

Factsheet 76w ● March 2024

# Reablement, intermediate care and preventative services in Wales



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## 1 About this factsheet

This factsheet focuses on reablement and intermediate care services, though it also touches upon the wider agenda of ‘preventative services’, which are a key part of the Welsh Government’s strategy for the provision of social services under the *Social Services and Well-being (Wales) Act 2014* – see section 2 below.

Broadly speaking, reablement and intermediate care services are both likely to consist of a varied range of integrated health (NHS) **and/or** social care services (provided by the local authority) that can be offered on a short-term basis to prevent unnecessary hospital admission or a premature placement in long-term residential or nursing care.

**If offered, reablement and intermediate care services must be free of charge for periods up to and including six weeks.**

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**Note:** The information given in this factsheet is applicable in Wales. Different rules apply in England, Northern Ireland and Scotland. Contact Age UK, Age NI and Age Scotland respectively for further information.

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## 2 The Social Services and Well-being (Wales) Act 2014

This Act was fully implemented in April 2016 and is the main legislation that covers the social care system in Wales, including:

- the social care assessment process;
- related rules in regard to arranging and paying for care (be this care within your own home/non-residential services; residential care homes or nursing care homes);
- the guidance documents that local authorities must use when assessing needs; *and*
- the guidance documents that local authorities must use when means testing people who may need to pay towards their services.

Where relevant, further information on this Act in relation to reablement, intermediate care and preventative services will be included in various sections below.

## 3 What are reablement, intermediate care and preventative services?

### 3.1 Preventative services

Welsh Government guidance to accompany the *Social Services and Well-being (Wales) Act* advises that “when identifying levels of service necessary to meet need, local authorities must always have regard to the need to provide or arrange preventative services”.

The Welsh Government believes a focus on prevention and early intervention can help to make services sustainable into the future. Section 15 of the *Social Services and Well-being (Wales) Act* places statutory duties on local authorities to provide or arrange the provision of preventative services to delay the development of care and support needs (or keep needs at lower levels and stop them from escalating). Local authorities and local health boards should, when exercising their functions, bear in mind the importance of achieving this preventative agenda.

Preventative services should “achieve the following purposes”:

- contribute “towards preventing or delaying the development of people’s needs for care and support”;
- reduce “the needs for care and support of people who have such needs”;
- minimise “the effect on disabled people of their disabilities”; and
- contribute “towards preventing people from suffering abuse or neglect”<sup>1</sup>.

The guidance specifically states that “reablement can be a key element of preventative services”. Although not mentioned in this particular guidance, intermediate care can also be seen as a preventative service.

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<sup>1</sup> Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government.

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**Note:** The rest of this factsheet will focus on reablement and intermediate care only, as they share the common rule that they must be free of charge for up to six weeks.

Other types of services – that might meet the Welsh Government’s general definition of preventative services – may be charged for as per the processes outlined in Age Cymru’s other factsheets on social care topics.

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### 3.2 Reablement and intermediate care – background and definitions

Intermediate care and reablement services are built around ideas of helping older people to readjust to living at home following a hospital stay and/or prevent unnecessary hospital stays.

**There is quite often confusion as to what constitutes intermediate care and what constitutes reablement. Sometimes this results in the terms being used interchangeably.**

**In general, however, intermediate care can be said to be a health service (NHS) led service, whereas reablement is social care led (i.e. by the local authority social services department).**

Broadly speaking, it can be said that intermediate care services and reablement services must have the aim, through therapy or treatment, to support someone to recover or maintain their ability to live independently at home. Services without these characteristics would not be classified as intermediate care or reablement.

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**Note:** For example, in the case of personal care services provided in someone’s own home by social services, there may well be no expectation that the person will realistically reach a point when support is no longer needed and thus the support will be provided *indefinitely*; whereas, intermediate care or reablement services are provided on a **short term basis** because the person has been assessed as having the capability to regain some or all of their ability to carry out daily living tasks.

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## Intermediate care – further information

Intermediate care may feature a range of services providing time limited support to NHS patients (up to 6 weeks) which promote independence by avoiding unnecessary admission to either hospital, or long-term care (such as a care home or nursing home).

**The services might also facilitate timely discharge from hospital** (also see sections 4.2 and 7.4 below for more recent developments in this regard).

As such, services should seek to maximise people’s rehabilitation and recovery after illness, maximise independence and enable people to resume (and continue) living safely in their own home. Services will ideally be individually tailored as per people’s assessed needs and could involve active therapy, treatment and/or social care provision, involving a range of different professionals and agencies.

## Reablement – further information

Reablement services aim to encourage and support people to learn or re-learn skills necessary for daily living, following a period of illness or after a stay in hospital. Reablement support is about helping you to discover what you are capable of doing for yourself, and to give you confidence when moving around your home and with tasks such as washing, dressing and preparing meals.

**Reablement services are most frequently delivered in your own home**, though there is some overlap with recent NHS Wales guidance on ‘Step-down’ services (also see section 4.2 below).

Staff will discuss and assess your needs to find out what you can do and what is causing difficulty. A care plan will then be agreed, outlining the support you need to help you improve. The emphasis is on staff supporting you to attempt and complete tasks, rather than undertaking tasks on your behalf – helping you discover what you can do for yourself and giving you the confidence to try.

## 4 Relevant Welsh Government legislation and guidance

### 4.1 References to reablement and intermediate care in the codes of practice and statutory guidance to accompany the Social Services and Well-being (Wales) Act 2014

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**Note:** The codes of practice and statutory guidance for the *Social Services and Well-being (Wales) Act 2014* can be found on the Social Care Wales and Welsh Government websites at:

**[www.socialcare.wales/hub/codes-of-practice](http://www.socialcare.wales/hub/codes-of-practice)**

**[www.gov.wales/code-practice-charging-social-care-services](http://www.gov.wales/code-practice-charging-social-care-services)**

Statutory guidance and codes of practice that accompany particular legislation are backed by law and assist individuals and organisations to interpret the legislation correctly and work in accordance with it.

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As part of the *Social Services and Well-being (Wales) Act*, the Welsh Government has placed a lot of emphasis on the role of social care services in preventing “escalating need”<sup>2</sup>.

The Act makes very little direct mention of intermediate care, but reablement is featured fairly frequently (this may be because – as outlined in section 3 above – intermediate care is seen as an NHS led service, whereas reablement is a social care led service by the local authority social services department. As the act primarily concerns the operation of social services, this may account for the focus on reablement).

The act emphasises the importance and use of reablement services and reiterates that “effective reablement...should be delivered in partnership between the local authority and the NHS”<sup>3</sup>.

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<sup>2</sup> Social Services and Well-being (Wales) Act 2014: The Essentials, Welsh Government, 2015.

<sup>3</sup> Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government.

## 4.2 NHS Wales guidance – ‘Step-down to Recover (SD2R): National Minimum Service Guidance’

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**Note:** The SD2R guidance, published in September 2023, sits within the Welsh Government’s ‘Six Goals for Urgent and Emergency Care’.

It forms part of Goal 6 which concerns a ‘home first’ and ‘reduce the risk of readmission’ approach to hospital discharge processes and thus there is some overlap with reablement, intermediate care and preventative services.

Further information on ‘Six Goals for Urgent and Emergency Care’ as a whole, can be found near the beginning of Age Cymru’s Factsheet 37w *Hospital discharge arrangements for older people in Wales*.

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‘Step-down’ services are designed to allow people to leave hospital as soon as possible, whilst still providing support for recovery and rehabilitation.

The Step-down guidance advises that ‘step down’ is defined “as a facility for people who are ready to be discharged from hospital but are unable to return to their former home, require further rehab or reablement in a place other than their usual residence”. The recipient “may require time, support, care and therapeutic interventions to enable them to be rehabilitated and re-abled”.

A copy of the guidance can be accessed at:

[www.nhs.wales/sa/six-goals-for-urgent-emergency-care/goal-6/goal-6-resources/step-down-to-recover-sd2r-national-minimum-service-standards-18-sept-23-e-pdf](http://www.nhs.wales/sa/six-goals-for-urgent-emergency-care/goal-6/goal-6-resources/step-down-to-recover-sd2r-national-minimum-service-standards-18-sept-23-e-pdf)

## 5 Key points about reablement and intermediate care – ‘time limited’ care interventions that are free for six weeks

Some of the key points about intermediate care and reablement are:

- they are a time limited intervention, provided free of charge for any period up to and including six weeks;
- sometimes the period can be extended (see below). Alternatively, some episodes may last for less than six weeks;
- the support provided should depend on individual needs and the outcomes that it is hoped can be achieved;
- decisions on whether someone could benefit from intermediate care/reablement services will be the responsibility of the range of health and/or social care professionals responsible for your care at the time.

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**Note:** Examples of the types of circumstances where health and social care professionals working with you would be likely to consider arranging such services are outlined below (see section 6).

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## 5.1 Re-assessments for extending care beyond six weeks

In the case of both reablement and intermediate care services, extensions beyond six weeks will be subject to a full re-assessment.

Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales* has further general information on needs assessments.

## 5.2 Health and social care professionals who may be involved in setting up your reablement or intermediate care package

The wide range of health and social care professionals who might be involved in setting up your care package could include:

- doctors and consultants (potentially from a number of different departments or specialist areas);
- nurses (potentially from a number of different departments or specialist areas);
- psychiatrists;
- specialist community mental health professionals;

- physiotherapists;
- occupational therapists;
- speech therapists; *or*
- social workers.

Ultimately, who is involved is likely to be decided on a case-by-case basis and depend on the individual circumstances of the person with care needs.

### 5.3 Supporting information in the Social Services and Well-being (Wales) Act guidance

The fact that reablement and intermediate care are provided free of charge for up to 6 weeks was already an established policy for a number of years and pre-dated the implementation, in April 2016, of the *Social Services and Well-being (Wales) Act 2014*. However, the guidance accompanying this Act provides further confirmation about services being provided free of charge for up to six weeks. It advises that:

**in “charging for [the] provision of preventative services [a] local authority may not charge for the first six weeks of reablement services provided for the purpose of providing assistance to an individual to maintain or regain the ability to live independently”<sup>4</sup>.**

This point is further emphasised later on in the guidance, as well as the instruction that in certain circumstances a longer period should be considered:

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<sup>4</sup> Social Services and Well-being (Wales) Act 2014 – Part 2 Code of Practice (General Functions), January 2016, Welsh Government.

“A local authority must not charge for certain types of care and support which must be arranged free of charge”. This includes “care and support provided as reablement...for up to 6 weeks”. When providing reablement “local authorities should have regard as to whether to extend this period in individual cases where a person’s needs [are] such that their outcomes would benefit from a longer period of free reablement support, such as those who may require rehabilitation for a longer period”<sup>5</sup>.

## 6 Who can benefit from reablement or intermediate care services – reasons why such services may be arranged

Health and/or social care services that meet the definition of intermediate care or reablement may be provided in the following scenarios:

- in order to prevent unnecessary ‘acute hospital admissions’ (an ‘acute hospital admission’ is a hospital stay as a result of an unexpected event – i.e. often it will be via an initial visit to an Accident & Emergency (A&E) department, where it is identified that treatment on a medical or surgical ward is required);
- in instances where an acute hospital admission **is** necessary and appropriate, the services can subsequently facilitate timely hospital discharge following this and prevent prolonged stays that are unneeded (these can be damaging to people’s long-term health and chances of recovery);
- in order to prevent someone having to enter long-term residential care, where this move may be premature and sufficient recovery to remain living at home may be possible (in these scenarios people can be assisted to explore the option of remaining at home, prior to a long-term decision being taken in regard to the appropriateness of residential care); *or*

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<sup>5</sup> Social Services and Well-being (Wales) Act 2014 – Part 4 and 5 Code of Practice (Charging and Financial Assessment) (version 7 – April 2023), Welsh Government.  
This code may be updated again in April 2024 to reflect updates to certain figures used in means testing for care home accommodation (this information will be included in updated versions of our factsheets related to finding and/or paying for care homes, available on the Age Cymru website) – it’s unlikely there will be any changes relevant to the content of this particular factsheet.

- in general, to maximise people's health, help in a speedier recovery from illness, provide rehabilitation and/or re-build their self-confidence to live independently at home. The services might also come into play where someone has been experiencing frequent falls, someone's carer is under a lot of stress and/or where current care arrangements have become unstable.

**Some of these points are explored in further detail in sections 6.1 to 6.5 below.**

## 6.1 An alternative to hospital admission

If you become ill at home or have a fall that causes only a minor injury, you may be able to avoid being taken to an Accident & Emergency (A&E) department and/or being admitted to hospital unnecessarily, if appropriate 'crisis response' services can be put in place at short notice to care for you at home (a crisis response service may consist of a combination of healthcare and social/personal care support).

This avoids the stress of a busy A&E department and/or hospital environment. It also means once you recover, your longer-term needs can be reviewed in familiar surroundings. It is important for staff you could encounter in an emergency to be aware of the basic eligibility criteria for intermediate care and/or reablement services that are available in the area, so that prompt decisions or referrals can be made.

As an example, the following staff may note your suitability for such services and start the arrangements:

- your GP or an out-of-hours doctor;
- district nurse;
- social care staff;
- ambulance service paramedics; *or*
- A&E department or hospital medical assessment unit staff.

At the end of any short-term care such as this, your needs should be reassessed to identify any ongoing care and support you may need – also see section 8 below for further information.

## 6.2 Supporting a timely discharge from hospital and/or preventing delayed discharges

Once you no longer need care in a hospital setting, you may benefit from intermediate care or reablement services to support your ongoing, or further, recovery.

This can assist to maximise your independence and prevent prolonged stays in hospital that can be detrimental to people's health. The services may be in your own home (particularly if it is a reablement package), or where necessary in a community hospital or similar establishment.

Depending on your assessed needs, this could involve:

- nursing support;
- specialist assistance from an occupational therapist or physiotherapist; *or*
- practical or personal care support.

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**Note:** Also see Age Cymru's Factsheet 37w *Hospital discharge arrangements for older people in Wales* for further information.

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## 6.3 Rehabilitation following a serious illness, injury or operation

Rehabilitation services can help if someone has had a serious illness, injury or operation and are likely to need support to get back on their feet. For example, someone may:

- have lost confidence to shower or bathe without help;
- experience difficulty standing for long enough to prepare a simple meal; *or*
- be fearful of falling, making it difficult to go shopping or to meet friends.

The services aim to promote your recovery and maximise your independence if, for example, you have had a heart attack or stroke, or an acute attack of a chronic illness such as Parkinson's or multiple sclerosis. Services often begin while you are in hospital and may continue for a number of weeks (or possibly months) once you leave.

You may receive support from a range of health professionals on an individual basis or in a group setting. Staff involved include physiotherapists, occupational therapists or speech therapists (who can help with both speech and swallowing difficulties).

Intensive short-term support can enable some people to get back to how they were before, without needing longer term services, although successful reablement will not necessarily always mean going back to doing things exactly the same way. For example, reablement services can also be successful if they allow the person to find *new* ways of doing things that still allow them to maintain a good level of independence, improve their quality of life **and** minimise the chances of them being admitted to hospital.

Reablement services may also be beneficial to people who have gradually deteriorated over a period of time, perhaps as a result of becoming socially isolated.

#### 6.4 **When facing permanent admission to a residential or nursing care home**

Generally, people should not be discharged directly from an acute episode of hospital care to a permanent placement in a care home. Following active treatment, social care and/or healthcare staff should assist the person to recover and rehabilitate as far as possible, prior to any decision about a care home being made.

Also see Age Cymru's Factsheet 37w *Hospital discharge arrangements for older people in Wales* for further information.

As indicated above in this factsheet, *the Social Services and Well-being (Wales) Act 2014* places a high priority on preventative services, including preventative intervention to help avoid unnecessary and/or inappropriate admission to a care home.

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**Note:** The impact and severity of someone’s condition can sometimes mean a direct move from a hospital ward to long-term residential care may be required, however.

For example, this might be after specialist rehabilitation has already been completed (such as is offered in a stroke unit); sufficient previous attempts to support the person at home have been tried (with or without an intermediate care package), or a judgement has been reached that a short period of intermediate care in a residential setting followed by a move to a different care home is likely to be distressing.

**However, in these instances, it may well be appropriate for eligibility for NHS continuing healthcare (NHS CHC) to be considered prior to moving on to examining ongoing services that the local authority social services department might provide for someone.**

More information on NHS CHC can be found in Age Cymru’s Factsheet 20w *NHS continuing healthcare and NHS-funded nursing care in Wales*.

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## 6.5 Older people with dementia or other mental health needs

A stay in hospital, or prolonged stay in an A&E department, can be traumatic if you have dementia. It means separation from familiar people, places and routines. If, for example, suitable intermediate care support is available, it may mean that you avoid hospital admission in the first place, or a timely discharge from hospital can be achieved.

Such a service could be an appropriate option for older people with other mental health needs, if there is a goal that could be addressed within a limited period of weeks as part of their recovery from an episode of mental or physical ill health.

## 7 What types of service may be available?

The range of services that form part of an intermediate care or reablement package can vary across the country. Where possible the preference is for core services to be provided in your own home. However, depending on the circumstances, services might also be provided in a day centre, a day hospital, community hospital, or other residential setting. Services that might be available are outlined in sections 7.1 to 7.4 below.

## 7.1 Rapid response teams

Rapid response teams may also be referred to as 'community resource teams' or 'crisis response teams'.

They offer a rapid assessment of your needs when contacted by a GP or district nurse; an ambulance crew attending you, or by staff in the accident and emergency (A&E) department.

Rapid response teams may be community and/or A&E based. They can initiate quick access to nursing support, disability equipment, help with personal care at home or, when necessary, in a care home. Their main aim is to prevent unnecessary hospital admission.

Local GP practices, out-of-hours services, the ambulance service or the hospital A&E department should be aware of when and how to access their local teams.

Rapid response teams may be able to initiate a supported discharge from hospital. This is a short-term programme to allow rehabilitation and recovery at home. It might include similar elements to those outlined above – nursing care and/or sessions with other health professionals and/or personal care or supply of equipment or small-scale adaptations.

## 7.2 Residential rehabilitation

This involves a short-term period of care in a community hospital or residential care home. It could be suitable where people need rehabilitation services to enable them to regain sufficient physical functioning and confidence to return safely to their own home, but they've improved to the extent that they no longer need 24-hour access to consultant-led medical care.

## 7.3 Day rehabilitation

In addition to services that allow you to live at home, you may attend a day hospital or day centre where physiotherapy or other rehabilitation services are available.

## 7.4 ‘Step Down to Recover’ bedded facilities

NHS Wales guidance advises that Step Down to Recover services are aimed primarily at people aged 60+ and may be applicable in the following circumstances (this is not an exhaustive list, however):

- Where people are ready to be discharged from hospital – and “no longer meet the criteria for an acute hospital bed” – “but are unable to return to their former home [and] require further rehab or reablement in a place other than their usual residence” to reach the best level of independence possible.
- Where “care and support required at home is not currently available” and it would be unsafe for the person to return to their own home “pending a start date for community packages of care” (i.e. where there’d be a gap in-between where there would be a danger that no help would be provided).
- Potentially where individuals have a cognitive impairment or dementia (consideration will need to be based on individual needs and circumstances, where more specialist intervention “such as Dementia/Memory Rehab” may also need to be put in place).
- Where someone is awaiting assistive equipment and/or minor adaptations to their home and will benefit from a ‘discharge to recover’ “community bedded facility” in the meantime.
- Where individuals “are homeless”; “have no right of recourse to public funds” and/or “no place to safely discharge to” (though this “should not hinder the process to resolve their ongoing housing needs”).

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**Note:** As with the other services discussed in this factsheet, step down to recover assistance should “be time limited, with the expectation to...move people to the desired pathway home as soon as possible”. Services “can be extended subject to continued review and a defined end date for people to return to their own home”<sup>6</sup>.

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<sup>6</sup> ‘Step-down to Recover (SD2R): National Minimum Service Guidance’, NHS Wales.

## 8 The relationship between reablement & intermediate care and other care or support services

Reablement or intermediate care should be seen as an element of **your overall care, or a stage within it – i.e. they shouldn't be viewed as an isolated service**. For example, they may act as a stage in identifying the long term support you are likely to need after an accident or illness (whether or not this involved a stay in hospital).

Intermediate care and reablement services may have links to a range of other local authority or NHS services, such as:

- falls prevention;
- telecare;
- footcare services;
- disability equipment and/or adaptations;
- sensory impairment services; *or*
- continence services.

### 8.1 When reablement or intermediate care services come to an end?

At the end of an agreed period of reablement or intermediate care your ability to manage daily living tasks will be reviewed again, via a **care needs assessment**.

If this assessment identifies the need for longer term support, appropriate steps can be taken to meet those needs, be it through NHS provision, or local authority assistance such as domiciliary care (i.e. care in your own home), provision of aids and adaptations, or a place in a care home. Potentially, NHS services might also be provided in conjunction with local authority social services assistance.

**For further information on care needs assessments and the types of services that might be offered as a result of this, see Age Cymru's Factsheet 41w *Social care assessments for older people with care needs in Wales*.**

One of the Code of Practice documents to accompany the *Social Services and Well-being (Wales) Act 2014* gives the following example:

A review of needs “towards the end of [their reablement] programme concludes that Mr Jones has recovered some measure of independence with support from the...programme but needs continuing care and support to help him with his personal care. [He] meets the eligibility criteria and managed care and support services are delivered [by social services] through a care and support plan. Community based services will continue where they are helping Mr Jones towards his personal outcomes and meeting his needs”<sup>7</sup>.

## 9 Accessing reablement or intermediate care services

If you, or a relative, are in a situation where reablement or intermediate care seem like they may be applicable (as outlined in sections 3 to 7 above), but staff caring for you have not mentioned it, you could try raising the issue with them. Depending on individual circumstances, this could be:

- paramedics who attend to you at home;
- the team responsible for your hospital discharge;
- your GP or other out-of-hours doctor; *or*
- the adult social services team in your local authority.

The above professionals should be able to initiate the process of setting up appropriate intermediate care or reablement services, or know the procedure for referring you to an appropriate team who can.

On the other hand, if they feel that such services are not the most appropriate for your particular needs, they should explain their reasoning to you for reaching this conclusion.

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<sup>7</sup> Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government.

If you disagree, you could ask them to reconsider and potentially make a complaint if you think you are being denied important services that could aid your recovery – for further information on making a complaint to social services or the NHS, see the following Age Cymru factsheets:

- Factsheet 59w *How to resolve problems and make a complaint about social care in Wales*; or
- Factsheet 66w *Resolving problems and making a complaint about NHS care in Wales*.

If it is thought that you may be eligible for intermediate care or reablement, your needs will be assessed. If it is decided that you are eligible, the goals it is hoped you might achieve within a specific time should be discussed and agreed with you (and also, where appropriate, with your carers).

These goals should be recorded in a **care plan** that identifies the active therapy or treatment and support you will receive to help you realise your potential for further recovery.

A named person should be appointed to ensure that your care plan is implemented. They should also ensure your progress is monitored and reviewed at regular, agreed, intervals.

Your needs should be reassessed in detail at the end of the agreed period of intermediate care or reablement package. This will allow staff to identify any ongoing need for care and support from the local authority social services department and/or the NHS – see section 8.1 above.

## 9.1 Case study

The Welsh Government has produced some ‘case scenarios’, contained in their Code of Practice documents, to illustrate the approach that should be taken by local authorities when determining whether someone’s needs mean that they are eligible for assistance. One of these scenarios features reablement:

“Mr Jones is in hospital and his suitability for [a] reablement service has been identified by hospital staff. Through a proportionate assessment, a reablement team identifies needs and agrees outcomes with Mr Jones and [his carer] Mrs Jones”. In conjunction with the staff, Mr Jones identifies the following personal outcomes that are important to him:

- “I want to be able to wash and dress myself independently [and] be able to have a bath but need help to get in and out”.
- “I want to feel confident enough to be able to walk to the local shops [and] I want to take up some of my social activities [that] I have drifted from over the last few years”.

At the review following the provision of the services, “there is agreement that reablement has been a success and outcomes have been achieved. No further assistance is required. Mr and Mrs Jones are given information of how to get [further] help should they require it in the future. Mr Jones has received services that restore his level of functioning”<sup>8</sup>.

Alternatively, other on-going services may be required via different service provision methods if the person continues to have needs (see section 8.1).

## 10 Useful organisations

### Age Cymru Advice

Free and confidential information and advice on matters affecting the over 50s in Wales.

**Tel: 0300 303 44 98**

**E-mail: [advice@agecymru.org.uk](mailto:advice@agecymru.org.uk)**

**Website: [www.agecymru.org.uk/advice](http://www.agecymru.org.uk/advice)**

### Age Cymru organisations (local)

Your local Age Cymru may be able to provide advice and support on a range of issues. **Age Cymru Advice** can provide details of your local Age Cymru (see above), or visit the Age Cymru website at:

[www.agecymru.org.uk/local](http://www.agecymru.org.uk/local)

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<sup>8</sup> Ibid

## Care & Repair Cymru

Care & Repair Cymru work to ensure all older people have homes that are safe, secure and appropriate to their needs. There is a network of local Care & Repair agencies across Wales.

Tel: 02920 107580

E-mail: [enquiries@careandrepair.org.uk](mailto:enquiries@careandrepair.org.uk)

Website: <https://careandrepair.org.uk>

## Care Inspectorate Wales (CIW)

CIW inspects and regulates care and social services in Wales.

Tel: 0300 7900 126

E-mail: [ciw@gov.wales](mailto:ciw@gov.wales)

Website: [www.careinspectorate.wales](http://www.careinspectorate.wales)

## Healthcare Inspectorate Wales (HIW)

The HIW is the independent inspector and regulator of NHS healthcare and independent healthcare organisations in Wales.

Tel: 0300 062 8163

E-mail: [hiw@gov.wales](mailto:hiw@gov.wales)

Website: [www.hiw.org.uk](http://www.hiw.org.uk)

## Llais

A body that represents the voices and opinions of people in Wales in regard to health and social care services.

Tel: 029 20 235558

E-mail: [enquiries@llaiscymru.org](mailto:enquiries@llaiscymru.org)

Website: [www.llaiswales.org](http://www.llaiswales.org)

Contact details for your local Llais team: [www.llaiswales.org/in-your-area](http://www.llaiswales.org/in-your-area)

## NHS 111 Wales

NHS 111 Wales can provide contact details for local services and telephone or web advice on health issues and common illnesses.

Tel: 111

Website: [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk)

## Older People's Commissioner for Wales

Independent champion for older people across Wales.

Tel: 03442 640 670

E-mail: [ask@olderpeople.wales](mailto:ask@olderpeople.wales)

Website: [www.olderpeople.wales](http://www.olderpeople.wales)

## Public Services Ombudsman for Wales

The Ombudsman looks to see whether people have been treated unfairly or have received a bad service from a public body, such as a local authority or the NHS.

Tel: 0300 790 0203

E-mail: [ask@ombudsman.wales](mailto:ask@ombudsman.wales)

Website: [www.ombudsman.wales](http://www.ombudsman.wales)

## Social Care Wales

Social Care Wales is responsible for regulating and developing the social care workforce in Wales.

Tel: 0300 303 3444

E-mail: [info@socialcare.wales](mailto:info@socialcare.wales)

Website: [www.socialcare.wales](http://www.socialcare.wales)

## Welsh Government

The devolved government for Wales.

Tel: 0300 060 4400

E-mail: [customerhelp@gov.wales](mailto:customerhelp@gov.wales)

Website: [www.gov.wales](http://www.gov.wales)

# 11 Further information about Age Cymru

## 11.1 Who we are

**Age Cymru is the national charity for older people in Wales. We work to develop and deliver positive change with and for older people.**

Together with our local partners:

- we provide information and advice;
- we deliver wellbeing programmes;
- we provide independent advocacy;
- we support carers;
- we campaign and research.

## **Age Cymru**

Mariners House  
Trident Court  
East Moors Road  
Cardiff  
CF24 5TD

029 2043 1555

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

Registered Charity 1128436

## 11.2 **How we can help**

### **Age Cymru Advice: our information and advice service for matters affecting people over 50 in Wales**

Age Cymru Advice is committed to being the foremost information and advice service to older people in Wales. We aim to provide effective, accessible, high-quality information and advice while offering a free, impartial and confidential service. Age Cymru Advice can assist older people themselves, their family, friends, carers, or professionals. All of our guides and factsheets are available to download from our website, or you can contact our advice line to have copies posted to you for free.

### **Local support**

Age Cymru Advice also acts as a gateway to our local services. Face to face support via local offices and home visits may be available to people requiring additional or more specialised support.

## Getting in touch

If you want to talk to one of our expert advisers, in Welsh or English, call us on **0300 303 44 98**. Our advice line is open between 9am and 4pm, Monday – Friday.

(Calls are charged at the same rate as a call to a standard 01 or 02 number. They will also be automatically included in any landline or mobile inclusive minutes package).

You can also:

- email us at [advice@agecymru.org.uk](mailto:advice@agecymru.org.uk); *or*
- visit our website at [www.agecymru.org.uk/advice](http://www.agecymru.org.uk/advice)



Gwasanaeth Cwbl Achrededig sy'n cynnwys  
adolygu gan gymheiriad  
Fully Accredited Service with peer review



darparu gwybodaeth a chyngor o safon i bobl Cymru  
a hynny mewn modd sy'n gyson  
providing a consistent approach to quality information  
and advice for the people of Wales





[www.facebook.com/agecymru](https://www.facebook.com/agecymru)



[www.twitter.com/agecymru](https://www.twitter.com/agecymru)



[www.youtube.com/agecymru](https://www.youtube.com/agecymru)

### Sign up to our newsletter

Our quarterly newsletter contains details of our campaigns, services and how you can support our work. Sign up today by visiting:

[www.agecymru.org.uk/agematters](http://www.agecymru.org.uk/agematters)

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### Disclaimer and copyright information

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## 11.3 How you can help

All the information and advice we provide is free and completely impartial. In many cases our timely intervention can be life changing. We are an ageing population and more people than ever are coming to us for support. You can help us be there for those that need us most.

### Make a donation

No matter how small or large, donations make a massive difference and help us continue our important work.

Call: **029 2043 1555**

Visit: **[www.agecymru.org.uk/donate](http://www.agecymru.org.uk/donate)**

Every donation we receive helps us be there for someone when they need us.

- £10 helps towards a fully trained expert advice worker to respond to queries from people who need the support of our information and advice service.
- £20 helps towards the cost of us producing free information guides and factsheets that provide useful advice on issues affecting people over 50.

### **Fundraise**

Whether it is having a bake sale, running a marathon or knitting small hats for the Big Knit, there are so many ways to raise vital funds to support our work.

Call: **029 2043 1555**

Visit: **[www.agecymru.org.uk/getinvolved](http://www.agecymru.org.uk/getinvolved)**

### **Volunteer with us**

All volunteer roles at Age Cymru support us to improve lives. However you'd like to get involved, we'd love to hear from you.

Call: **029 2043 1555**

Visit: **[www.agecymru.org.uk/volunteer](http://www.agecymru.org.uk/volunteer)**

### **Leave us a gift in your will**

With a gift to Age Cymru in your will, you can do so much to make sure older people have the support they deserve in the years to come. Leave a world less lonely.

Call: **029 2043 1555**

Visit: **[www.agecymru.org.uk/legacy](http://www.agecymru.org.uk/legacy)**

