

# Policy Brief

## Reablement: meeting the challenges facing dementia services

**Dementia is a major cause of disability. People with dementia need good support, but health and social care services are overstretched and cannot provide all the support people need. Progress with drug treatments and preventive measures will not be enough to solve the problem. We need effective non-pharmacological approaches to reduce disability for people with dementia. Reablement, or rehabilitation, is one such approach.<sup>1</sup>**

Reablement enables people to maintain or regain abilities, stay involved with activities that are important to them, continue participating in society, and experience a meaningful life. It is a sustainable, low-cost way of managing disability and reducing its impact.<sup>2</sup> People with dementia can benefit from reablement at all stages of severity. Yet reablement is not widely implemented in dementia services. To make this happen, three **key changes** are needed:



Goal attainment by people with dementia was maintained six months after the end of the intervention in a UK trial.



What needs to happen?

- **A shift in attitudes**

We need to think about what people can do and wish to do, with the right support, and not just about what they cannot do. This way of thinking supports autonomy, dignity and inclusion across all stages of progression and environments. People affected by dementia, practitioners and the public need to know that reablement can promote functioning and reduce disability.

- **A change in how services work**

Health and social care services often focus on disability, carrying out tasks for people or providing assistance with tasks. Reablement is different. It emphasizes people's abilities and priorities. Services are personalized and flexible and delivered by an interdisciplinary team.

- **A focus on building capacity**

To make reablement a reality, we need a workforce equipped with the right skills and the right organizational contexts. To ensure reablement is as effective as possible, we need to keep extending the evidence base through targeted research initiatives.



In a Dutch trial, staff trained in reablement enabled their clients to participate in daily activities to a greater extent than staff who were not trained. This effect was seen after 6 months and maintained 3 months later.



In the I-HARP trial involving clients with mild dementia, the overall health-related costs over 12 months were substantially less for those participating in I-HARP compared to those receiving usual care, averaging AUD \$7,098 less per person. This cost difference was primarily due to delayed/prevented care home admissions.



The policy challenge

People are living longer but many spend a significant proportion of their later lives in ill-health. Dementia is one of the main causes of disability. It affects the ability to function in daily life, engage in meaningful activity, and participate in society. More than 55 million people worldwide live with one of many neurodegenerative conditions resulting in dementia. Nearly 10 million people are newly diagnosed each year. Health and social care services are ill-equipped to cope, and as populations age, fewer younger people are available to provide care. We need effective, sustainable ways of reducing disability for people living with dementia and supporting their families<sup>3 4</sup>. The World Health Organization has recognised the global relevance of rehabilitative interventions by producing a Package of Rehabilitation Interventions for Dementia<sup>5</sup>. Reablement is a rehabilitative approach<sup>1</sup> that can be implemented at scale.



What is reablement?

Reablement<sup>1 2</sup> builds on what people can do and what is important to them. It helps people to maintain their abilities or regain them after an episode of ill-health or hospitalisation.

This is different to usual care. Typically, usual care focuses on what people cannot do and involves assisting people or simply doing things for them.

Rehabilitative approaches like reablement are relevant across all stages of dementia and in both home and residential care environments. Other examples of rehabilitative approaches include cognitive rehabilitation, community occupational therapy, restorative care or function-focused care.

The principles and components of reablement are put into practice through a range of interdisciplinary interventions and service models.



I have become more independent and will now go out on my own regularly. I have attempted volunteering in a charity shop and will now get shopping on my own.

*person with dementia*





How does reablement work?

Reablement involves working on real-life goals that are meaningful and support the person's autonomy. Goals could involve being able to do complex activities like preparing and cooking a meal or using public transport to visit friends or participate in social activities, or more basic activities like re-learning how to dress oneself.

Goals are usually addressed by a combination of strategies. These may include:

- Re-learning the practical skills needed to carry out activities
- Simplifying tasks and developing ways of compensating for difficulties
- Using enhanced learning strategies to take in new information
- Offering assistive devices and home modifications
- Coaching family carers in problem-solving

The choice of strategies is based on a detailed understanding of the person's abilities and the difficulties and barriers that interfere with being able to do the activity. Chosen activities are broken down into steps and learned or re-learned by building up the necessary abilities one step at a time. Difficulties are tackled directly or worked around, or adaptations are made to physical and social environments.

Reablement principles can be implemented in all care settings by creating an environment where people living with dementia are involved in purposeful activity and equipping staff to make this happen through coaching and managerial support.



**Is reablement effective?**

Reablement consistently results in better functioning in the targeted areas.<sup>1</sup> People make progress with, and achieve, their goals. These benefits appear to last. Goal attainment is sometimes accompanied by improvements in activities of daily living more generally, or quality of life. Family carers consistently say they feel better equipped to cope with the consequences of dementia.<sup>1</sup> This is often accompanied by reduced feelings of burden and better quality of life.



**Is reablement expensive?**

Reablement interventions are relatively inexpensive.<sup>1</sup> Involving aides under the supervision of qualified staff helps to keep costs down. Reablement does not necessarily require expensive equipment or facilities.



**Is reablement cost-effective?**

Several reablement interventions and service models, although not all, have demonstrated cost-effectiveness.<sup>1</sup>

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It helped my husband to believe that he could have some control over his memory loss. It gave him a focus and a chance to try and retain some control and skills, and to maintain some independence.

*family carer*

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Recommendations

We recommend that:

- Reablement is included in national, regional and local dementia strategies as part of post-diagnostic support services, with sufficient resources and infrastructure allocated to it.
- Health and social care staff at each skill level, and managers, are trained in the principles and practice of reablement for people with dementia.
- Public awareness campaigns are conducted to increase understanding of the benefits of reablement.
- Research funders provide ringfenced funding opportunities to address evidence gaps in reablement research in dementia.



Key points

**People with dementia need and have a right to, reablement, as it:**

- Consistently enables people with dementia to function better in daily life.
- May improve well-being for people with dementia and family carers.
- Is a low-cost, sustainable approach with potential to demonstrate cost-effectiveness.

**Ongoing research efforts should focus on:**

- How to implement reablement in health and social care systems.
- How best to measure the impact of reablement.
- Examining the longer-term effects of reablement.

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The family carer said how beneficial it had been because you get a diagnosis, and then you're led to believe there is absolutely nothing you can do other than expect a decline in that person. And for her, it was important that she could see that there were lots of things that her husband could still do and achieve.

*practitioner*

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Cognitive rehabilitation for people with dementia delayed care home admission by 6 months on average in a French study.



Healthcare costs from a societal perspective were nearly 600 euro less over a six-month period for nursing home residents who received reablement than for those who did not in a Dutch trial.



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