•Reablement team•

Martin Johnson Hanna Markgren Erica Nakagawa Emilio Patuzzo Ben Rodgers

Eric Boslem (Cornerstone)
Louise Ross (NHS)
Kathy Littlejohn (Social Work)
Jacqui Callaghan (BUPA)



Project overview

Goal centred support groups.

Making better use of services available.

Addressing human needs such as relationships, creativity and self esteem.

Reducing the risk of re-referring.

Reablement

What is it?

"Reablement is a form of rehabilitation aiming to recover abilities and skills illness has taken away".



"I know I should be making the tea myself, but for my sister it's so much easier".



"I know I should be making the tea myself, but for my sister it's so much easier".

"Elderly people need friends not services".



"I know I should be making the tea myself, but for my sister it's so much easier".

"Elderly people need friends not services".

"There are so many rehabilitation services out there but I don't know how to access them".



"I know I should be making the tea myself, but for my sister it's so much easier".

"Not all clients were aware that they were working towards goals".

"Elderly people need friends not services".

"There are so many rehabilitation services out there but I don't know how to access them".



"I know I should be making the tea myself, but for my sister it's so much easier".

"Not all clients were aware that they were working towards goals".

"Elderly people need friends not services".

"I felt abandoned after the rehabilitation ended".

"There are so many rehabilitation services out there but I don't know how to access them".



Insights

There is still a lack of awareness of the concept.



Insights

There is still a lack of awareness of the concept.

Many people experience a lack of motivation.



Insights

There is still a lack of awareness of the concept.

Many people experience a lack of motivation.

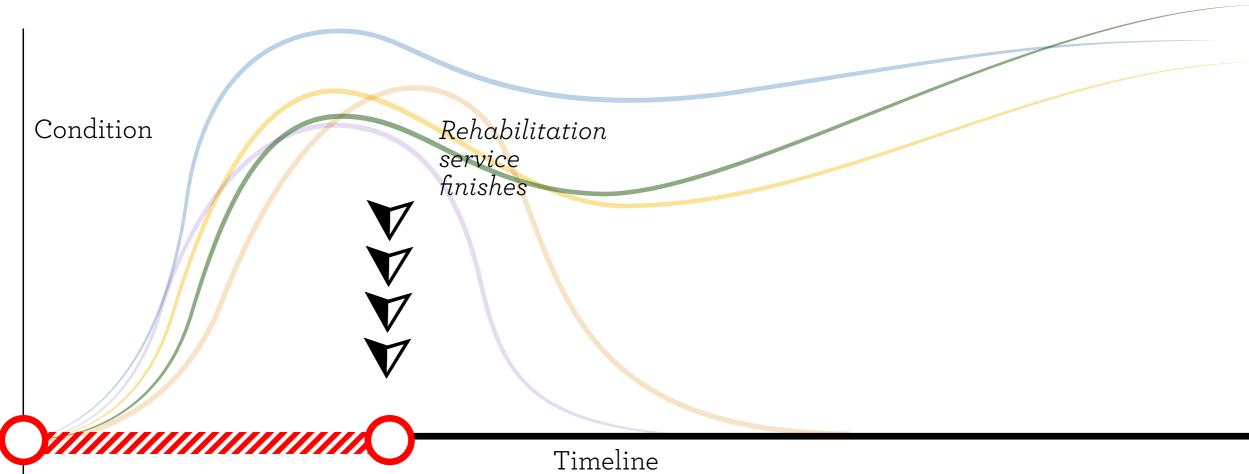
There is a perceived lack of follow up for some people.



Starting point

The current situation

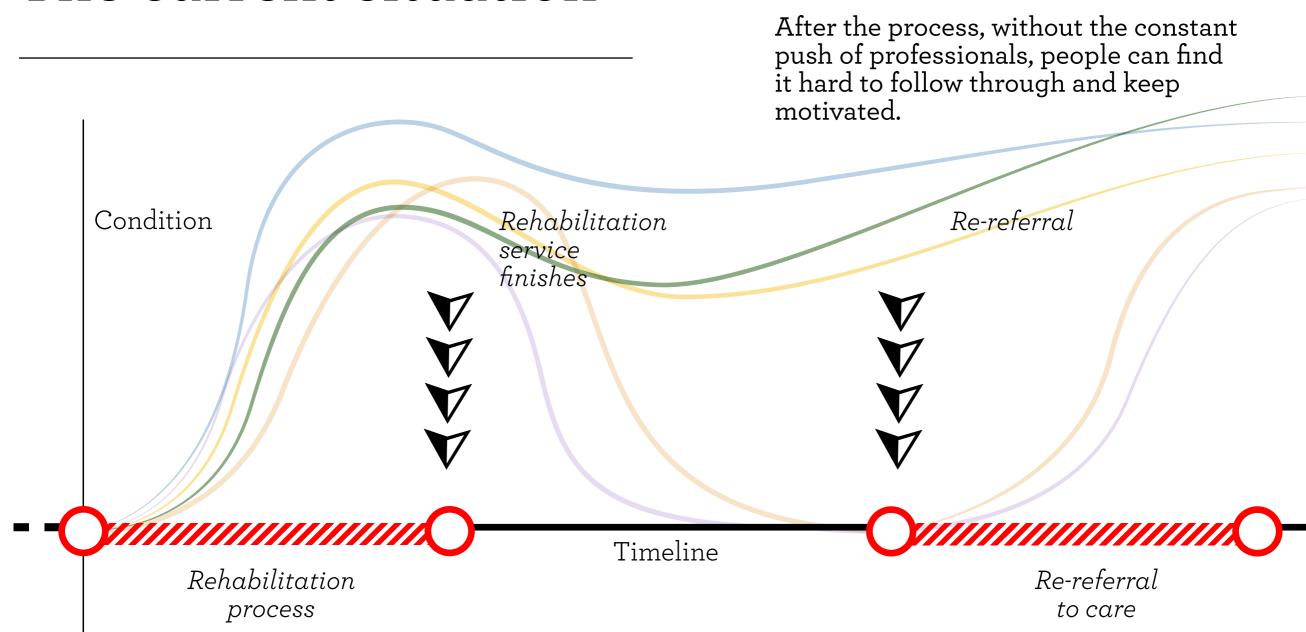
Most clients show vast improvement in the process of rehabilitation.



Rehabilitation process

Starting point

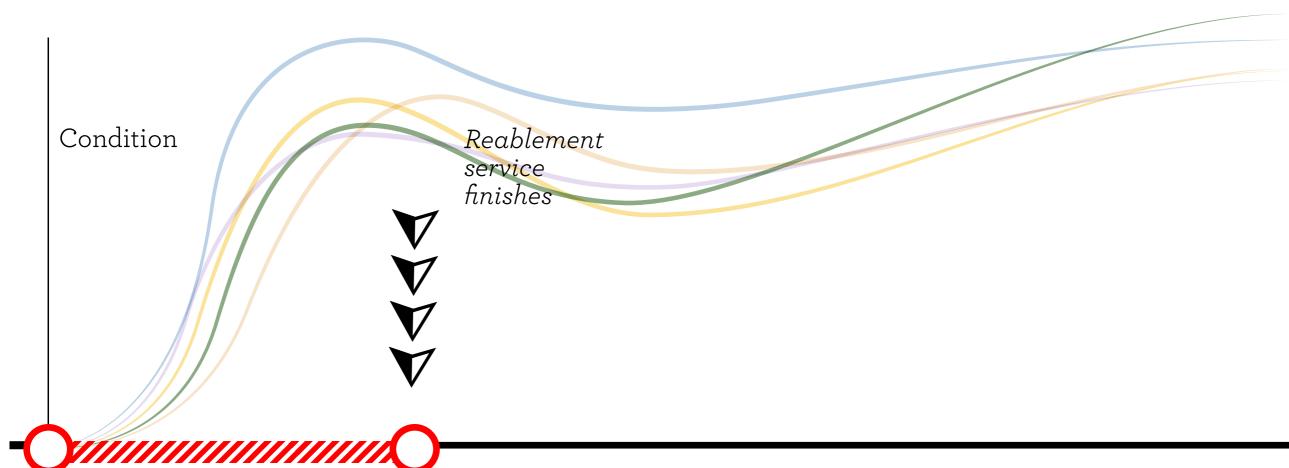
The current situation



Next situation

Our goal

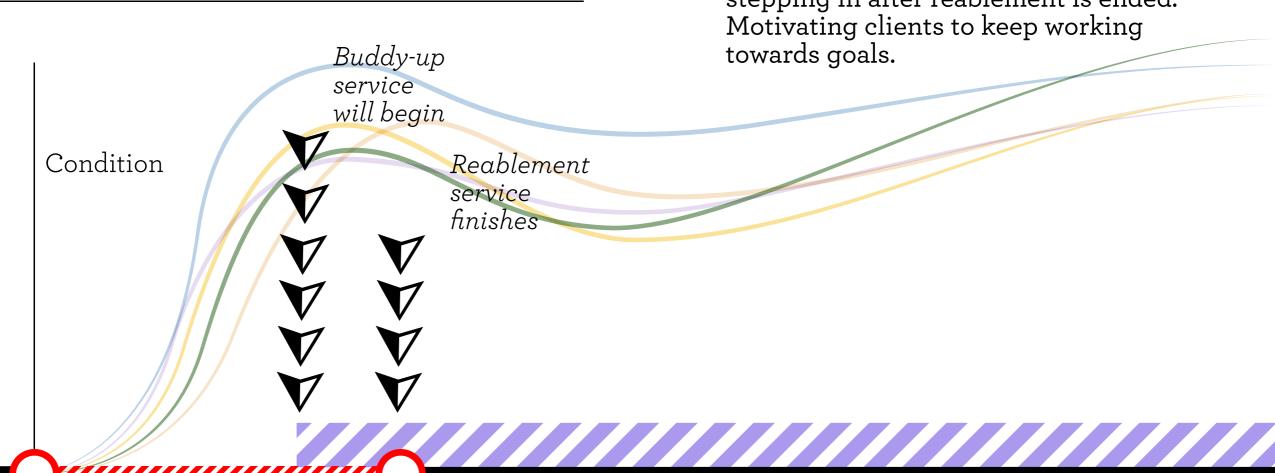
Our service wants to combat this by stepping in after reablement is ended.



Reablement process

Next situation

Our goal



Our service wants to combat this by stepping in after reablement is ended. Motivating clients to keep working towards goals.

Reablement process

Personas



Clara 69 just put her cane on the shelf after hip surgery, but still needs exercise to not deteriorate.



Eva 65, uses a rollator since a stroke. Feels ashamed & stays home. Needs to exercise to improve condition.

Buddyup®



O Sharing goals with professionals











Buddyup[®]

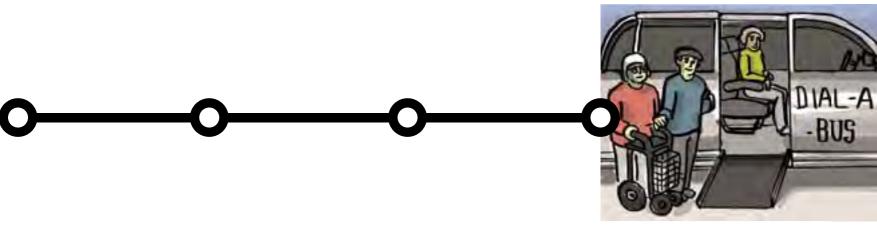




Matching into group by buddy leader

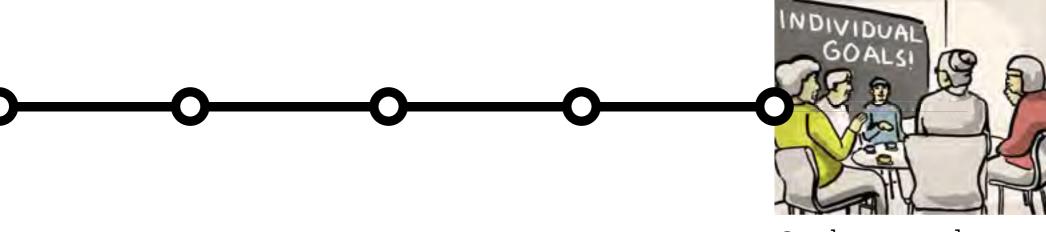






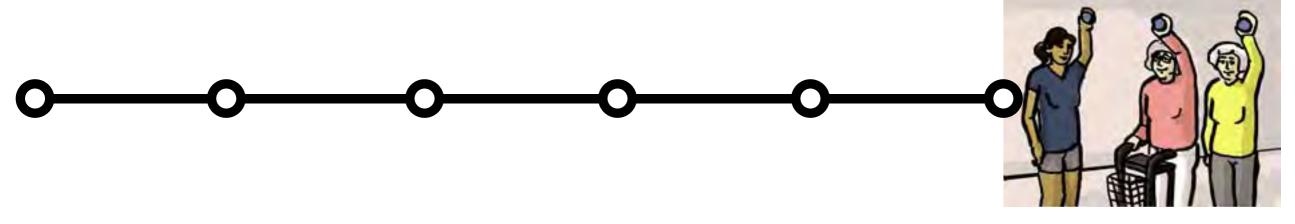
Dial-a-bus with buddy card





Goal centered group meeting





Optional pairing

Benefits

Main advantages

Users

Creating motivation through building relationships.

Raising awareness.

Follow up through regular meetings.



Benefits

Main advantages

Users
Creating
motivation
through building
relationships.

Raising awareness.

Follow up through regular meetings.

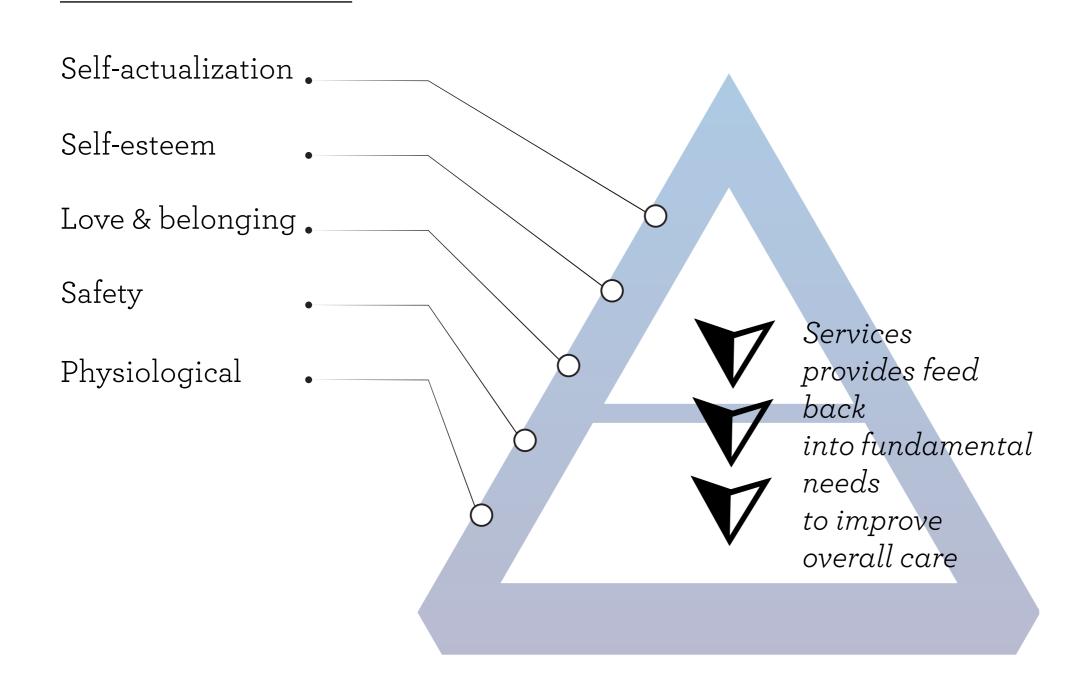
Professionals

Healthy older people, Fewer re-admissions, Freeing up care.



Benefits

Hierarchy of needs



Supporting research

Recovery international Alcholics anonymous

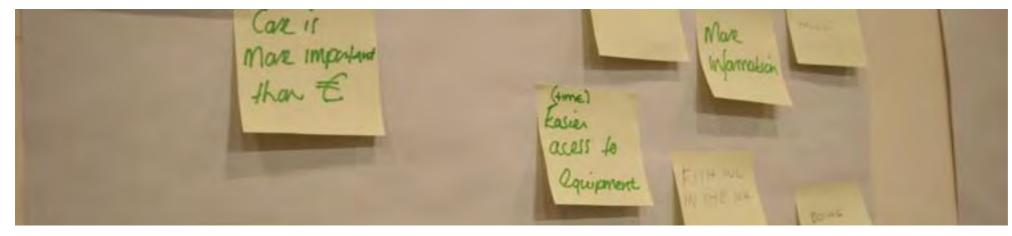
Mutual peer support groups improve:

Effectiveness of professional support to individuals.*

Adherence to medical advice acceptance of condition.**



Possible difficulties



How to reach everyone, buddy calls & dial-a-bus.

If rehabilitation fails friendships are still made.

Cost analysis

A profitable equation

"Since May from 300 referals we've had 28 re-referals"

Basically 10% of all referrals are re-referred.

6 Months - 28 people - 6 weeks of Rehabilitation costing £175 pwpc £29,400

12 Months - 56 people - 6 weeks of Rehabilitation costing £175 pwpc £58,800

These stastistics are for the **South East** of Glasgow, and are based only on **Community referals**, not Hospital discharge (fast track).

If through the Buddy Up concept we could **reduce re-referrals by 50%** we could save **£29,400** per year for this area. Part of this saving could be fed into the Buddy up concept, reducing the savings but above all **improving care and quality of life** for clients involved.

"The design of participatory systems, in which many more forms of value beyond simply cash, are both created and measured, will be the major theme, not only for design but our economy as we go forward".

Tim Brown "design thinking" July 2009