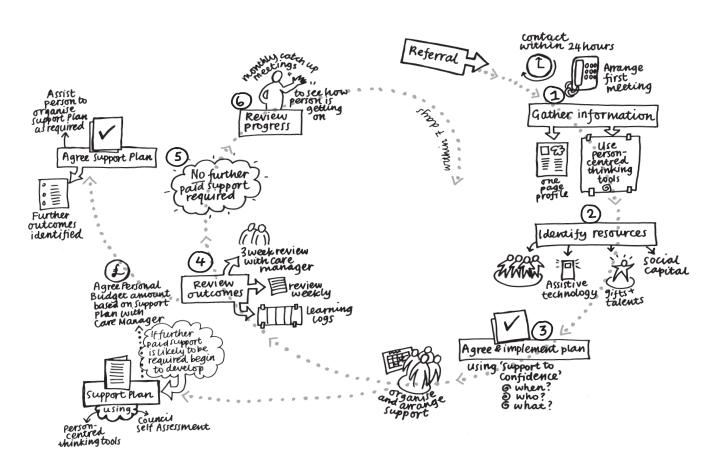# Implementing the 'New Reablement Journey'

Imagine, Act and Succeed (IAS)

Jenny Pitts and Helen Sanderson, Ruth Gorman, Tracy Sims and Dawn Bambrough.

Introduction

In 2011 the New Reablement Journey[1] posed new thinking for how services could work in more person-centred ways to further independence, community connections and self reliance when a person is referred for social care support. Central to this approach is the use of person-centred thinking tools (summarised in Appendix One) that enable people to remain in control of their lives with a much greater focus on community based and natural supports and an emphasis on building the person's own resilience and independence.

This paper describes the experience of one service, IAS, in achieving the key principles set out in the New Reablement Journey (listed below) and how they are using person-centred thinking tools as a part of a very different way of working. It also describes how IAS is demonstrating an innovative approach to supporting adults with a learning disability, one that is focused on building their independence, confidence and self-reliance and providing short term paid support to achieve outcomes relating to this.

Eight Key Principles of the New Reablement Journey

1 Reablement is a journey rather than a service and is not limited to six or eight weeks.

2 Reablement can be appropriate for anyone needing social care support.

3 People should be able to self-direct their reablement - able to exercise choice in how they are supported to achieve short and longer term outcomes.

4 There should be one person-centred 'harvesting' of relevant information.

5 Support Planning should include outcomes that strengthen natural support networks and community involvement.

6 Plans to achieve short term goals should be person-centred; people will be involved in decisions about their support and will own the planning process.

7 People should have information about the resources available and agree a time frame to achieve specific outcomes.

8 People have a seamless experience with minimal 'hand offs' between professionals or services.

IAS Services

IAS is a charity that has been providing support to adults with learning disabilities living in supported tenancies or at home with families in the North West of England for 25 years. A key tenet of IAS's philosophy is that their role in providing support is to further people's independence and social inclusion in ways that build on the person's gifts and strengths, regardless of the level of disability or impairment. A key role for staff, therefore, is to enable people not only to maintain existing friendships and relationships, but also to intentionally support the development of new social networks in the community. As a natural consequence of this belief, IAS seek to reduce their own involvement in a person's life as much as possible, providing 'just enough' support but avoiding creating dependency.

The strong culture of working in partnership, sensitively building

[1] A New Reablement Journey' Ambrey Associates and Helen Sanderson Associates, April 2011

independence through positive risk taking and stretching people to take new steps to take control of their lives was the foundation for a new and innovative service development in the area of reablement. The IAS reablement service supports adults with a learning disability in Oldham and has been operating for a year as a pilot project offering short term, person-centred support for up to approximately six weeks. The service supports an average of 10 – 12 people at any one time and, since its inception, has enabled approximately 60 people to achieve outcomes around independence and community relationships, meaning that paid support can be removed or reduced to a minimum.

How did it get started?

The idea of testing a very different service model, one that would offer short term 'reablement' support arose from a routine strategy meeting between Ruth Gorman, (Chief Executive Officer for IAS) and Paul Cassidy, (now Adult Services Director, Oldham Council and previously in a lead commissioning role). The drivers for the pilot were twofold:

- The extreme pressures in adult social care funding and a recognition that a new service model was needed to prevent a conveyor belt of long term and increasing paid support for people which not only risked escalating expenditure, but also the increasing social exclusion for those individuals.

- The need to be proactive and to prevent avoidable crises for many people with learning disability living at home with older carers, crises which would likely have resulted in

reactive, unnecessarily expensive service responses that would not be in the interests of the person involved or their families.
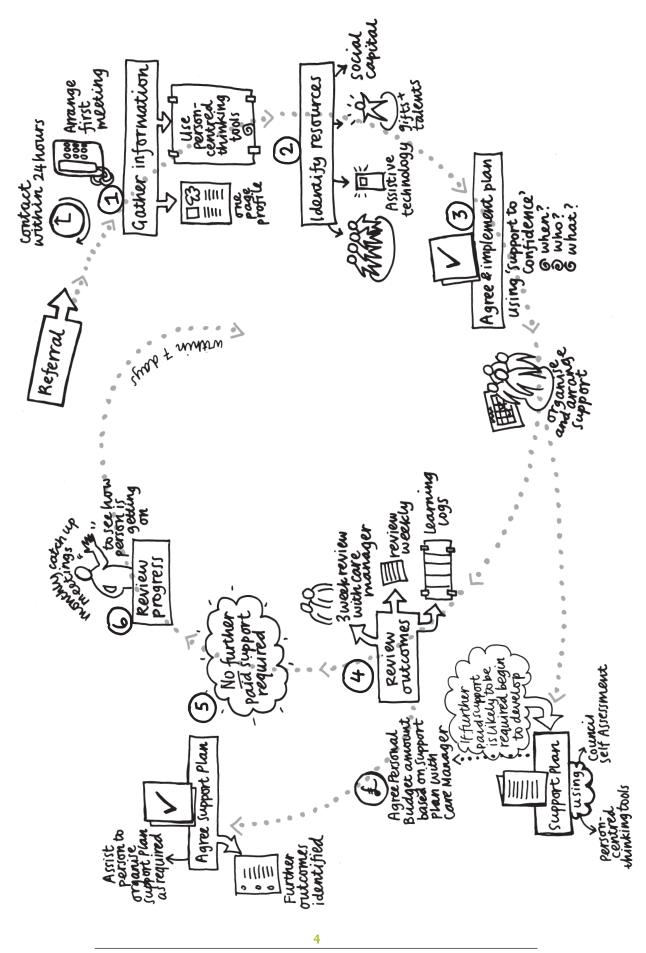
How is it funded?

The simplest arrangement for funding the pilot was for there to be a single lump sum transfer of funding from the Council and for IAS to work within this resource, flexibly and accountably. This was set at £30,000 for the initial six months. Included within the amount was the cost of two days' internal training on the principles of person-centred reablement. (Most of the initial team were existing IAS staff who had already been trained in person-centred thinking skills).

IAS keep detailed records for each person referred which include the number of hours that support is provided and the outcomes achieved. This enables Dawn, the team leader, to provide a detailed record of each person's progress at weekly meetings with the Senior Practitioner in the Council social work team. Using a wall planner that charts each person's progress on their reablement journey, Dawn is able to judge the service's current and future capacity, thereby ensuring that support is always allocated on a needs led basis and that the service works within its funding envelope. As a reablement service, the Council asks for no contribution from the person towards its cost.

What does it offer?

The illustration on page 4 shows the high level IAS reablement pathway which is summarised on page 5.

Referral

contact within 24 hours

1 — Gather information
- Arrange first meeting
- Use person-centred thinking tools
- One page profile

2 — Identify resources
- Social capital
- Gifts + talents
- Assistive technology

3 — Agree & implement plan
- using 'support to confidence' ① when? ② who? ③ what?

Organise and arrange support

within 7 days

4 — Review outcomes
- 3 week review with care manager
- review weekly
- Learning logs
- If further paid support is likely to be required begin to develop
- Support Plan using Council Self Assessment, Person-centred thinking tools

£ — Agree Personal Budget amount based on Support Plan with Care Manager

Agree Support Plan
- Assist person to organise support plan as required
- Further outcomes identified

5 — No further paid support required

6 — Review progress
- "catch up" meetings to see how person is getting on

Implementing the 'New Reablement Journey' Imagine, Act and Succeed (IAS)

1 Gather information	The service takes referrals directly from the Council contact centre or the social work team. The team makes contact within 24 hours and a meeting is arranged within a week (unless they are informed that the situation is more urgent). At this first meeting a One-page Profile is started with the person, capturing important information that is then built on over the coming weeks. The 'What's working/ what's not working' tool is used to summarise the current issues and reasons for referral. Short term outcomes are then agreed with the referrer, the person and their family and a plan agreed.	
2 Identify resources	A key part of this process of gathering information is to identify the assets and strengths that the person has, their 'social capital', gifts and talents. (This information is key in developing a short term plan that builds on these resources and is therefore more likely to result in the person needing no further paid support.) Various person-centred thinking tools can be used for this purpose, such as the Relationship Circle and Appreciation Tool. Identifying resources also includes knowing what exists in the person's own community- organisations, groups, clubs, facilities etc. and what assistive technology, aids, grants, etc. are available.	
3 Agree and implement short term plan	All this information gathered using the person-centred thinking tools is used to agree what happens next. Some people find that after this process they need no support from IAS but, for most, a short term plan is put in place. This plan uses the 'Support to Confidence' tool to set out how the person will be supported to achieve agreed outcomes and an expected time scale and review date.	
4 Review outcomes	The team leader, Dawn, is then able to organise reablement support workers (using the 'matching tool') to begin to implement this plan. A small team is identified to work with the person and to implement the plan as agreed. As they get to know the person better and as the plan is implemented they are able to update the one-page profile and record what they have learned using the 'Learning Log'.	
5 Develop Support Plan (or: No further paid support needed)	Reviewing the outcomes is a natural and regular process but at least weekly the progress is reviewed. The '4+1' tool particularly helps to organise this information and provide clarity about the next steps. Unless the person has already achieved outcomes and requires no further support from the team, a person-centred review takes place at three weeks with the involvement of the care manager or referrer.	
6 Review progress	At whatever point it is felt likely that the person will require support beyond the initial reablement period a referral is made for Care Management involvement if this doesn't currently exist (e.g. if the person has been referred through the Contact centre). All the information learned with the person about what good support looks like is used to develop a Support Plan with them that would be funded through a Personal Budget. The person is also supported through the Council's Self Assessment process and, through dialogue with the Senior Practitioner in the Council at weekly meetings, the plan is refined and agreed and the Personal Budget confirmed. Many people receive support for a short period and are able to then go on to resume their lives with renewed independence and to continue to pursue their ambitions with mainstream, community or natural supports. For those people who no longer have paid support to maintain their independence, the service keeps in contact with them through monthly visits or calls to see how they are getting on. This way they can help prevent future crises.	

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What impact is it making?

IAS is demonstrating, through its reablement service, that by taking a different approach to supporting people with learning disability it is possible to prevent or lessen the need for paid support in people's lives. Paid support is replaced with richer, natural and more sustainable support networks and community connections, with a focus on enabling people to 'get a life' rather than a service. Examples of how the team have supported people are summarised on page 7 and below is a more in-depth case study[2]. These all illustrate not only the benefit to the person and their families but also to the local authority in being able to use limited resources to invest in people's independence and avoid longer term dependency on paid support.

Case study – Rebecca

Rebecca is 18 and lives with her family. She has recently left college and wanted to develop the confidence to do more for herself, making links with her community and having friendships and a wider social network. She was referred to the reablement team by her care manager to provide support to develop that independence and for her to feel more connected within her community.

The reablement team leader, Dawn, met with Rebecca and her family to plan how this could be achieved. Dawn needed to establish what was working and what wasn't working and needed to change and to agree some actions for that. Dawn then went on to identify well-matched staff who would support Rebecca during the coming weeks. The team worked with Rebecca and her mum on a daily basis initially to support her to do more for herself,

things she could do and things she could learn with support, advice and encouragement when needed. When they were happy that Rebecca was confident in what she could do and her self esteem had grown, the next step was to look at what was going on within her local community that she could get involved in. Rebecca started a cookery class to further develop her independent living skills and soon had something she was involved in most days of the week that enabled her to meet people and have fun. Initially Rebecca had support at each event to ensure she felt confident and comfortable. Her reablement team then worked with her on travel with the aim of her using the bus independently. Her support staff took steps back when appropriate as her skills and confidence grew. This gradual reduction in support followed weekly reviews which took place to check how things were going from everyone's perspective and to check that Rebecca felt ready for the next step.

The outcome was that Rebecca no longer needed support by staff either for travelling or attending the community based events, something she achieved within a shorter timescale than originally anticipated. Rebecca's reablement journey ran for four weeks with a planned phased reduction over the last two weeks. Now with only a few hours Personal Assistant support when needed, for shopping and getting to places that are difficult by bus, Rebecca's reablement support has enabled her to develop into a confident young woman with the skills that equip her for her future, along with an active social life with opportunities to meet lots of people, maintaining those friendships and developing new ones.

[2] More case studies can be found on the IAS website www.imagineactandsucceed.co.uk

Summary case studies

Person supported	Reason for referral	Outcome	Cost benefit	Quotes
Sandra	Bereavement and temporary move to residential home.	Own flat. Learned new skills. Increased self confidence and self esteem. Minimum support.	14 hours weekly and shared support = around £9,300 per year. Without reablement, Sandra would have moved into a supported living tenancy at a cost of around £30,000 (social worker recommendation).	Sandra's social worker has said, "Sandra has settled very well and is happy, healthier and content. She has been given every opportunity to become more independent and it has worked. Sandra has surpassed all our expectations which is a credit to herself and the team."
Debbie	Neglecting to care for son who was removed from home and placed in respite centre. Neglecting own health. Poor living conditions.	Son back at home. Attending health appointments. Structure and routine around the housework. Agreement to maintain contact with reablement.	1 hour per month. Without reablement, son likely to have been placed in Adult Placement. Without reablement, Debbie would likely have needed support for around 25 hours per week at a cost of £17,000 per year.	Debbie's social worker has said, "It's a credit to Dawn and the team that such positive relationships have developed. It's a pleasure to work with such dedicated, experienced staff who work in such a person centred way."
David	Conflict with mum. Not attending college. Not going out of the house. No morning or night time structure or routine.	Better relationships with family. Enrolled on new college course. Socialising within the community and travelling independently. Developed routine and purpose.	8 hours weekly = around £5,300 per year. Without reablement, David would likely have needed support of around 20 hours per week at a cost of around £13,500 per year.	David's social worker has said, "Valuable support from the support workers has allowed David to become more confident to attend college and allow him to have his own community presence… has improved his relationship with his mother and his family."
Graham	Living in residential care and expected to move into shared supported living.	Own flat. Minimum support. Use of assistive technology. Community connections.	11 hours weekly = around £7,400 per year. Without reablement Graham may have needed weekly support of 32+ hours at a cost of around £21,500 per year (social worker recommendation).	Graham's advocate said, "I think communication has been excellent and everyone has worked well. Graham felt he had a say in when his support took place and feels the support meets his needs."

What makes it work?

In looking to replicate this model of service it is important to understand what it is about the IAS experience that is critical to its success. Those involved in the service have identified the following factors, all of which are inter-related and all vital to its achievements:

1 A person-centred culture and a belief in people's capacity

IAS is an organisation that already had a bedrock culture of person-centred practice to build on. Such a culture cannot be created overnight but needs to develop gradually and be reflected and reinforced in all of the organisation's actions, decisions and be modeled by all those who work for it. A statement setting out this purpose is, in itself, only words but, if agreed together and used proactively, can provide direction and vision for all those involved.

IAS's Statement of Purpose, agreed with their staff, is as follows:

- We seek to develop a person-centred organisation where everyone feels valued and sees that their contribution makes a difference.
- We aim to create an environment where everybody's energy and creativity is focused on getting better lives for people.
- We support people to live as valued and contributing members of their communities where they are part of a wide network of friends, neighbours and family.
- We do this through active listening, thoughtful practice, passionate commitment, and by working towards people's dreams.

All staff receive training in person-centred practices and using the person-centred thinking tools. Recognising people's qualities, strengths and 'social capital' becomes part of the accepted culture within a service and this thinking is essential for effective and sustainable reablement.

"I've got my life back. I'm much more confident and outgoing and the best thing is I'm so busy. I've done a childcare course at college and have helped at the nursery. I've learned cookery and IT and I go swimming and dancing and do 'Come Dine with Me' nights with my friends. I also see my family at weekends as that's really important to me too."
Sandra

2 Partnerships and trust

A spirit of trust, shared involvement and understanding between all key partners was an essential success factor. The trust and shared vision that exists between the Council and IAS was instrumental in designing and developing the service and remains critical to its ongoing success. IAS were able to build on their reputation for delivering innovative, forward thinking and person-centred support and were able to design the pilot service with the council.

"IAS has an innovative and progressive approach to service provision and is constantly looking for new, cost effective ways of achieving its basic goal of meeting people's needs

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and connecting them with their communities and natural support networks. As such we are always looking to develop the 'next generation' of service models." Ruth, CEO

IAS were trusted to develop the detailed reablement journey, the monitoring systems and the local processes. A meeting with the Council's reablement team for older adults in which they described their own processes and systems helped in this respect and demonstrates the culture of openness and shared learning. Before the service started, Tracey, the Operational Manager from IAS, and Dawn attended team meetings with the Council social work team and with the ADIS team (Adult Duty and Intervention Service) at the Council contact centre. Dawn is now a trained 'Trusted Assessor' for equipment and works closely with the council's occupational therapists regarding equipment and assistive technology. A requirement on the part of the Council was that IAS captured people's stories and experiences in order to share, motivate and inspire others and to inform future developments.

The trust that exists between the service and the care managers is an important factor in the latter feeling that they can work jointly with IAS to help resolve crises and support the person to take control of their life. Lorraine, a social worker with the transitions team, states that the relationship building in the early stages between the workers and the person and their family is crucial and means that the person engages with the

service on their terms and doesn't feel it is something imposed on them. As a social worker she knows that the team will contact her outside of the regular reviews if there is something she needs to be aware of but, other than that, she knows that they will focus on delivering the outcomes and keeping her updated as needed.

"We can get a good sense of what's needed from our assessment but the reablement service can really get to know the person in more depth and this helps us understand better what support the person really needs. They work outside the box and the flexibility is key, supporting people in areas such as housing, welfare benefits, health appointments, particularly where the person has stopped engaging." Lorraine, social worker

IAS's established approach of involving people they support and their families fully in the decisions that affect them means that the communication is always open and transparent. People are made fully aware of the purpose of the service, the longevity of their support and the aim of furthering independence and self reliance. Expectations are managed and this avoids the development of dependency on the short term service.

"This support has made such a difference to my daughter and to me. She's sorting herself out and is being encouraged to

do a lot more for herself and take control of her life. I give in too easily –I'm her mother after all and she knows I'm a soft touch! But she listens more when someone else tells her things and she sees that it's not just me saying it. It's made a tremendous difference to my life and as she becomes more independent and takes responsibility she'll be able to cope much better if anything happens to me." Maud

The web of trust and partnership needs to include all parties, as illustrated below.
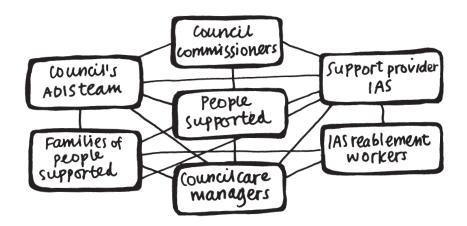
3 One point of contact with the local authority

Regular communication between the reablement service and the Council care management team is an essential part of the joint working arrangement between the two parties and enables both to provide the best service to individuals and their families. At the outset it was agreed that for the sake of simplicity and efficiency there would be one point of contact between the two and therefore the reablement team leader and Senior Practitioner meet weekly to go through the referrals, update on progress and alert the Council if it is felt that anyone is likely to need support beyond the reablement period. The trust mentioned above is of course critical in this respect and it is accepted that the reablement team will have explored every way to reduce the need for paid support; their recommendation is trusted and a care manager will be allocated to commence a full assessment and start the process of setting up a Personal Budget.

4 Just enough support

"The focus of reablement is always to consider what just enough support is for the person involving community and natural support networks, with paid support only put in place where a gap has been identified." quote from IAS website

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The concept of 'just enough support' is well established within IAS and builds on the organisation's culture of person-centred practices, partnership working and community connecting. It grew out of their involvement in the 'Altogether Now' programme[3] and, as an organisation, they have been implementing and continuing to develop the process for the last two years. In the current financial climate with extreme pressures on local authority budgets it is even more important to gain a "win, win, win" situation for the local authority, the person and their family. For IAS it is important to facilitate the process in a positive and enabling way rather than being forced to be reactive when faced with budget cuts and the negative associations those bring.

The approach IAS take is based on a fundamental belief in people's capacity and has now developed into a learning programme which involves considering key areas of a person's life – who they know, who they are close to, where they spend their time, what's available in their local community, where they live and the support they currently get – to identify where new technologies, relationship building or flexible support arrangements could enable paid support to be replaced by natural supports from neighbours, friends and family or by assistive technologies.

"It's not about taking something away; but its about making sure someone's life is rich in relationships so that

not as much paid support is necessary." Ruth, CEO

Working through the 'Just Enough Support' framework (shown on the following page) the team consider all aspects of a person's life where the development of richer and lasting relationships can replace the need for paid support and can provide the person with a much greater sense of being part of their community.
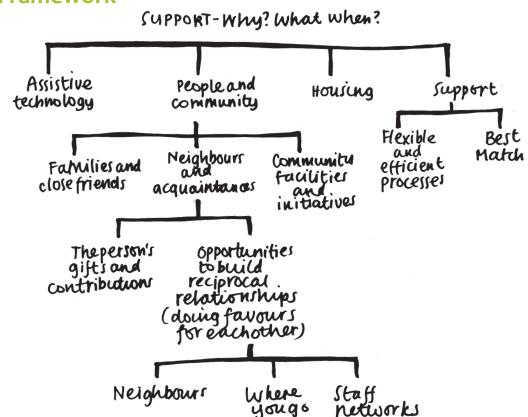
"When I first moved into my flat I had quite a lot of support but this has reduced right down. Now I can do things for myself; I can make my own breakfast, sort my clothes out and take my own tablets. In the nursing home I didn't do anything for myself.

I love having my own space. You can do what you want when you want. My support workers are great but I don't want them around all the time and as I got more confident and could do more for myself I'd say to them - what're you doing here?!" Sandra

"It's hard at first. But now I'm more confident and I know I can do it. I want to keep on doing more and I feel really pleased with myself when I achieve something." Ann

[3] Altogether NOW: collectively figuring how to develop alternatives to just paid support' (Owen Cooper and Sally Warren 2010)

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'Just Enough Support' Framework

SUPPORT-Why? What when?

- Assistive technology
- People and community
  - Families and close friends
  - Neighbours and acquaintances
    - The person's gifts and contributions
    - Opportunities to build reciprocal relationships (doing favours for each other)
      - Neighbours
      - Where you go
      - Staff networks
  - Community facilities and initiatives
- Housing
- Support
  - Flexible and efficient processes
  - Best Match

5 A positive approach to risk

Inherent in partnership working, trust and implementing 'just enough support' is the essential requirement for there to be a shared approach to positive risk taking and a 'no blame' culture within each organisation and between all parties. This approach underpins the work of the reablement team, ensuring that plans to reduce support are agreed fully at the weekly meetings with the person and their family and that the care manager is aware and able to feed their views in, discussing it in person at the three-week meeting.

"It's more personal because they take time to really get to know what's important to the person and building those relationships. Positive risk taking runs through everything they do as part of supporting the person and I know they will involve me in the big decisions. It's a flexible approach that makes a difference and being there when things don't go to plan plus an ability to think outside the box and work with the person positively." Lorraine, social worker, transitions team

"I like doing more for myself. It's not easy for me but I'm getting better at it and I'm trying hard. If I have a problem I know there's someone I can talk to and ask for help." Ann

6 Pace and a focus on outcomes

Working within a six week window changes the dynamics and focus of the service. Knowing that the success of the service depends on outcomes being achieved within that short time frame means that there is a pace to the work that requires a different approach to that inherent in long term services. New support workers have been recruited specifically to work in the reablement service and the expectations for them have been clear from the outset so they have not had to embrace any cultural change.

"We agree a plan and that's what we focus on; we know our role is to back off as soon as possible and enable the person to do more for themselves."
Kayleigh, Reablement support worker

Even IAS, as a progressive and forward thinking provider with its strong emphasis on community connections and furthering independence, has experienced the subtle but vitally important difference in approach within its reablement service. The short time frame changes the nature of the discussions support workers have with people and their families and the sense of purpose, absolute belief in people's abilities and outcome orientated approach is an essential ingredient to the service's success.

"Reablement and the idea of 'just enough support' means that a time frame is attached to the intervention so it stays focused and does not allow actions to become 'ongoing'. It also stops people being slotted into services that they neither want or need and really encourages independence rather than dependence on paid support." Ruth, CEO

7 Keeping it small and purposeful

The small size of this service means that it remains person-centred and not led by the needs of the organisation with regard to such things as the level of bureaucracy in place, matching workers and agreeing times for support. Keeping it person-focused and small means that systems are swift and efficient, decisions are not delayed and Dawn, when agreeing changes to people's support plans, is familiar with the person, their circumstances and the progress they are making.

Well informed and fast decision making keeps the pace moving and means that the service can deliver within the short time scales.

Keeping it small also means that it can be truly person focused because of the relationships that are formed and the trust that develops.

"If someone achieves something and is feeling really proud of themselves and wants to tell me, I think

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it's great that they feel they can text me at any time. Last night a gentleman that we're supporting contacted me to say that he had sold some of his possessions that he had bought on impulse but didn't need. He was so pleased as this was a big step for him and it's great to share those celebrations, no matter how small." Dawn, Reablement Team Leader

8 Leadership

Establishing not only a new service but one that took such a bold and radically different approach to supporting people with learning disability would not have been possible without positive leadership throughout both the Council and IAS. This service questions accepted wisdom about the way that support should be provided to people and raises some challenging questions about this. Positive leaders who are confident in people's capacity and who are able to enthuse, motivate and instil in others the importance of building the person's own confidence and self esteem, are a vital component of any service like this.

At all levels, from the Adult Services Director and the IAS CEO, Operational Manager and Reablement team leader, Senior Practitioner in the Council and individual care managers, a belief in the importance of reducing dependency and of keeping the person at the heart of decision making, managing risks and expectations openly and positively has

been critical. Such leadership needs to communicate a true belief and instil a positive attitude in others regarding the potential for communities to support people through natural networks of friendship and reciprocity.

Future developments

The success of this pilot service and the enthusiasm to apply such an approach to other areas of service delivery is infectious. The model of service has been shown to work but the critical success factors listed above would need to be present in any replication of the model. IAS are in a strong position to build on this success given their person-centred and community focused culture that already existed.

This approach could be applied to support more younger adults in transition from schools and colleges, enabling a real investment in their independence before there is any consideration of paid services. Getting work, exploring gifts and talents, independent travel and working out how, with whom and where a person wants to live etc. are all important areas to be addressed prior to long term support being in place. The approach has also worked during the last year for people who have been placed in services and, over time, have got used to certain levels of support but, with the right support, can live much more independently. There is an argument, therefore, that annual reviews should consider a period of person-centred and sensitive reablement for such people.

Conclusion

The IAS reablement service demonstrates how every principle of the New Reablement Journey can work in practice. Many organisations refer to the importance of independence, community, relationships and positive risk taking in their vision and mission statements but Oldham Council and IAS have shown how this rhetoric can be put into practice by both parties working positively together with a shared aim.

Arguably, it has required the structure and boundaries of the reablement service with its clarity of focus, clear processes and purpose to make this happen in a meaningful way. The six week time limit is flexible and does not mean that the person does not continue to achieve outcomes after that point, but it does provide a sense of pace and focus for the team and, as mentioned above, demands a subtly different working culture to that of even the most progressive long term support team.

The service has achieved the "win, win, win" that its CEO, Ruth, refers to. Individuals and their families remain active partners in their own journeys, taking into account their individual perspectives, hopes, dreams and fears relating to increased independence, whilst the council has benefited from the shared learning and from the ability to target limited resources where they are most needed. As a service provider, IAS is applying the learning to other areas of its work and has established itself as an organisation that is more able to meet the demands of funding constraint now and in the future. Importantly, it is showing that it is possible to do so in such a way that is positive for people they support, achieving outcomes by building on their strengths and gifts and making the most of natural and, in the long term, more sustainable, support networks.

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Appendix 1 Summary of Person-Centred Thinking Tools

by Alison Short

One-page profile with action

A one-page profile is a way to set out information about what people appreciate in an individual, what is important to them and how they want to be supported. It leads to looking at what is working and not working for the person and what needs to happen to change what is not working.

Sorting important to for

Sorts what's important TO (what makes us happy, content, fulfilled) from what's important FOR (health and safety, being valued) while working towards a good balance.

Keeps the focus on who the person is, not just on the rehabilitation support that they need.

Decision making agreements

Enables people to be in control and make decisions about the way they wish to live their life and how they can make informed decisions about their own Reablement process.

Communication charts

Helps us to focus on how a person communicates and what we think different things mean and how we should respond. It is vital in helping the person to direct their reablement and for supporters to find ways to keep them central to the process.

Good day and bad day

Helps people reflect on what makes a good day and bad day and informs action planning and goal setting based on what is important to the person and how they want to be supported.

Appreciation tool

What we like and admire about somebody can be a starting point for relatives, staff and allies to see who that person is and appreciate their qualities and strengths. This helps to counter our tendency to focus on how much support the person needs to what they can contribute and make the most of, as they move on with their lives.

Relationship circle

Helps people to think about the networks and people in their life who may be able to offer ideas, knowledge, resources and support as part of their Reablement.

How does the person want to be supported?

How can people have more choice and control in their lives ?

How can we keep learning about the person and what we need to do to provide the best support?

History

Helps people reflect on the past and how this information can help to shape what they do next.

Learning log

Directs people to look for ongoing learning. A structure that captures details of learning with specific activities and experiences.

Provides a way of recording information which focuses on what needs to stay the same and what needs to be different in how we support people.

4+1 questions

A set of questions that are used when meeting together, in order to gather collective learning. The questions explore what is being tried and learned with the person, their family and professionals. It focuses on what we are pleased about in terms of progress and the concerns that people have and concludes by asking "Given what we know now, what are we going to do next?"

Circle of influence

Can be used when a person is feeling overwhelmed or powerless. It helps the person to focus their time and energy on the things they can control and helps others to see how they can support in a way that leaves the person with control and decision making that makes sense to them.

What is our role in delivering what is important to people and how they want to be supported ?

Matching support

Gives a structure for looking at the skills and characteristics that will make for a good match for a person who is receiving support.

Sorting Roles and Responsibilities - the doughnut sort

Identifies specific responsibilities:
Core responsibilities.
Using judgement and creativity.
Not a paid responsibility.

Helps supporters and families to know where they can be creative with ideas without fear that they are doing something that would not work for the person they love or are supporting during Reablement.

How are we doing in supporting people in the way that they want to live?

Working and not working

Analyses an issue or situation across different perspectives. Provides a picture of how things are right now and for planning for the future.

Forms the basis for goal setting and action planning.

Acts as a powerful reviewing tool.

Support to confidence

Helps a person and their supporters, in a task orientated way, to plan the specific steps that matter for the person in building their confidence.

Also supports the person being fully involved in saying what they want to achieve and the best way to use support to achieve it.