

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 | June 2025

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Background

Frailty is becoming more prevalent with our ageing population and can put individuals at risk of adverse health outcomes.

This 'rapid review' aimed to identify evidence on the **effectiveness of reablement services for improving an individual's health outcomes and reducing the need for long term care.**

What are reablement services?

Assessments and interventions provided to people in their home (or care home) aiming to help them **recover skills and confidence to maximise independence.**



Study Evidence Base

This review included studies up to Dec 2024. 18 relevant studies were identified, including:

15

primary studies of clinical effectiveness

3

economic evaluations

Key Findings | Person-related Outcomes

A **significant amount of evidence** on the effectiveness of reablement interventions on person-related outcomes was identified, showing effectiveness in:



Improving
people's mobility



Improving people's ability to undertake
and activities of daily living (ADL)



Increasing
quality of life



Reducing falls

Key Findings | Service-level Outcomes

A **significant amount of evidence** on the effectiveness of reablement interventions on service-level outcomes was identified, finding that reablement:



Reduced the need for long term home care services

Was effective in reducing residential care admissions

Key Findings | Cost-effectiveness

Three economic evaluations found reablement to be cost-effective compared to usual home care meaning the benefits of the intervention (e.g. improved health outcomes) were found to be good value for money.

Costs reviewed included **reablement delivery costs**, as well as consideration of people's **potential reduced service use following a reablement intervention**.

Some methodological flaws of these studies **limited the certainty of findings**.

Implications for practice and future research

There is **international evidence** that reablement led by an allied health professional (AHP) such as an occupational therapist, or a multi-professional team that includes AHPs is **effective in improving mobility, 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 including 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.

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.

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

To view the full rapid review, click here, or scan the QR code:

<https://www.medrxiv.org/content/10.1101/2025.06.13.25329562v2>



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