

The Reablement Programme - A pragmatic & sustainable approach to reduce care needs & increase independence



TOUCH Community Services

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Introduction/Background:

Singapore's rapidly ageing population and its increasing care needs strain the intermediate and long-term care sector (ILTC). As the current home care model prescribes services and inadvertently promotes service reliance, a sustainable solution is needed without overburdening the healthcare system.

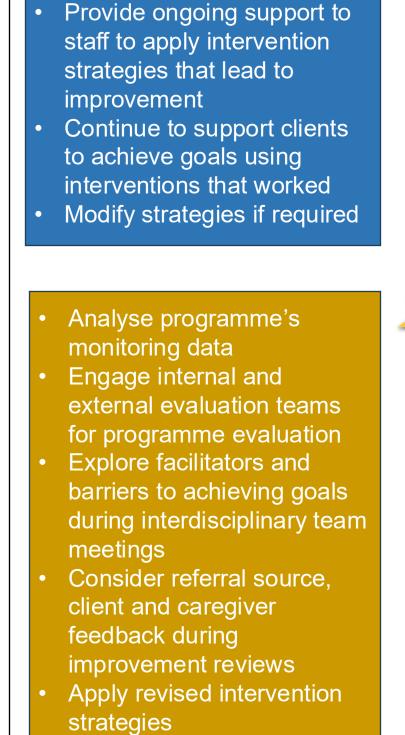
The *Reablement* Programme is a time-limited and strength-based approach to address this challenge. It supports older adults, who are experiencing onset of frailty and/or have recently experienced a medical crisis leading to a functional decline, to regain independence and confidence, strengthen social connections, and improve quality of life.

The *Reablement* Pilot, sponsored by the Tote Board, started in April 2022 and ended in March 2025.

Goal/Objective:

Reablement aims to enable its clients to regain functionality, improve self-efficacy and confidence to do things for themselves, and pursue their aspirations in life. Through a 12-week home-based intervention, clients are enabled to achieve at least 1 personal goal; improve self-efficacy, functional independence in activities of daily living (ADLs), and overall well-being; and reduce healthcare and service utilisation, and caregiver burden.

Problem Analysis:



experienced a recent medical episodes are at risk of functional decline, impacting their well-being. Consumption of formal care services will increase with There is a need for a programme to empower seniors to take charge of their 4. Act health, improve function, build Plan confidence and social engagement Understand seniors needs 2. Do Engage referral sources to publicise programme

Establish workflow with referral sources to receive cases
Educate service providers, client and caregivers on *Reablement* philosophy, to gain commitment to change
Train staff to deliver customised intervention
Monitor progress

Frail seniors and those who

Implementation Plan:

Programme lead formed a *Reablement* team comprising a physiotherapist (PT), occupational therapists (OT), registered nurse (RN), *Reablement* care coordinator (RCC) and *Reablement* care associate (RCA).

Programme lead and OT reviewed output and outcome targets on a quarterly basis. Team also discussed evaluation findings and recommendations with evaluation team.

Programme lead worked with OT, PT, RN and RCC to identify outcome measures; develop assessment forms, and plan programme monitoring and evaluation timeline (including data collection with clients).

The team executed intervention strategies based on collective inputs, and coach clients towards achieving goals.

The team attended courses on topics such as person-centred goal setting, behaviour change techniques, building confidence in self-management, cosolutioning with clients, building social connections.

The team lead organised weekly interdisciplinary team discussions to review progress, identify facilitators and barriers to achieving goals, and discuss solutions.

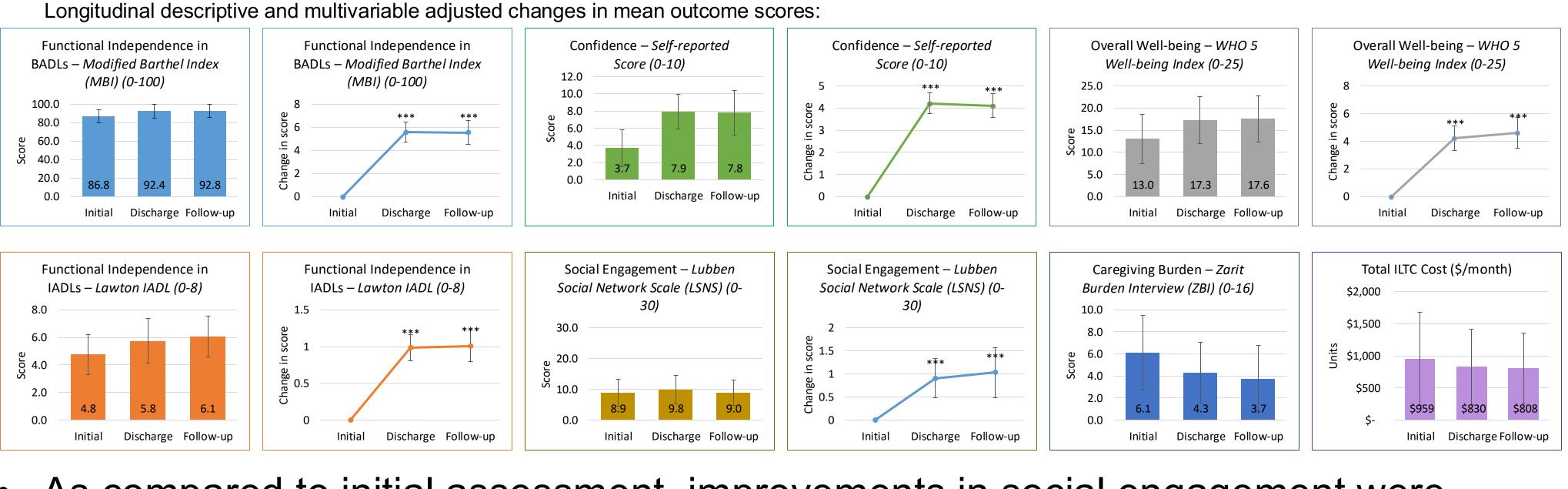
The team educated stakeholders (caregivers and care staff from referring agencies) to view seniors as active agents who are capable of taking charge of their health and life goals, i.e. to adopt a strength-based perspective.

The team publicised the programme and partner with healthcare institutions and social service agencies to refer suitable clients to facilitate transition from home to the community.

Benefits/Results:

A concurrent mixed-methods evaluation by the National University of Singapore showed *Reablement*'s effectiveness:

- Data were collected at baseline (week 1), discharge (week 12) and follow-up (6 months post-discharge).
- Out of 158 enrolments, 121 clients completed the intervention by end-2024.
- At discharge, most clients achieved at least one goal (96.7%), increased functional independence in basic ADLs (80.2%) and instrumental ADLs (62.0%), confidence (93.3%), and overall well-being (83.9%). Most caregivers (66.7%) also described lower caregiving burden. Most results were sustained for six months.



- As compared to initial assessment, improvements in social engagement were observed at discharge (+0.9, p<0.001) with an additional increase at follow-up (+1.0, p<0.001).
- Clients had greater predicted monthly increases in functional independence (MBI +0.75 point, Lawton IADL +0.13 point, p<0.001) than home personal care comparators (n=273).
- Clients' average use of home care services (meals-on-wheels and home therapy) and hospital and emergency admissions dropped, while comparators experienced higher and more variable rates.
- At discharge, mean ILTC costs witnessed a reduction of approximately 13.5% (\$129/month) for each patient (from \$959 to \$830), with an additional minor reduction of 2.7% (\$22/month) observed at follow-up (from \$830 to \$808). These reductions in the mean ILTC costs were likely driven by the Meals-On-Wheels (MOW) and Home Therapy services having substantial decreases.

Sustainability & Reflections:

The evaluation also uncovered key facilitators and barriers affecting *Reablement*'s reach, implementation, and maintenance of change (Figure 1). These will guide efforts to refine subsequent iterations to achieve improved care quality, safety, and outcomes, including the following:

- Recruit and redesign work scope for mature workers from TOUCH Home Care to ensure sustainable manpower source.
- Incentivise clients and caregivers to adopt *Reablement*, such as by reducing the cost gap between homecare and *Reablement*, and providing education about the longterm cost-effectiveness and benefits of independence.
- Ensure continuous education and support for staff and caregivers to shape attitudes and practices.
- Upskill the team to deal with cases with complex mental health needs.

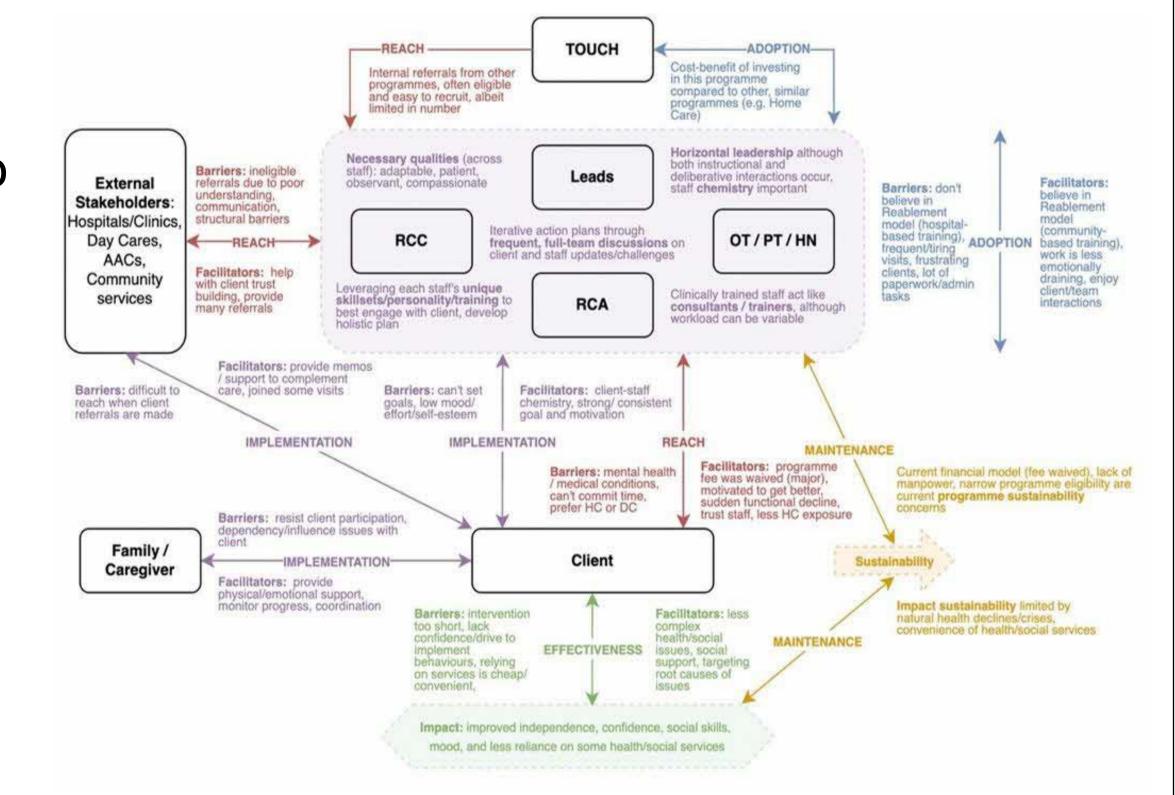


Figure 1: Key enablers and barriers to change

In conclusion, *Reablement* has effectively empowered clients to improve their health and well-being independently, and reduce reliance on care services. It has great potential to scale to strengthen sustainability of care for Singapore's ageing population.