

What is the effectiveness and cost-effectiveness of at-home time-limited reablement service for improving an individual's independence and health outcomes and reducing the need for long term care: a rapid review

EXECUTIVE SUMMARY

What is a Rapid Review?

Our rapid reviews use a variation of the systematic review approach, abbreviating or omitting some components to generate evidence to inform stakeholders promptly whilst maintaining attention to bias.

Who is this Rapid Review for?

The review question was suggested by Health, Social Care and Early Years, Welsh Government.

Background / Aim of Rapid Review

Reablement is defined by NICE (2017) as a community-based intervention that aims to increase a service user's independence by helping them recover lost skills and confidence. Local authorities and health services in Wales are tasked with reablement, to help individuals who are at risk of frailty maintain and improve independence. However, social care resource constraints, mean that the balance of funds and workforce may be focussed on acute health care and long-term care in the community. The review aimed to identify evidence on the effectiveness and cost-effectiveness of at-home time-limited reablement services for improving an individual's independence and health outcomes and reducing the need for long term care.

Results of the Rapid Review

The evidence base: The review included evidence available up until December 2024.

Eighteen studies were included: 16 reported on clinical effectiveness (11 were controlled trials, 4 uncontrolled before and after studies, and one controlled cohort study); and three on cost-effectiveness (one study reported on both). Ten studies evaluated a step-up reablement model, two studies focused on the step-down reablement, four studies evaluated a reablement both step-up and step-down reablement, whilst the focus was unclear for the remaining two studies. Step-up reablement is defined as early / preventative intervention when an aspect of functioning deteriorates, following injury (e.g. fall) or a period of ill health and mitigating risk of hospital admission. Step-down reablement is the intervention received immediately following discharge with a view to regaining function.

Twelve studies evaluated a reablement model led by a multi-professional team, which included allied health professionals (AHPs).¹ Five studies evaluated an AHP-led reablement model. One study evaluated a reablement model led by a nurse case manager coordinator. The reablement intervention was delivered by a range of people including: an occupational therapist (n=1 study); a member of the multiprofessional team or multi-professional workforce (n=10); a multi-professional team consisting of a range of different AHPs only (n=1); or non-health professional such as care manager, homecare personnel, health care assistant, home care aid, or carer (n=6).

Key clinical-effectiveness findings:

Person-related outcomes: A significant amount of evidence on the effectiveness of reablement interventions on person-related outcomes was identified. Reablement interventions were **effective in improving people's mobility and their ability to undertake activities of daily living (ADL), increasing quality of life, and reducing falls**. Reablement interventions may be effective in improving individuals coping, in terms of sense of coherence (how individuals perceive life as comprehensible, manageable & meaningful). Reablement was not found to be effective for improving grip strength or increasing clients' social support.

Service-level outcomes: A significant amount of evidence on the effectiveness of reablement interventions on service-level outcomes was identified. Reablement was **effective in reducing** the need for **long term home care services** and **residential care admissions**. Reablement was also effective in reducing the number of **outpatient treatments** compared with usual domiciliary care.

There were contradictory findings on reablement's effectiveness in reducing hospital admissions, community care service use, and social care service use. There were inconsistent findings on reablement's effectiveness in reducing emergency department visits.

Type of reablement model: One study conducted in England found that a **reablement model that was led and delivered by occupational therapists resulted in greater improvements in activities of daily living, quality of life, and falls, compared to reablement led and delivered by social care workers**. Although the sample size was small and findings were not statistically significant, the Occupational Therapy-led model showed promising trends. In terms of community and social care resource use, participants in the Occupational Therapy-led reablement group were less likely to use health services, including GP visits and community support such as meals at home, suggesting potential efficiency benefits compared to the social care worker-led model.

Key cost-effectiveness findings:

Three economic evaluations found **reablement services to be cost-effective**, although there were some methodological flaws in the studies, that limited the certainty of findings.

Research Implications and Evidence Gaps

- There is a need for more studies from a UK perspective - only three UK-based studies were identified, with the rest reflecting an international body of evidence. While the international research is useful when it aligns with how reablement services are delivered in the UK, it is essential to consider the unique context of Wales where reablement services are often hosted within or delivered by local authorities. Noting there is currently significant challenge reported by occupational therapists in local authority in undertaking research activity.
- The economic evaluations had methodological flaws that limited the certainty of review findings, evidencing a need for future economic evaluations on the topic.

Policy and Practice Implications

- There is international evidence that reablement led by a multi-professional team that includes allied health professionals (AHPs)¹, such as occupational therapists, is effective in improving mobility including activities of daily living, quality of life and falls outcomes.
- There is also evidence that demonstrated that reablement led by AHPs can reduce the need for long term care in terms of the use of domiciliary care services and admissions to residential care.
- While not all reablement services currently utilise AHPs, the evidence from this review makes a strong case for their inclusion in Wales. AHP-led reablement has been shown to improve person-centred outcomes and reduce the need for long-term care, supporting the case for targeted investment in AHP roles within reablement services.
- Three economic evaluations identified reablement as a cost-effective alternative to domiciliary care services.
- Given UK's ageing population, the evidence from the Science Evidence Advice (SEA) 2023 report of the future prevalence and impact of frailty, and the high costs associated with ongoing care needs for people at risk of frailty, our findings make the case for investing in time-limited reablement interventions in Wales.

Economic considerations

- Reablement programmes may provide cost savings to commissioners and the health and social care systems through prevention of or reduced length of hospital admission, reductions in hospital readmission and preventing or reducing domiciliary and residential care demand.
- Frailty has a sizeable impact on healthcare resource use in the UK. Total additional costs of frailty-related healthcare resource use are £8 billion per year when adjusted to 2025 prices.

¹ **Allied Health Professions:** include art therapists, drama therapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, speech and language therapists, psychologists.

