings, especially in the case of telecare, remains limited.

Information and advice

Access to information and advice is vital if older people are going to have better choice and control over their lives and support. Older people have reported benefits such as reduced anxiety and increased personal income from initiatives attempting to provide single access points⁵. However current provision is spread over a number of agencies with poor coordination and this means that it is often difficult for older people and their family carers to access all of the relevant information and advice⁶. The impact of these services in relation to prevention is less established, and this study was not able to add to this.

All of the top three interventions have been the subject of major evaluations or research which have demonstrated that they can have impacts for older people and service priorities. However, these are limited in number and there is much that is not known – for instance, what difference do they make over longer time periods, what are the experiences of older people with different backgrounds and/or conditions, have there been social or economic impacts for family carers?

CONCLUSION

This study reveals that LAs seek evidence and guidance on how best to invest in prevention services from a range of sources. Decisions to invest are determined partly by this information, but also on the views of LA political and managerial leaders. There is a common belief in the positive impact of reablement services both for outcomes set by older people and those of the LA. Beyond reablement, a number of different interventions are seen as being the most effective.

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2. Owen J (2010) *Efficiencies in telecare*. London, CSED.

3. Bowes A and McColgan G (2012) Telecare for Older People: Promoting Independence, Participation, and Identity, *Research on Aging*, January 10, doi: 10.1177/0164027511427546.

4. DH (2011) Whole system demonstrator programme headline findings 2011–12. Available at www.doh.gov.uk

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6. IDEA (2009) *Transforming adult social care: access to information, advice and advocacy*.