LEAVING HOSPITAL AND RECOVERY

Reablement and intermediate care: free help to recover

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IN BRIEF

Reablement and intermediate care are short-term services that help you get back on your feet after a hospital stay, a fall or an illness. When arranged by the council or the NHS they are free for up to six weeks, whatever your savings, and the aim is to help you do things for yourself again rather than doing them for you.



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What is intermediate care?

Intermediate care is the name for a group of short-term services that help people recover, avoid unnecessary hospital stays and stay as independent as possible. National guidance from NICE describes four kinds:

- **Crisis response:** a rapid assessment and short-term help at home (usually up to 48 hours) when someone becomes unwell, to avoid a hospital admission.
- **Home-based intermediate care:** mainly health professionals, such as physiotherapists, occupational therapists and nurses, helping someone recover at home.
- **Bed-based intermediate care:** a short stay in a community hospital, rehabilitation unit or care home bed for people who are stable but not yet ready to go home.
- **Reablement:** mainly social care workers helping someone at home to relearn everyday skills and regain confidence.

NICE says intermediate care is usually delivered for no longer than six weeks, and often for just one or two weeks. In hospital discharge, these services make up most of what is offered on discharge pathways 1 and 2.

What is reablement?

Reablement is about doing things **with** you rather than **for** you. A reablement worker might stand beside you while you wash and dress, encourage you to make your own breakfast, practise the stairs with you, or help you work out an easier way to get in and out of the bath. At first they may do more; as you grow stronger they step back.

The aim is to rebuild skills and confidence after a setback, so you need less help in the long run, or none at all.

Who provides it

Intermediate care is planned jointly by the NHS and the council, so the team may include:

- physiotherapists and occupational therapists
- nurses and, sometimes, doctors or speech and language therapists
- social workers

- reablement or care workers, employed by the council or by a care provider it has commissioned

Most people receive it at home, though it can be provided in a community bed. NHS England has also asked every area to run an **urgent community response** service, available at least 8am to 8pm, seven days a week, that aims to reach people at home within two hours when they urgently need care.

Is it free?

Yes, for up to six weeks. Under the Care and Support (Charging and Assessment of Resources) Regulations 2014, councils in England cannot charge for intermediate care, including reablement, in the first six weeks. This applies to everyone, whether or not they have eligible needs for ongoing care, and whatever their savings.

The statutory guidance adds two important points:

- neither intermediate care nor reablement should have a strict time limit; the length should depend on the person's needs and goals
- councils can charge after six weeks, but should consider keeping it free where it is clearly helping and reducing the risk of hospital admission

Aids, and minor adaptations costing up to £1,000, are also provided free by the council when you have been assessed as needing them.

Who can have it, and how to get it



You may be offered intermediate care:

- as part of your discharge from hospital

- after a fall, injury or illness at home
- when daily life is getting harder and the right support could help you stay independent

NICE says people should not be excluded because of a particular condition, such as dementia, or because of where they live, such as a care home. If you think it could help and it has not been offered, ask the ward, your GP or the council's adult social care team for an assessment.

Words you can use when you phone the GP surgery or the council's adult social care team:

> "My mother, who is 84, has become much less steady since a chest infection and is struggling to wash, dress and get in and out of her chair. We think a short period of reablement could help her get back to how she was. Please could she be assessed for reablement or other intermediate care?"

Have ready: the person's NHS number, GP details, a list of what they find hard now compared with before, any recent falls or hospital visits, and who lives with them.

What to expect in the first week

- **An assessment visit**, often from a therapist or reablement coordinator, to see what the person can do now and agree goals.
- **A plan** showing the goals, how often workers will visit (sometimes several times a day at first) and roughly how long the service should last.
- **Equipment**, such as a perching stool, raised toilet seat or grab rails, arranged where needed.
- **Visits that change over time**: more support at the start, with workers stepping back as skills return.
- **Regular reviews**, often weekly, to update the goals.

Ask for a copy of the plan and the name and number of the coordinator.

Setting goals that matter

Good reablement starts with an assessment of what you can do now, and a conversation about what matters to you. Goals should be yours, in your words. For example:

- “I want to make my own cup of tea and lunch.”
- “I want to wash and dress without help.”
- “I want to walk to the post box and back.”
- “I want to get upstairs to sleep in my own bed.”

A simple way to keep track, which you can copy onto paper and keep on the fridge:

Goal	What will help	Review date
Make a hot drink safely	Kettle tipper, perching stool, practice each morning	End of week 1
Shower without help	Shower seat, grab rail, worker standing by	End of week 3
Walk to the post box	Daily walks, a little further each time	End of week 5

The plan should be reviewed regularly and changed if things are not working. NICE encourages “positive risk taking”: balancing the benefits of doing something for yourself against the risks, rather than avoiding every risk and losing independence along the way.

How families can help reablement work

- **Hold back a little.** It is natural to want to do everything, but practising is how skills come back.
- **Share what normal looked like.** Tell the team what the person could do before, and what they enjoy.
- **Keep equipment in use.** A walking frame left in the hall does not help anyone.
- **Speak up early.** If the person is struggling, in pain or low in mood, tell the team so the plan can change.

- **Ask about the end date.** Find out when the service is due to finish, and what happens next.

What happens afterwards

Towards the end of reablement, the team should work with you and your family to agree next steps. Many people need no further help. Others need some ongoing support, and then:

- the council may carry out a care needs assessment and a financial assessment (see council funding for care)
- you can arrange care privately, for example a few visits a day or live-in care
- people whose needs are mainly health needs should be considered for NHS Continuing Healthcare
- you should be told how to refer yourself back if things change

Check whether benefits such as Attendance Allowance could help with the cost of any ongoing care.

When reablement may not be the right fit

Reablement is designed for people who are likely to regain skills. It may not suit someone who is very close to the end of life, or whose condition means they need consistent help with most things, day and night. In those situations, ongoing care, sometimes funded through the NHS Continuing Healthcare Fast Track, may be more appropriate. Reablement can also run alongside other care: for example, a live-in carer can support someone through the night and at weekends while the reablement team works on goals during the day.

What to do next

1. Ask whether reablement or another form of intermediate care has been considered.
2. Agree clear goals with the team, written in the person's own words.
3. Note the start date, the expected end date and the name of a contact.
4. Keep track of progress and raise concerns early.
5. Before the end, ask what support will follow, who will pay, and how to get help again.

How we can help

Since 2014 we have provided Discharge to Assess care, and for several years we ran Oxfordshire's Urgent Response service, so we understand how short-term recovery support fits together. If more help is needed when reablement ends, or alongside it, we provide home care visits, waking nights and sleep-ins across Oxfordshire, and live-in care anywhere in England from £1,550 a week. Our initial assessment is free. Call us on 01865 715780.

Common questions

Do I have to pay for reablement?

No, not for the first six weeks. The law in England says intermediate care, including reablement, arranged by the council must be free for up to six weeks, whatever your income or savings. Councils are allowed to charge after six weeks, but the statutory guidance asks them to consider keeping it free for longer where it is clearly helping, for example during rehabilitation after sight loss. If you are asked to pay during the first six weeks, ask the council to explain why.

Can I get reablement without going into hospital first?

Yes. Intermediate care is also meant for people living at home who are finding daily life harder because of illness or disability, or who are at risk of going into hospital. Ask your GP surgery or contact your council's adult social care team and ask for an assessment. If someone needs help urgently at home, the GP or NHS 111 can refer to the local urgent community response team, which aims to respond within two hours.

Can someone with dementia have reablement?

Yes. National guidance from NICE says people should not be excluded from intermediate care because they have a particular condition such as dementia, and that reablement should be considered for people living with dementia to help them keep and improve their independence. The approach may need adapting, with more time, familiar routines and simple, consistent prompts, but it can make a real difference.

What happens if I still need help when reablement ends?

Before reablement finishes, the team should agree the next steps with you. If you still need support, the council will carry out a care needs assessment and, if you have eligible needs, a financial assessment to work out what you would pay. You can also arrange private care, apply for benefits such as Attendance Allowance, or be screened for NHS Continuing Healthcare if your needs are mainly health needs.

Is reablement the same as home care?

No. Home care provides ongoing help with everyday tasks. Reablement is short term and aims to make itself unnecessary: workers encourage you to do as much as you can, so your skills and confidence come back. NICE recommends that reablement is offered first to people being considered for home care, where it could improve their independence. Some people have both, with reablement goals alongside a little ongoing care.

Sources and further information

- NICE NG74: Intermediate care including reablement
- NHS: Care to support recovery after leaving hospital, or after a fall, injury or illness
- GOV.UK: Care and support statutory guidance
- legislation.gov.uk: Care and Support (Charging and Assessment of Resources) Regulations 2014, regulation 3
- NHS England: Intermediate care framework for rehabilitation, reablement and recovery following hospital discharge
- NHS England: Urgent community response services

Read next

LEAVING HOSPITAL AND RECOVERY

Discharge to Assess (D2A) explained for families

What Discharge to Assess (D2A) means in England: the four pathways, which care is free and for how long, what happens when the D2A period ends, assessments for council funding and NHS Continuing Healthcare, and how to plan ahead.

Read the guide →

LEAVING HOSPITAL AND RECOVERY

Leaving hospital: what to expect and how to prepare

How hospital discharge works in England today: the discharge pathways, who the discharge team are, timing, transport, medicines and equipment, what families can do, and how to arrange private or live-in care quickly.

Read the guide →

LIVING SAFELY AND WELL AT HOME

Equipment and home adaptations: what is free and how to get it

How to get equipment and home adaptations for an older or disabled person in England: occupational therapy assessments, free council and NHS equipment, Disabled Facilities Grants of up to £30,000, VAT relief, beds, hoists and stairlifts, and how to buy safely.

Read the guide →

All guides in the information centre Check what help you could get

Talk to our care team: 01865 715780

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Information, not advice: please check anything important with the organisation named.