

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

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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 Services and Integration, Welsh Government.

Background / Aim of Rapid Review

Local authorities and health services in Wales are tasked with reablement, aimed at helping individuals who are at risk of frailty maintain and improve independence. However, social care resource constraints, mean that the balance of funds often shift toward long-term care and away from community care, reducing resources for reablement services. 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: This review included evidence available up until December 2024. Eighteen studies were included: 15 primary studies of clinical effectiveness; two economic evaluations; and one study of both clinical and cost-effectiveness.

Key findings and certainty of evidence for main person-related outcomes: The review identified a significant amount of evidence on the effectiveness of reablement interventions on person-related outcomes. Reablement interventions were effective in improving outcomes associated with independent living (reducing reliance on care), and were effective in improving quality of life outcomes. Reablement interventions may be effective in improving falls outcomes, in reducing the risk of mortality, and improving clients' coping, in terms of sense of coherence. No evidence was identified to suggest that reablement was effective for improving grip strength or increasing clients' social support.

- Strong international evidence from 13 studies indicates that reablement was effective in improving people's ability to undertake **mobility and activities of daily living (ADL)**. Eleven of the studies reported improvements in mobility and ADLs, of which, eight studies found statistically significant improvements. Two of the studies reported no difference in outcomes.
- Strong international evidence from eight studies indicates that reablement was effective for increasing **quality of life (QoL)**. Six of the studies reported statistically significant Improvements in QoL outcomes. Two studies found no difference in QoL following a reablement intervention.
- Weak evidence from three studies from Australia and the UK suggest that reablement may improve outcomes to prevent **falls**. All three studies reported improvements in outcomes, with two studies reporting statistically significant findings.
- Weak evidence from a New Zealand study reported that **mortality** was lower in the reablement intervention group compared with usual care, but the results were not statistically significant.

Key findings and certainty of evidence for main service-level outcomes: This review identified a significant amount of evidence on the effectiveness of reablement interventions on service-level outcomes. Reablement reduced the need for long term home care services and was effective in reducing residential care admissions. 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. One study found that reablement was effective in reducing the number of outpatient treatments compared with usual care.

- Moderate international evidence from eight studies reported consistent findings demonstrating the effectiveness of reablement to reduce the use of ongoing **home care services**, with three studies reporting statistically significant findings.
- Weak international evidence from three studies from Australia (n=2) and New Zealand (n=1) suggest that reablement was effective in reducing **residential care admissions**, but none of the studies reported statistically significant findings.
- Weak international evidence from eight studies reported contradictory evidence on the effectiveness of reablement to reduce **hospital admissions**.
- Weak international evidence from three studies reported inconsistent findings on the effectiveness of reablement to reduce **emergency department visits**, with two studies reporting favourable outcomes for the reablement group (one demonstrating statistically significant findings), and one study reporting no difference between groups.

Key cost-effectiveness findings: The 3 economic evaluations identified found reablement services were cost-effective when compared to standard at-home care, although there were some methodological flaws that limited the certainty of findings.

- Two economic evaluations (UK and Norway) found that at-home reablement services were cost-effective when compared to standard at-home care.
- The third economic evaluation, a cost-minimisation analysis conducted in the UK, reported that reablement was cost-effective compared to usual home care when the clinical effectiveness is assumed to be equal between the intervention and usual home care groups, due to lower health and social care resource use costs in the reablement intervention group.

Research Implications and Evidence Gaps

- There is a need for more studies from a UK perspective. This review identified only three UK-based studies, with the rest reflecting an international body of evidence. (The international research is useful when it aligns with how reablement services are delivered in the UK).
- The 3 identified economic evaluations had some 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 is effective in improving mobility including activities of daily living, quality of life and falls outcomes. There is also evidence that demonstrated that reablement can reduce the need for long term care in terms of the use of home care services and admissions to residential care.
- From a UK and Norwegian context, 3 economic evaluations reported that reablement is a cost-effective alternative to usual home care services.
- Given the increase in the average age population and 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.

The certainty of evidence has been assessed using the Critical Appraisal Toolkit (CAT) created by Public Health Agency of Canada (https://publications.gc.ca/collections/collection_2014/aspc-phac/HP40-119-2014-eng.pdf)