

Mapping of Reablement Research - A Scoping Review of Reviews

Hanne Tuntland ¹, Cathrine Fredriksen Moe², Hanne Leirbekk Mjøsund ²

¹Department for Health and Functioning, Western Norway University of Applied Sciences, Bergen, Norway; ²Faculty of Nursing and Health Sciences, Health and Community Participation Division, Nord University, Bodø, Norway

Correspondence: Hanne Tuntland, Department for Health and Functioning, Western Norway University of Applied Sciences, Bergen, Norway, Email htu@hvl.no

Background: Over the past two decades, “reablement” has been implemented in several countries to address older adults’ ability to participate in daily activities and their preference towards ageing at home. As a result, research activity has increased, leading to a growing number of reviews exploring various aspects of reablement. However, no review to date has mapped or summarized the key findings and intervention descriptions across these reviews.

Objective: The objectives were to identify the main results in reviews on reablement and to map how reablement interventions are described in reviews.

Methods: As this is a scoping review of reviews, a scoping review approach according to JBI manual for Evidence Synthesis was conducted. Data searches were performed in nine databases and one search engine by a research librarian. Two reviewers independently screened the reviews for eligibility and extracted data using a standardized extraction form. A descriptive data analysis was performed.

Results: Twenty-five reviews were included. While the included systematic reviews reported mixed results on effectiveness, evidence trends suggest that reablement can improve ADL, IADL, and quality of life, and reduce service costs and health service use. Reablement interventions were characterized by emphasizing self-maintenance, activity, and a person-centered, holistic approach.

Conclusion: This review contributes with an overview of the growing evidence base of reablement. While findings regarding effectiveness are promising, inconsistencies persist - partly due to the interchangeable use of “reablement” with other interventions, affecting internal validity of the findings. Variation in intervention components reflects differing conceptualizations across countries. While this suggests a need for standardization, it also allows for flexible adaptation to diverse policy and cultural contexts. Due to the lack of a clear conceptualization of reablement, we recommend that future research describe the concept and specify its components to enable better comparison of approaches and distinguish it from related interventions.

Keywords: restorative care, rehabilitation, definition, health services research, activities of daily living

Introduction

The growth in the ageing population, in combination with a projected shortage of health-care personnel, presents a significant challenge to the containment of future health-care costs.¹ Given that the majority of older adults express a preference to remain within their own homes and communities as they age, contemporary service delivery models increasingly seek to foster autonomy and independence despite age-related frailty.² Over the last two decades “reablement”, also termed “restorative care”, has been implemented in a number of countries worldwide. Reablement is a person-centered approach that focuses on helping mainly older people regain and maintain functional ability and independence, thus contributing to reduced demand for long-term care services.³

Researchers have found that “reablement” as a concept lacks clarity in theory and in practice, and that there is great disparity regarding its conceptual understanding.⁴ Due to concept ambiguity, a diversity of interventions may be delivered, which again may complicate knowledge synthesis and the ability to compare and summarize findings across studies. Numerous definitions of reablement have been used in publications, but to mitigate this ambiguity, a 2020 Delphi study was conducted and an internationally accepted definition of reablement was published.⁵ The definition states that

reablement is a holistic, person-centered approach designed to enhance an individual's physical and/or other capabilities, promote independence in meaningful everyday activities, and reduce reliance on long-term care services. Moreover, the definition states reablement involves multiple visits offered by a trained and coordinated interdisciplinary team, a comprehensive assessment, regular reassessments, and goal-oriented support plans. Reablement also aims to help individuals achieve their goals through daily activities, home modifications, assistive devices, and social network involvement. It is, according to this definition, inclusive of all ages, capacities, diagnoses and settings.⁵

Research activity related to reablement has increased over the last decades and a growing number of empirical research and reviews have been published exploring various aspects of the intervention. In a scoping review on peer-reviewed publications within reablement retrieved by 2022, twenty-five of the included articles were several types of reviews. However, the reviews were not explored with regard to key elements including main results and intervention descriptions.⁶ More recently, a scoping review of systematic reviews by Gough et al related to reablement was published.⁷ Although the review refers to the international definition of reablement from 2020,⁵ the authors did not use that definition as an intervention inclusion criteria. Hence, the authors conflated three different rehabilitation interventions with no separate analysis of reablement, creating unclarity about which of the results derived explicitly from the reablement intervention.⁷ The Gough et al publication illustrates that reviews on reablement define reablement differently. This conceptual ambiguity leads to different inclusion criteria,⁸ creating a risk of inclusion of non-reablement primary studies that may compromise the internal validity of the reviews. Another consequence of applying various eligibility criteria is seen in the systematic review of Legg et al,⁹ where interdisciplinarity of the intervention – which is considered a key feature according to the international definition of reablement –⁵ was used as an exclusion criteria. In that review,⁹ lack of eligible studies led to the conclusion of 'no evidence', illustrating how such criteria can significantly impact results.

Hence, there was a need for a scoping review with the aim of mapping and analyzing existing reviews on reablement. Due to a fragmented body of evidence, this scoping review aimed to clarify the current state of knowledge and to descriptively map the reviews on reablement. The objectives were to identify the main results in reviews on reablement and to map how reablement interventions are described in reviews.

Methods

Design

This scoping review of reviews followed guidelines for scoping reviews in the JBI manual for Evidence Synthesis.¹⁰ Undertaking a scoping review is suitable when the purpose is to summarize and disseminate research findings and to examine the extent, range and nature of research within a given area.¹¹

The review team met regularly throughout the whole review process, as a team approach to scoping review work is recommended.¹² We used the PRISMA extension for scoping reviews (PRISMA-ScR) checklist¹³ to guide the reporting of this review. An a priori protocol, guided by Peters et al,¹⁴ was developed and published in the Open Science Framework (OSF) registries May 2024 (<https://doi.org/10.17605/OSF.IO/9KWPY>).

Inclusion Criteria

The PCC mnemonic (Population, Concept, Context) was applied to identify the eligibility criteria within the research aims. Regarding population, we chose to include reviews regardless of their delimitation of target groups, to get an overview of reablement research targeted different populations. As the concept being explored was reablement, only reviews that had the term 'reablement' and its derivatives or 'restorative care' in title, abstract or key words were included. As 'restorative (home) care' is an established term for reablement in Australia, New Zealand and in the US,^{2,15,16} it was accepted as a term used interchangeably for reablement in line with many other authors.^{6,17–20} Moreover, the context included all settings where service users received reablement.

Only peer-reviewed reviews published in scientific journals were included. While there is a plethora of evidence synthesis types available,²¹ for the purpose of this scoping review, the term 'review' is used when referring to all types. Sutton et al²² categorized 48 types of reviews into seven broad review categories; traditional reviews, systematic reviews, review of reviews, rapid reviews, qualitative reviews, mixed method reviews, and purpose specific reviews (including

scoping reviews). In the current scoping review all categories of reviews were considered eligible. We excluded reviews in abstract form only and protocols for reviews, as we considered these types of sources less useful and appropriate for our topic. We only included reviews based on a systematic work. Inspired by Lunny et al,²³ we considered reviews to be based on systematic work if there existed a method section in the main manuscript or within a supplementary file (not just reported in the abstract). Moreover, to be included, reviews had to report a search strategy including text words or index terms as well as search dates and include searches from at least two databases.

No restrictions were set on publication location or publication year. Moreover, there were no language restrictions. An included review published in another language than English²⁴ was translated using online translation tools and quality ensured by a native Finnish researcher.

Search Strategy

As recommended by Peters et al, a three-step search strategy was used.¹⁰ First, the process began with a preliminary search in two online databases, MEDLINE (Ovid), and Cochrane Database of Systematic Reviews. This search involved assessing the text words and index terms used to describe the retrieved papers. Subsequently, the main search was conducted using all identified text words and index terms across all databases. Finally, the reference lists of the identified articles were scanned, which involved examining the references of included reviews for potential additional reviews.

Searches were performed in Web of Science, Medline (OVID), Embase (Ovid), Cinahl (Ebsco), Cochrane Database of Systematic Reviews, Epistemonikos, SocINDEX, Scopus, Campbell Library, and in Google Scholar. In brief, the search terms were 'reablement', 'restorative care', 'everyday rehabilitation' and their derivatives combined with 'systematic reviews' and 'metaanalyses', and their derivatives. As the term 'everyday rehabilitation' is used in Scandinavia, this term was also used as a search term.^{6,17–20} See [Appendix 1](#) for a complete search in MEDLINE database. The search strategy was developed in a collaboration between a research librarian and the first author. Two health sciences librarians reviewed the search strategy. Database searches were completed in May 2024.

References from the literature search were collected and de-duplicated in Endnote (Clarivate Analytics, PA, USA), exported to DistillerSR (Evidence Partners) and then de-duplicated again. The eligibility criteria were assessed on a random sample of twenty-five randomly selected titles/abstracts by all reviewers before screening began. Thereafter, screening was performed in DistillerSR.

Source of Evidence Selection

First, two independent reviewers (HM and CM) screened titles and abstracts against eligibility criteria. Then, the two reviewers independently screened the remaining reviews in full text. Disagreement was resolved through consensus or by discussing with the third team member (HT). Studies were identified through database searches and through reference lists searches of included studies. A PRISMA flow diagram²⁵ of the study selection process and reasons for exclusion are presented in [Figure 1](#).

Data Extraction

A standardized data extraction form was developed in DistillerSR. The extraction form was piloted by all authors independently on four reviews to identify any missing or redundant items. Discrepancies in the pilot phase were solved by consensus. The extraction tool was modified based on the pilot and then used to extract data from the remaining reviews. Two reviewers (HM and CM) extracted data from 50% of the reviews each and thereafter checked the other reviewer's extractions. The extracted items were: author, publication year, title, type of review, review objective, number studies included, method used in included studies, geographic origin of the review authors, the context of included studies, inclusion/exclusion criteria, conceptual and operational definition/description of the reablement intervention (characteristics, components, aims, and target group), and main findings. As common in scoping reviews,¹² no quality appraisal of the included reviews was conducted.

Analysis of the Evidence

Two reviewers participated in analyses of all data. A descriptive analysis was conducted. The results were descriptively mapped and presented narratively in text, and in diagrammatic or tabular forms.¹⁰ When categorizing the reported main

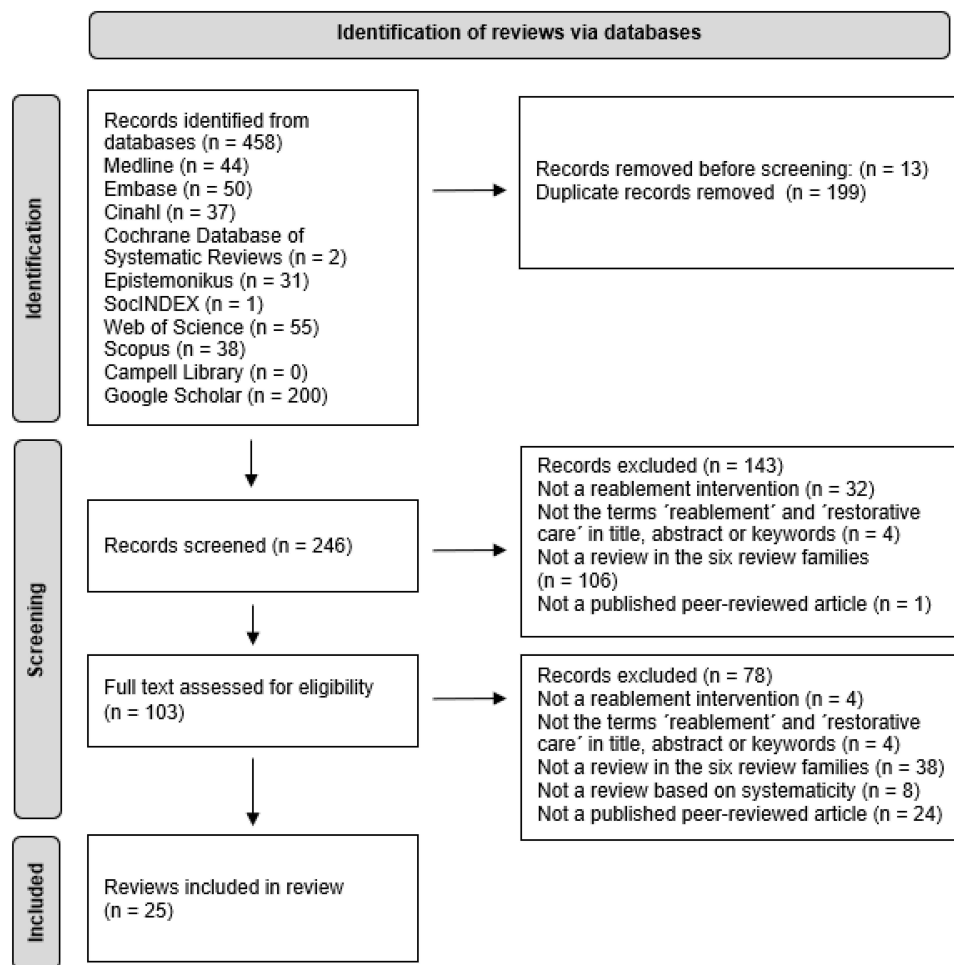


Figure 1 PRISMA Flow Diagram.

results in meta-analysis, an approach with predefined concepts was chosen.²⁶ We used the approach by Pratt et al,²⁷ and used their framework to categorize the main results in meta-analysis. The framework has five categories of outcome data; Favors intervention, Favors control, Unclear efficacy/insufficient data, No statistical difference between groups, and Reported study-by-study. Finally, in the discussion section macro-level trends across reviews are presented.

Results

Overview and Characteristics of Included Reviews

A total of 458 reviews were retrieved from searches and reference checking. After duplicates were removed, 246 reviews were screened for eligibility (see Figure 1).

In total, twenty-five reviews were included. Table 1 presents an overview of the reviews included. There were fifteen systematic reviews, eight scoping reviews, one literature review and one meta-synthesis. Among the fifteen systematic reviews, eleven are systematic reviews without meta-analysis, three are systematic reviews with meta-analysis, and one systematic review based on qualitative evidence. The authors represent twelve different countries. Australia, Canada and United Kingdom are the most frequent countries regarding authors' country of origin based on their affiliations. The publication years span from 2014 to 2023, with 2019 being the mean publication year. A total of 655 primary studies are included in the reviews (overlap of primary studies is not considered), and each review has included an average of twenty-six primary studies.

Table 1 Overview of Included Reviews

Authors and Year (Reference)	Authors' Country of Origin Regarding Affiliations	Review Design	Number of Included Primary Studies
Azim et al, 2022 ²⁸	Canada, Australia, Spain, Germany	Scoping review	21
Bennett et al, 2022 ²⁹	United Kingdom	Systematic review	8
Benjamin et al, 2014 ³⁰	Canada	Literature review	18
Bergström et al, 2022 ³¹	Sweden, Norway, the Netherlands, Denmark	Meta-synthesis	13
Bersvendsen et al, 2021 ¹⁶	Norway	Systematic review	12
Blendell and Ojo, 2020 ³²	United Kingdom	Systematic review	8
Bramble et al, 2022 ³³	Australia	Scoping review	11
Buma et al, 2022 ⁸	The Netherlands	Systematic review	20
Chen et al, 2022 ³⁴	Taiwan, Australia	Systematic review and meta-analysis	10
Clotworthy et al, 2021 ³⁵	Denmark	Scoping review	86
Cochrane et al, 2016 ¹⁷	Ireland, United Kingdom	Systematic review with meta-analysis	2
Faria et al, 2016 ¹⁸	United Kingdom, Austria	Systematic review	13
Flemming et al, 2021 ¹⁹	Canada, Germany	Systematic review	17
Guadaña et al, 2023 ⁶	Norway	Scoping review	198
Kirchhoff and Berg, 2016 ³⁶	Norway	Scoping review	11
Lewis et al, 2021 ³⁷	Australia	Scoping review	63
Lotvonen et al, 2021 ²⁴	Finland	Scoping review	16
Legg et al, 2016 ⁹	United Kingdom	Systematic review	0
Mjøsund et al, 2020 ³⁸	Norway, Australia, Denmark	Scoping review	51
Mulquiny & Oakman, 2022 ³⁹	Australia	Systematic review and qualitative evidence	19
Pettersson and Iwarsson, 2017 ⁴⁰	Sweden	Systematic review	8
Rahja et al, 2022 ⁴¹	Australia,	Systematic review with meta-analysis	12
Sims-Gould et al, 2016 ⁴²	Canada	Systematic review	15
Tessier et al, 2016 ⁴³	Canada	Systematic review	10
Whitehead et al, 2015 ²⁰	United Kingdom	Systematic review	13

Theme 1: Summary of Results in Systematic Reviews on Reablement

Reported Results from Systematic Reviews with Meta-Analysis

Three systematic reviews have performed a meta-analysis to investigate the effects of reablement in home-based settings,^{17,34} and in restorative care settings.⁴¹ Table 2 shows an overview of the main results for systematic reviews with meta-analysis. In summary, the results of these reviews favor reablement with respect to the effect on improving ADL,^{17,34} IADL, and reducing service use (level of personal care)¹⁷ in home-based settings. However, one review shows

Table 2 Overview of Reported Results in Systematic Reviews with Meta-Analysis

Outcome	Chen et al ³⁴	Rahja et al ⁴¹	Cochrane et al ¹⁷
ADL	Favors intervention	No statistical difference between groups*	Favors intervention*
IADL	Favors intervention	NA	NA
Costs of services	NA	NA	Favors intervention
Healthcare services use – level of personal care	NA	NA	Favors intervention*
Quality of life	No statistical difference between groups	No statistical difference between groups*	Unclear effects*
Hospitalization	No statistical difference between groups	NA	NA
Unplanned emergency department visits/	No statistical difference between groups	NA	Unclear effects*
Mortality	NA	NA	Unclear effects*
Hospital admissions	NA	NA	Unclear effects*

Notes: * = Authors reported very low-quality evidence.

Abbreviation: NA, Not applicable.

no statistical difference between groups or unclear effects with respect to ADL in a residential setting.⁴¹ No statistical differences between groups or unclear effects were seen with respect to changes of living arrangements, quality of life, hospitalization, unplanned emergency department visits, mortality, and hospital admissions in home-based settings.^{17,34}

Reported Results from Systematic Reviews on Effectiveness Without a Meta-Analysis

The results from included effectiveness reviews without meta-analysis ($n = 12$) vary (Table 3). While some results are inconclusive regarding the impact of reablement, other results describe more certainty regarding positive effects. Since Legg et al⁹ did not include any studies in their review, and Blendell et al³² and Mulquiny & Oakman³⁹ did not report on effectiveness, we do not report on results from these reviews ($n = 3$).

For the outcome cost-effectiveness ($n = 4$), all included reviews conclude that reablement seems to be cost-effective.^{16,18,19,40} Still, they report on insecurity concerning long-term effectiveness. Regarding effectiveness in functional outcomes (ADL), including functional status and activities of daily living ($n = 7$), all reviews state that there are indications that reablement improves daily functioning.^{8,16,20,29,40,42,43} With regard to improving physical functioning ($n = 6$), the results

Table 3 Overview of Results from Systematic Reviews on Effectiveness Without Meta-Analysis ($N = 9$)

Outcome Category	Effect (References)
Cost-effectiveness	Generally positive ^{16,18,19,40}
Functional outcomes (ADL)	Generally positive ^{8,16,20,29,40,42,43}
Physical functioning	Mixed/inconsistent ^{16,20,29,40,42,43}
Health-related quality of life and well-being	Mostly positive ^{16,20,29,40,42,43}
Healthcare services use	Mostly positive ^{16,20,29,40,42,43}

are more inconsistent. Pettersson et al,⁴⁰ Sims-Gould⁴² and Whitehead et al²⁰ report that reablement improves physical outcomes, while Bersvendsen¹⁶ et al and Bennet et al²⁹ report inconsistent results, and Tessier et al⁴³ report no effect.

For effectiveness in health-related quality of life and well-being (n = 6), four reviews agree there is evidence supporting the effectiveness of reablement interventions regarding quality of life and well-being.^{20,29,40,43} In contrast, Sims Gould et al⁴² find that reablement and other rehabilitation interventions appear to have little impact on the outcomes of quality of life and well-being, while Bersvendsen et al¹⁶ appear to be inconclusive in their review.

With regard to the outcome effectiveness related to healthcare services use, the six reviews found consensual results. All studies^{16,20,29,40,42,43} state that there is evidence for effectiveness concerning reduced service use, with Tessier et al,⁴³ Whitehead et al²⁰ and Sims-Gould et al⁴² are more conclusive in favor of the intervention.

Theme 2: How Reablement Interventions are Described in Reviews

Seven main components of reablement interventions are identified across the twenty-five included review articles. We considered information both from definitions of reablement in the introduction section and in the method sections of the reviews, as this was differently reported between studies. Table 4 shows an overview of the distribution of components reported in the included reviews. As can be seen in the table, many of the reviews contain 3–4 distinct characteristics visualized by the letter x.

Table 4 Characteristics of Reablement Components Described in Each Review (N = 25)

Authors and Year	Self-Maintenance Focus	Person-Centered, Holistic Approach	Activity Focus	Inter-Disciplinarity	Time-Limitation	Context	Target Population
Azim et al, 2022 ²⁸	x	x	x	x	NA	Home-based	People without significant cognitive impairment
Bennett et al, 2022 ²⁹	x	x	x	NA	Duration not specified	Home-based	Adults > 18
Benjamin et al, 2014 ³⁰	x	NA	x	NA	NA	Institution-based	NA
Bergström et al, 2022 ³¹	x	x	x	x	NA	Mix of contexts	Older people
Bersvendsen et al, 2021 ¹⁶	x	x	x	x	Duration not specified	Home-based	Adults >18 with no severe cognitive dysfunction
Blendell and Ojo, 2020 ³²	x	NA		x	Up to six weeks	Mix of contexts	Older people (over 65)
Bramble et al, 2022 ³³	x	x	x	x	NA	Mix of contexts	Older people
Buma et al, 2022 ⁸	x	x	x	x	NA	Mix of contexts	Adults >18
Chen et al, 2022 ³⁴	x	NA	x	x	NA	Home-based	Older people (over 65)
Clotworthy et al, 2021 ³⁵	x	x	x	NA	Duration not specified	Home-based	NA
Cochrane et al, 2016 ¹⁷	x	x	x	x	Up to 12 weeks	Home-based	Older people (over 65)

(Continued)

Table 4 (Continued).

Authors and Year	Self-Maintenance Focus	Person-Centered, Holistic Approach	Activity Focus	Inter-Disciplinarity	Time-Limitation	Context	Target Population
Faria et al, 2016 ¹⁸	x	x	x	x	Up to 12 weeks	Mix of contexts	Adults
Flemming et al, 2021 ¹⁹	NA	NA	NA	NA	NA	Home-based	Adults >18
Guadaña et al, 2023 ⁶	x	x	x	x	NA	Mix of contexts	NA
Kirchhoff and Berg ³⁶ N	x	x	x	x	NA	Mix of contexts	Older people
Lewis et al, 2021 ³⁷	x	x	x	NA	Duration not specified	Institution-based	Older people
Lotvonen et al, 2021 ²⁴	x	NA	x	NA	NA	Home-based	Older adults
Legg et al, 2016 ⁹	x	x	x	x	6 weeks	Home-based	NA
Mjøsund et al, 2020 ³⁸	x	x	x	x	Up to 6 months	Home-based	Adults (over 65)
Mulquiny & Oakman, 2022 ³⁹	x	x	x	NA	Up to 12 weeks	Home-based	Older people (over 65)
Pettersson and Iwarsson, 2017 ⁴⁰	x	x	x	x	NA	Home-based	Older people, (over 65)
Rahja et al, 2022 ⁴¹	x	x	x	x	NA	Institution-based	Aged
Sims-Gould et al, 2016 ⁴²	x	x	x	x	Up to 6 months	Home-based	Older adults (over 65)
Tessier et al, 2016 ⁴³	x	x	NA	x	6–12 weeks	Home-based	Adults >18
Whitehead et al, 2015 ²⁰	x	x	x	NA	Duration not specified	Home-based	Adults >18

Notes: x signifies that this component is reported. NA (not applicable) signifies not-reported components.

The first component is 'self-maintenance focus', which involves encouraging users to conduct tasks independently. This promotes service user autonomy in meaningful activities. The second component is a 'person-centered, holistic approach'. This entails that reablement is marked by its ability to adapt flexibly to each individual's unique needs. The third component is the 'activity focus'. Reablement typically includes various activities, such as activities of daily living and physical training. The fourth component is 'interdisciplinary team involvement'. Common professionals involved in reablement are nurses, occupational therapists, physiotherapists, and social workers. The fifth component is the time perspective. The reviews are divided on whether reablement is a time-limited (often short-term) intervention or not. Thirteen reviews describe reablement as time-limited. The sixth and seventh components are 'context' and 'target population'. In terms of context, fifteen reviews describe reablement as a home-based intervention, three as institution-

based, and seven include a mix of contexts. Regarding the target population, 13 reviews focus on older adults (>65 years), six on adults over 18 years, one on adults with no specific age mentioned, and one on people without cognitive impairment. Four reviews did not specify a target group.

Discussion

In this scoping review, we have provided an overview of reviews on reablement by mapping the main results and the interventions components. Thus, the review contributes with an overview of the growing evidence that supports reablement as an intervention. In the following paragraphs, we reflect not only over the results but also over the implications for research and practice due to inconsistent evidence and the lack of a clear conceptualization of reablement.

Main Results

The findings regarding effectiveness should be interpreted with caution, as the current review does not include a meta-analysis or a critical appraisal of the quality of the included studies, and presents results on a study-by-study basis. However, the most robust results are the reported results from the systematic reviews with meta-analysis.^{17,34,41} These reviews provide evidence suggesting that reablement can improve activities of daily living (ADL), instrumental activities (IADL), and quality of life, while reducing service use. However, effects on hospital utilization and mortality are unclear. Systematic reviews without meta-analysis similarly indicate benefits for functional outcomes and health-related quality of life. The most consistent finding is reduced healthcare service use and potential cost-effectiveness, though evidence on physical functioning remains unclear. In summary, varying results are reported in the twelve systematic reviews that are included in these specific analyses and the implications for clinical practice remain unclear. This may call for further exploration of how these reviews overlap in terms of their delimitations regarding context, population, and included primary studies, or for a systematic review of reviews to reach a clearer conclusion.

Conflicting or inconsistent evidence causes uncertainty for policymakers regarding whether to implement reablement or not. Moreover, researchers may be led to use evidence that supports their own views whether the evidence supports reablement or not. A reason for the contradicting results may be that the term reablement is used interchangeably with other interventions. For instance, four different types of interventions were included in the review of Sims-Gould;⁴² namely reactivation, restorative, rehabilitation, and reablement (termed as 4R). Moreover, in a scoping review by Gough et al,⁷ rehabilitation, reablement and restorative care, termed as 3R, are seen as three distinguished interventions with their own definitions, but still combined in the same review with merged analyses as in the 4R review. Furthermore, in UK, reablement is sometimes used interchangeably with other related terms such as intermediate care and enablement⁴ and in US the term function-focused care is commonly used.⁴⁴ In the current review, search terms have been selected with caution to avoid including reviews related to other interventions than reablement/restorative care.

The lack of a clear conceptualization of reablement has also resulted in varying inclusion criteria across reviews.⁸ Consequently, some reviews may have included primary studies with interventions like unspecific home rehabilitation or occupational therapy, even though the appropriateness of their inclusion could be subject to debate. Since the definition of reablement is wide and inclusive,⁵ it can be challenging to determine whether an intervention falls within or outside the scope of reablement. As a result, primary studies not characterized by the authors themselves as reablement are often seen included in reviews on reablement. Such practices, like including similar interventions and including non-reablement primary studies in a review on reablement, may compromise the internal validity of the results. When primary studies involving substantially different interventions are mistakenly considered similar and pooled together in a meta-analysis, the synthesis may fail to identify truly effective treatments. This often results in low-certainty findings, typically constrained by high heterogeneity.⁴⁵

Description of Reablement Interventions

We have identified seven reablement intervention components described in the twenty-five included review articles, although we must underscore that these are merely some of the essential features comprising the intervention. The results show that reablement is a multimodal intervention combining various components. The most frequently described components of reablement are its emphasis on self-maintenance and activity, as well as a person-centered and holistic

approach. These components, in addition to interdisciplinarity, align with the international definition of reablement,⁵ but also with general definitions of rehabilitation. It is common to consider reablement as a home-based intervention,^{2,4,46} but this review reveals that in three of the reviews, reablement was institution-based and in seven reviews there was a mixed context. It is also widely assumed that reablement is an intervention for older adults and our findings lend support to this perspective,^{2,4,17,47} but the results also reveal that some reviews describe the target group as being adults or people without cognitive decline. This aligns also with the international definition of reablement,⁵ which states that reablement is an inclusive approach irrespective of age, diagnosis or setting. However, the definition does not include time-limitation which was described as a component in thirteen of the included reviews. Overall, it is challenging to detect consistent patterns of components within and across countries, which may be attributed to the international co-authorship of the included reviews. Although there are many common components, the results also show variation across reviews as no reviews have the same components identified. The variation and multimodality can be attributed to the fact that reablement is a complex intervention. The complexity may depend on factors described by Skivington et al⁴⁸ such as the number of components involved, the diversity of targeted behaviors, the expertise and skills required by both providers and recipients, the range of groups and settings addressed, and the degree of flexibility allowed within the intervention or its components. The complexity may also be ascribed to the interactions between the intervention and the context in which reablement is implemented, whether it is home-based, institution-based, or mixed.

The variation of components may contribute to or be caused by different conceptions of reablement across and within countries. Several authors have claimed that reablement is an ill-defined intervention^{4,17,35} and our results support partly that notion. In fact, that was the reason behind the development of the international definition published in 2020.⁵ As most of the reviews included in the current review are published before or recently after the publication of the international definition, this may partly explain why this unclarity still exists. In addition, reablement is criticized for lacking explicit conceptual and theoretical framework,⁹ thus attempts have been made to develop a theoretical framework.⁴⁷ Despite ongoing efforts, some ambiguity surrounding the conceptualization of reablement persists. The existing international definition of reablement⁵ is considered to be too broad covering both research and practice and does not adequately reflect contextual variations such as variations in health care systems and cultural norms. As a result, Dutch researchers have recently published their own culturally and contextually sensitive definition.⁴⁹ Definitions, whether being universal or national, play a crucial role as they can shape policy, influence funding models, establish regulatory requirements, and delineate the scope of practice.⁷ As a definition describes the scope of an intervention, policymakers and healthcare providers use this information when framing the intervention they offer. A broad definition opens for great variability between jurisdictions, highlighting a potential need for greater standardization of reablement services across and within countries. Paradoxically, and whereas flexibility in intervention delivery may allow for variation in how, where, and by whom interventions are delivered and received, standardization of interventions may relate more to the underlying process and functions of the intervention than on the specific form of components delivered.⁴⁸ Nonetheless, it can be argued that this conceptual variation enables reablement to be flexibly implemented and adapted to diverse policy and cultural contexts.² Hence, clinical practice benefits from this flexibility, but for research purposes more specificity is needed. As an example of more specificity for research purposes, efforts have been made to define the term 'rehabilitation' to indicate what rehabilitation includes and what it excludes.^{45,50} Reablement might also benefit from a similar definition for research purposes.

To enhance clarity in reablement interventions within research and practice, it is advisable to articulate more explicitly how various components are contextually operationalized in their delivery. Creating an operational definition tailored to a specific context helps ensure that reablement practices align with local needs and resources—such as the availability of trained professionals and prevailing cultural attitudes—thereby enhancing their relevance and feasibility for both practitioners and policymakers.⁴⁹ Due to the lack of a clear conceptualization of reablement, we recommend that future research more precisely describe the concept and delineate the components of the reablement intervention, to strengthen the basis for comparing different reablement approaches and to distinguish it from similar interventions. The TiDiER checklist and guide can be used to ensure the intervention is described in enough detail for researchers to replicate the intervention.⁵¹ Moreover, with a complete published description of an intervention, health care providers and decision makers know how to reliably implement it.

Strengths and Limitations of This Review

This review was guided by an a priori protocol and guidelines for scoping reviews in the JBI manual for Evidence Synthesis.¹⁰ To ensure a broad and qualified search, searches were performed without any language restrictions in nine databases and one search engine by a research librarian. Another strength was the strict inclusion criteria, which required that the included reviews explicitly mention the term “reablement” and its derivatives, or “restorative care”, in the title, abstract, or keywords. This ensured inclusion of reviews focusing on reablement. Moreover, we did not extract data from other interventions than reablement in reviews containing similar interventions. Nevertheless, based on our observations, but not reported, many of the reviews have included primary studies we would not classify as reablement based on our expertise knowledge of the field, which may have compromised the internal validity of the results. Like other scoping reviews, no quality appraisal of the included reviews was conducted, and the reviews are merely reported study-by-study. Hence, another weakness in the current review is that conclusions on effectiveness must be considered with caution.

Conclusion

The scoping review contributes to expanding the body of evidence based on reviews on reablement. This review included twenty-five studies. Although the included systematic reviews showed mixed results on effectiveness, evidence indicates that reablement may enhance ADL, IADL, and quality of life, while reducing service costs and healthcare service use. Seven intervention components were identified, most commonly emphasizing self-maintenance, activity, and a person-centered, holistic approach.

Although findings on effectiveness are encouraging, they remain inconsistent - partly due to the interchangeable use of “reablement” with other interventions, which may undermine internal validity. Differences in intervention components stem from varying conceptualizations of reablement across and within countries. Given the absence of a well-defined conceptual framework for reablement, we recommend that future research establishes a precise description of the concept and clearly outlines the components of reablement interventions. This will provide a stronger foundation for comparing different approaches and distinguishing reablement from similar interventions. While this conceptual ambiguity suggests a need for greater standardization, it may also facilitate flexible adaptation to diverse policies and cultural contexts.

AI Statement

The AI tool M365 Copilot has been used in this review for improving language.

Acknowledgments

We would like to acknowledge the research librarian Gøril Tvedten Jorem, who contributed to the process of developing a search strategy, recommended relevant databases, supported the searching process, and contributed to facilitating our use of the review software and the citation management software. We also would like to thank Mike Landry for suggesting quality improvements and for proof-reading the manuscript.

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

Funding

Western Norway University of Applied Sciences and Nord University financed time for work with the scoping review for the authors.

Disclosure

The authors report there are no conflicts of interest in this work.

References

1. OECD. Health at a Glance 2025. OECD Indicators. 2025. Available from: https://www.oecd.org/en/publications/health-at-a-glance-2025_8f9e3f98-en.html. Accessed November 2025.
2. Aspinall F, Glasby J, Rostgaard T, Tuntland H, Westendorp RGJ. Reablement: supporting older people towards Independence. *Age Ageing*. 2016;45(5):574–578. doi:10.1093/ageing/afw094
3. Rostgaard T, Parsons J, Tuntland H, eds. *Reablement in Long-Term Care for Older People. International Perspectives and Future Directions*. 1st ed. Policy Press. Transforming Care; 2023.
4. Doh D, Smith R, Gevers P. Reviewing the reablement approach to caring for older people. *Ageing Soc*. 2019;1–13. doi:10.1017/S0144686X18001770
5. Metzelthin SF, Rostgaard T, Parsons M, Burton E. Development of an internationally accepted definition of reablement: a Delphi study. *Ageing Soc*. 2020;1–16. doi:10.1017/S0144686X20000999
6. Guadaña J, Oyenevin B, Moe CF, Tuntland H. Publication trends in reablement—a scoping review. *J Multidiscip Healthc*. 2023;1641–1660. doi:10.2147/JMDH.S407802
7. Gough C, Damarell RA, Dizon J, Ross PD, Tieman J. Rehabilitation, reablement, and restorative care approaches in the aged care sector: a scoping review of systematic reviews. *BMC Geriatr*. 2025;25(1):44. doi:10.1186/s12877-025-05680-8
8. Buma LE, Vluggen S, Zwakhalen S, Kempen GI, Metzelthin SF. Effects on clients' daily functioning and common features of reablement interventions: a systematic literature review. *Eur J Ageing*. 2022;1–27. doi:10.1007/s10433-022-00693-3
9. Legg L, Gladman J, Drummond A, Davidson A. A systematic review of the evidence on home care reablement services. *Clin Rehabil*. 2016;30(8):741–749. doi:10.1177/0269215515603220
10. Peters M, Godfrey C, McInerney P, Munn Z, Tricco A, Khalil H. Scoping Reviews (2020). In: Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBIM Manual for Evidence Synthesis*. JBI; 2024.
11. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodolog*. 2005;8(1):19–32. doi:10.1080/1364557032000119616
12. Pollock D, Peters MD, Khalil H, et al. Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBIM Evid Synth*. 2023;21(3):520–532. doi:10.11124/JBIES-22-00123
13. Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467–473. doi:10.7326/M18-0
14. Peters MD, Godfrey C, McInerney P, et al. Best practice guidance and reporting items for the development of scoping review protocols. *JBIM Evid Synth*. 2022;20(4):953–968.
15. Feiring M, Førland O, Aspinall F, Rostgaard T. The ideas of reablement and their travel across time and space. In: Rostgaard T, Parsons J, Tuntland H, editors. *Reablement in Long-Term Care for Older People International Perspectives and Future Directions*. Policy Press; 2023:46–67.
16. Bersvendsen T, Jungeilges J, Abildsnes E. Empirical evaluation of home-based reablement: a review. *Nord J Health Econ*. 2021;9(1):38–55. doi:10.5617/njhe.7838
17. Cochrane A, McGilloway S, Furlong M, Molloy D, Stevenson M, Donnolly M. Time-limited home-care reablement for maintaining and improving the functional Independence of older adults (Review). *Cochrane DB Syst Rev*. 2016;10:Art.No.:CD101825. doi:10.1002/14651858.CD101825.pub2
18. Faria R, Kiss N, Aspinall FJ, Harden M, Weatherly HLA. Economic evaluation of social care interventions: lessons drawn from a systematic review of the methods used to evaluate reablement. *Health Econ Outcome Res*. 2016. doi:10.4172/2471-268x/1000107
19. Flemming J, Armijo-Olivo S, Dennett L, et al. Enhanced home care interventions for community residing adults compared with usual care on health and cost-effectiveness outcomes: a systematic review. *Am J Phys Med Rehabil*. 2021;100(9):906–917. doi:10.1097/PHM.0000000000001734
20. Whitehead PJ, Worthington EJ, Parry RH, Walker MF, Drummond AE. Interventions to reduce dependency in personal activities of daily living in community dwelling adults who use homecare services: a systematic review. *Clin Rehabil*. 2015;29(11):1064–1076. doi:10.1177/026921551456894
21. Pollock D, Hasanoff S, Barker TH, et al. Over 1000 terms have been used to describe evidence synthesis: a scoping review. *BMJ EBM*. 2025. doi:10.1136/bmjebm-2024-113391
22. Sutton A, Clowes M, Preston L, Booth A. Meeting the review family: exploring review types and associated information retrieval requirements. *HILJ*. 2019;36(3):202–222. doi:10.1111/hir.12276
23. Luny C, Reid EK, Neelakant T, et al. A new taxonomy was developed for overlap across' overviews of systematic reviews': a meta-research study of research waste. *Res Synth Methods*. 2021;13(3):315–329. doi:10.1002/jrsm.1542
24. Lotvonen S, Saarela K-M, Tuomikoski A-M, H K, Siira H. Kotihoidossa ikääntyneille toteutetut kuntoutumista edistävæn hoitotö toimintamallit: karttoittava katsaus. *Hoitotiede*. 2021;33(2):86–101.
25. Page MJ, McKenzie JE, Bossuyt PM, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372. doi:10.1136/bmj.n71
26. Hadie SNH. ABC of a scoping review: a simplified JBI scoping review guideline. *EIMJ*. 2024;16(2). doi:10.21315/eimj2024.16.2.14
27. Pratt M, Stevens A, Thuku M, et al. Benefits and harms of medical cannabis: a scoping review of systematic reviews. *Syst Rev*. 2019;8:1–35. doi:10.1186/s13643-019-1243-x
28. Azim FT, Burton E, Ariza-Vega P, et al. Exploring behavior change techniques for reablement: a scoping review. *Braz J Phys Ther*. 2022;100401. doi:10.1016/j.bjpt.2022.100401
29. Bennett C, Allen F, Hodge S, Logan P. An investigation of reablement or restorative homecare interventions and outcome effects: a systematic review of randomised control trials. *Health Soc Care Community*. 2022. doi:10.1111/hsc.14108
30. Benjamin K, Edwards N, Ploeg J, Legault F. Barriers to physical activity and restorative care for residents in long-term care: a review of the literature. *J Aging Phys Act*. 2014;22:155–165. doi:10.1123/JAPA.2012-0139
31. Bergström A, Vik K, Haak M, Metzelthin S, Graff L, Hjelle KM. The jigsaw puzzle of activities for mastering daily life; service recipients and professionals' perceptions of gains and changes attributed to reablement—A qualitative meta-synthesis. *Scand J Occup Ther*. 2022;1–12. doi:10.1080/11038128.2022.2081603
32. Blendell R, Ojo O. Evaluation of the factors that promote improved experience and better outcomes of older adults in intermediate care setting. *Multidiscip Sci J*. 2020;3(1):20–31. doi:10.3390/j3010004

33. Bramble M, Young S, Prior S, et al. A scoping review exploring reablement models of training and client assessment for older people in primary health care. *Phcr&d*. 2022;23e11. doi:10.1017/S1463423621000918
34. Chen S-M, C-jj W, Devin R, Atherton JJ. Effects of reablement programs for older people: a systematic review and meta-analysis. *Collegian*. 2022;29(6):894–903. doi:10.1016/j.colegn.2022.05.012
35. Clotworthy A, Kusumastuti S, Westendorp RG. Reablement through time and space: a scoping review of how the concept of ‘reablement’ for older people has been defined and operationalised. *BMC Geriatr*. 2021;21(1):1–16. doi:10.1186/s12877-020-01958-1
36. Kirchhoff R, Berg H. Use of video communication technology in the light of everyday and/or tele rehabilitation. *Sykepleien Forsk*. 2016;11(2):174–183. doi:10.4220/Sykepleienf.2016.57820
37. Lewis LK, Henwood T, Boylan J, et al. Re-thinking reablement strategies for older adults in residential aged care: a scoping review. *BMC Geriatr*. 2021;21(1):1–12. doi:10.1186/s12877-021-02627-7
38. Mjøsund HL, Moe CF, Burton E, Uhrenfeldt L. Integration of physical activity in reablement for community dwelling older adults: a systematic scoping review. *J Multidiscip Healthc*. 2020;13:1291–1315. doi:10.2147/JMDH.S270247
39. Mulquiny L, Oakman J. Exploring the experience of reablement: a systematic review and qualitative evidence synthesis of older people’s and carers’ views. *Health Soc Care Community*. 2022;30(5):e1471–e1483. doi:10.1111/hsc.13837
40. Pettersson C, Iwarsson S. Evidence-based interventions involving occupational therapists are needed in re-ablement for older community-living people: a systematic review. *Br J Occup Ther*. 2017;0308022617691537. doi:10.1177/0308022617691537
41. Rahja M, Laver K, Whitehead C, Pietsch A, Oliver E, Crotty M. A systematic review and meta-analysis of reablement interventions for people in permanent residential aged care homes. *Age Ageing*. 2022;51(10):afac208. doi:10.1093/ageing/afac208
42. Sims-Gould J, Tong CE, Wallis-Mayer L, et al. Reablement, reactivation, rehabilitation and restorative interventions with older adults in receipt of home care: a systematic review. *J Am Med Dir Assoc*. 2017;18(8):653–663. doi:10.1016/j.jamda.2016.12.070
43. Tessier A, Beaulieu M-D, MCGinn C, Lautulippe R. Effectiveness of reablement: a systematic review. *Healthcare Policy*. 2016;11(4):49–59.
44. Resnick B, Galik E, Boltz M. Function focused care approaches: literature review of progress and future possibilities. *J Am Med Dir Assoc*. 2013;14(5):313–318. doi:10.1016/j.jamda.2012.10.019
45. Negrini S, Selb M, Kiekens C, et al. Rehabilitation definition for research purposes. A global stakeholders’ initiative by Cochrane Rehabilitation. *Neurorehabil Neural Repair*. 2022;36(7):405–414. doi:10.1177/15459683221093587
46. Keane M, Cagney O, Cochrane A, Lee C, Farragher A, Long J. Reablement in the home for people aged 65 years and over: components, effectiveness, and influencing factors. An evidence review. *Health Research Board*; 2021.
47. Tuntland H, Parsons J, Rostgaard T. Perspectives on institutional characteristics, model features, and theories of reablement. In: Rostgaard T, Parsons H, Tuntland H, editors. *Reablement in Long-Term Care for Older People International Perspectives and Future Directions*. Policy Press; 2023:21–45.
48. Skivington K, Matthews L, Simpson SA, et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ*. 2021;374. doi:10.1136/bmj.n2061
49. Buma LE, Mouchaers I, Zwakhalen SM, Vluggen S, Satink T, Metzelthin SF. Defining reablement in the Dutch Context: a modified Delphi Study. *J Multidiscip Healthc*. 2025;2859–2873. doi:10.2147/JMDH.S522161
50. Battel I, Arienti C, Levack W, Kiekens C, Negrini S. The new rehabilitation definition for research purposes could improve rehabilitation description in Cochrane systematic reviews. *Cochrane Evid Synth Methods*. 2024;2(9):e70000.
51. Hoffmann TC, Glasziou PP, Boutron I, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ*. 2014;348:g1687. doi:10.1136/bmj.g1687

Journal of Multidisciplinary Healthcare

Publish your work in this journal

The Journal of Multidisciplinary Healthcare is an international, peer-reviewed open-access journal that aims to represent and publish research in healthcare areas delivered by practitioners of different disciplines. This includes studies and reviews conducted by multidisciplinary teams as well as research which evaluates the results or conduct of such teams or healthcare processes in general. The journal covers a very wide range of areas and welcomes submissions from practitioners at all levels, from all over the world. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-multidisciplinary-healthcare-journal>

Dovepress
Taylor & Francis Group