**Examining clients level outcomes of reablement: A cross-country comparative analysis.**

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**Background**

Reablement (also known as restorative care) involves multi-professional interventions implemented for community-dwelling people with functional decline. A suggsted definition is the following: “**Reablement is a person-centred, holistic approach that aims to enhance an individual’s physical functioning, to increase or maintain their independence in meaningful activities of daily living (at their place of residence or in the community) and to reduce their need for long-term services. Reablement consists of multiple visits and is delivered by a trained and coordinated interdisciplinary team. The approach includes an initial comprehensive assessment followed by regular reassessments and the development of goal-oriented support plans. Reablement supports an individual to achieve their goals, if applicable, through participation in daily activities, home modifications and assistive devices as well as involvement of their social network.** Reablement is an inclusive approach irrespective of age, capacity, diagnosis or setting.**”**[[1]](#footnote-1)**.** Given the interdisciplinary nature of reablement and the wide range of potential outcomes needed to evaluate the effects of reablement, there is clearly a need to elaborate the issue of client level outcomes within the context of reablement. In order to evaluate an intervention, it is important that there is a logical link between what the intervention intends to affect and the outcome measure that is used to evaluate that effect (1-3). Thus, when evaluating reablement, there is a need for a good match between the outcomes that reablement (per definition) is intended to affect and the outcomes that are actually used to capture these outcomes (1).

In this paper we will elaborate the issue of client level outcomes for evaluating reablement. Across the globe, stakeholders involved in reablement need to understand whether reablement programs lead to improved health outcomes only for clients. Thus, there is the need to further deepen our understanding of reablement outcomes for clients e.g., in relation to the purpose of reablement, which outcomes need to be evaluated, and which outcome measures are feasible to use. With the term *client level outcomes*, we mean outcomes that are directly associated with the participant who is engaged in reablement.

**Research questions**

1. What reablement health-related client level outcomes have been studied in various countries?
2. Which instruments were used in examining these client level outcomes?

## **Methods**

For the purpose of this paper a pragmatic, descriptive approach was chosen and to base the inclusion of initiatives on our expertise knowledge of the reablement literature. Our knowledge of the research literature is acquired through recurrent literature searches over the preceding seven years. The term *initiatives* is used, since several publications can cover the same studies. The main inclusion criteria was that the initiatives concurred with the provisional definition of reablement presented in the introduction and our expertise understanding of what reablement is. Moreover, the initiatives would have to be planned or conducted clinical trials published in peer-reviewed journals. The paper uses a combination of literature review and cross-country comparative analysis to examine which client outcomes have been studied in different countries across the world and how these outcomes have been studied.

## **Results**

The purpose of this analysis is to examine client level outcomes, which have been used in reablement initiatives in different countries, and to describe the types of tools used in measuring the outcomes identified in the initiatives. Overall, a total of 13 research articles from six countries (New Zealand, Australia, Norway, United States of America, Denmark, and Netherlands) have been included in the current analysis. The current analysis takes into account the specific client level outcomes that have been presented in the literature and the measurement tools that were used.

Client level outcome in this analysis refers to the specific individual level outcomes that each country initiative sought to achieve. The outcomes are clustered into primary and secondary outcomes based on how the literature identifies them. Overall, there were 20 unique primary- and 22 unique secondary client level outcomes identified across the 13 research articles sampled. Functional independence in ADL was the most significant outcome featured in both primary and secondary outcome.

Another important component of our analysis is to examine the measurement tools used in determining client level outcomes across the respective countries. Overall, 32 different types of tools were used in the 13 selected reablement initiatives in the six country cases. The most commonly used tool according to this analysis is the Timed up and Go Test which measures mobility relative to time. Other frequently used tools to measure client level outcomes are the ADL scale, based on the Modified Barthel Index and the The European Quality of Life Scale (EQ-5D).

## **Conclusion**

In this paper we have explored what client level outcomes have been studied in various countries and which instruments have been used in examining these outcomes. We have conducted a cross-country analysis including 13 studies deriving from New Zealand, Australia, Norway, United States of America, Denmark and the Netherlands.

In all, 20 primary client level outcomes and 22 secondary client level outcomes were identified. Outcomes related to ADL were included in studies from all countries. In addition outcomes related to physical functioning and health-related quality of life, were also a frequent outcomes. In all, a total of 37 instruments were used, of which the Timed up and Go, Modified Barthel Index, and EQ-5D were the ones most frequently used. Given the diversity of client level outcomes and instrument used in reablement, as set of core outcomes and instruments should be developed. This would enhance comparisons between studies and countries. Instruments that measure outcomes related to ADL, physical functioning and health-related quality of life should be included in such a core set.

## **References**

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3. Klein S, Barlow I, Hollis V. Evaluating ADL measures from an occupational therapy perspective. Canadian Journal of Occupational Therapy. 2008;75(2):69-81.

1. Provisional definition provided by the Reable Research Network. [↑](#footnote-ref-1)