

## **Factsheet 76**

# Intermediate care and reablement

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### **About this factsheet**

This factsheet explains intermediate care, which also includes reablement. It describes its

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# 1 What is intermediate care?

Intermediate care (IC) is

Where a local authority provides intermediate care or reablement, it must be provided free for the first six weeks, or if the timescale agreed with you is less than six weeks, for that period. While a local authority has the power to charge if the provision of IC extends beyond six weeks, it also

It is predominantly delivered by health professionals and might involve nurses; physiotherapists who can provide tailor-made exercises to help you become stronger and move safely from place to place, as well as any aids to help mobility; and an occupational therapist who can help you find ways to continue to do daily living tasks more easily and safely.

**Bed-based intermediate care** – involves a temporary stay in a care home, community hospital, or standalone IC facility. You receive support similar to home-based IC to help reach your goals. The sooner bed-based IC starts, ideally within two days of referral, the better the chance of success.

**Crisis response** – offers a prompt assessment at home or on arrival at the emergency department. This is to decide if your needs can be safely managed by providing short-term care at home (typically less than 48 hours) or if more appropriate, by arranging a short stay in a care home.

If they can, you avoid an unnecessary hospital admission and your recovery and a fuller assessment can take place in a calmer, more familiar environment. Staff may decide you would benefit by moving on to another type of IC.

## Referrals

Who makes a referral depends on the reason IC is being considered. If to support your discharge from hospital, the discharge team will discuss whether this may be suitable for you. If you are outside of hospital in your own home or a care home, you may be referred by a member of the health or social care team, such as your GP, a paramedic, social worker or NHS 111.

You may also be able to self-refer to the service, contact your local adult social services team for further information.



The team of nurses, occupational therapists, and other specialist staff can promptly assess your needs, decide if they can be safely managed outside hospital, and then arrange appropriate services at short notice.

Support at home is usually up to 48 hours but may be offered for a longer period of time. If more appropriate, staff may propose a temporary stay in a care home.

During this time, health and social care staff can follow up and decide what further support you need, which may involve referring you for another type of IC.

### **3.3 If finding it difficult to live at home**

If you are at home and already receive home care, staff may propose reablement as part of a review or reassessment of your needs. It may be an option if you are struggling at home or after an illness not requiring a stay in hospital. It may mean receiving reablement alongside means-tested home care.

### **3.4 Facing a permanent move into residential care**

If you are on an acute hospital ward and a permanent move into residential care looks likely, you should be referred to the transfer of care hub or similar team.

If it is thought you are likely to benefit from IC, you should be discharged to a more appropriate location to receive it. A subsequent assessment of your long-term needs is likely to give a more realistic picture of your abilities, and whether a care home place is best for you.

It is not generally recommended that

judgement that a short period of intermediate care in a residential setting followed by another move is likely to be distressing.

### **Note**

If you have significant or complex needs, or staff are proposing a permanent place in a nursing home as the best option, they should consider your eligibility for NHS Continuing Healthcare (NHS CHC).

Ask if they have completed, or intend to complete, the NHS CHC Checklist tool. This indicates whether you should have a full assessment to de

## **3.5 People living with dementia**

If you are living with dementia, a prolonged stay in hospital can be traumatic, due to its noisy environment and separation from familiar people, places, and routines.

When considering if you could benefit from IC, staff should aim to involve professionals with experience of people living with dementia.

They can contribute to a risk assessment, clarify how dementia affects you, and judge how well you could cooperate and engage with the process. It is important to take into account whether you can understand, remember and follow instructions to improve your mobility or carry out daily living tasks, when considering if you would benefit.



## 4 Intermediate care and goal setting

### Developing personal goals, agreeing support and time frames

Once staff agree you are



## 6 Relevant legislation and guidance

The following

[www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance](http://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance)

## **Age UK**

Age UK provides advice and information for people in later life through our Age UK Advice line, publications and online. Call Age UK Advice to find out whether there is a local Age UK near you, and to order free copies of our information guides and factsheets.

### **Age UK Advice**

[www.ageuk.org.uk](http://www.ageuk.org.uk)

0800 169 65 65

Lines are open seven days a week from 8.00am to 7.00pm

### **In Wales contact**

**Age Cymru Advice**

# Our publications are available in large print and audio formats

## Next update May 2025

The evidence sources used to create this factsheet are available on request.

Contact *resources@ageuk.org.uk*

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