

# 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.

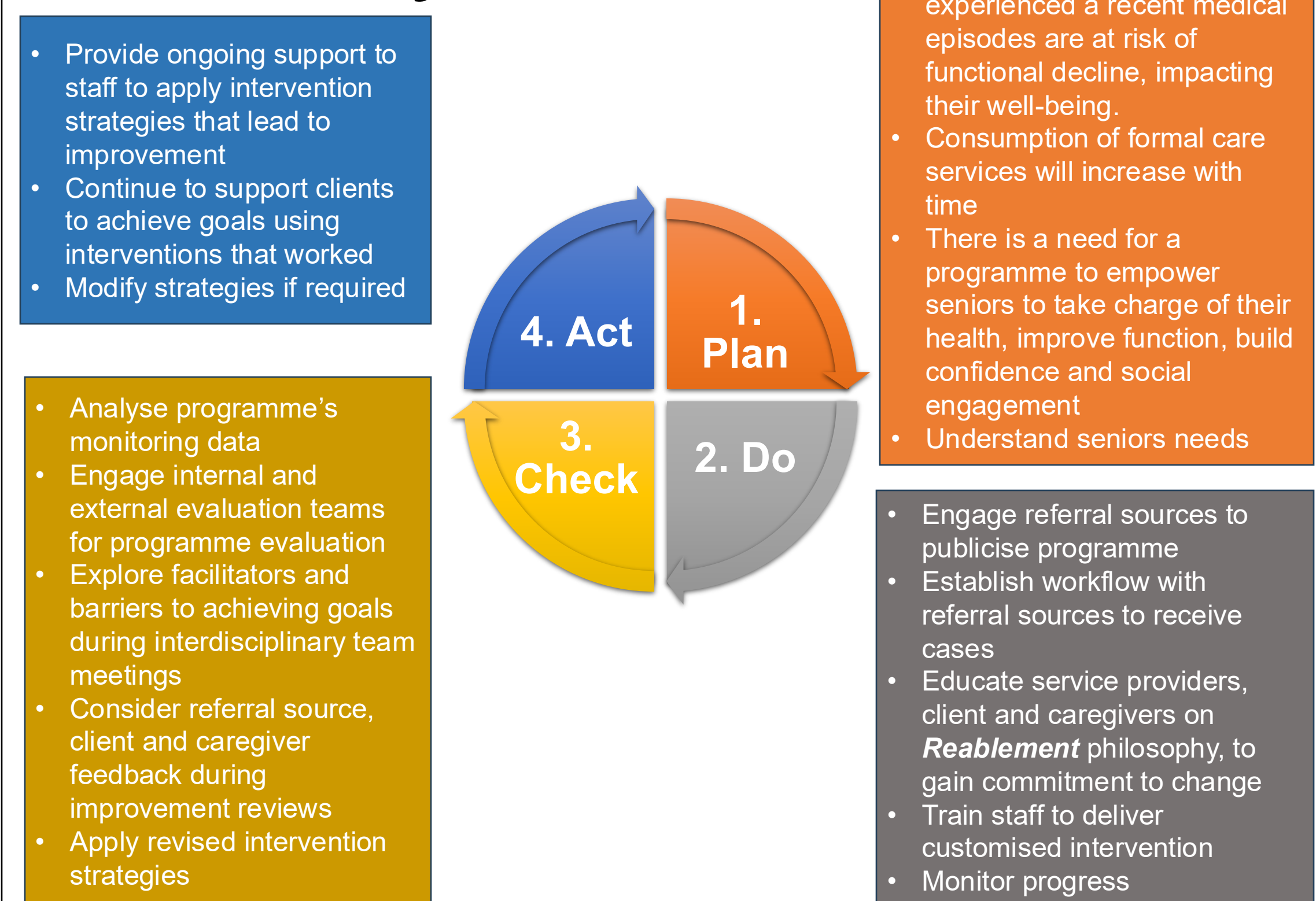
The **Reablement** Programme is a time-limited and strength-based approach to address this challenge. It supports older adults, who are experiencing onset of frailty and/or have recently experienced a medical crisis leading to a functional decline, to regain independence and confidence, strengthen social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

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

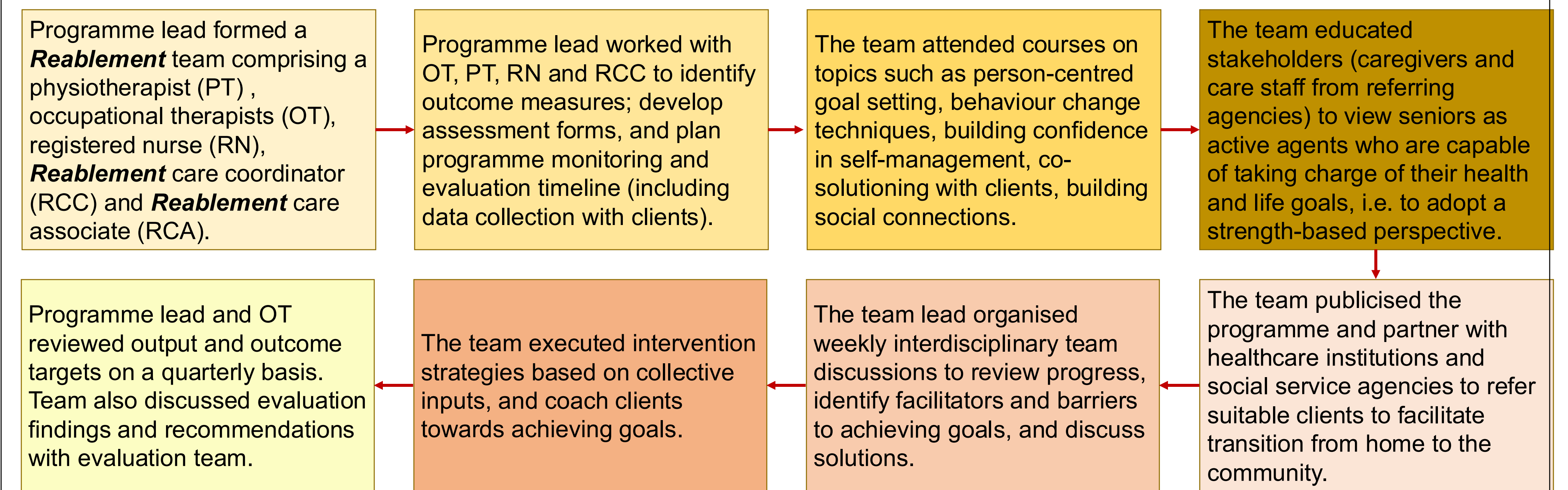
### Goal/Objective:

**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:



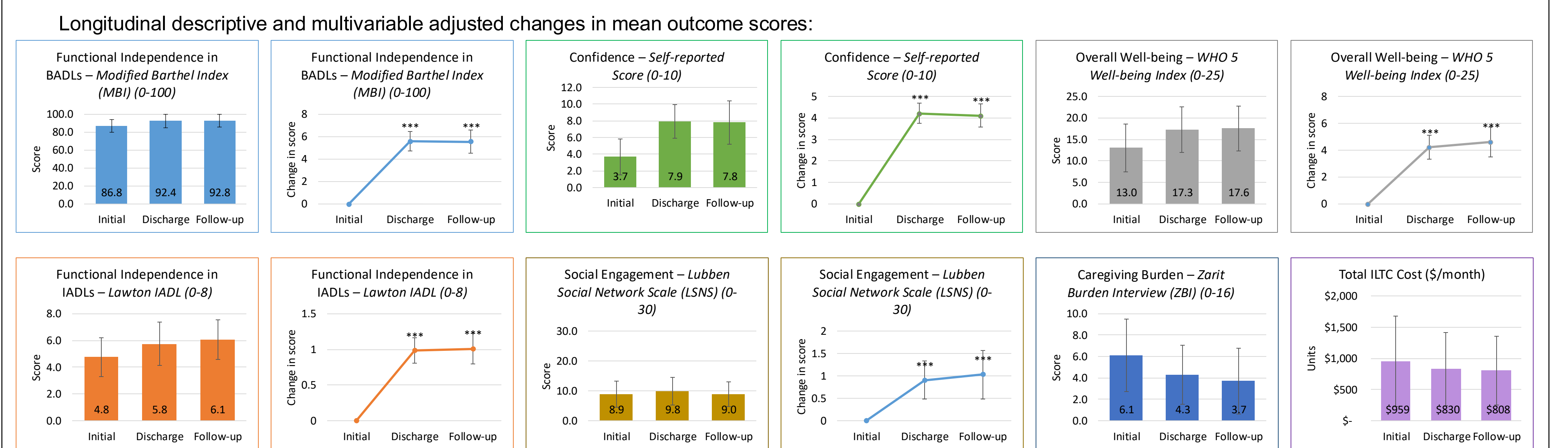
### Implementation Plan:



### 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 long-term 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.

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.

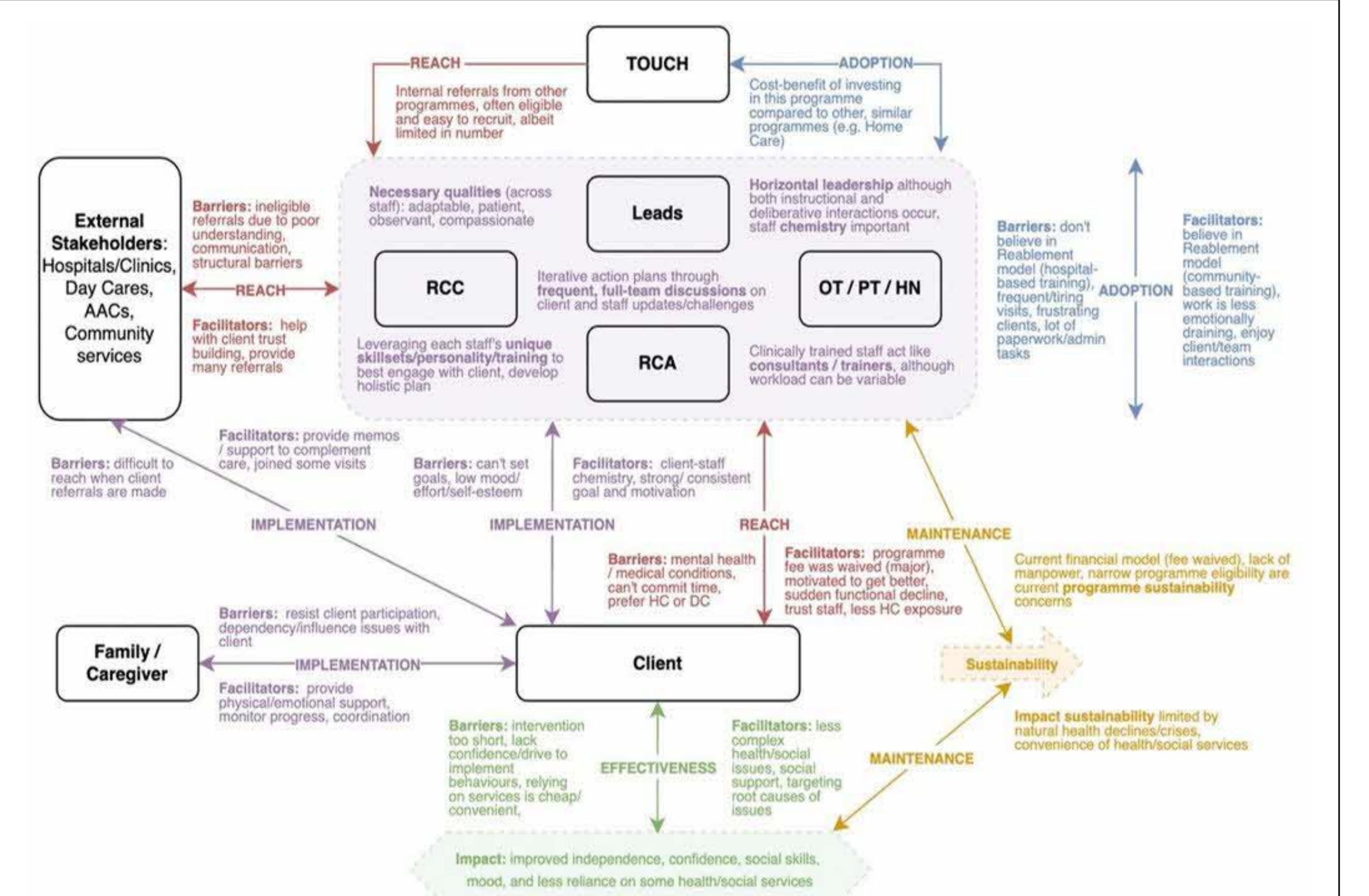


Figure 1: Key enablers and barriers to change