Report Supplementary Material # 11: WP3 Topic Guides

Topic guide for managers

Prior to the interview

- Establish how much time the manager has.

- Brief reminder about the study and purpose of this set of interviews.

- Confidentiality

Aim: The national survey of reablement services recently conducted by SPRU has identified three types of services that support people with dementia (PWD): dementia specialist services, generic services with a specialist pathway for PWD and generic services with no specialist pathway for PWD. The purpose of these interviews is to explore differences in the way these services have developed/adapted their practice in order to reable PWD and to find out about lessons learnt about meeting the reablement needs of PWD. The main focus will be on how reablement intervention is organised and delivered, different elements of the intervention, the costs associated with specialist provision, and views on the factors promoting and hindering the impact of reablement for PWD.

Switch on the recorder

1. **Context**

[Note: For this and the next section try and get the managers to focus on the learning/lessons that would be useful for other LAs setting up a reablement service/practice for PWD]

Background

- Job title
- Professional background/expertise
- How long they have been working in the reablement team - in general? – in the specific team supporting PWD?

Setting up the service

- [For specialist reablement services/practices] Find out:
    - When was the service/practice set up?
    - What were the drivers and objectives at the time of setting up the service?
    - Who took the lead in setting up the service?
    - Where does the funding for the service come from (health, social care, integrated budgets, etc)?
    - What is the commissioning arrangement? Did the service start as a pilot OR with mainstream funding from the outset?
    - What barriers and facilitators (if any) were there to setting up a specialised service/practice?
    - Is the original 'design' still in place or have there been any changes? If any changes, find out what they were and the reasons for that.

- [For generic reablement services with no specialist protocol] Find out:
    - How long has the reablement provision been offered to PWD?
    - Explore the reasons for not having developed a specialist practice for PWD.
- What barriers (if any) are there to reablement working for PWD?

2. **Understanding different reablement approaches**

- What types of intervention does the team offer to PWD? (e.g. Practical support, equipment, information/signposting, psychological/emotional/personal support, boosting confidence, administering medication, increasing social contacts, etc)?

- The way services/practices deliver reablement for PWD:
  - [For specialist services] How does the service deliver reablement? How does it differ from generic provision? (e.g. changes in duration of reablement and type of support provided)

  - [For specialist practices within generic services] How has the service adapted its' usual practice to accommodate the needs of PWD within the context of generic services? (e.g. changes in duration of reablement and type of support provided)

  - [For generic services with no specialist protocol] Does the service adapt its' usual practice for PWD? If yes, in what ways?

- What is the rationale for these approaches? Why is the service organised in this way? How are these decided?
- Explore views on the advantages and disadvantages of each approach to implementation vs alternative approaches?

3. **Eligibility/access to the service**

- What are the inclusion/exclusion criteria for the reablement service/practice for PWD (e.g. level of cognitive ability, any age criteria/cut-offs, all referrals/hospital referrals only)?

  - Who makes these decisions?

  - How are these decisions made (e.g. paper review of referral, face to face meeting with client, etc)

  - Which assessment tools (if any) are used?

     o   Are these criteria appropriate? Are there people who could benefit who are not currently included or people who are included who perhaps should not be? Explore.

4. Assessment, monitoring progress and discharges

- Who is involved in setting the goals for reablement? Are informal carers/relatives involved? How?

- Are there any on-going assessments (setting new goals) during the intervention?

- Is user's progress towards achieving the agreed goals monitored? How?

- What happens at the end of the reablement period? – if the service user needs on-going support? – if the service user is discharged altogether?

- What, if any, follow up support is provided?

5. Professional skills

- What skills/expertise (type of professional, grade, FTE?) is there within the reablement team (e.g. Dementia specialist skills, home care, OT, physios)?

- What opportunities for training do staff have (e.g. initial training for existing staff, training for newly recruited staff, on-going training and supervision for all staff)?

    o   How adequate is it?
    o   If not adequate, what problems arise?
    o   What improvements could be made?

- What systems are in place for accessing professionals/skills outside the service?

    o   What difference does their involvement make to the effectiveness of the service?
    o   How adequate are these arrangements?
    o   If not adequate, what problems arise?
    o   What improvements could be made?

6.   Cost of the service

[Note: If the person cannot answer questions on costs and budget for the service find out how might cost and budget data be accessed? Ask if it would be useful for them to have that information. Why?]

- Does the service keep any database/record of service users (e.g. how many are using the service, the number of contacts per user with the reablement team, the amount of time spent with each user – including face to face and indirect time on travel, calls/mails and administration). If not, find out how might this information be accessed?

- On average, how many PWD does the service provide reablement to in a month?

- Is there a waiting list for the service? If so,

    o   How many people are on the waiting list?
    o   How long do people tend to be on the waiting list for?

- [For specialist reablement services/practices] Does the specialist service/practice have a separate budget (i.e. a budget earmarked for specialist provision)? If yes,
    o   What is this budget per month/quarter/year?
    o   Are there any cost estimates that the manager could provide? E.g. the costs of providing the service per person?
    o   Have there been any changes to its budget in the last 12 months? What are the reasons for these budget changes? [e.g. changes in service user demand, changes in the costs of the service, financial cuts/austerity measures]

- Is providing the specialist service/practice more costly than a generic service? If yes, in which way?

- Is the service facing any financial constraints? Explore.

7. Manager's views on outcomes and barriers/facilitators to achieving goals for PWD

- Has the service they manage brought about the desired /intended objectives?

- Has it overcome the barriers they mentioned earlier (in section 1)? To what extent?

- What outcomes might be appropriate to assess the success of reablement services/practices for PWD? [Ask if they have done annual evaluations for the commissioner. If so, what data did they evaluate and what were their findings.]

- What specific organisational and user-centred factors impact on achievement of positive outcomes for PWD?

    - *Possible probes:*
    - Staff training/skills/attitude
    - Duration of reablement
    - Time spent with the client
    - Access to aids and adaptations
    - Eligibility criteria
    - Family circumstances (e.g. having informal support, living alone / informal support not in the same dwelling)
    - Liaison with other services
    - Service flexibility
    - Management issues
    - User motivation/ engagement with the reablement programme
    - Stage of dementia progression
    - Handover to conventional care providers on discharge

8. Finally

- Explore managers' views on:
    - The extent to which the NHS is supporting the development of specialised services?
    - What has been managers learning about meeting the reablement needs of PWD? Would they have done things differently with hindsight?
    - What could be done to improve the potential benefits of the reablement for PWD?

- Are there any plans in the near future to develop/change the service? If so, what? Why?

Anything else? Is there anything else they want to say about reablement for PWD?

Topic guide for practitioners

Prior to the interview

- Establish how much time the practitioner has.
- Brief reminder about the study and purpose of this set of interviews.
- Confidentiality

Aim: The national survey of reablement services recently conducted by SPRU has identified three types of services that support people with dementia (PWD): dementia specialist services, generic services with a specialist pathway for PWD and generic services with no specialist pathway for PWD. The purpose of these interviews is to find out how different services work in practice for PWD and to explore the practitioners' views on the factors perceived to promote or constrain the benefits of reablement for this group of service users, in the shorter and longer terms.

Switch on the recorder

1. **Background**
   - Job title
   - Training/expertise
   - Current caseload
     - How long they have been working in the reablement team? - in general? – in the specific team supporting PWD?

2. **Reablement in practice**
- What does their role cover? Ask practitioners to describe the range of activities they provide on a day to day basis.
- If their role covers all people receiving reablement support, ask what differences (if any) are there in terms of what support PWD receive? What are the advantages and disadvantages of this approach for PWD?
- Goal setting and monitoring progress

- o Who is involved in setting the goals for reablement? Are informal carers/relatives involved? How?
- o How is it decided what goals are set?
- o Are there any on-going assessments (setting new goals) during the intervention?
- o How is it decided when the goals have been reached?

- Are there any outcome measures used in routine practice for PWD? What?
  - o How adequate are they?
  - o If not adequate, what problems arise?
  - o What improvements could be made?
- What happens at the end of the reablement period? – if the service user needs on-going support? – if the service user is discharged altogether?

- What, if any, follow up support is provided?

- Are there any delays in securing appropriate support for PWD on completion of their reablement phase if it is required?
- What arrangements are in place if this happens? (e.g. does this extend their time with the service until appropriate support is in place?)
- What role (if any) informal carers/relatives play throughout the reablement process?

- Are there people who are offered the service who perhaps should not be? Are there people who could benefit from reablement support but who are not currently offered the service? How do you know that?

3. **Practitioners' views about reablement for PWD**
- What are the advantages and disadvantages (if any) of having a specialist protocol/guidance to implementation?
- Does reablement work equally/differently for different groups of PWD (e.g people at different stages of dementia progression, people who live alone/with others, younger/older people, hospital/community referrals)?
  - o Are there any groups of PWD who do not have the potential to be reabled? Explore.

- What outcomes might be appropriate to assess the success of reablement services/practices for PWD? For different groups of PWD?

(If time allows find out about some evidence of success/failure, e.g. changes in a client's levels of functional ability, independence, quality of life, risk of entering residential care, social life.)

- What factors might enhance/constrain the impact and duration of the benefits of the reablement service/practice for PWD in the shorter and longer-terms?
    - ➢ *Possible probes:*
    - o Staff training/skills/attitude
    - o Duration of reablement
    - o Time spent with the client
    - o Eligibility criteria
    - o Access to aids and adaptations
    - o Family circumstances (e.g. having informal support, living alone/informal support not in the same dwelling)
    - o Liaison with other services
    - o Service flexibility
    - o Management issues
    - o User motivation/engagement with the reablement programme
    - o Stage of dementia progression
    - o Handover to conventional care providers on discharge

4. Finally

- What has been practitioners' learning about meeting the reablement needs of PWD?
- What could be done to improve the potential benefits of the reablement for PWD?

5. Anything else

Is there anything else they want to say about reablement for PWD?