

# AAMHP Conference 2014 -Brisbane



## Reducing Care Packages

Pat Alexander UK

# Why would you want to?

- Allowing further assistance to be provided for others
- Sustainability of support for existing clients
- Retirement of “baby boomers” (DOB 1946-54)
- Easier to co-ordinate
- Client choice and flexibility
- Empowering – leading to reablement
- Financial savings may be achieved by:
  - Single handed care
  - Reablement

# What is reablement?

- *‘Reablement can be described as an ‘approach’ within home care services – one which aims to help people ‘do things for themselves’, rather than ‘having things done for them’.*
- Not the same as intermediate care in which patients have a defined clinical need, and services are clinician-led
- Reablement service users have a social care need (which may result from a clinical need)
- Not clinician-led, so tends to adopt a social model of support
- May require ability to refer on for physical rehabilitation
- Informed decision making required if client ability changes

# Different from other types of care provision?

- Reablement is not only for people who have had an illness or injury, but can also be available to people with lower level needs/who have had a gradual deterioration.
- Reablement focuses as much on a person's emotional and social needs as on their medical needs.
- Is usually provided free for 6 weeks
- To be considered successful, client should need no further intervention for at least 6 months

# Advantages of single handed care package for clients

- Visits booked to suit client
- More privacy and space
- Reduction in client contribution
- More personalised care

# Potential disadvantages for staff

- Longer visits
- Increase in cumulative load
- Becoming part of the family

# Factors to be considered

- Space available
- Cumulative strain
- Ability of client
- Ability of staff
- Size of client
- Fatigue of client/staff
- Client motivation
- Complexity of equipment
- Staff training
- Co-operative relatives
- Adequate resources
- Waiting time for assessment
- Waiting time for equipment to arrive
- Management back up
- Increased no of clients



# How can it be done – **investment!**

- Housing adaptations
- Innovative ways of working
- New equipment provision
- Training in use of new equipment



# Who says it takes 2 to hoist?

Is it because-

- Urban myth
- Protecting jobs
- Risk averse staff
- Replaces training
- Replaces individual assessment

Or is it because-

- Good practice
- Enables each to check other
- Reduces effort
- Reinforces training
- Only after individual assessment

# UK Research-reducing care packages

- Somerset CC 2011 - 5% packages reduced (poss more)
- Essex CC 2011 – 44% packages reduced
- Havering CC 2012 - 42% packages reduced
  
- all required provision of adaptations/equipment
- all required specialised assessment and training
- all reported substantial savings, with outlay recovered within a few months

# Stand and turn aids – may need one or 2 staff



# Exercise classes



# Sitting and standing

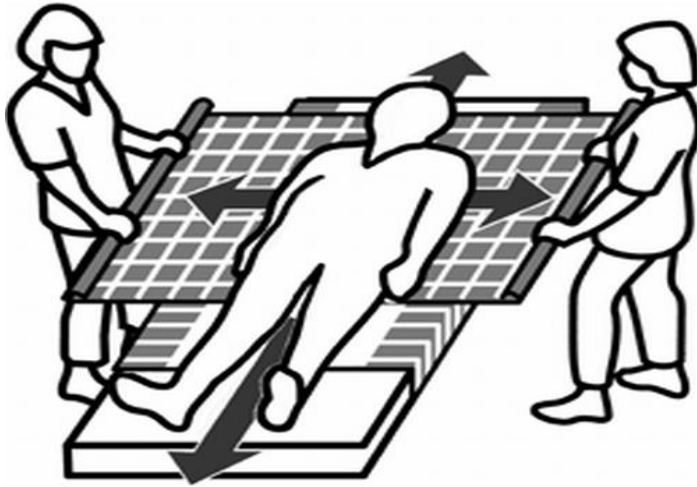


Stand and turn aid with seat – has small footprint in small spaces





# In bed systems

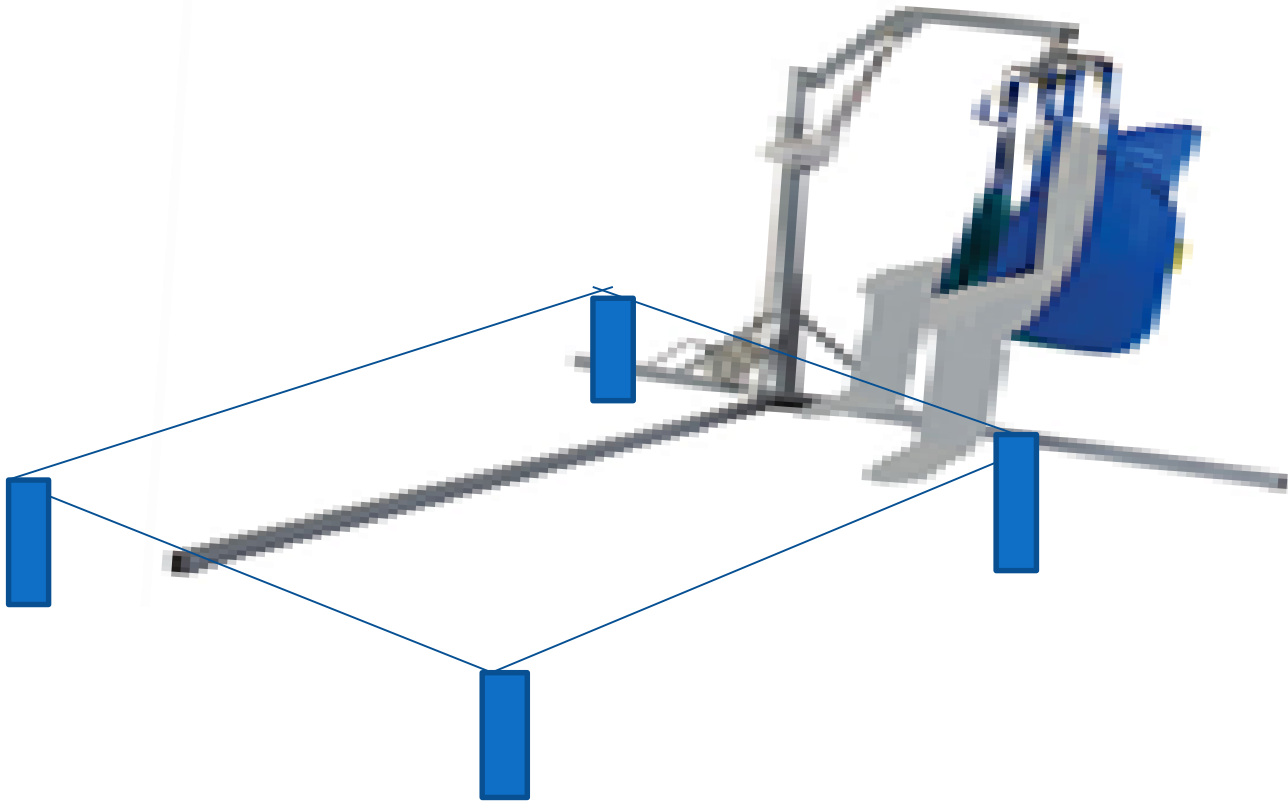


# Ceiling tracking





# Under bed hoist



# Gantry hoist



# Wall mounted hoist - movable



# Does it have a place in your work area?

- Is your elderly population growing
- Is the pool of staff ageing/decreasing in size
- Is there a shortage of resources
- Will it/has it come to Australia
- What do you think?