

Evidence and impact

Results, limitations and pilot measurement. For
homecare providers in the UK.



Denmark · the Netherlands · United Kingdom

Nearly half

of Denmark's 98
municipalities use DigiRehab
in their homecare services

45+ municipalities, according to
DigiRehab

25,000+

training programmes
completed, mainly in Danish
municipalities

According to DigiRehab, 2026

25 to 78 h

less care per person in the
year after starting: measured,
and against the person's own
rising trend

121 clients, one Dutch care group

October 2026 · Version 1.0 · digirehab.uk

All results in this report come from routine practice without a control group. The chapters on Denmark and the Netherlands give the source of each figure; the final chapter sets out the limitations.

Summary

DigiRehab is a twelve-week strength and balance programme for older people, carried out at home by care workers with a tablet. The tablet runs standardised tests, builds an individual exercise programme from the results and records progress. Its stated purpose is to help people “maintain or improve functional ability, everyday activity and self-reliance”.¹⁷



ACTIVE

Early strength

For older people who pay for their own care, and for people at the start of a new care package. The aim is to build strength early, so that a new package stays as small as it can be.



REHAB

Rising needs

For clients who already receive homecare and need more help each year. The aim is to reduce dependency and free up care hours.

Evidence so far

- **Denmark.** Nearly half of Denmark's 98 municipalities use DigiRehab, and more than 25,000 programmes have been completed. Municipalities judge it on their own care records, every year.^{10,12,19}
- **Netherlands, tests.** In 301 Dutch clients with a first and last screening, around seven in ten improved on standard tests of walking speed, standing up and getting up and going.¹¹
- **Netherlands, care use.** In one Dutch care group, 121 clients who completed received on average 25 fewer hours of care in the 52 weeks after starting. In the year before, 82% of them had needed more care. Measured against each client's own trend, the difference is 78 hours.¹²
- **Approach.** Progressive strength and balance exercise for older people has a large evidence base, and NICE recommends it for people at risk of falling.^{1,4}

Open questions

- There is no randomised trial of DigiRehab. The results here come from routine practice, most of them analysed by DigiRehab itself.
- There are no outcome data from the UK yet.
- This report makes no claim that DigiRehab reduces falls; the chapter on research gives the reason.

Pilot. Pilot results come from your own care records, with rules agreed before the start: test results after twelve weeks, care hours after twelve months, reported at three levels from the most cautious to the most favourable figure.

Pressure on homecare



Homecare in the UK runs on hours that are hard to staff and hard to price, and the hours each client needs tend to go up. The figures below are for England, the largest of the four nations; Scotland, Wales and Northern Ireland publish their own data.



9.9%

of posts in domiciliary care in England vacant in 2024/25¹³



23.7%

staff turnover in domiciliary care in England in 2024/25¹³



£24.10

average hourly rate paid by councils in England in 2025/26, against a Minimum Price of £34.42 for 2026/27¹⁴

Staffing

Since 22 July 2025, UK immigration rules no longer allow providers to recruit new care workers from overseas through the Health and Care Worker visa.¹⁸ Every hour of care has to be delivered by a workforce that is already stretched.

Rising need per client

Care needs rarely stand still. In the Dutch care group described in chapter 5, 82% of clients needed more care in the year before they started training, on average 53 hours more.¹² In Danish municipal data, care rose over a year for seven in ten homecare clients, on average by 38 hours.^{9,12}

Provider perspective

For a provider paid by the hour, fewer hours can look like lost income. Where a provider cannot staff all the hours it is asked for, an hour a client no longer needs is an hour available for the next person waiting. ACTIVE adds a service that self-funding clients can buy, and it can be delivered during visits that are already planned.



WITHIN EXISTING VISITS

No new profession needed

DigiRehab can be delivered within the visits a care worker already makes. The tablet supplies the tests, the programme and the record; the care worker supplies the relationship and the encouragement.

The programme

Twelve weeks, two short sessions a week, in the client's own home.



Screen

Ten standardised physical tests, including the 30-second chair stand, the Timed Up and Go and a four-metre walk, plus ten daily activities. Two scores: physical capacity and need for help.



Train

An individual programme built from the test results. Twice a week for twelve weeks, 20 to 30 minutes a session. Exercises step up as the client gets stronger.



Review

Re-screening every four weeks adjusts the programme. Afterwards a maintenance programme with fewer visits, in which relatives can take on a coaching role.

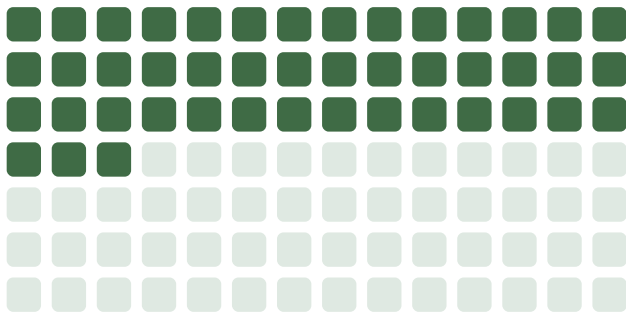
	ACTIVE	REHAB
For	Self-funding clients; people at the start of a new care package	Clients with an ongoing package whose needs are rising
Screening	ACTIVE screening: physical tests and questions about daily life	REHAB screening: physical tests and need for help in daily activities
Aim	Build strength before needs settle into a pattern	Reduce dependency and free up care hours
Main measure	Test results; time until more care is needed	Test results; care hours delivered

Delivery

Care workers deliver the programme during their visits after a short training course (four hours in the Danish model).⁹ They do not need physiotherapy training. In the UK, delivery is overseen by a physiotherapist. The provider stays responsible for each client, as with any part of a care plan.¹⁷ Training time is about 10 to 15 care-worker hours per client who completes the programme; that investment is reported separately from the care hours saved.¹²

Practice in Denmark

DigiRehab was developed in Denmark and spread through practice. Nearly half of the country's 98 municipalities use it in their homecare services.

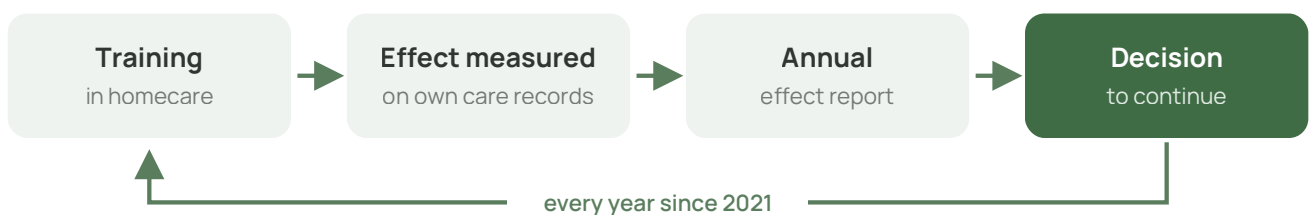


45+ of 98

Danish municipalities use DigiRehab.¹⁹ Each square is one municipality.

Evidence from practice

Danish municipalities judge DigiRehab on their own data. Since 2021, DigiRehab has calculated the effect on the care records of the municipalities it works with and reported it every year.¹² What municipalities see is that people manage more for themselves, and that staff time and money are saved. Those results are the reason they continue, and the reason few separate trials have been done.



Results in Denmark

25,000+

training programmes completed¹⁰

~100

effect analyses on routine municipal data¹⁰

7 in 10

complete: at least ten sessions over at least eight weeks^{9,12}

Figures in this chapter are DigiRehab's own unless an outside source is given. Most participants are in their eighties and already receive homecare; DigiRehab attributes the completion rate partly to the twice-weekly visits.

KL and Deloitte case

In 2022 the Danish association of municipalities (KL) and Deloitte selected ten technologies with documented time savings in public services. DigiRehab, in one Danish municipality, was one of them.⁸

27 h

fewer hours of care need per citizen per year

55%

of participants improved their physical capacity

81%

of completers kept or reduced their need for help

DKK 1m+

net saving in 2021

About 75% completed the programme. This is the only DigiRehab result described by an outside party. It describes one municipality's results and how they were measured; DigiRehab's other analyses were not audited.

Internal analyses

>70%

of participants gain strength⁹

>70%

need less help with daily activities⁹

Analyses by DigiRehab on routine municipal data, without a control group, covering people who completed the programme.

EARLY SIGNAL ACTIVE: transition to personal care

An early comparison in two Danish municipalities looked at older people who received help with housework only.¹⁰

DID NOT TRAIN

144 people

26% moved on to personal care during follow-up, on average after 423 days. Moving on added about 2.2 hours of care a week.

TRAINED

19 comparable people

One person (5%) had moved on at the time of analysis. The others were still on housework help only, and nine of them no longer received any.

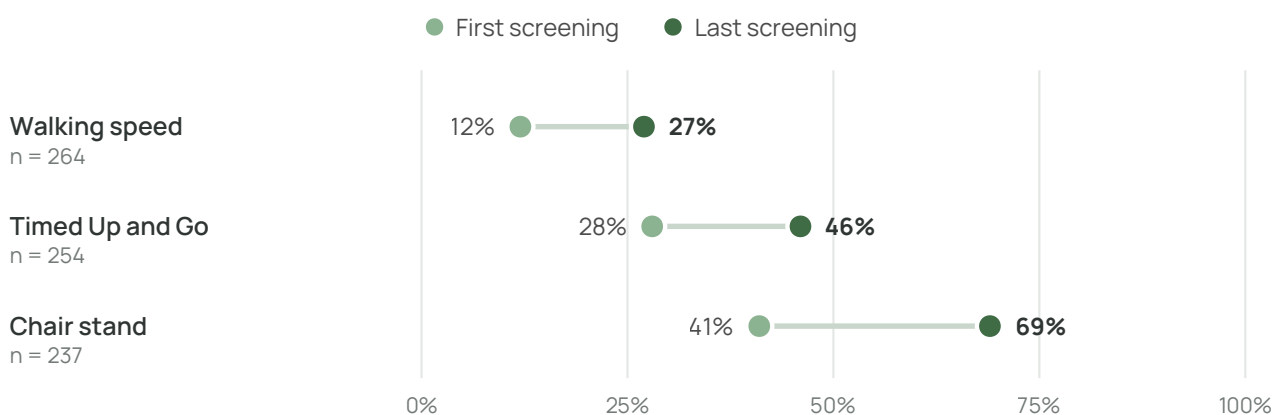
The trained group is small, the comparison is with an earlier group, and follow-up continues. DigiRehab itself calls it too early for a final figure.

Results in the Netherlands

Since 2022 DigiRehab has been used by Dutch homecare organisations and in municipal prevention projects. Six groups between April 2022 and June 2026: 425 people screened, 301 with a first and a last screening.¹¹

Share of clients within the safe range, first and last screening

Walking speed at least 0.8 m/s;¹⁵ Timed Up and Go 12 seconds or less;¹⁶ 30-second chair stand at least 8 repetitions



Measure	Clients	First	Last	Better	Worse
Walking speed (m/s)	264	0.48	0.61	70%	28%
Timed Up and Go (seconds)	254	19.3	16.3	72%	27%
30-second chair stand (repetitions)	237	7.0	9.2	72%	16%
Physical capacity score (0 to 100)	290	46	56	77%	20%
Limitations in daily activities (lower is better)	301	19.7	14.5	66%	18%

The remaining clients were unchanged. In the two 2026 groups, fear of falling was also asked: 22 of 67 clients were less afraid, 41 unchanged, 4 more afraid. No control group; Dutch organisations are not named.

Care use

A large Dutch care group linked training data to its own care records for 121 clients who completed the programme, and followed each of them for 52 weeks before and 52 weeks after their first screening. The care measured was home nursing and personal care.¹²

82%

needed more care in the year before, on average 53 hours more

25 h

less care on average in the 52 weeks after starting

78 h

difference against each client's own trend

64% received less or the same care after starting; 36% received more.

Research behind the approach

Strength and balance training for older people is one of the best-researched interventions in ageing. The open question for DigiRehab is how much of that effect holds when care workers deliver it at home.

General evidence

A Cochrane review of 108 randomised trials with 23,407 participants found that exercise reduced the rate of falls among older people living in the community by 23%.¹ A review of 26 randomised trials of home exercise supported by digital tools found better chair-rise performance and better scores for activities of daily living.⁵ NICE guideline NG249 (April 2025) recommends progressive, individually tailored programmes of strength, balance and coordination for older people at risk of falling.⁴

Two qualifications

DOSE

Strength and function

Falls-prevention research points to more than three hours of balance and functional exercise a week, and the World Falls Guidelines to at least three sessions a week for twelve weeks or more.^{2,3} DigiRehab's standard programme is built to restore strength and everyday function, and those are the outcomes reported here. This report makes no claim that it prevents falls.

DELIVERY

Care workers as trainers

NICE recommends that falls-prevention programmes are delivered by appropriately trained professionals.⁴ DigiRehab is delivered by care workers. A review of physical activity programmes for older people receiving homecare, some delivered by care workers, found limited evidence of effect.⁶ DigiRehab's routine data can help to fill this gap, which is why the measurement method is published.

Weekly exercise time

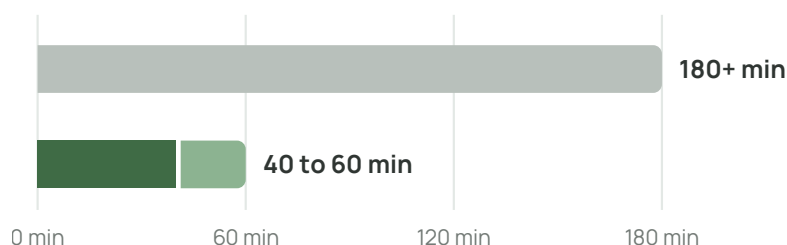
Falls-prevention dose against the DigiRehab standard programme

Falls-prevention dose

trials and guidelines, per week

DigiRehab standard programme

two sessions of 20 to 30 minutes



Peer-reviewed publications

The only peer-reviewed publication about DigiRehab so far is a feasibility study protocol from the European PRECISE project, without outcome data.⁷ It was co-authored by people working for DigiRehab.

Care hours and their value

The same data give three figures, depending on the comparison. The most cautious figure is the headline; the highest is the upper limit.

Fewer hours of care per client in the 52 weeks after starting

121 clients who completed the programme, one Dutch care group. Training time not deducted.

Measured decline

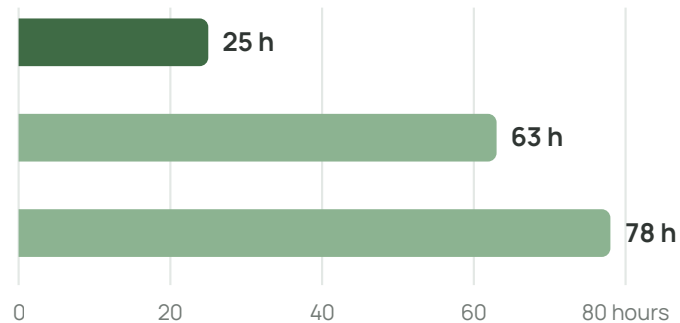
care actually not delivered

With a reference for rising need

Danish reference: +38 h a year

Against the client's own trend

upper limit



The first figure is care that was not delivered: the only one a payer can count as cash. The other two add growth in care that did not happen. That is real, but it is avoided cost, and it rests on an assumption about what would have happened without training.

Calculation

Hours freed in a year = clients who start × 0.7 (completion) × hours per client who completes. Multiply by the hourly rate that applies to you.

Example: 100 clients start, 70 complete	Hours	At £24.10 / hour	At £34.42 / hour
Measured decline, 25 hours each	1,750	£42,200	£60,200
Upper limit, 78 hours each	5,460	£131,600	£187,900

£24.10: average hourly rate paid by councils in England for state-funded homecare, 2025/26. £34.42: Homecare Association Minimum Price for Homecare in England, 2026/27.¹⁴



Costs

About 10 to 15 hours of care-worker time per client who completes, the time spent on clients who start and stop, and the licence and implementation. Prices are set out in proposals and are not part of this report.

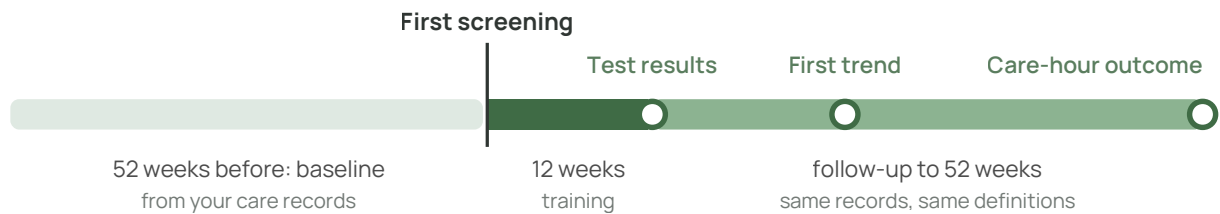


Value for providers

For a council the freed hours are a saving. For a provider they are capacity: hours that can go to the next client waiting, or that do not have to be recruited for. ACTIVE adds a paid service for self-funding clients.

Measuring a pilot

A pilot is measured on your own care records, with the rules agreed before the start. The method is written down, so an independent party can check or repeat it.¹²



Step	Part	Content
1	Agree the rules	Which care counts, how training time is recorded, how deaths and admissions are handled, and which result is the headline. Fixed before the first client starts.
2	Baseline	Care delivered per client over the 52 weeks before the first screening, exported from your care management system, plus the first screening.
3	Training	Screening at the start and every four weeks. Sessions are recorded on the tablet.
4	Follow-up	Care delivered over the 52 weeks after the first screening, from the same system and with the same definitions.
5	Report	Three levels: measured decline (headline), comparison with a reference, comparison with each client's own trend (upper limit). Plus a check with a randomly chosen start date, which should show no saving if the method itself is sound.

Data

From you: a client number, dates, minutes of care delivered and the type of care. From DigiRehab: per client number, the dates of first and last screening, sessions completed and the scores. No names are needed. Results are reported for the group, not for individual clients.



Experience in the UK

One independent homecare provider in Kent delivers DigiRehab to its own clients. Structured outcome data from the UK are not yet available; the first will come from pilots measured this way.

Limitations and declarations

Limitations

- **No randomised trial.** No randomised trial of DigiRehab has been published. All results come from routine practice without a control group.
- **Regression to the mean.** People often start training when their needs are rising. Part of the later fall in care might have happened anyway. Comparing each client with their own trend addresses this only in part.
- **Completers only.** Results cover people who completed the programme, about seven in ten of those who start.
- **Analysis.** Most analyses were carried out by DigiRehab or its distributors. Only one municipal case was described by an outside party.
- **Reference.** The comparison for avoided growth uses a Danish reference. There is no reference for the UK yet.
- **United Kingdom.** There are no outcome data from the UK yet.

Regulatory status

DigiRehab supports care providers in screening physical and functional ability, preparing and delivering an individual training programme and recording progress.¹⁷ It is not certified as a medical device. It does not diagnose or treat, and this report makes no claim that it reduces falls. The provider remains responsible for decisions about each client.

Declarations

This report was written by DigiRehab UK, which distributes DigiRehab in the United Kingdom under licence from DigiRehab in Denmark. Danish figures are DigiRehab's own unless an outside source is given. Dutch figures were analysed by DigiRehab in the Netherlands on anonymised data; the organisations are not named. People working for DigiRehab, including the UK lead, co-authored the PRECISE protocol cited in chapter 6.

Photographs

Photographs from the DigiRehab image library, taken in Danish care settings.

References

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The care-use method (reference 12) and the Dutch effect data are available for inspection on request.