



# 2021 and 2022 Commonwealth Home Support Programme (CHSP) Wellness and Reablement Report Outcomes



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# 1. Executive Summary

A primary objective of the Commonwealth Home Support Programme (CHSP) is to administer quality care to older Australians using a wellness and reablement approach. Building on people's strengths and goals to support client independence and autonomy is fundamental to the CHSP, and service providers are required to adopt this approach in their delivery of aged care services. Employment of wellness and reablement approaches in aged care organisations promotes increased client wellbeing, independence, function, and management of daily tasks and living. Successful application of these approaches can help maintain functional independence and reduce both the frequency and intensity with which services are delivered. It is therefore integral that service providers continue to engage with and practice wellness and reablement ideals in their work.

In 2021 and 2022, the Department of Health (the Department) conducted its fourth and fifth annual wellness and reablement reports through online surveys to CHSP service providers nationwide. The purpose of the Wellness and Reablement Report is to measure CHSP providers' progress towards embedding wellness and reablement approaches and gain a more in-depth understanding of how wellness and reablement is delivered in practice. Additionally, the report is designed to identify successes, challenges, and support required by CHSP-funded organisations. The findings are published in this report to share the information collected with CHSP service providers and the aged care sector.

The Department received 1,211 responses in 2021 (covering the 2020-21 financial year), and 1,219 responses in 2022 (covering the 2021-22 financial year). Two years of consistent reporting and targeted questions have provided insights as to the progress made and challenges faced by service providers in using wellness and reablement-focussed service delivery.

In 2021, two new questions were added (14 and 15) to the report to understand how reassessments and ongoing services are being conducted within organisations. In 2022, three additional questions (8, 15, and 23) were included in the report. These three questions provided insight into the number of reablement clients in organisations; greater detail about Allied Health and Therapy Services delivered on a short-term basis with a reablement focus; and assessed the percentage of clients who experienced increased social connection and participation in society. It should be noted that the 2021 report featured a dual question assessing the proportion of clients that "developed new skills/capabilities or increased social connection/participation in society", where the two topics were addressed in separate questions in the 2022 report.

This report will compare data and trends across the 2021 and 2022 reporting periods, looking at providers' application of wellness and reablement strategies. Analysis of the results highlights successes and some key areas for improvement.

- Data from the 2022 report reveals some reductions in the adoption of wellness and reablement approaches since 2021. There was a small decline between 2021 and 2022 in service providers' implementation of wellness and reablement approaches, with:
  - Fewer individual care plans developed for clients.
  - Less client participation in tasks with or alongside staff.
  - Less clients regaining skills or new abilities.
  - Reduced client adaptation to functional limitations.
  - Decreased reports of client social connections and participation.
- Service providers attributed this to the COVID-19 pandemic, lack of understanding of wellness and reablement within organisations, workforce issues, and limited resources and support.

Other self-reported outcomes of the reports are indicated below.

- In 2021, service providers responded that their clients were benefitting from wellness and reablement approaches including the development of care plans, participation in tasks, development of new skills and abilities, and social connections.
- In 2022, the self-reported benefits of wellness and reablement decreased slightly across many aspects of service delivery. However, it is clear that providers remain engaged with the idea of wellness and reablement service delivery.
  - The frequency of short-term reablement-focussed services delivered increased in 2022.
  - In 2022, 30% of providers reported that more than 75% of their clients participated in tasks with or alongside service provider staff.
  - A higher proportion of clients were reported to have increased their social connections and/or participation in society in 2022.
  - Despite minimal decreases across reporting periods, many providers continued to indicate improvements in their clients' physical and cognitive abilities in 2022.

Where providers indicated challenges in the embedding of wellness and reablement approaches, workforce issues, preferences of the client and carer, issues with service delivery models, and lack of available funding were among the most prevalent barriers in 2022.

Analysis of the 2021 and 2022 reports, including the written responses, suggest that organisations do not consistently see a benefit in implementing wellness and reablement approaches for their service types. The percentage of providers reporting client benefits from wellness and reablement approaches remains relatively unchanged, sometimes slightly lower, compared to previous years, with service types like Meals and Transport reporting lower client benefits, while Home Modifications

and Goods, Equipment, and Assistive Technology services reported benefits. Even so, there were best practice examples provided from each of the different service types. This indicates a need for ongoing assistance in embedding wellness and reablement focussed practices into service delivery.

The Department will refine the Wellness and Reablement Report questions in 2023 to obtain more targeted feedback on areas that are working well and challenges impacting the sector. This information will be used to further improve policy and operational outcomes.

Results for each question in both the 2021 and 2022 reports are included in Appendices A and B, respectively. More detailed analysis of the results can be found in the 'Wellness and reablement findings' and 'Client wellness and reablement' sections of this report.

## **2. Acknowledgements**

The Department extends its gratitude to CHSP service providers for their detailed responses in the 2021 and 2022 Wellness and Reablement Reports, and thanks providers for their ongoing efforts in the embedding of wellness and reablement approaches in their service delivery. The data and feedback provided allows us to better understand the delivery of wellness and reablement approaches in practice and informs the development of wellness and reablement policy and supports.

## **3. Background and context**

On 1 July 2018, it became a requirement for service providers funded under the CHSP to actively work towards embedding a wellness approach in their service delivery practices; provide a greater focus on activities that support independence and wellness; assist clients to achieve the agreed goals in their support plan; and accept referrals to deliver short-term services as well as ongoing services.

The first wellness report was issued to service providers in late 2018 to understand how wellness approaches were being implemented in CHSP funded organisations. It was designed to give the Department an overview of service providers' understanding of wellness and reablement, and its implementation within organisations. Furthermore, the responses indicate what further support providers may need to ensure continual improvement in the delivering wellness and reablement approaches across the sector.

The 2019 and 2020 wellness and reablement reports had a specific focus on the reablement aspect of service delivery, aligned with the 2018-19 'Promoting

Independent Living' budget measure. In more recent years, the wellness and reablement reports have included items assessing client wellness and social health.

## 4. Methodology

In 2021 and 2022, service providers funded under all CHSP service types were required to report on the implementation of wellness and reablement in their organisations. This excluded service providers who receive funding only for Sector Support and Development (SSD). Questions varied minimally across the reporting periods.

Providers were asked a total of 23 questions in 2021, and 26 questions in 2022. The reports featured a combination of qualitative and quantitative questions, allowing a holistic perspective of wellness and reablement progress in service delivery. Items were grouped into the following themes.

- Organisation details.
- Client characteristics.
  - Age range of reablement clients.
  - Dementia and cognitive impairment.
- Client care (service) plans.
- Delivery of short-term reablement services under different CHSP service types.
  - Referrals to deliver short-term CHSP services.
  - Frequency of short-term CHSP services.
  - Proportion of services delivered on a short-term basis.
- Client outcomes.
  - Intensity of CHSP services over time.
  - Clients participating in tasks with the service provider.
  - Proportion of clients developing new skills/abilities.
  - Proportion of clients regaining physical or cognitive abilities.
  - Proportion of clients learning to adapt to functional limitations.
  - Proportion of clients' improvement of wellness and social connections.
- Challenges in delivering a wellness and reablement approach.

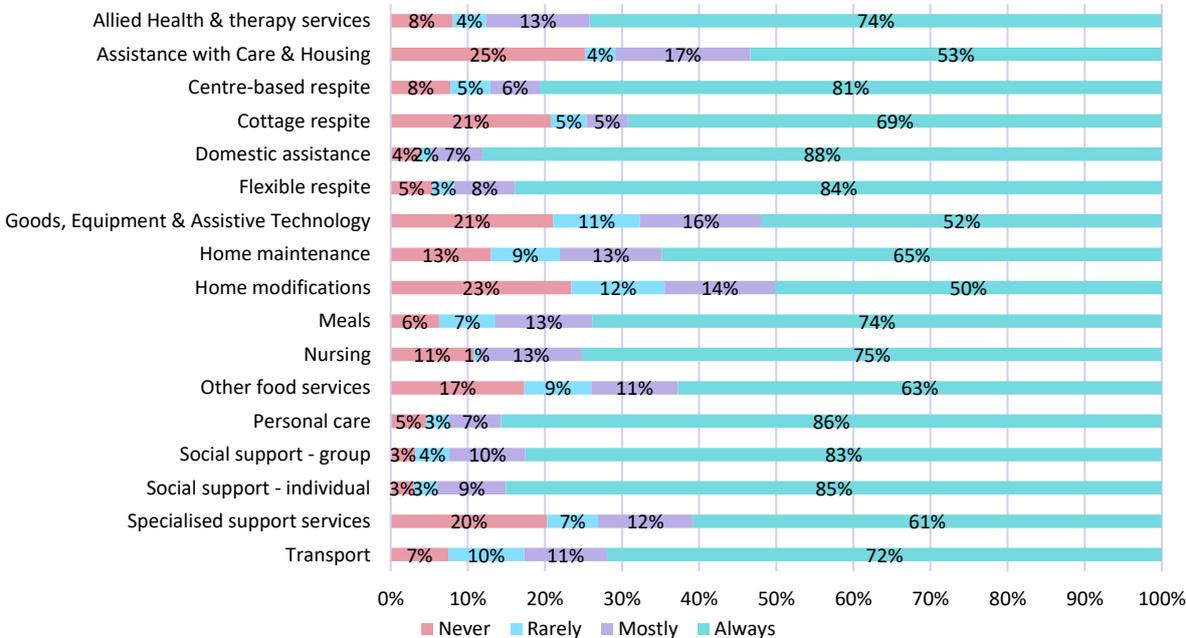
Service providers were asked to complete the annual Wellness and Reablement Report through the online 'Citizen Space' portal. This platform has analytical and reporting features, which enhances data quality for analysis. Reporting opened on 1 October 2021 and 1 October 2022 respectively.

# 5. Wellness and reablement findings

## 5.1 Client care plans

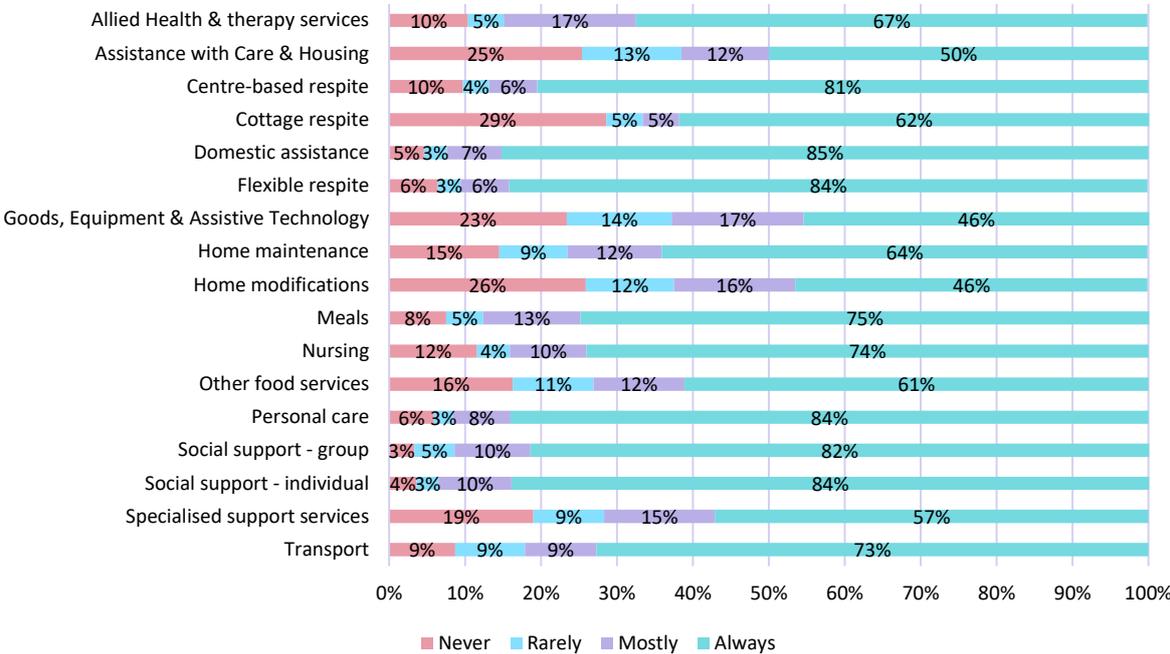
Service providers were asked to report on how often their organisation develops a care (service) plan for each client it supports on a 4-point scale from 'never' to 'always'. Of the 1,219 responses in 2022, 74% of providers overall across all service types reported they 'always' develop a care plan for each client they support. Further, 10% reported that they 'never' develop care plans for their clients. This data indicates a decrease of 2% in providers consistently developing care plans since 2021, and a 1% increase in providers reporting to have 'never' developed a care plan. Whilst there was a small decrease in providers' development of client care plans, responses were relatively consistent between the 2021 and 2022 reporting periods. Furthermore, results from the 2020 Wellness and Reablement Report found that 77% of providers 'always' developed a care plan, where 9% reported to have 'never' developed a care plan. This was an increase in care plan development between 2019 and 2020, however, slight decreases were noted between the 2021 and 2022 periods. The charts at Figure 1A and 1B below provide a breakdown of responses by service type for this question across reporting periods.

**Figure 1A: Frequency of providers who developed a care plan for each client they supported, in 2021, by service type.**



Numbers are rounded to the nearest whole number

**Figure 1B: Frequency of providers who developed a care plan for each client they supported, in 2022, by service type.**



Numbers are rounded to the nearest whole number.

In a separate question, providers were asked additional items regarding the format and content included in their organisations’ care plans. A comparison of responses between 2021 and 2022 is reflected in Table 1.

**Table 1: Comparison of Provider Responses Between 2021 and 2022 for the Question “does your organisation’s care plans identify the following?”**

Do your organisation’s client care plans identify the following?	Never		Rarely		Mostly		Always	
	2021	2022	2021	2022	2021	2022	2021	2022
The client’s goals, including time-limited goals?	9%	9%	5%	5%	24%	23%	62%	62%
Review Date?	7%	9%	4%	5%	21%	21%	67%	66%
If the client is a Reablement client?	19%	22%	20%	19%	29%	28%	32%	31%
If the client has cognitive impairment or dementia?	9%	9%	9%	8%	30%	29%	52%	54%
How the provider/staff can encourage self-sufficiency (or references self-sufficiency in the RAS/ACAT support plan)?	12%	12%	11%	12%	38%	37%	38%	40%

Do your organisation's client care plans identify the following?	Never		Rarely		Mostly		Always	
	2021	2022	2021	2022	2021	2022	2021	2022
How the provider/staff can deliver upon the client's preferences?	6%	7%	3%	5%	28%	25%	63%	64%
How the provider/staff can build on a client's capacity/strengths (or references capacity/strengths in the RAS/ACAT support plan)?	10%	11%	11%	10%	37%	36%	42%	43%
End date (or references RAS/ACAT support plan end date)?	25%	28%	21%	20%	25%	25%	28%	27%
Client's preferences (or those preferences documented in the Regional Assessment Services (RAS)/ Aged Care Assessment Team (ACAT) support plan)?	9%	9%	4%	4%	24%	24%	63%	64%

Numbers are rounded to the nearest whole number.

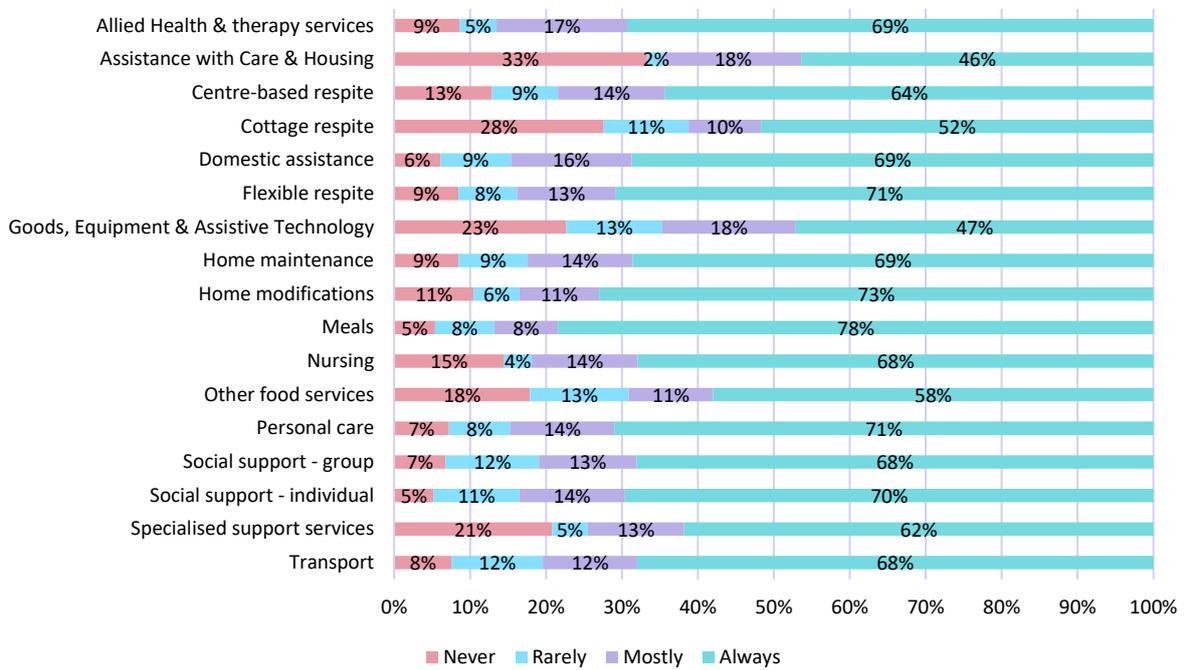
The items reported to be included in client's care plans were consistent across 2021 and 2022 with few major differences to note. In 2022, how client's preferences can be met (64%), inclusion of review dates (66%), and outlining client's goals (62%) remained the top three items reported as 'always' identified in client care plans.

## 5.2 Acceptance of referrals

To assess the frequency of referral acceptance in CHSP-funded organisations, providers were asked to indicate how often their organisation accepts referrals to deliver short-term CHSP services on a 4-point scale from 'never' to 'always'. The majority (62%) of service providers across all service types reported that they 'always' accept referrals to deliver short-term CHSP services, which reflects a 6% decrease since 2021.

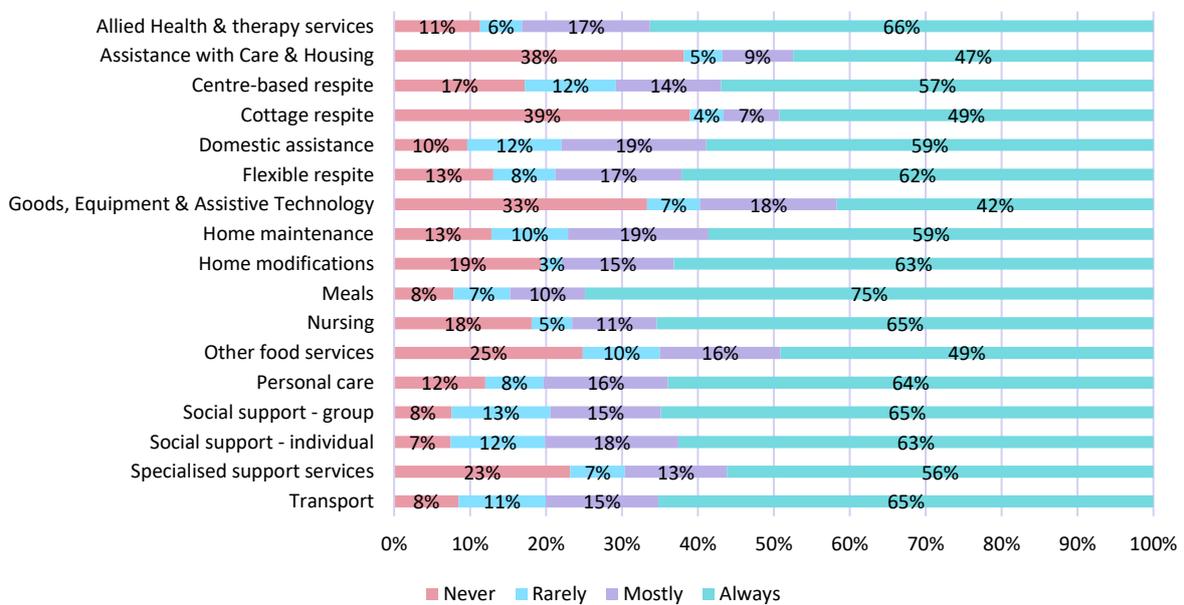
Across the 2021 and 2022 reporting periods, the second highest response option reflected that service providers across all service types 'mostly' accept short-term CHSP referrals, at 13 and 15%, respectively. 14% of providers reported to 'never' accept short-term referrals in 2022, compared to 10% in 2021. Provider's consistent acceptance of short-term CHSP referrals decreased between 2020 and 2021, from 72% to 68%. Another decrease was observed again between 2021 and 2022, from 68% to 62%. The data reflects an overall decrease in the acceptance of short-term CHSP referrals between 2021 and 2022. Figures 2A and 2B below provide a breakdown of responses to this question across the reporting periods.

**Figure 2A: Breakdown Responses by Service Type for the Frequency of Short-Term CHSP Service Acceptance, in 2021**



Numbers are rounded to the nearest whole number.

**Figure 2B: Breakdown of Responses by Service Type for the Frequency of Short-Term CHSP Service Acceptance, in 2022**



Numbers are rounded to the nearest whole number.

### 5.3 Frequency of short-term CHSP services

Service providers were asked to report on the frequency of short-term reablement services they delivered. In both the 2021 and 2022 reports, respondents were asked

on a 4-point scale from ‘never’ to ‘always’, how often they provided RAS/ACAT-recommended short-term services to clients. Results from 2021 reveal that 42% of service providers ‘always’ provided short-term services to clients where recommended, compared to 50% in 2022. This represents an increase from 2021 to 2022 in the number of organisations consistently providing short-term services to clients where recommended on their Support Plan. Despite more providers ‘always’ delivering these services in 2022, there was a 5% increase in the proportion of providers who ‘never’ provided these services from 2021 to 2022.

In 2021, 63% of Home Modifications service providers reported to have ‘always’ delivered RAS/ACAT recommended short-term CHSP services to clients. This represents the highest proportion of recommended short-term services delivered to clients compared to other service types. In 2022, 66% of Meals service providers ‘always’ provided these services, which was the highest proportion of all service types. Cottage Respite, Assistance with Care and Housing, and Goods, Equipment and Assistive Technology services most frequently responded ‘never’ to having provided these services across both years.

Table 2 provides a breakdown of responses by service type.

**Table 2: Breakdown of Responses by Service Type for the Frequency of Recommended Short-Term CHSP Services Delivered**

Service Type	Never		Rarely		Mostly		Always	
	2021	2022	2021	2022	2021	2022	2021	2022
Allied Health and Therapy Services	8%	12%	7%	5%	44%	36%	41%	47%
Assistance with Care and Housing	35%	37%	10%	5%	25%	20%	29%	39%
Centre-Based Respite	15%	21%	18%	11%	31%	26%	37%	42%
Cottage Respite	30%	40%	15%	5%	27%	20%	28%	36%
Domestic Assistance	8%	12%	16%	13%	40%	29%	37%	47%
Flexible Respite	10%	13%	17%	11%	31%	28%	42%	47%
Goods, Equipment, and Assistive Technology	23%	30%	11%	7%	27%	24%	40%	39%
Home Maintenance	9%	14%	13%	11%	29%	25%	49%	50%
Home Modifications	10%	18%	6%	5%	21%	17%	63%	61%
Meals	6%	8%	14%	6%	37%	19%	43%	66%

Service Type	Never		Rarely		Mostly		Always	
	2021	2022	2021	2022	2021	2022	2021	2022
Nursing	14%	19%	5%	4%	37%	30%	44%	48%
Other Food Services	19%	28%	16%	10%	29%	22%	36%	41%
Personal Care	9%	12%	14%	10%	33%	27%	45%	51%
Social Support - Individual	6%	9%	16%	13%	34%	28%	44%	49%
Social Support - Group	10%	10%	21%	16%	29%	25%	40%	48%
Specialised Support Services	19%	22%	7%	8%	32%	25%	41%	44%
Transport	10%	9%	15%	11%	33%	26%	43%	54%

Numbers are rounded to the nearest whole number.

## 5.4 Services delivered on a short-term basis

In both the 2021 and 2022 wellness and reablement reports, service providers were asked to indicate the proportion of short-term, reablement-focussed services they delivered. The results from 2021 and 2022 indicate a pattern where certain service types either consistently provide short-term, reablement-focussed services, or do not provide them at all. For example, both Allied Health and Therapy Services and Home Modifications organisations reported that they deliver these services ‘more than 75%’ of the time consistently across 2021 and 2022. Similarly, across both reporting periods, Cottage Respite organisations consistently reported delivering no short-term, reablement-focussed services. However, short-term reablement services may not be applicable in this case due to the nature of respite services.

There was an overall increase in the number of providers responding that ‘none’ of the services they delivered were short-term or reablement-focused, from 25% in 2021, to 29% in 2022. However, there was a slight decrease (3%) in the number of providers that indicated ‘less than 10%’ of their services were delivered on a short-term basis with a reablement focus between 2021 and 2022. The ‘10 – 25%’, ‘26 – 50%’, ‘51 – 75%’, and ‘more than 75%’ categories remained consistent across the reporting periods.

The CHSP-funded service types that reported most frequently to have never delivered a short-term, reablement-focused service in 2021 were:

- Other Food Services (39%)
- Cottage Respite (37%)
- Group Social Support (34%).

In contrast, the CHSP-funded service types that reported most frequently that they delivered short-term, reablement services in 2021 in 'more than 75%' of cases were:

- Home Modifications (45%)
- Goods, Equipment and Assistive Technology (25%)
- Specialised Support Services (22%).

In 2022, the CHSP-funded service types that reported most frequently to have never delivered a short-term, reablement-focused service were:

- Cottage Respite (44%)
- Centre-based Respite (42%)
- Other Food Services (42%)

Conversely, the CHSP-funded service types that reported most frequently to have delivered short-term reablement services in 2022 in 'more than 75%' of cases were:

- Home Modifications (37%)
- Specialised Support Services (23%)
- Allied Health and Therapy Services (22%).

For a complete overview of providers' responses, please see Table 3.

**Table 3: Frequency of Short-Term Services Delivered with a Reablement-Focus in 2021 and 2022**

Service Type	None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Allied Health and Therapy Services	14%	15%	22%	16%	14%	16%	14%	13%	15%	17%	21%	22%
Assistance with Care and Housing	33%	39%	17%	11%	9%	9%	10%	7%	11%	13%	20%	22%
Centre-based Respite	33%	42%	42%	33%	11%	9%	7%	6%	2%	3%	5%	7%
Cottage Respite	37%	44%	24%	24%	8%	7%	8%	7%	5%	2%	18%	17%
Domestic Assistance	21%	23%	58%	55%	12%	12%	3%	4%	3%	2%	4%	3%
Flexible Respite	25%	30%	44%	46%	15%	12%	7%	4%	5%	3%	4%	5%
Goods, Equipment, and	31%	36%	21%	25%	11%	10%	6%	6%	7%	4%	25%	20%

Service Type	None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Assistive Technology												
Home Maintenance	29%	34%	35%	35%	12%	12%	6%	3%	4%	5%	15%	11%
Home Modifications	20%	28%	16%	15%	7%	7%	5%	5%	7%	7%	45%	37%
Meals	17%	20%	44%	42%	20%	24%	11%	6%	3%	3%	6%	4%
Nursing	18%	22%	20%	16%	14%	14%	16%	17%	19%	15%	13%	16%
Other Food Services	39%	42%	33%	30%	9%	12%	9%	4%	1%	3%	9%	10%
Personal Care	19%	22%	48%	42%	18%	20%	7%	7%	4%	3%	5%	6%
Social Support - Group	34%	39%	46%	39%	9%	11%	4%	3%	2%	3%	4%	6%
Social Support – Individual	22%	27%	49%	45%	15%	15%	6%	7%	4%	2%	4%	5%
Specialised Support Services	24%	28%	19%	19%	9%	11%	13%	6%	14%	13%	22%	23%
Transport	24%	29%	43%	38%	13%	15%	8%	6%	5%	4%	7%	8%

Numbers are rounded to the nearest whole number.

## 5.5 Allied Health and Therapy Services delivered on a short-term basis

Organisations funded to deliver Allied Health and Therapy Services in 2022 were asked what proportion of services they delivered on a short-term, reablement basis for each relevant service sub-type. This question was a new addition to the 2022 Wellness and Reablement Report, allowing the Department to assess the service sub-type breakdown of reablement service delivery.

Responses indicate there is a low amount of short-term reablement-focused activities in the Allied Health and Therapy Services domain. The service sub-types responding

most frequently that ‘none’ of their services were delivered with a short-term reablement focus were Psychology (76%), Diversional Therapy (75%), and Restorative Care (71%) services. These results suggest significant misalignment between the Department and service providers in terms of what reablement is, how it should be implemented, and the benefits associated with it. The ‘Next Steps’ section of the current report outlines ways the Department intends to improve wellness and reablement implementation in CHSP-funded aged care organisations. Please refer to Table 4 for a complete summary of responses.

**Table 4: Frequency of Short-Term Reablement Services Delivered by Allied Health and Therapy Services Sub-Types**

Allied Health and Therapy Services Sub-Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Aboriginal and Torres Strait Islander Health Worker	66%	20%	6%	3%	3%	2%
Accredited Practicing Dietician or Nutritionist	39%	21%	13%	6%	6%	15%
Diversional Therapy	75%	13%	5%	2%	2%	4%
Exercise Physiology	36%	23%	16%	10%	3%	12%
Hydrotherapy	59%	16%	9%	4%	4%	7%
Occupational Therapy	19%	15%	8%	13%	10%	35%
Ongoing Allied Health and Therapy Services	39%	22%	12%	7%	9%	10%
Other Allied Health and Therapy Services	38%	23%	11%	8%	8%	11%
Physiotherapy	17%	17%	14%	18%	15%	20%
Podiatry	31%	35%	15%	8%	5%	6%
Psychology	76%	8%	8%	2%	2%	4%
Restorative Care Services	71%	9%	5%	4%	3%	9%
Social Work	47%	20%	9%	3%	8%	13%
Speech Pathology	50%	19%	7%	5%	8%	12%

Numbers are rounded to the nearest whole number.

# 6. Client wellness and reablement

## 6.1 Ongoing services and reassessments of CHSP reablement clients

Across both the 2021 and 2022 reporting periods, service providers were asked to indicate the number of clients in their organisations who received a reassessment after their reablement period. The data gathered reveals patterns in responses between the years.

In 2021, 24% of service providers responded that they were ‘unsure’ of how many of their clients received a reassessment after their reablement period, which decreased to 22% in 2022. The number of organisations reporting that ‘none’ of their clients received a reassessment after their reablement period rose from 11% in 2021 to 14% in 2022. Additionally, the proportion of providers who reported ‘less than 10%’ of their clients received a reassessment remains low, sitting at 200 organisations (19%) in both 2021 and 2022. However, a substantial number of providers in 2021 reported ‘more than 75%’ of their clients received a reassessment after their reablement period (21% of responses), which remained consistent across 2022 (22% of responses). Table 5 summarises providers’ responses to this question.

**Table 5: Proportion of Clients that Received a Reassessment after their Reablement Period in 2021 and 2022**

Unsure		None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
24%	22%	11%	14%	19%	19%	9%	8%	6%	7%	9%	8%	21%	22%

Table represents the percentage of organisations to the nearest whole number.

Service providers across both reporting periods were also asked about the proportion of their clients that required ongoing services after their reablement period. Between 2021 and 2022, the responses in each category are comparable. The number of organisations that indicated they were ‘unsure’ of how many clients received ongoing services after their reablement period decreased from 198 in 2021 (19%) to 175 in 2022 (17%). The number of providers that responded ‘none’ of their clients received ongoing services increased from 62 in 2021 (6%) to 114 in 2022 (11%). There were no significant discrepancies between 2021 and 2022 in the ‘less than 10%’, ‘26 to 50%’, and ‘51 to 75%’ categories. However, a decrease was observed in the number of providers that responded ‘more than 75%’ of their clients received ongoing services after their reablement period from 2021 (266 providers or 25% of responses) to 2022 (227 providers or 23% of responses). Please see Table 6 for a summary of providers’ responses to this question.

**Table 6: Proportion of Clients that Required Ongoing Services after their Reablement Period in 2021 and 2022**

Unsure		None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
19%	17%	6%	11%	12%	11%	8%	9%	15%	14%	15%	15%	25%	23%

Table represents the percentage of organisations to the nearest whole number.

**6.2 Proportion of clients able to reduce service intensity**

Across both years, service providers were asked about the percentage of their clients that were able to reduce the intensity of their services over time. Responses collected in 2021 and 2022 reports are highly comparable, with only minor differences noted. In 2021, 25% of providers indicated that ‘none’ of their clients were able to reduce the intensity of their services, compared to 28% in 2022. Similarly, 41% of providers responded in 2021 that ‘less than 10%’ of their clients experienced reductions, with 40% of providers indicating the same in 2022. A 1% decrease was observed where 9% of providers responded that ‘more than 75%’ of their clients were able to reduce service intensity in 2021, down to 8% in 2022. The results for different service types give an indication of where reductions in client service intensity may not be desirable/helpful and/or possible. At the other end of the scale, services such as Home Modifications and Good, Equipment and Assistive Technology would generally be delivered as a one-off or short-term service and that is reflected here too.

The service types that most frequently reported a reduction in their clients’ service intensity in 2021 are outlined below.

- Home Modifications Services (46%)
- Goods, Equipment, and Assistive Technology Services (33%)
- Allied Health and Therapy Services (26%)

Conversely, the service types that reported most frequently to have reduced clients’ service intensity ‘none’ of the time through 2021 are listed below.

- Cottage Respite Services (40%)
- Centre-Based Respite Services (37%)
- Social Support – Group Services (36%)

The service types that most frequently reported a reduction in their clients’ service intensity in 2022 are outlined below.

- Home Modifications Services (42%)
- Allied Health and Therapy Services (29%)

- Goods, Equipment, and Assistive Technology Services (26%)

Conversely, the service types that reported most frequently to have reduced clients' service intensity 'none' of the time through 2022 are listed below.

- Centre-Based Respite Services (46%)
- Cottage Respite Services (42%)
- Other Food Services (39%)

There are clear patterns across the 2021 and 2022 reporting periods which suggest a higher propensity among specific service types for service intensity reductions. Home Modifications Services, Allied Health and Therapy Services, and Goods, Equipment and Assistive Technology Services were consistently reported as having the highest rates of client service intensity reductions. On the other hand, results across 2021 and 2022 indicate no reductions in client service intensity in Centre-Based Respite Services and Cottage Respite Services.

Tables 7 and 8 provide an overview of responses.

**Table 7: Proportion of Clients that Experienced a Reduction in Service Intensity**

None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
25%	28%	41%	40%	13%	13%	7%	6%	4%	5%	9%	8%

Numbers are rounded to the nearest whole number.

**Table 8: Proportion of Clients that Experienced a Reduction in Service Intensity by Service Type**

Service Type	None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Allied Health and Therapy Services	14%	13%	14%	13%	11%	10%	16%	18%	19%	17%	26%	29%
Assistance with Care and Housing	30%	27%	9%	13%	10%	7%	14%	14%	12%	14%	25%	25%
Centre-based Respite	37%	46%	45%	39%	8%	23%	6%	5%	1%	1%	4%	3%

Service Type	None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Cottage Respite	40%	42%	34%	41%	9%	10%	8%	5%	3%	1%	6%	7%
Domestic Assistance	19%	24%	59%	56%	16%	11%	3%	4%	1%	2%	3%	1%
Flexible Respite	28%	30%	52%	49%	10%	20%	6%	4%	2%	2%	3%	3%
Goods, Equipment, and Assistive Technology	32%	31%	15%	20%	8%	10%	6%	7%	6%	12%	33%	26%
Home Maintenance	29%	33%	43%	42%	10%	10%	5%	5%	3%	2%	11%	8%
Home Modifications	24%	29%	12%	13%	6%	7%	6%	3%	7%	7%	46%	42%
Meals	20%	21%	46%	46%	21%	23%	8%	4%	3%	3%	3%	3%
Nursing	13%	18%	18%	16%	13%	10%	24%	20%	17%	20%	17%	17%
Other Food Services	34%	39%	36%	34%	13%	11%	6%	5%	3%	4%	8%	7%
Personal Care	18%	22%	51%	46%	18%	20%	7%	5%	3%	4%	4%	4%

Service Type	None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
Social Support - Group	36%	38%	44%	45%	12%	10%	3%	3%	2%	1%	3%	3%
Social Support - Individual	23%	26%	50%	49%	16%	16%	6%	6%	2%	2%	4%	2%
Specialised Support Services	22%	24%	16%	17%	11%	13%	15%	7%	11%	22%	25%	17%
Transport	27%	28%	45%	45%	15%	15%	6%	6%	2%	2%	5%	3%

Numbers are rounded to the nearest whole number.

### 6.3 Client participation in tasks alongside staff

Across the CHSP, clients are developing new skills by participating in tasks alongside service provider staff. In 2022, 30% of providers reported that more than 75% of their clients participated in tasks with or alongside service provider staff. This represents a 3% decrease since 2021. The proportion of providers who reported that 'none' of their clients participated in tasks with or alongside service provider staff was consistent across both periods, at 22%. However, results indicate slight increases in 2022 in the '51 to 75%' range of clients participating in tasks with service provider staff.

In 2021, the service types with the highest proportion of providers who reported 'more than 75%' of their organisation's clients participated in tasks with or alongside the service providers were:

- Social Support groups (56%)
- Allied Health and Therapy Services (56%)
- Individual Social Support (51)%.

Other service types noted many instances of client participation in tasks as well. A Meals Service in Victoria reported that their clients were assisting in meal planning, meal preparation, and grocery shopping for ingredients. The provider indicated that clients felt satisfied and proud of their contributions.

In another example, clients participated in tasks alongside staff in a Nursing Service in South Australia by self-administering their oral medication under supervision. The same provider indicated that some clients were responsible for dialling up their own insulin and were helped when required.

These case studies show that providers are encouraging clients to participate in tasks alongside them in many capacities. Initiating cooperation has benefits for both the worker and the client and fosters wellness and reablement approaches as part of everyday practice.

Comparably, in 2022, the service types with the highest proportion of providers who reported 'more than 75%' of their organisation's clients participated in tasks with or alongside the service providers were:

- Social Support Groups (54%)
- Allied Health and Therapy Services (55%)
- Individual Social Support (46%).

Conversely, the service types with the highest proportion of providers who reported 'none' of its organisation's clients participated in tasks with or alongside the service provider were:

- Home Modification Services (66%)
- Home Maintenance Services (2021: 41%, and 2022: 43%).

It is evident that providers are contributing to their clients' wellness and reablement using a variety of measures, not least by finding ways to include clients in designing and participating in activities that could enhance the level of care they receive.

For example, a Flexible Respite service provider in South Australia encouraged a client living with dementia to identify a meaningful activity he would enjoy participating in. The client chose gardening. The worker and client collaborated in planning, planting, and tending to a vegetable garden. This gave the client a sense of purpose and satisfaction. Additionally, an Allied Health and Therapy Services and Social Support – Group provider facilitated 'cooking clubs' where clients were paired with an Allied Health Professional (a Dietician) to prepare a meal together. Participants chose a recipe, completed the steps, and socialised with others throughout the meal preparation. Providers watched and assisted clients to complete functional tasks, identified difficulties, offered suggestions, and monitored safety and independence.

Please refer to Appendices A and B for a visual breakdown of responses to this question.

### 6.4 Clients’ development of new skills/capabilities and/or increased social connection/participation in society

The social, psychological, and physical wellbeing of aged care clients strongly aligns with wellness and reablement ideals. In 2021, service providers were asked to report on the proportion of their clients that developed new skills or capabilities and/or increased social connection or participation in society. Approximately 36% of providers responded that ‘more than 51%’ of their clients had developed new skills, capabilities, and/or increased their social connection/participation in society, and 23% responded that ‘more than 75%’ of their clients experienced increases in the same areas.

These results are strengthened by examples supplied by providers. An Individual Social Support provider taught clients computer skills so they could remain in contact with their friends and family online. This skill acquisition was particularly important and beneficial for clients through COVID-19 isolation measures. As another example, an Allied Health and Therapy Services provider supplied physiotherapy services to clients with limited mobility and/or fear of falling, to improve their strength. Outcomes of the services reduced clients’ risk of falls and reliance on physical support, which has allowed them to move safely and mobilise comfortably in the community. These clients now have broader social connections outside the home. In another example, a provider of Transport services viewed client participation, getting into the buses and looking forward to the trip, as ways in which transport provides an avenue for other areas of reablement, including getting to appointments with other services.

In 2021, 18% of service providers indicated that ‘none’ of their clients had developed new skills and/or capabilities, and/or made improvements in their social connections and/or wellness. Please see Table 9 for a summary of responses to this question, and Table 10 for a summary of responses by service sub-type.

**Table 9: Proportion of Clients that Developed New Skills/Capabilities and/or Increased Social Connection/Participation in Society, in 2021**

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
18%	19%	14%	13%	13%	23%

Numbers are rounded to the nearest whole number.

**Table 10: Proportion of Clients that Developed New Skills/Capabilities and/or Increased Social Connection/Participation in Society by Service Sub-Type, in 2021**

Service Sub-Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	10%	6%	10%	17%	23%	34%
Assistance with Care and Housing	30%	15%	10%	17%	13%	14%
Centre-Based Respite	18%	8%	11%	16%	16%	31%
Cottage Respite	36%	12%	10%	12%	16%	15%
Domestic Assistance	16%	41%	19%	11%	6%	7%
Flexible Respite	16%	20%	19%	13%	13%	20%
Goods, Equipment and Assistive Technology	21%	12%	11%	14%	13%	30%
Home Maintenance	34%	34%	14%	8%	3%	7%
Home Modifications	36%	17%	8%	10%	11%	17%
Meals	24%	22%	16%	8%	9%	21%
Nursing	21%	17%	19%	18%	15%	10%
Other Food Services	30%	27%	15%	10%	5%	14%
Personal Care	17%	32%	24%	14%	7%	7%
Social Support - Group	6%	8%	9%	12%	19%	46%

Service Sub-Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Social Support – Individual	7%	14%	16%	15%	14%	35%
Specialised Support Services	17%	7%	9%	14%	24%	29%
Transport	20%	20%	10%	10%	14%	25%

Numbers are rounded to the nearest whole number.

In 2022, this item was separated into two questions - one assessing increased social connection and participation, and the other assessing new skills and capabilities that clients developed in organisations.

The number of service providers that reported ‘more than 50%’ of their clients developed skills and capabilities decreased to 24% in 2022. Additionally, there was an increase in organisations reporting that ‘none’ of their clients had developed new skills and capabilities from 18% in 2021, to 24% in 2022. The reduced reporting of client improvement in 2022 may be attributed to the division of the question into two items.

Examples of where clients developed skills and capabilities include a Goods, Services, and Assistive Technology service in South Australia taught clients how to use modified cutlery, so they could eat independently in the company of friends and family. Additionally, a Group Social Support service supported clients in learning how to knit. These clients formed a knitting group, and members reported feeling accomplished, less stressed, distracted from their chronic pain, experienced improved mood, and increased confidence and happiness. There were many similar examples where efforts such as these made significant differences for clients.

Table 11 summarises responses provided in 2022 regarding clients’ development of new skills/capabilities.

**Table 11: Proportion of Clients that Developed New Skills/Capabilities in 2022**

None	Less than 10%	10-25%	25-50%	51-75%	More than 75%
24%	25%	15%	12%	12%	12%

Numbers are rounded to the nearest whole number.

A higher proportion of clients were reported to have increased their social connections and/or participation in society in 2022 than in 2021. 27% of service providers indicated that 'more than 75%' of their clients had experienced improvements in their social health, and 42% of providers responded that 'more than 50%' of their clients had improved in this domain.

These results may be attributed to specific efforts made by service providers to improve the lives of their clients. For example, a Specialised Support Service provider helped to effectively manage one of their client's incontinence. As a result, the client experienced increased social connections and willingness to engage within the community. This facilitated better self-management of incontinence and improved mood and confidence for the client. In addition, a client of a Domestic Assistance provider used to invite his family over for dinner every week and would clean his house in preparation. However, as his health deteriorated, he stopped inviting his family as he was not able to keep his home tidy. The Domestic Assistance provider helped him clean his house so that he felt comfortable inviting his family over again, maintaining the relationships most meaningful to him.

The service sub-types that reported most frequently that 'more than 75%' of their clients had experienced improved social connection and/or participation in society through 2022 are listed below.

- Social Support – Group (51%)
- Centre-Based Respite (40%)
- Social Support – Individual (39%)

Furthermore, these service types rarely reported that 'none' of their clients had experienced an increase in their social health.

The service types to respond most frequently that 'none' of their clients increased their social connections/participation in society in 2022 are outlined below.

- Cottage Respite (34%)
- Home Modifications (29%)
- Other Food Services (28%)

Tables 12 and 13 summarise responses provided in 2022 regarding increases in clients' social connections/participation in society.

**Table 12: Proportion of Clients that Experienced Increased Social Connection/Participation in Society in 2022**

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
16%	16%	13%	14%	15%	27%

Numbers are rounded to the nearest whole number.

**Table 13: Proportion of Clients that Experienced Increased Social Connection/Participation in Society in 2022, by Service Sub-Type**

Service Sub-Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	10%	6%	10%	20%	24%	31%
Assistance with Care and Housing	26%	12%	13%	14%	22%	15%
Centre-Based Respite	13%	9%	11%	13%	14%	40%
Cottage Respite	34%	13%	10%	7%	14%	22%
Domestic Assistance	20%	25%	17%	20%	8%	11%
Flexible Respite	16%	19%	16%	14%	13%	22%
Goods, Equipment and Assistive Technology	23%	14%	17%	14%	15%	17%
Home Maintenance	27%	28%	16%	11%	9%	10%
Home Modifications	29%	21%	11%	9%	14%	17%
Meals	16%	17%	15%	14%	13%	25%

Service Sub-Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Nursing	20%	12%	14%	18%	20%	16%
Other Food Services	28%	27%	7%	14%	10%	15%
Personal Care	18%	23%	20%	17%	11%	12%
Social Support - Group	5%	7%	6%	10%	20%	51%
Social Support – Individual	5%	11%	13%	15%	17%	39%
Specialised Support Services	17%	11%	11%	17%	20%	24%
Transport	12%	11%	12%	13%	16%	35%

Numbers are rounded to the nearest whole number.

## 6.5 Clients regaining physical and cognitive abilities.

Implementing a reablement approach can build confidence, cognitive and physical capabilities in clients to live more independently. To assess the extent to which this is occurring across organisations, service providers were asked in both the 2021 and 2022 reports to indicate the proportion of their clients who regained physical and/or cognitive abilities.

In 2021, 9% of providers responded that ‘more than 75%’ of their clients had made improvements in their physical and/or cognitive abilities. This proportion of providers decreased slightly in 2022, to 7% of providers. Further, 10% of providers reported increased abilities in ‘51-75%’ of their clients, and 13% reported the same in ‘26-50%’ of their clients in 2021.

These results are reinforced by case study examples supplied by organisations. In multiple instances where Assistance with Care and Housing services were provided in 2021, decluttering clients’ houses were reported to have been beneficial to their physical and cognitive capabilities. Providers indicated positive effects on clients’ mental health, mobility, and increased completion of household tasks. Improved

living conditions as a result of tidying and cleaning out clients' homes allowed them to engage in more activities which enhanced their physical and cognitive abilities.

Similarly, Goods, Equipment and Assistive Technology service providers reported increased reablement in their clients. A variety of technological aids allowed clients to participate in activities including shopping, walking their dogs, showering, and using the toilet safely and independently. Installation of home safety appliances such as alarms, post-surgery living aids, and grab rails helped clients' confidence when engaging in self-managed tasks. As a result, clients felt accomplished and mobilised.

Results declined minimally in 2022 with 8% of providers reporting increased abilities in '51-75%' of their clients, and 12% reporting the same in '26-50%' of their clients.

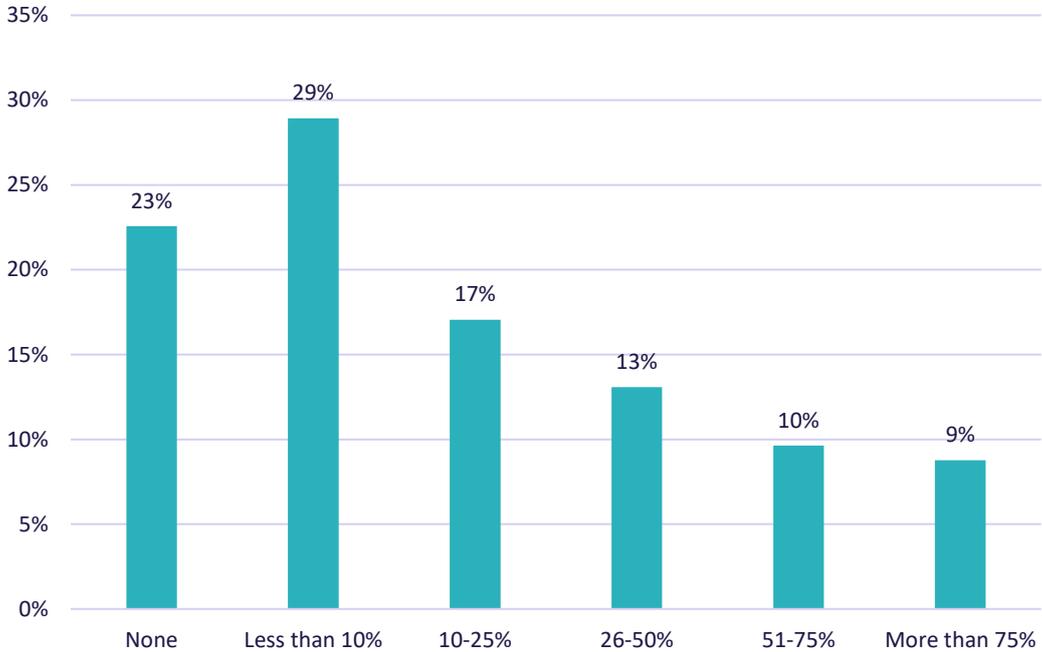
As outlined in Figures 3A and 3B, the number of service providers responding that 'none' of their clients had regained physical or cognitive abilities was slightly higher in 2022 than in 2021. Additionally, 'less than 10%' (of clients) was the most frequently selected option across both reporting periods.

Despite minimal decreases across reporting periods, many providers reported improvements in their clients' physical and cognitive abilities in 2022. A Social Support Group organisation delivering services to Aboriginal and Torres Strait Islander women in the Northern Territory reported benefits in their clients through culturally appropriate and responsive service delivery. To minimise social isolation, clients were taken on outdoor picnics to maintain connection to Country. Participation in cultural activities with other clients also facilitated increased social and emotional wellbeing. Other providers also reported working in culturally safe ways. For example, providers reported that client preference is not to accept personal care or allow non-family into their home and that it can take clients a long time before they are willing to engage in regular service delivery. Service providers were taking the time to build relationships and innovating (for example, by enabling access to showering facilities in a community centre) to ensure delivery of services in this context. It was also reported that when a short-term referral has been received, services may be refused because the client/family would prefer to manage on their own. Social support services, meals and community transport were more likely to be welcomed and requested by family or the client. Services, once requested or accepted, would be expected to be ongoing and that the client will always be in receipt of care/services.

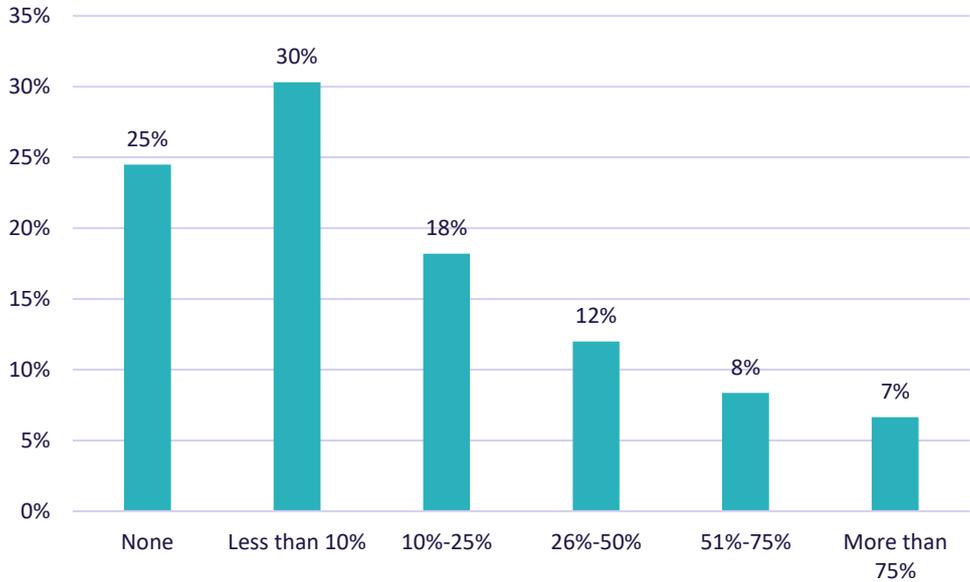
In another instance, a Personal Care organisation in NSW reported improved physical and cognitive abilities in two clients who were not able to shower independently. Introducing a chair and long washing sponges to these clients enabled them to clean areas of their body they were not previously able to reach due to mobility issues and pain. This has increased their physical range of motion and helped them maintain their dignity. This shows that improvements to clients' physical and cognitive abilities can be made using simple interventions. Providers were

considering easy and manageable ways they can assist their clients to increase their independence.

**Figure 3A: Summary of Responses Reporting on the Proportion of Clients That Regained Physical or Cognitive Abilities in 2021**



**Figure 3B: Summary of responses reporting on the proportion of clients that regained (even in part) physical or cognitive abilities in 2022.**



### 6.6 Adaptation to a functional limitation

Service providers were asked to indicate the percentage of their clients who had adapted to a functional limitation. In 2021, 23% of providers responded that “none” of their clients had adapted to a functional limitation, which increased to 25% in 2022. In 2022, service providers responded more frequently than in 2021 that “less than 10%” and “10 to 25%” of their clients had adapted to a functional limitation. Further, 9% of service providers in 2021 reported “more than 75%” of their clients had adapted to a functional limitation, which decreased to 7% in 2022.

Providers gave examples of how they are assisting their clients experiencing mental and/or physical barriers, including innovative ways to assist their clients to manage their functional limitations. For example, in 2021, a Centre-Based Respite organisation reported helping one of their clients who struggled with memory and often forgot why she was in the centre. Staff at the centre developed a memory book for the woman, which contained photographs of her participating in past activities. The woman carried the memory book with her to remind her of why she was in the centre, which improved her mood and minimised her confusion.

In another instance, a Social Support Individual worker in 2022 helped a client complete their grocery shopping. The client had limited mobility in their right arm but was able to reach items on the shelf as the worker angled her wheelchair for her.

Please see Table 14 for a comparison of 2021 and 2022 responses.

**Table 14: Summary of Responses Reporting on the Percentage of Clients who Adapted to a Functional Limitation**

None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
23%	25%	29%	30%	17%	18%	13%	12%	10%	8%	9%	7%

Numbers are rounded to the nearest whole number.

### 6.7 Challenges in delivering a wellness and reablement approach

Service providers were asked to report on any services that have had challenges with, and/or have not been able to implement a wellness and reablement approach. Respondents were provided with a list of potential barriers/challenges to select from, but also had the option to answer in free text where barriers/challenges were encountered which did not fall under the provided categories. Outlined below are some common themes identified across the two reporting periods.

Challenges in delivering a wellness and reablement approach in 2021 are discussed below.

- Client/carer preferences were reported as the biggest barrier preventing providers from implementing a wellness and reablement approach. 30% of Domestic Assistance services, 28% of Personal Care services, and 26% of Flexible Respite services faced problems surrounding client/carer preferences in their delivery of wellness and reablement.
- Service providers strongly indicated that workforce issues impeded their ability to implement wellness and reablement approaches in their organisations. Nursing services (26%), Personal Care services (25%), and Allied Health and Therapy Services (24%) were among the highest reporters of workforce issues.
- Providers' current service delivery models were reported third-most frequently as being a barrier to wellness and reablement implementation. This was particularly the case for Home Modifications services (21%), Meals services (20%), and Assistance with Care and Housing services (20%).

Tables 15 and 16 summarise the challenges faced by service providers in 2021 in implementing a wellness and reablement approach in their organisations.

**Table 15: Challenges Faced by Providers in Implementing Wellness and Reablement in 2021**

Client/Carer Preferences	Workforce Issues	Current Service Delivery Model	Lack of Available Funding	Costs Associated with Short-Term Services	Funding Not Allocated Where Required	Organisation Size	Other
21%	17%	15%	11%	6%	7%	4%	19%

Graph reflects the percentage of organisations rounded to the nearest whole number. Providers were able to select more than one response.

**Table 16: Challenges Faced by Providers in Implementing Wellness and Reablement in 2021, by Service Sub-Type**

Service Sub-Type	Current Service Delivery Model	Org. Size	Cost of Short-Term Services	Client and Carers Preference	Workforce Issues	Lack of Available Funding	Funding Not Allocated Where Required	Other
Allied Health and Therapy Services	12%	5%	8%	17%	24%	11%	7%	17%
Assistance with Care and Housing	20%	2%	3%	17%	7%	12%	13%	27%

Service Sub-Type	Current Service Delivery Model	Org. Size	Cost of Short-Term Services	Client and Carers Preference	Workforce Issues	Lack of Available Funding	Funding Not Allocated Where Required	Other
Centre-Based Respite	13%	5%	5%	21%	14%	8%	6%	27%
Cottage Respite	12%	2%	4%	20%	11%	7%	13%	30%
Domestic Assistance	10%	4%	6%	30%	23%	11%	5%	11%
Flexible Respite	12%	3%	7%	26%	20%	8%	5%	19%
Goods, Equipment and Assistive Technology	15%	2%	7%	21%	9%	17%	15%	15%
Home Maintenance	16%	4%	7%	22%	17%	14%	6%	15%
Home Modifications	21%	2%	8%	14%	17%	15%	6%	15%
Meals	20%	8%	7%	17%	12%	13%	5%	18%

Service Sub-Type	Current Service Delivery Model	Org. Size	Cost of Short-Term Services	Client and Carers Preference	Workforce Issues	Lack of Available Funding	Funding Not Allocated Where Required	Other
Nursing	12%	6%	6%	19%	26%	8%	6%	16%
Other Food Services	13%	5%	5%	24%	19%	12%	5%	18%
Personal Care	9%	4%	5%	28%	25%	9%	6%	14%
Social Support - Group	16%	6%	5%	21%	14%	10%	5%	24%
Social Support – Individual	14%	5%	6%	23%	19%	11%	5%	18%
Specialised Support Services	18%	5%	7%	15%	16%	10%	7%	22%
Transport	19%	5%	4%	18%	16%	11%	5%	21%

Percentages rounded to the nearest whole number. Respondents were able to select more than one option.

Challenges in delivering a wellness and reablement approach in 2022 are discussed below. While the top three responses are the same across both reporting periods, workforce issues, rather than client/carer preferences were reported as the biggest

barrier preventing providers from implementing a wellness and reablement approach in 2022.

- Workforce issues were most reported as the most significant barrier in implementing a wellness and reablement approach. This was most evident in Personal Care (34%), Flexible Respite (31%), and Domestic Assistance (31%) services.
- Secondly, providers indicated frequently that client/carers preferences were preventing the implementation of wellness and reablement in their organisations. Domestic Assistance (26%), Personal Care (26%), and Flexible Respite (26%) services had particular difficulties with this.
- Service delivery models were again reported as being a barrier to wellness and reablement implementation. In 2022, this was particularly the case for Specialised Support Services (18%), Transport (18%), and Meals (18%) services.
- Other reported challenges included lack of available funding, funding not being allocated where it is needed, the costs associated with short-term reablement services, and the size of organisations. However, these were not reported as frequently as other barriers.

Tables 17 and 18 summarise the challenges faced by service providers in 2022 in implementing a wellness and reablement approach in their organisations.

**Table 17: Challenges Faced by Providers in Implementing Wellness and Reablement in 2022**

Workforce Issues	Client/Carer Preferences	Current Service Delivery Model	Lack of Available Funding	Funding Not Allocated Where Required	Costs Associated with Short-Term Services	Organisation Size	Other
24%	20%	14%	11%	8%	7%	5%	13%

Graph reflects the number of organisations, not the percentage. Providers were able to select more than one response.

**Table 18: Challenges Faced by Providers in Implementing Wellness and Reablement in 2022, by Service Sub-Type**

Service Sub-Type	Current Service Delivery Model	Org. Size	Cost of Short-Term Services	Client and Carers Preference	Workforce Issues	Lack of Available Funding	Funding Not Allocated Where Required	Other
Allied Health and Therapy Services	11%	5%	8%	15%	28%	13%	8%	12%
Assistance with Care and Housing	15%	2%	3%	20%	12%	11%	14%	22%
Centre-Based Respite	13%	5%	4%	23%	24%	6%	7%	18%
Cottage Respite	14%	3%	9%	19%	22%	6%	9%	19%
Domestic Assistance	10%	4%	6%	26%	31%	11%	5%	7%
Flexible Respite	12%	4%	4%	26%	31%	7%	6%	11%
Goods, Equipment and Assistive Technology	16%	3%	9%	12%	13%	22%	14%	11%
Home Maintenance	15%	5%	8%	17%	24%	15%	6%	10%

Service Sub-Type	Current Service Delivery Model	Org. Size	Cost of Short-Term Services	Client and Carers Preference	Workforce Issues	Lack of Available Funding	Funding Not Allocated Where Required	Other
Home Modifications	17%	4%	11%	12%	22%	17%	6%	13%
Meals	18%	7%	8%	20%	17%	15%	5%	11%
Nursing	13%	5%	7%	18%	28%	11%	8%	9%
Other Food Services	16%	5%	6%	24%	21%	7%	10%	10%
Personal Care	9%	4%	6%	26%	34%	8%	6%	7%
Social Support - Group	15%	6%	5%	20%	24%	10%	6%	15%
Social Support – Individual	11%	6%	6%	22%	30%	10%	5%	11%
Specialised Support Services	18%	6%	6%	14%	22%	10%	9%	14%

Service Sub-Type	Current Service Delivery Model	Org. Size	Cost of Short-Term Services	Client and Carers Preference	Workforce Issues	Lack of Available Funding	Funding Not Allocated Where Required	Other
Transport	18%	6%	5%	19%	24%	9%	6%	13%

Percentages rounded to the nearest whole number. Respondents able to select more than one option.

Importantly, service providers pointed to the following barriers to wellness and reablement implementation in their organisations across the 2021 and 2022 reporting periods.

- Issues pertaining to COVID-19 were frequently reported, where organisations encountered diminished workforces, volunteers, and exhaustion of resources.
- Lack of client understanding about what wellness and reablement is, and how it could benefit them. Providers often stated that clients did not want to participate in reablement tasks, and that clients expected the provider to do things for them (clean their homes, do their gardening etc.).
- Not all clients were able to adapt to a reablement approach, with many not suitable or in a position to receive short-term reablement (because of rapid physical/mental decline for example). Clients accessing CHSP services required long-term aged home-care services more frequently than short-term CHSP reablement services. Another common challenge highlighted the impacts of increased costs of freight and fuel on maintaining the level of service delivery.
- Many providers faced challenges due to their geographical location. This continues to suggest that rural and remote service providers are at heightened risk of minimised wellness and reablement service delivery due to a lack of resources, workforce, and available support.

## 6.8 Response where CHSP reablement services are unable to meet clients' needs

Across both reporting periods, service providers were asked how their organisation responds where CHSP reablement services are unable to meet clients' needs.

In both 2021 and 2022, the most common responses were:

- referring clients to contact My Aged Care
- arranging a new RAS/ACAT assessment for the client.

On the other hand, the least common responses were:

- arranging for private providers (e.g. physiotherapist) to see the client
- other
- all our reablement clients' needs are being met.

Results were consistent through 2021 and 2022. Please see Table 19 for a complete summary of responses across the reporting periods.

**Table 19: Providers' responses where CHSP reablement services were unable to meet clients' needs.**

Providers' Response	2021	2022
Suggest client contacts My Aged Care	76%	76%
Arrange for new RAS/ACAT assessment	71%	68%
Provide client with other contacts (e.g. community nursing) to arrange additional help	66%	65%
Suggest client sees GP or other help professional to arrange referrals	67%	65%
Deliver an ongoing service	56%	50%
Provide additional services through your organisation at a cost to the client	31%	28%
Provide additional services through your organisation without a cost to the client	28%	27%
Arrange for private providers (e.g. physiotherapy) to see client	25%	23%
Other	6%	9%
All our reablement clients' needs are being met	12%	6%

Percentages rounded to the nearest whole number.

## 7. Next steps

The outcomes from the 2021 and 2022 wellness and reablement reports are used to inform ongoing policy improvements, resources made available to providers on the

Department website and other activities to support embedding wellness and reablement for CHSP Service Providers.

The data collected will continue to inform the Department's understanding of organisational progress towards embedding wellness and reablement approaches in CHSP service delivery and ways we can better support this. Information from service providers allows the Department to continue to develop targeted resources and activities to support quality practices, aligned with the focus of CHSP and aged care more broadly.

The Department is committed to supporting CHSP organisations to embed wellness and reablement approaches in their service delivery. With results of the 2021 and 2022 reports considered, the Department will continue to develop ideas, plans, and initiatives for service providers to enhance client independence and satisfaction.

Findings will also inform the focus and direction of the future wellness and reablement reports. In 2023, the Department will refine report questions to obtain more targeted feedback on areas that are working well and challenges impacting the sector. Providers will also be given the opportunity to comment on the content and structure of the annual report. This information will be used to further improve policy and operational outcomes.

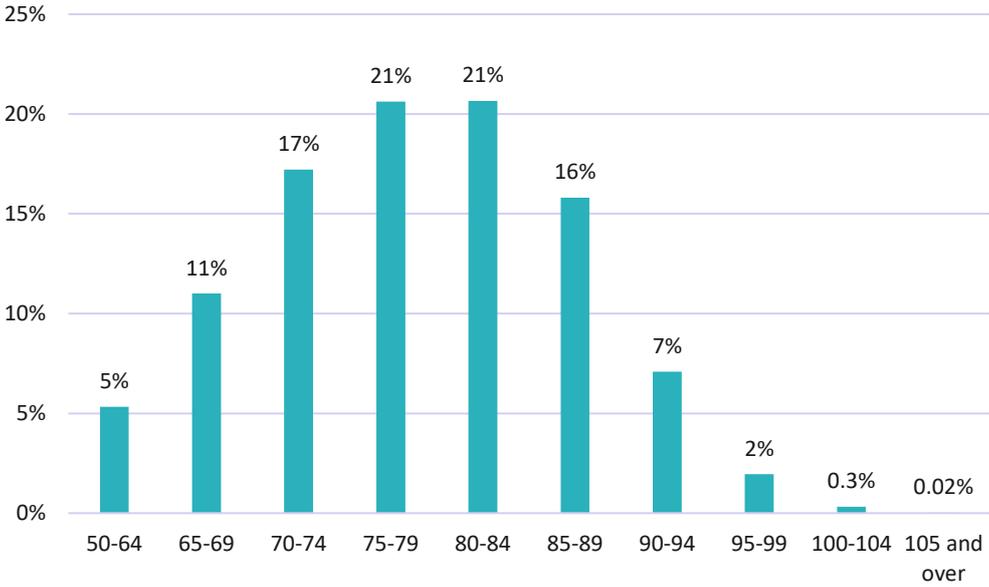
Providers' responses will be used to ensure reporting is purposeful, guide policy decisions and the development of guidelines surrounding wellness and reablement into the future. This includes consideration of wellness and reablement approaches under the CHSP and in the development and implementation of the new In-Home Aged Care (IHAC) program.

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Appendix A

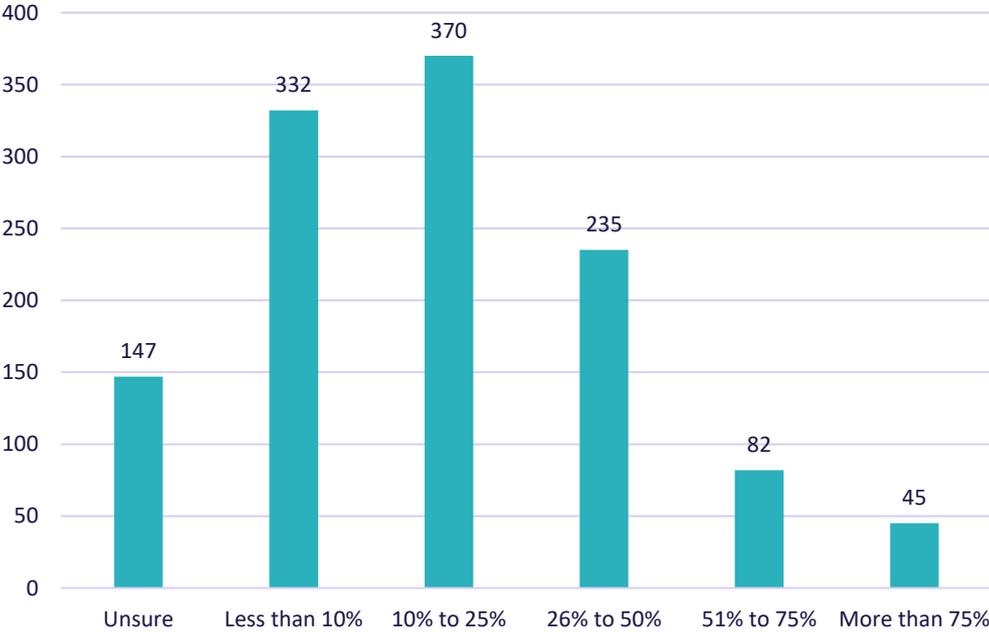
# 2021 Report: Question & Data Summary

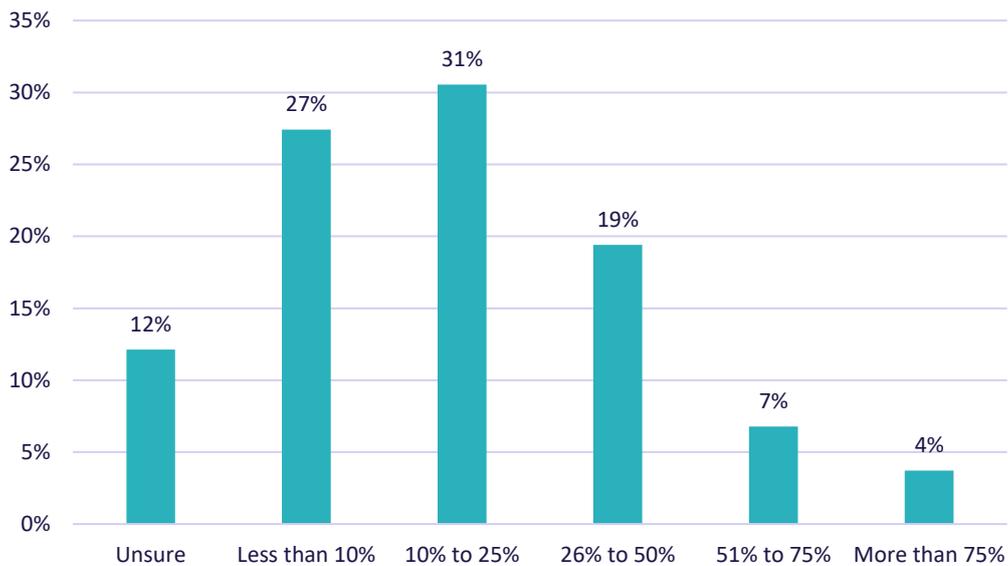
**Q.7 What is the age of your reablement clients?**



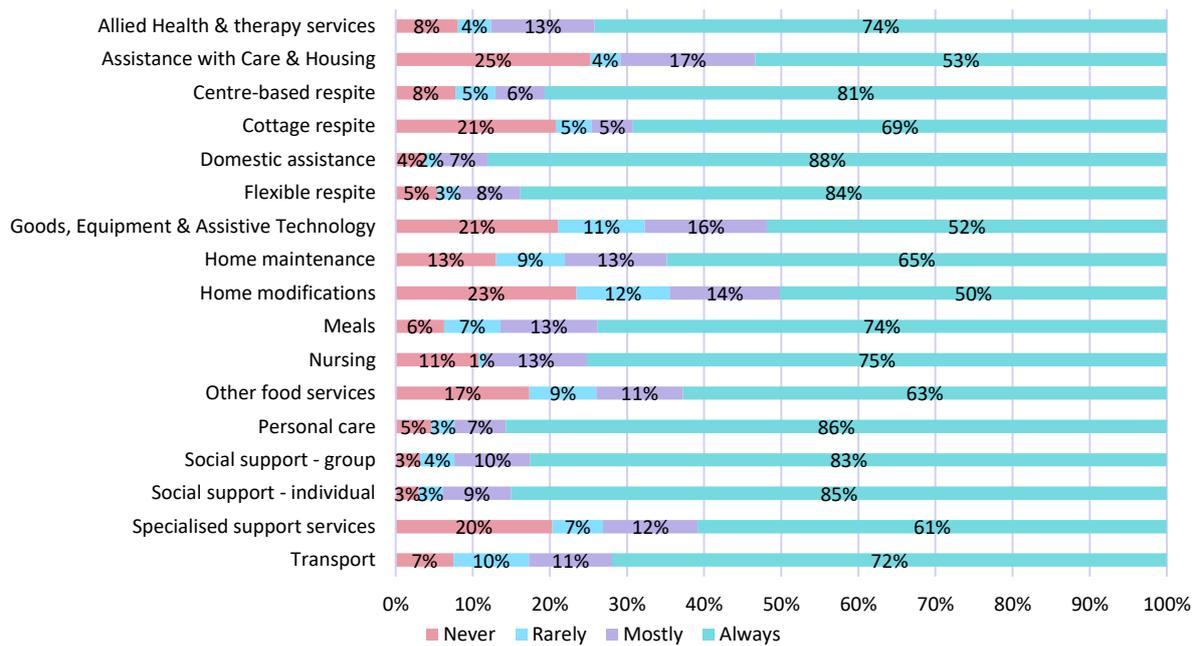
This graph represents 68% of providers that reported a best estimate of the overall percentage of reablement clients in each age range.

**Q.8 Provide your best estimate of the proportion (%) of your CHSP clients that have cognitive impairment**

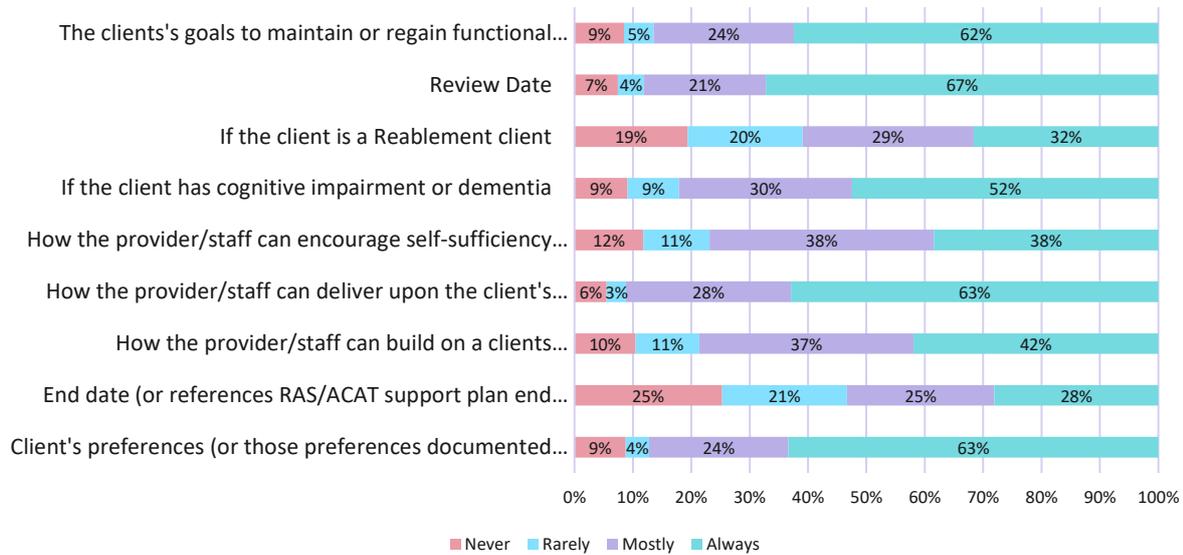




**Q.9 Does your organisation develop a care (service) plan for each client it supports?**



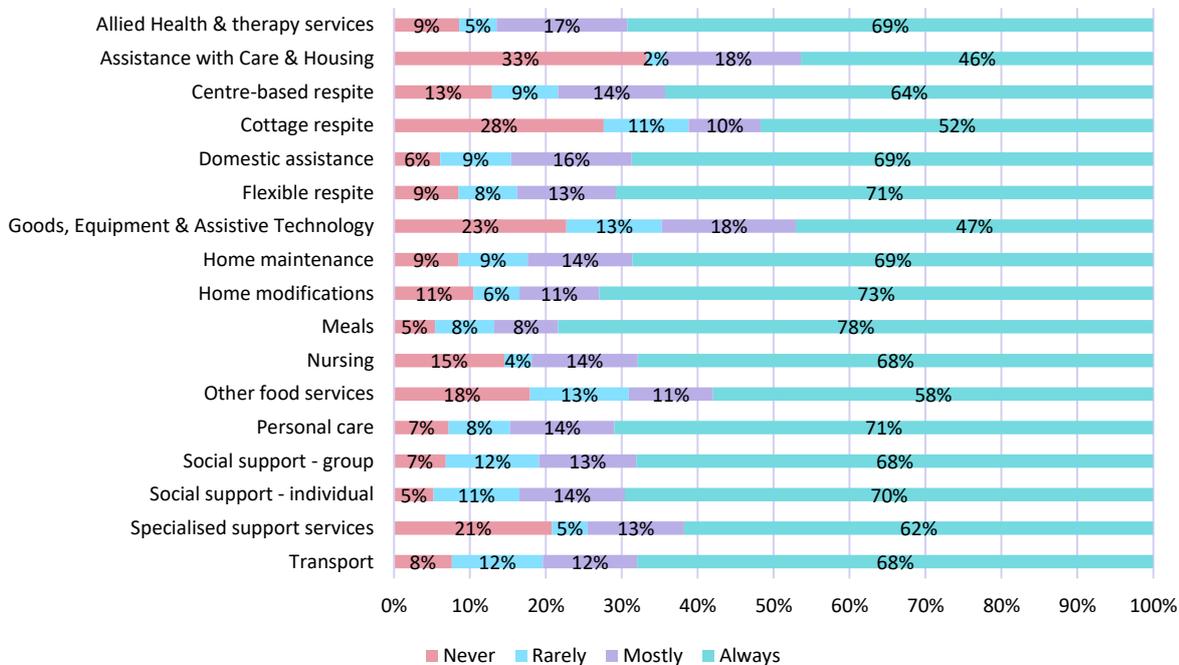
## Q.10 Does your organisation's client care plans identify the following?



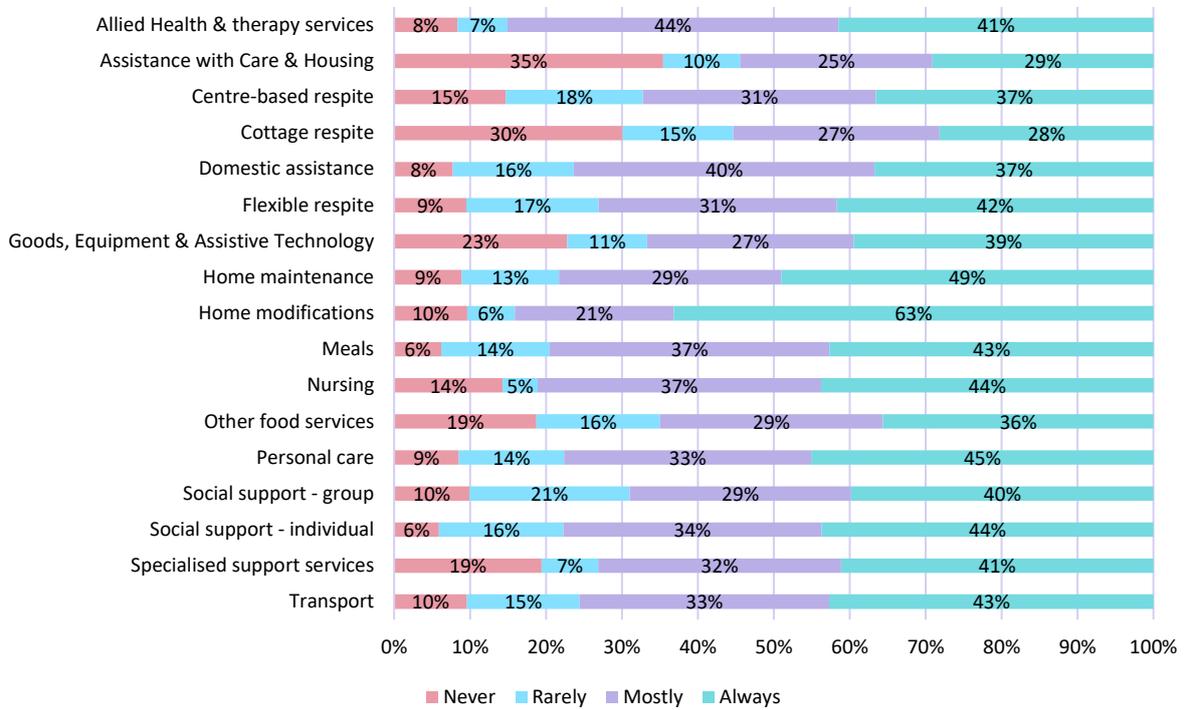
These categories have been summarised to fit the graph, for reference they read:

*The client's goals to maintain or regain functional capacity and social connectedness / Review date / If the client is a reablement client / If the client has cognitive impairment or dementia / How the provider/staff can encourage self-sufficiency (or references self-sufficiency in the RAS/ACAT support plan) / How the provide/staff can deliver upon a client's preferences / How the provider/staff can build upon a clients capacity/strengths (or references capacity/strengths in the RAS/ACAT support plan) / End date (or references RAS/ACAT support plan) / Client's preferences (or those preferences documented in the RAS/ACAT support plan.*

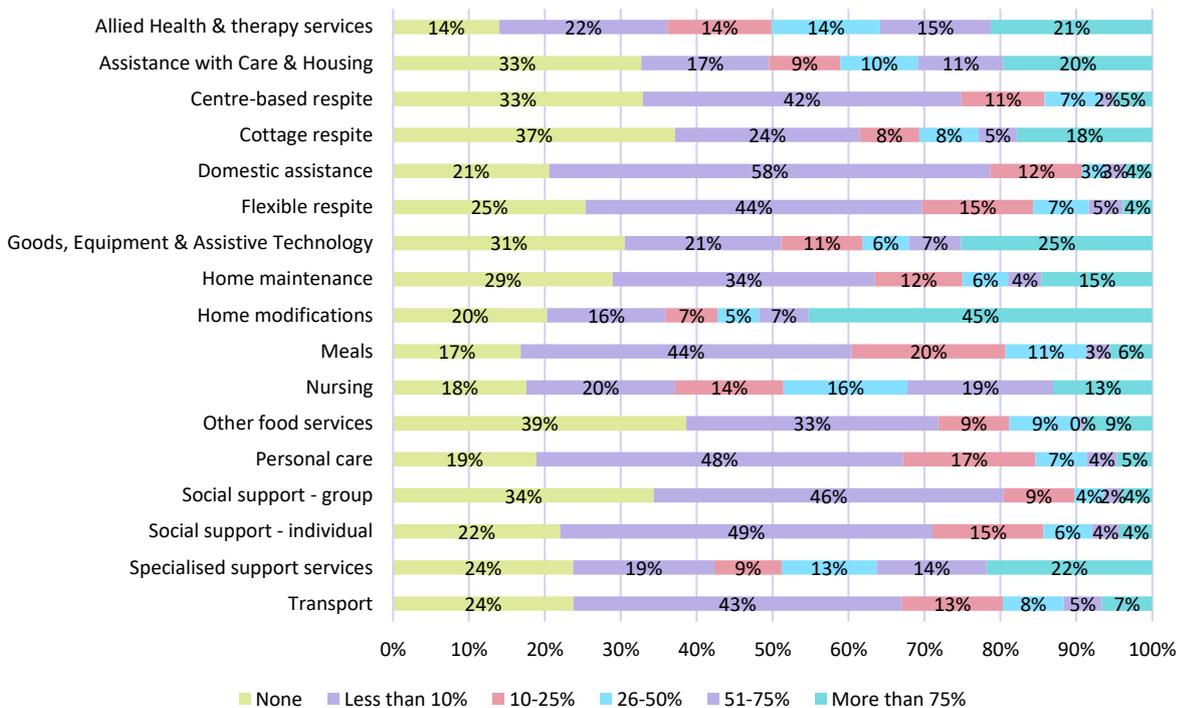
## Q.11 Does your organisation accept referrals to deliver short-term CHSP services?



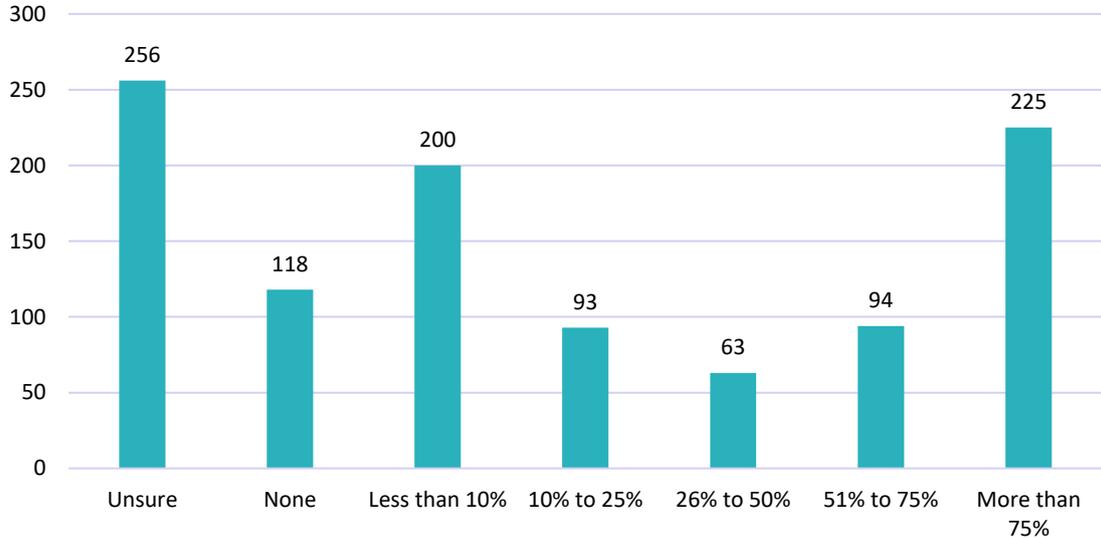
**Q.12 Where short-term services were recommended on a client's RAS/ACAT Support Plan, did you provide short-term services to these clients?**



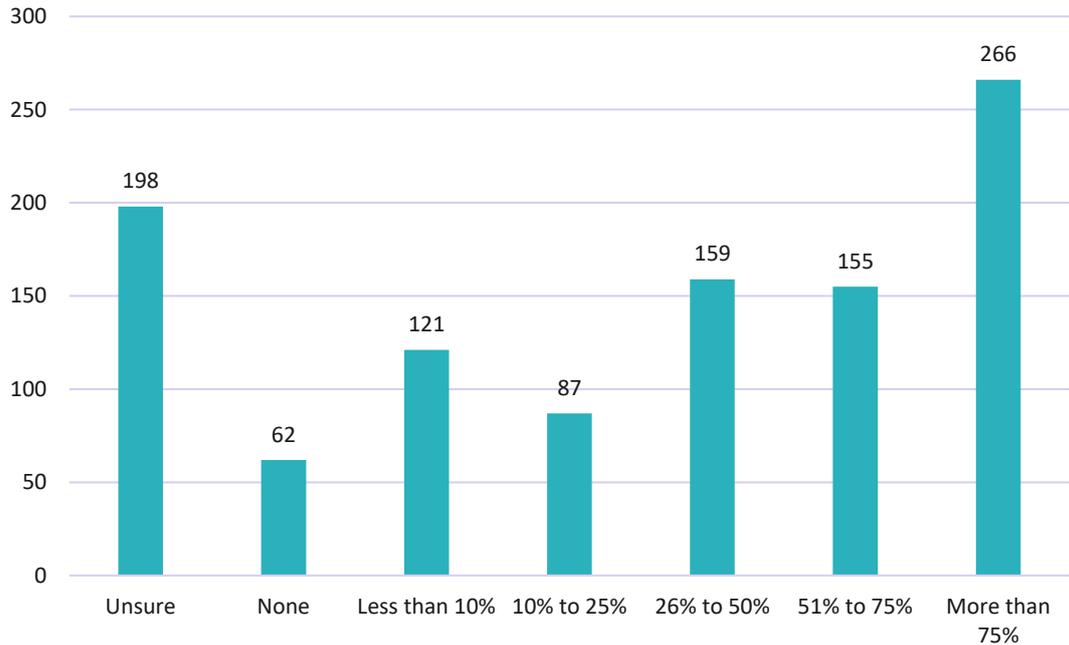
**Q.13 For each service type your organisation was funded to deliver in 2020-2021, approximately what proportion of services were delivered on a short-term basis with a reablement focus?**



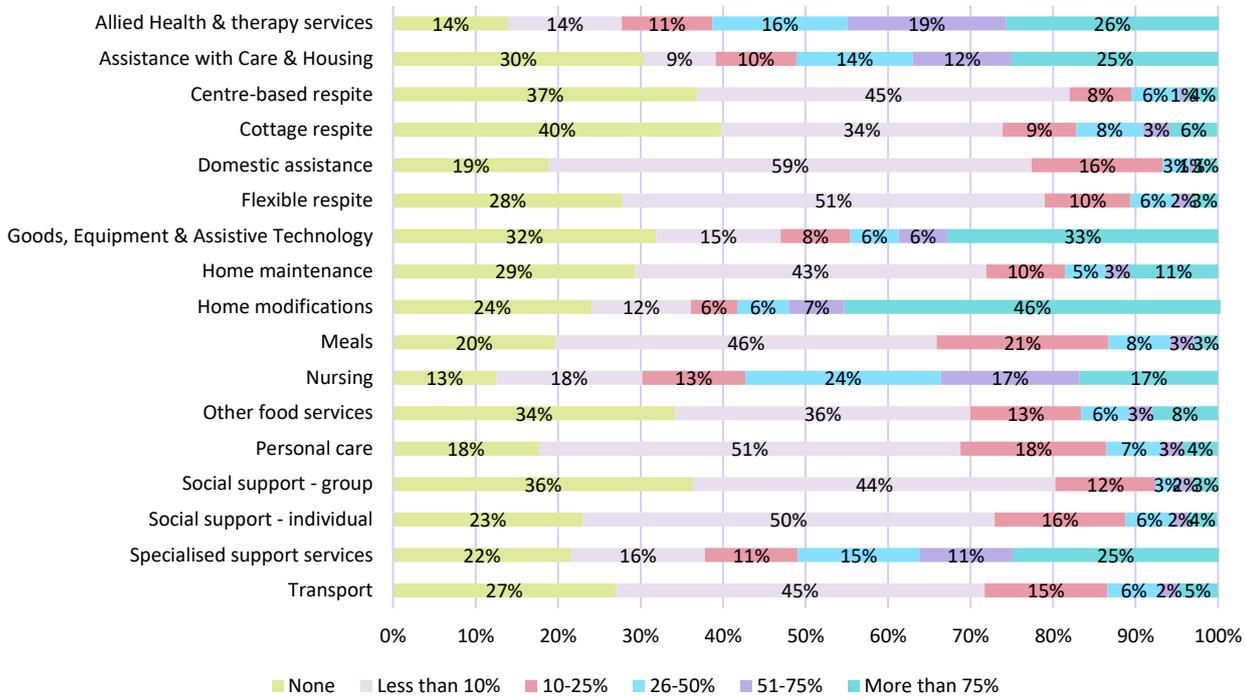
**Q.14 What proportion of clients received a reassessment after their reablement period?**



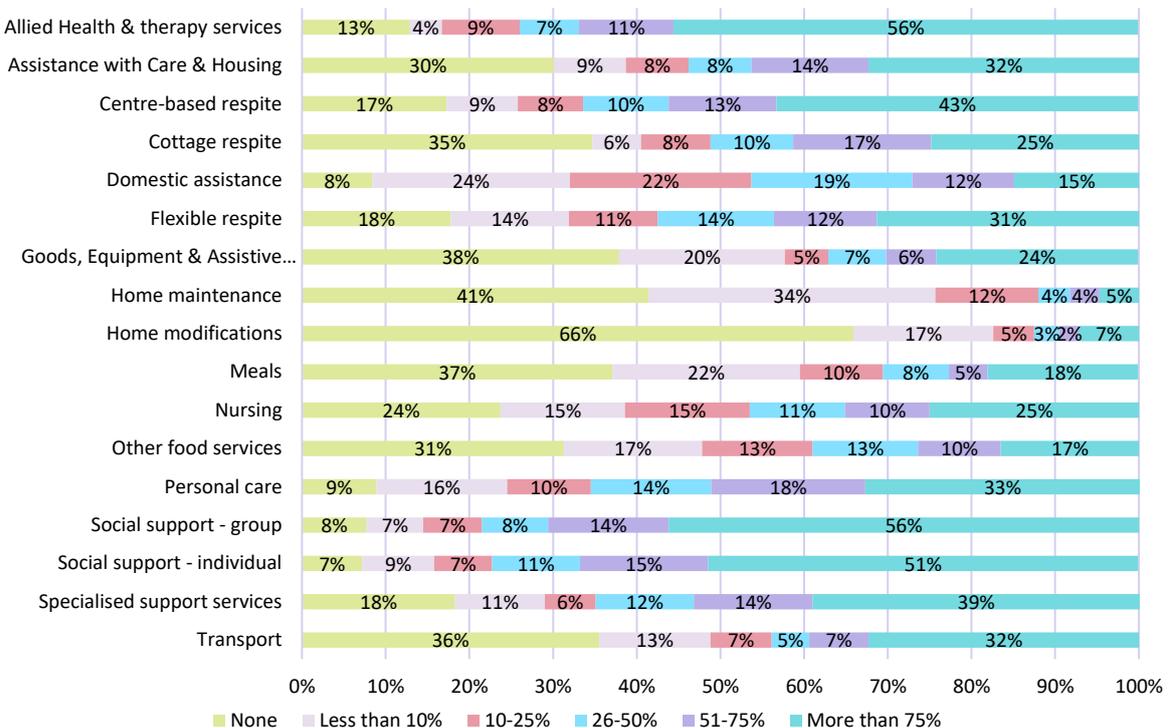
**Q.15 What proportion of clients required ongoing services after their reablement period?**



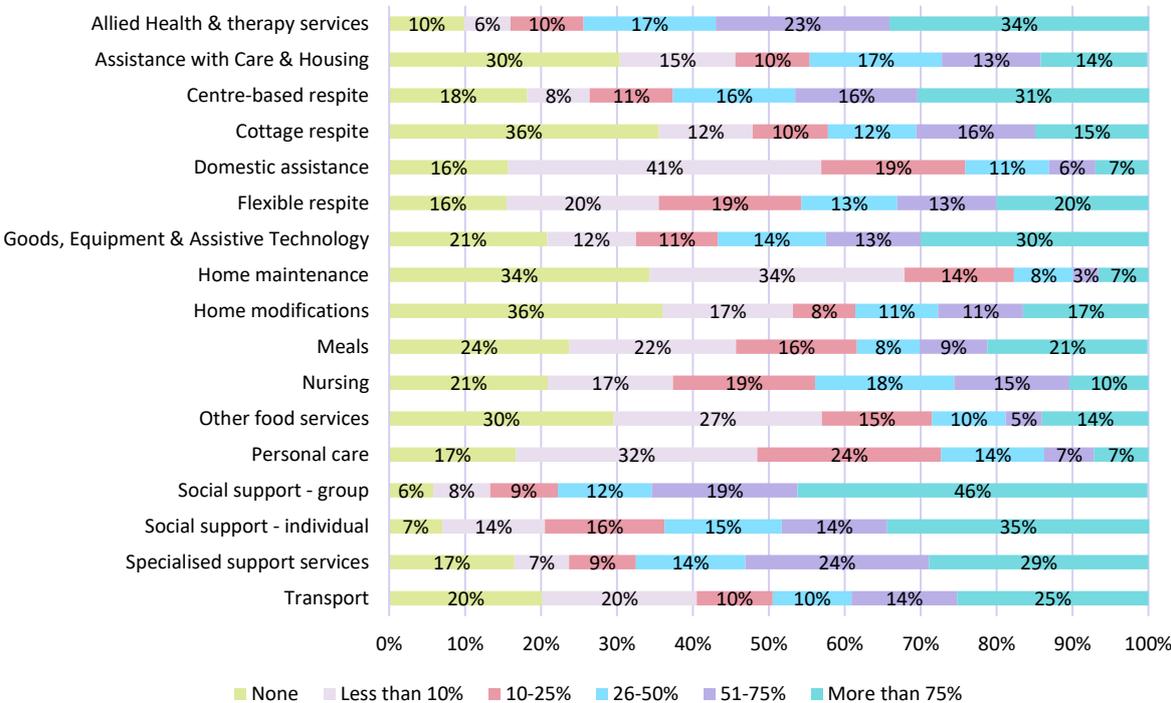
**Q.16 For each service type your organisation was funded to deliver in 2020-2021, approximately what proportion of clients were able to reduce the intensity of services over time?**



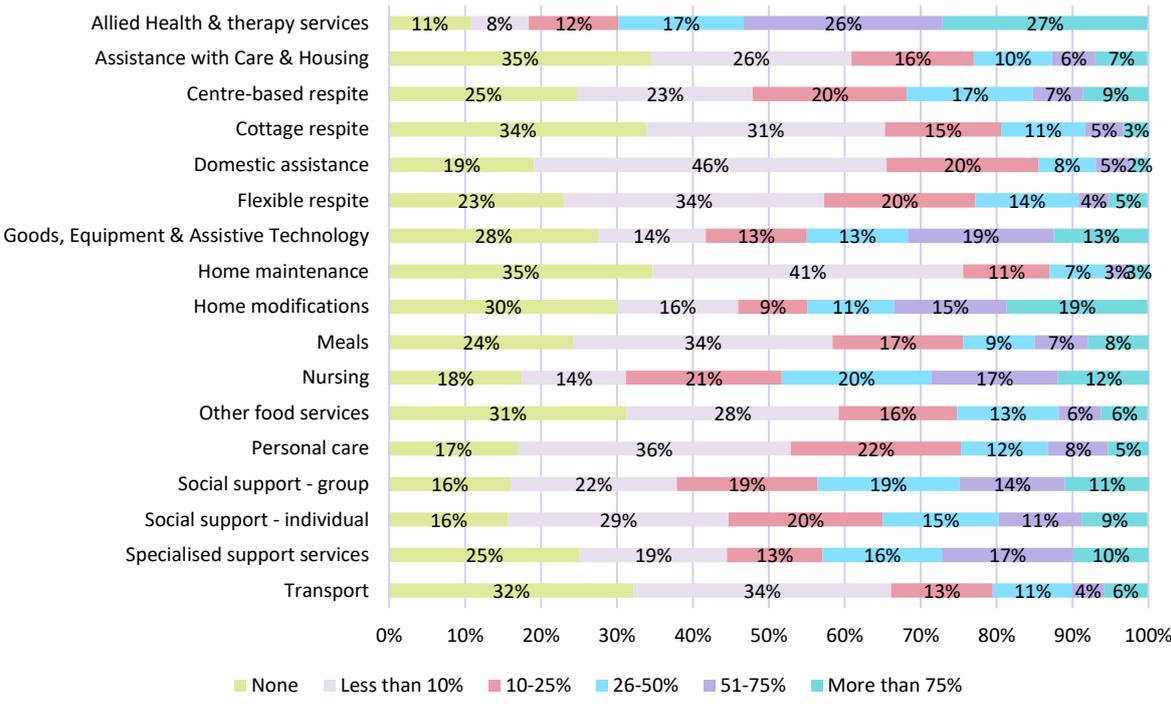
**Q.17 For each service type your organisation was funded to deliver in 2020-2021, approximately what proportion of clients participated in tasks with or alongside the service provider (staff)?**



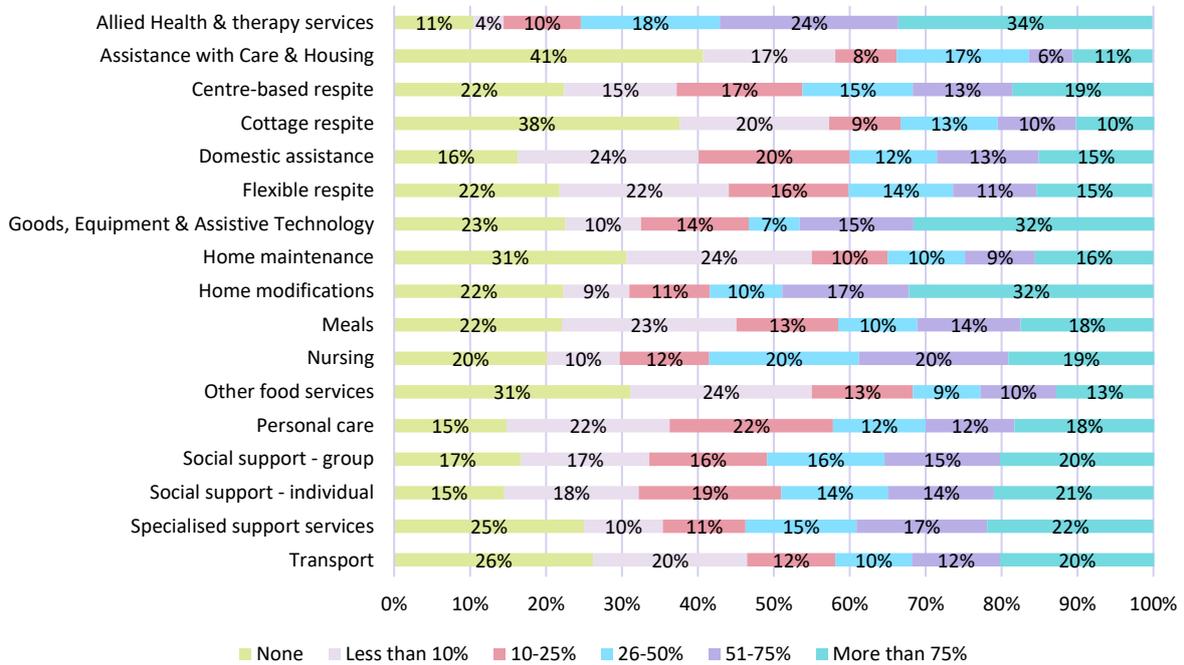
**Q.18 For each service type your organisation was funded to deliver in 2020-2021, approximately what proportion of clients developed new skills/ capabilities or increased social connection/ participation in society?**



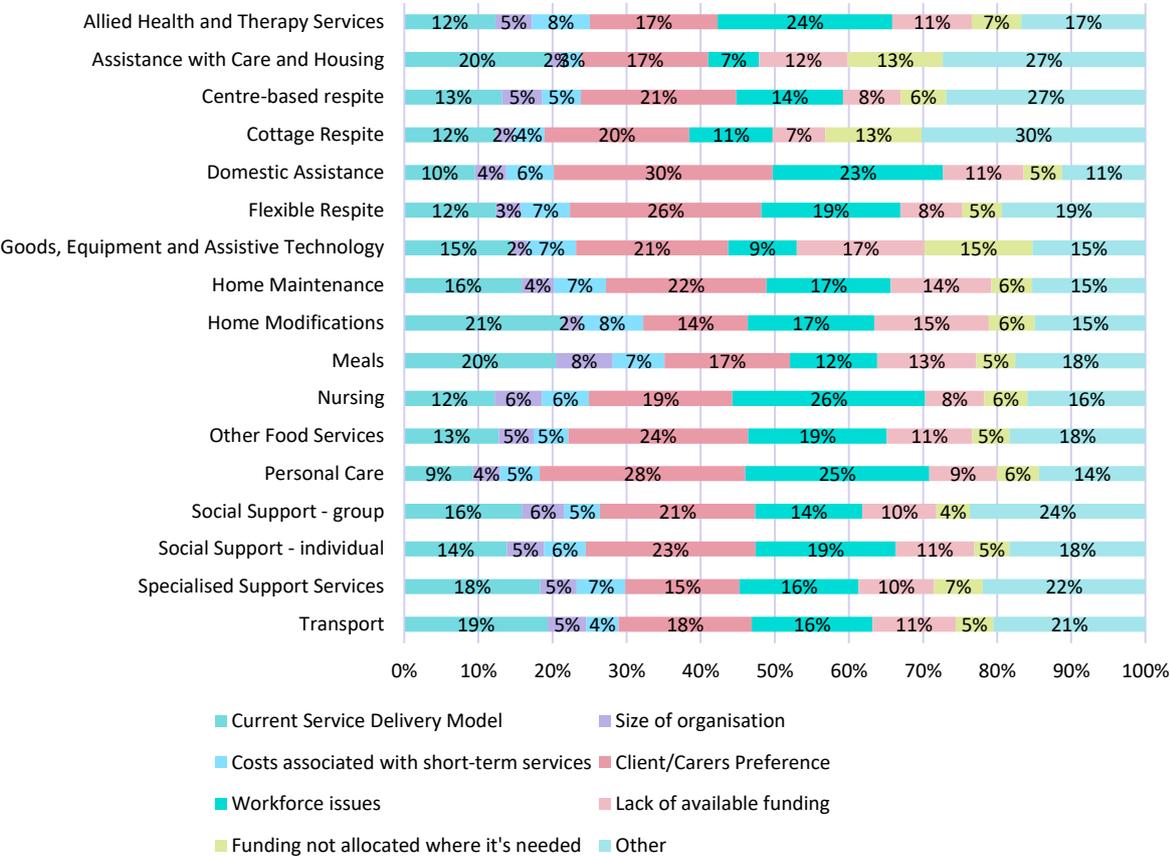
**Q.19 For each service type your organisation was funded to deliver in 2020-2021, approximately what proportion of clients regained (even in part) physical or cognitive abilities?**



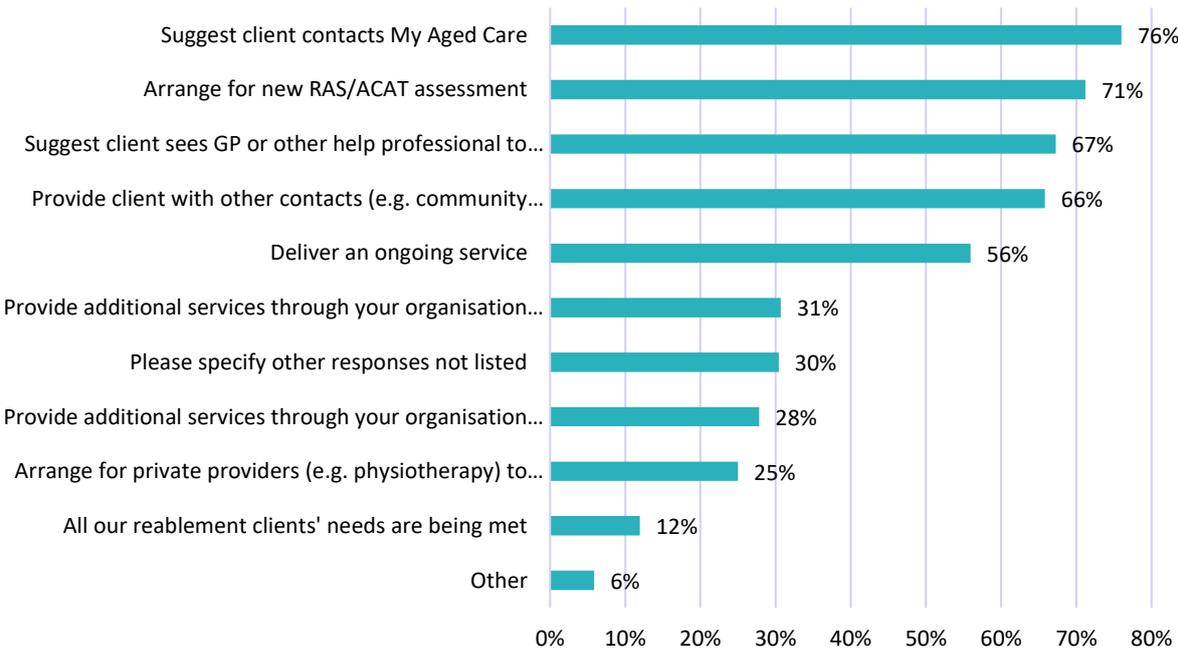
**Q.20 For each service type your organisation was funded to deliver in 2020/2021, approximately what proportion of clients learned to adapt to a functional limitation?**



**Q.21. Are there any services that you have not been able to implement, or have had challenges implementing, a reablement approach? What are the barriers?**



**Q.22 Where CHSP reablement services are unable to meet clients' needs, how does your organisation respond?**

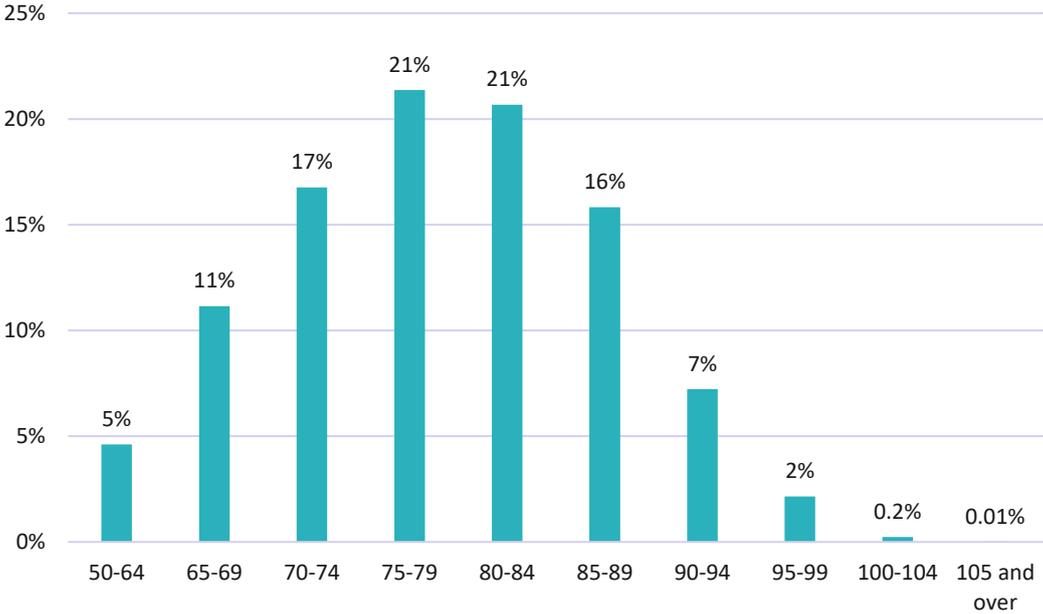


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Appendix B

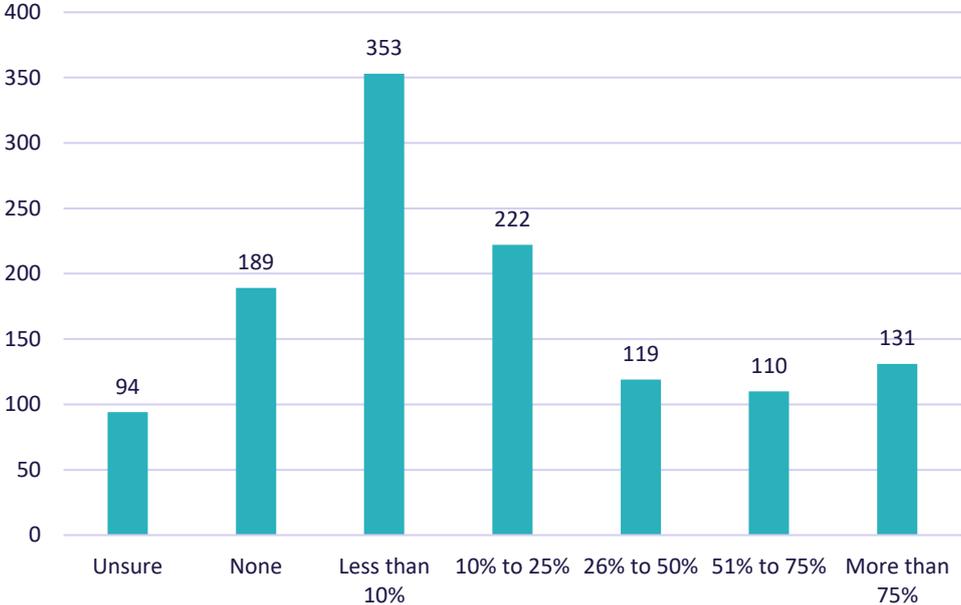
# 2022 Report: Question & Data Summary

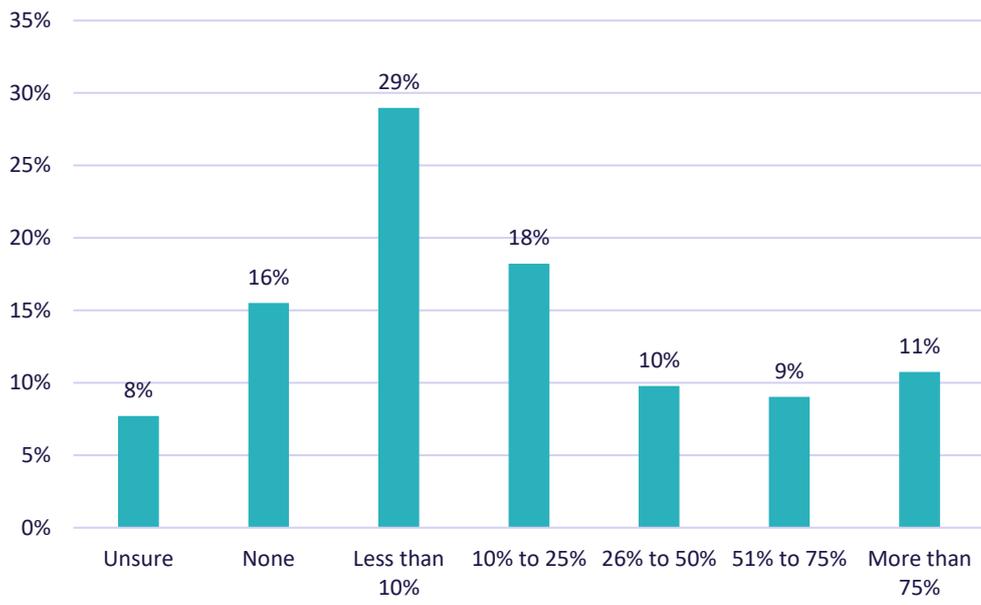
**Q.7 What is the age of your reablement client?**



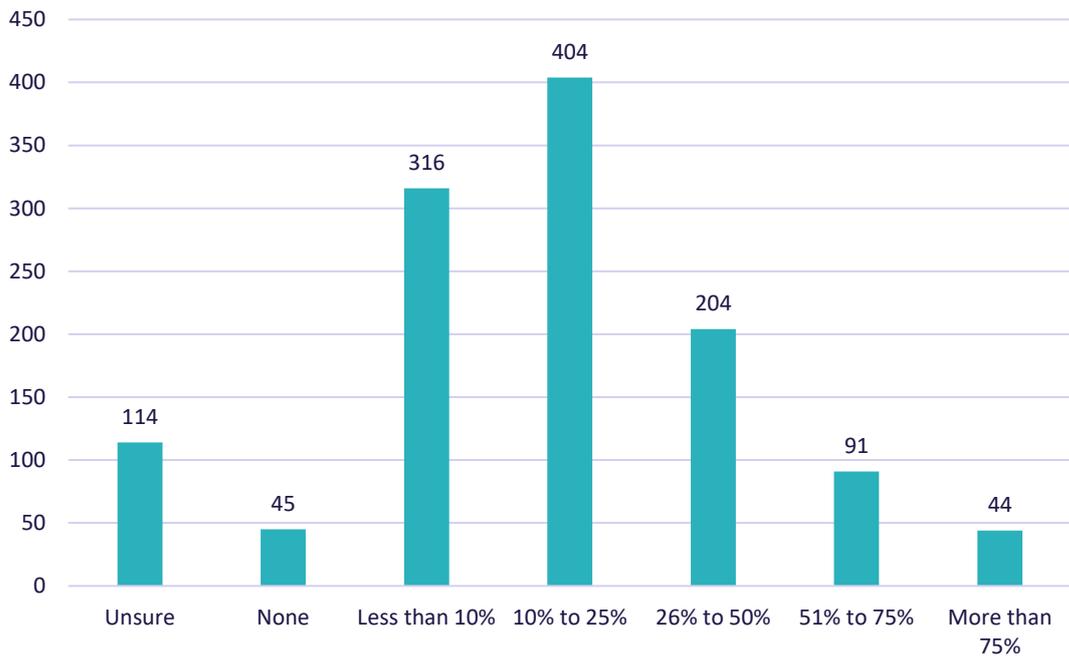
This graph represents 67% of providers that reported a best estimate of the overall percentage of reablement clients in each age range.

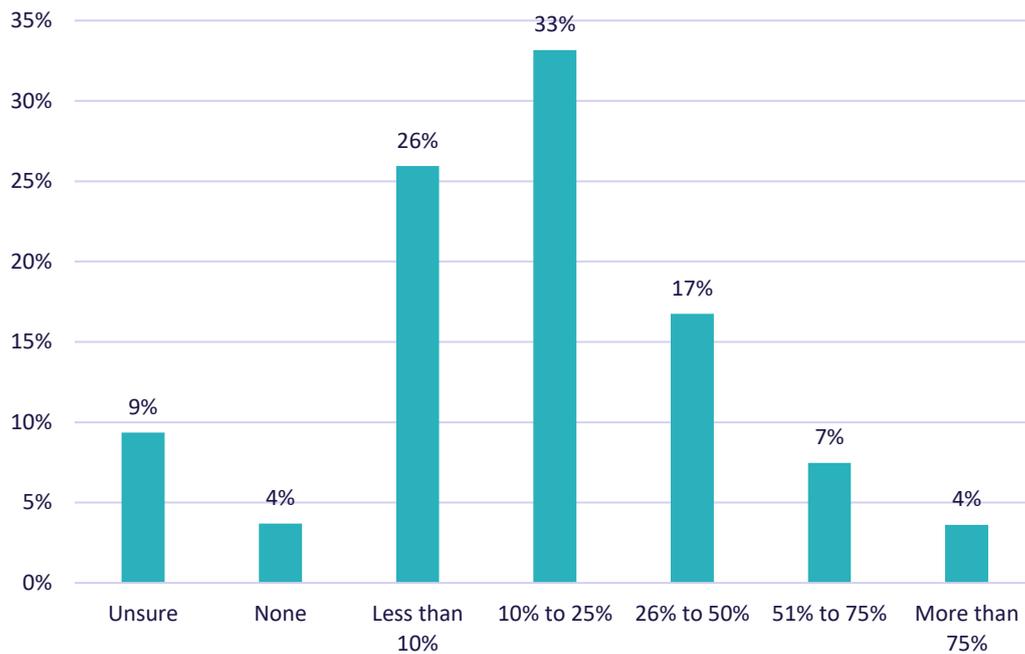
**Q.8 Provide your best estimate of the overall percentage of reablement clients.**



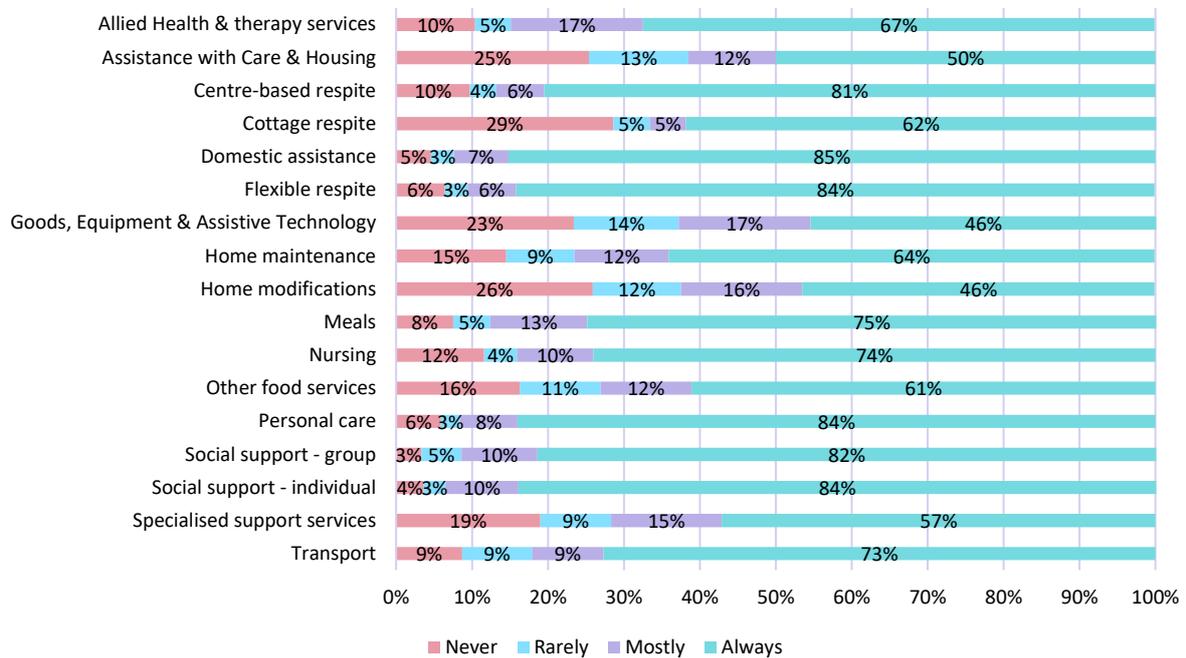


**Q.9 Provide your best estimate of the proportion (%) of your CHSP clients that have cognitive impairment.**

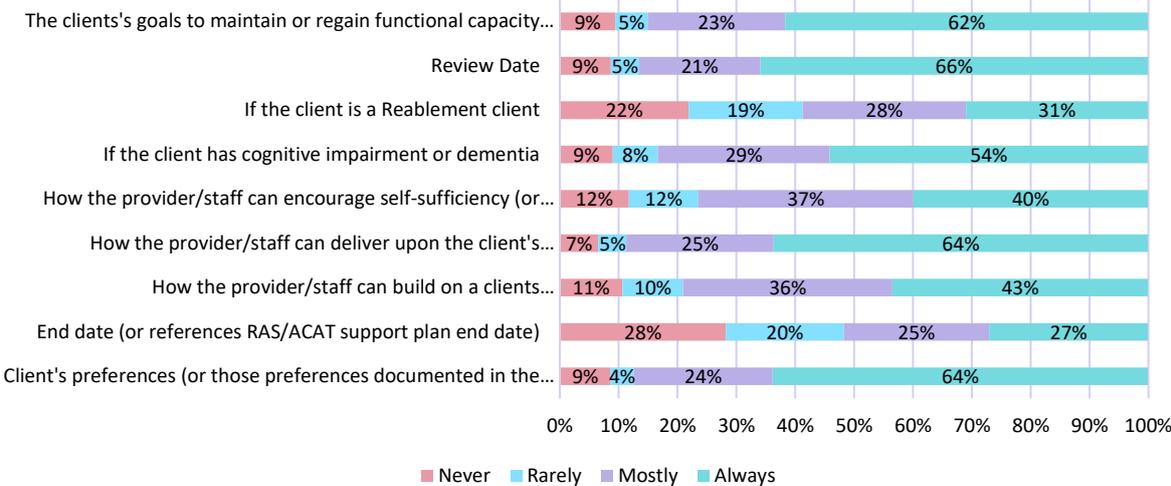




**Q.10. Does your organisation develop a care (service) plan for each client it supports?**



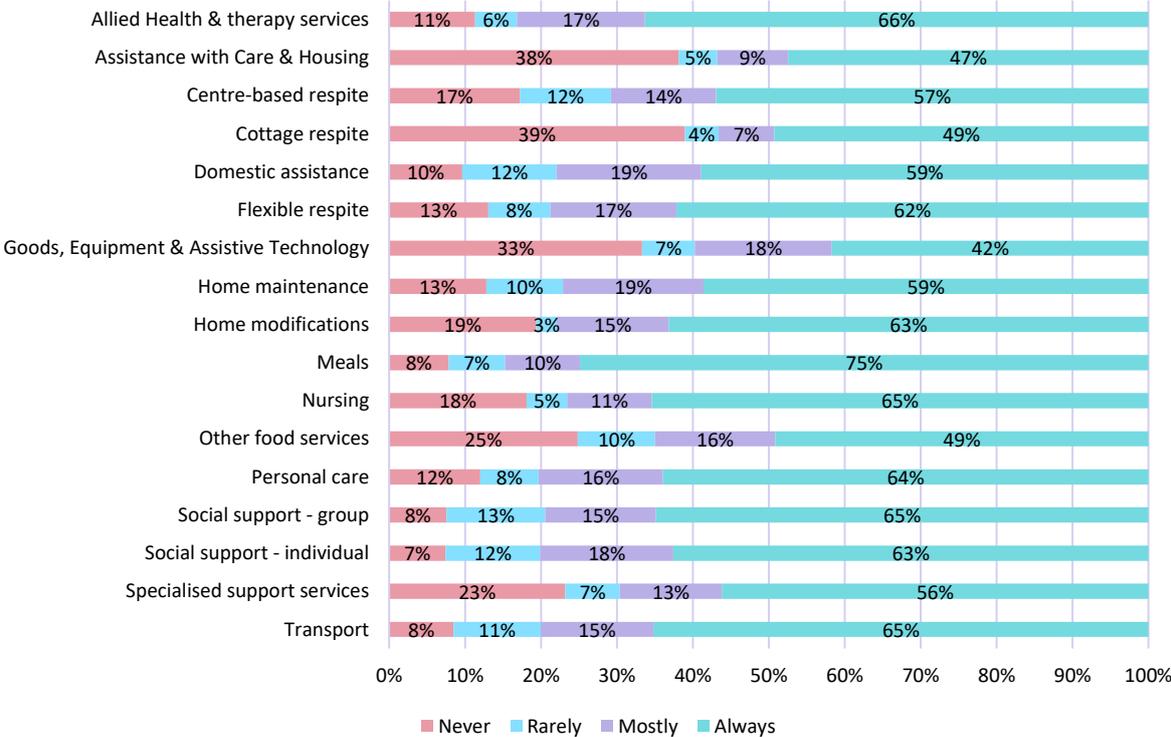
### Q.11. Does your organisation’s client care plans identify the following?



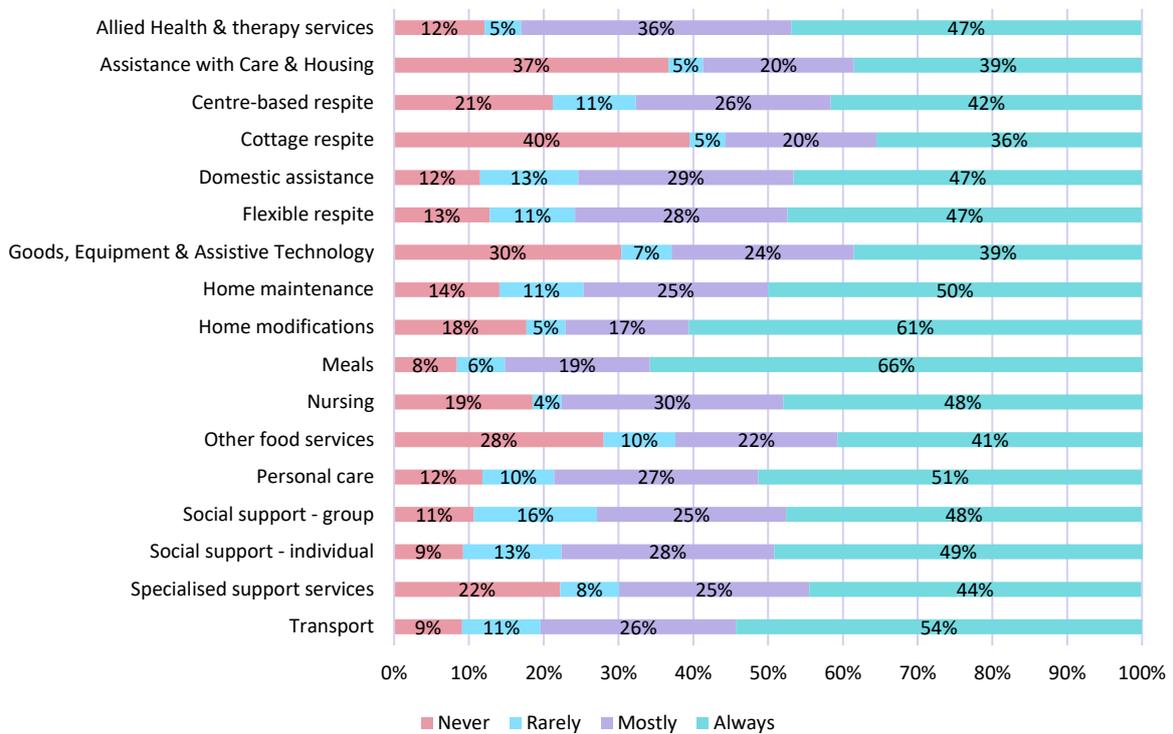
These categories have been summarised to fit the graph, for reference they read:

The client’s goals to maintain or regain functional capacity and social connectedness / Review date / If the client is a reablement client / If the client has cognitive impairment or dementia / How the provider/staff can encourage self-sufficiency (or references self-sufficiency in the RAS/ACAT support plan) / How the provide/staff can deliver upon a client’s preferences / How the provider/staff can build upon a clients capacity/strengths (or references capacity/strengths in the RAS/ACAT support plan) / End date (or references RAS/ACAT support plan)./Client’s preferences (or those preferences documented in the RAS/ACAT support plan

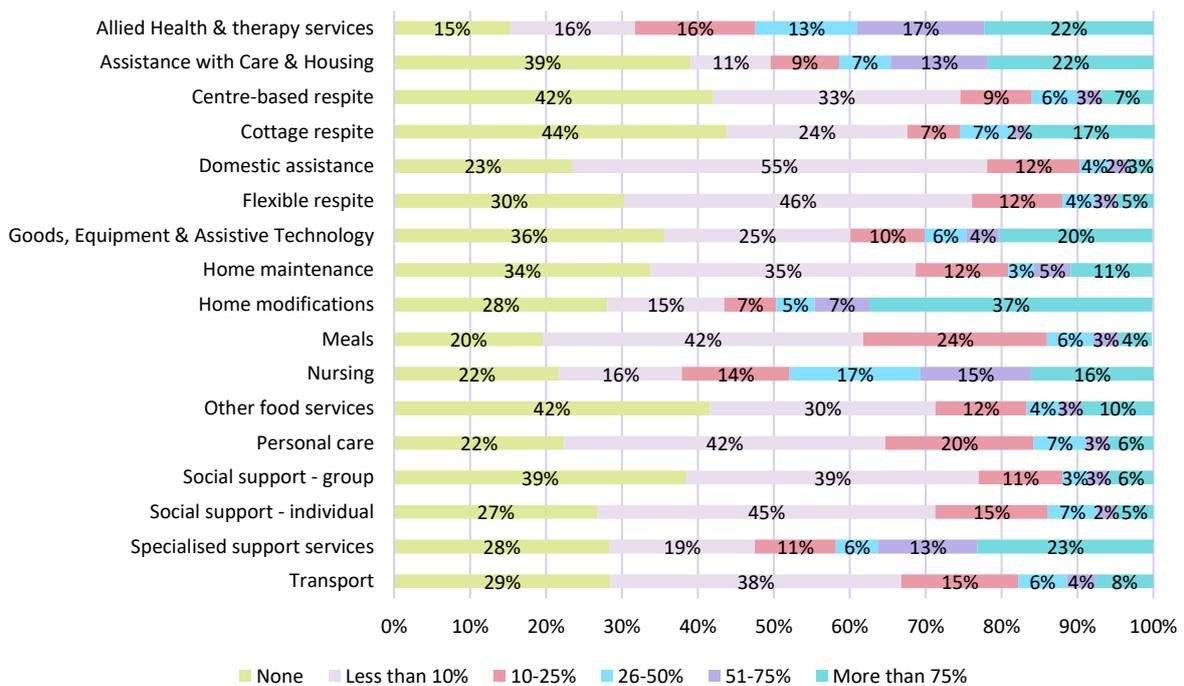
### Q.12. Does your organisation accept referrals to deliver short-term CHSP services?



**Q.13. Where short-term services were recommended on a clients' RAS/ACAT Support Plan, did you provide short-term services to these clients?**

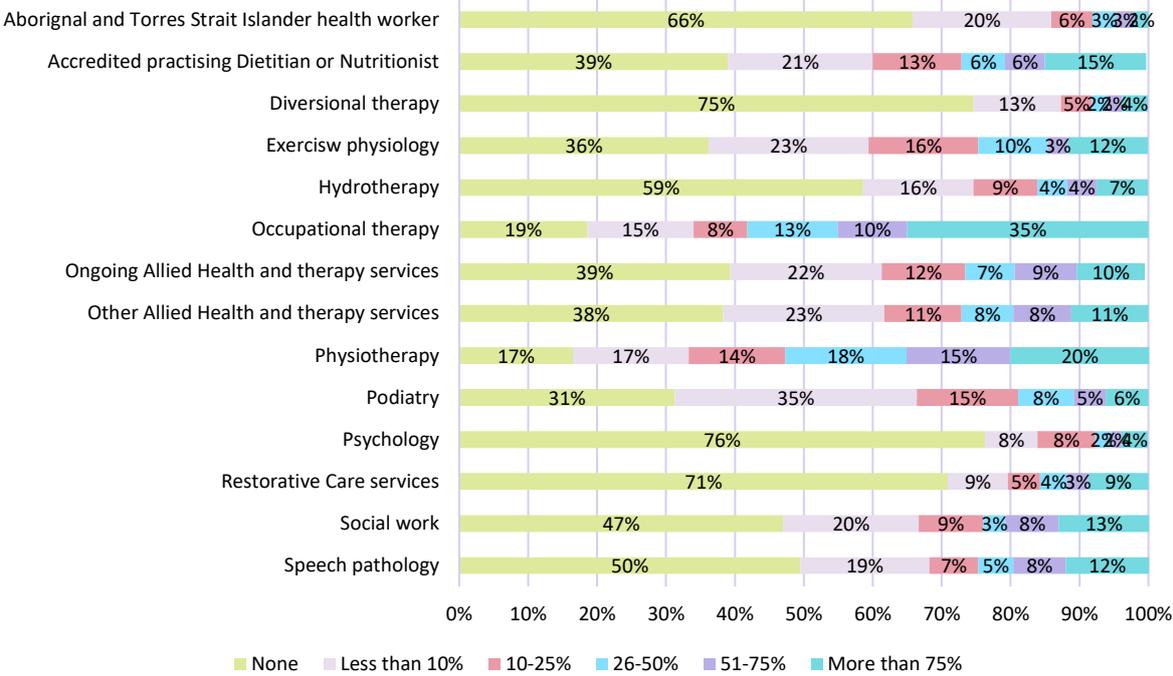


**Q.14. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of services were delivered on a short-term basis with a reablement focus?**

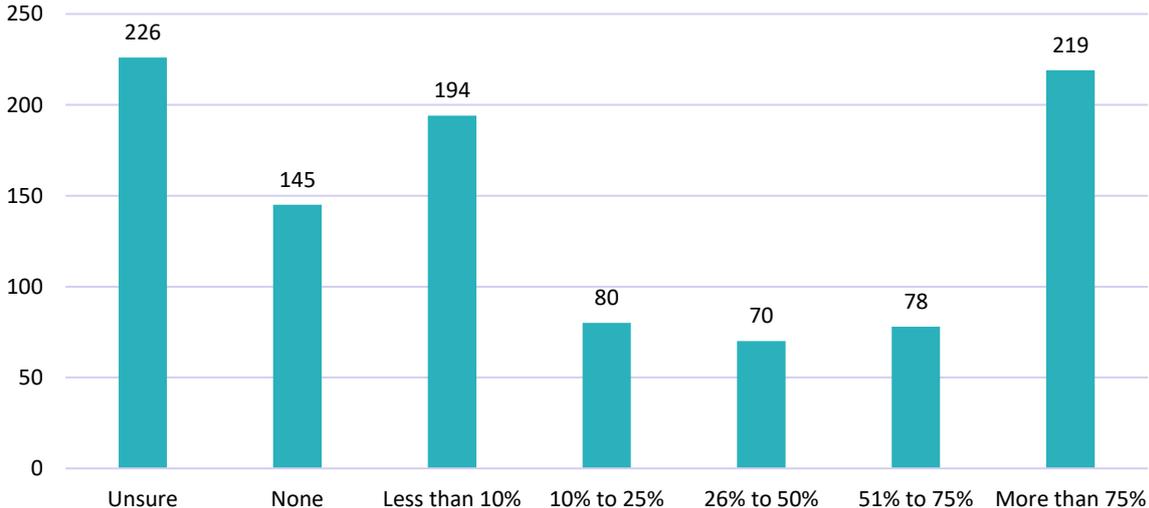


**Q.15. If your organisation was funded to deliver Allied Health and Therapy**

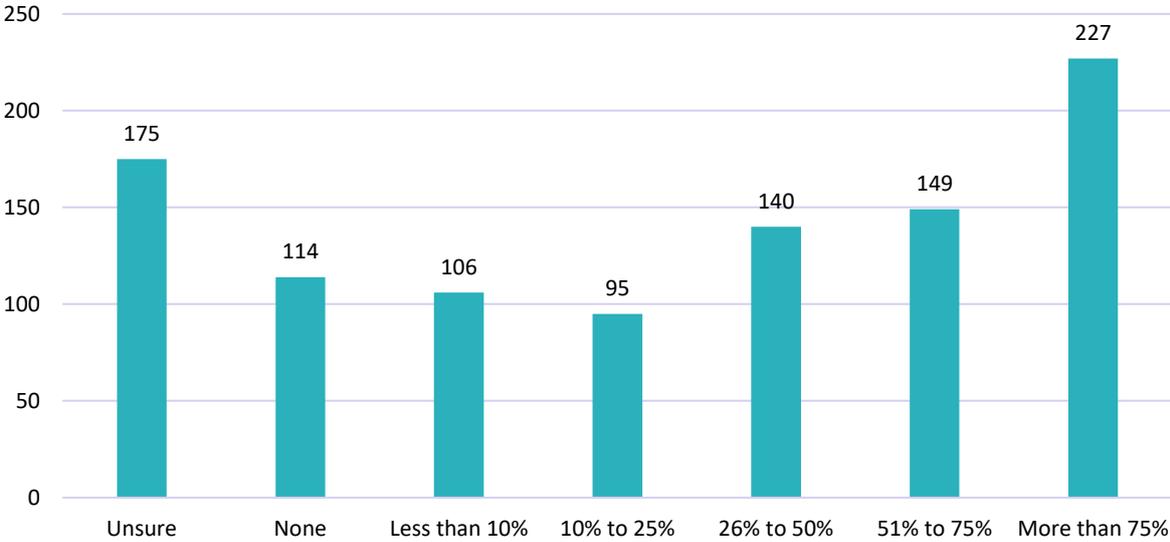
**Services in 2021-22, approximately what proportion of services, for each Allied Health service sub-type, were delivered on a short-term basis with a reablement focus?**



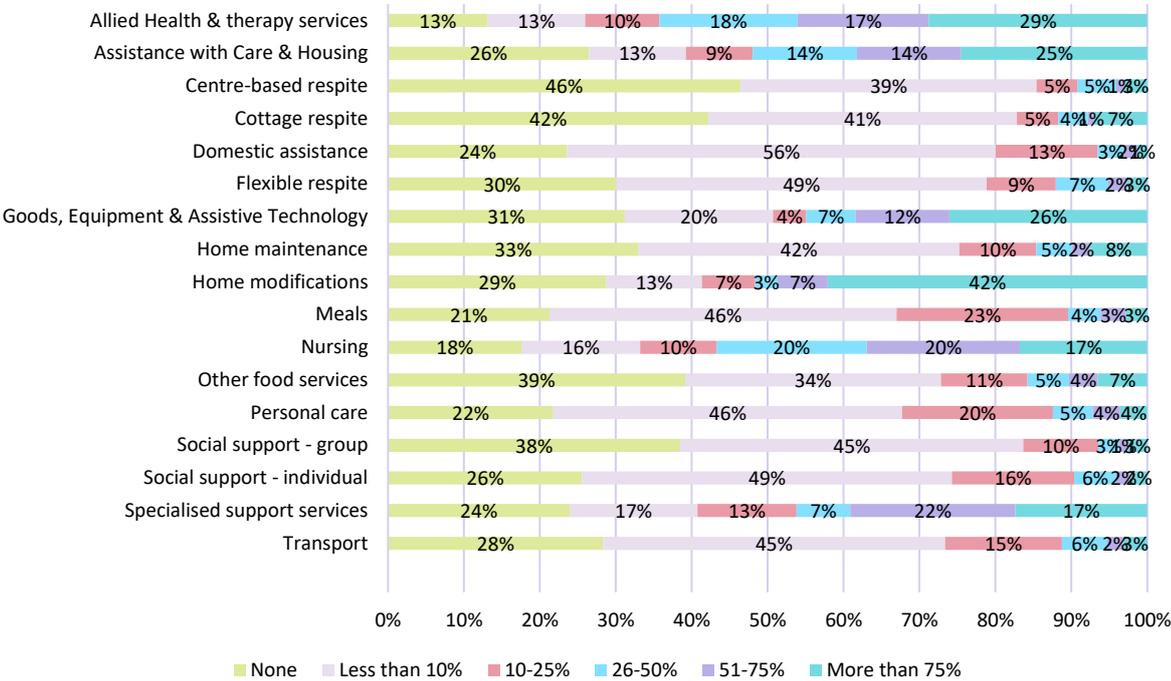
**Q.16. For all services your organisation was funded to deliver, what proportion of clients received a reassessment after their reablement period?**



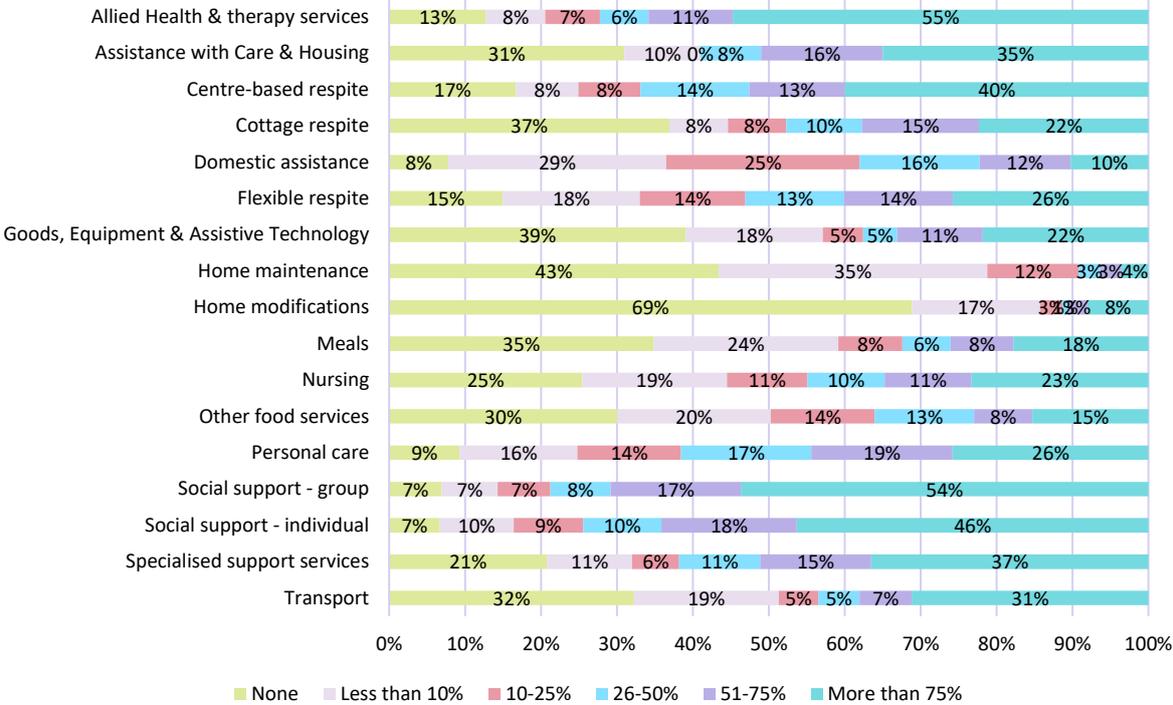
**Q.17. What proportion of clients required ongoing services after their reablement period?**



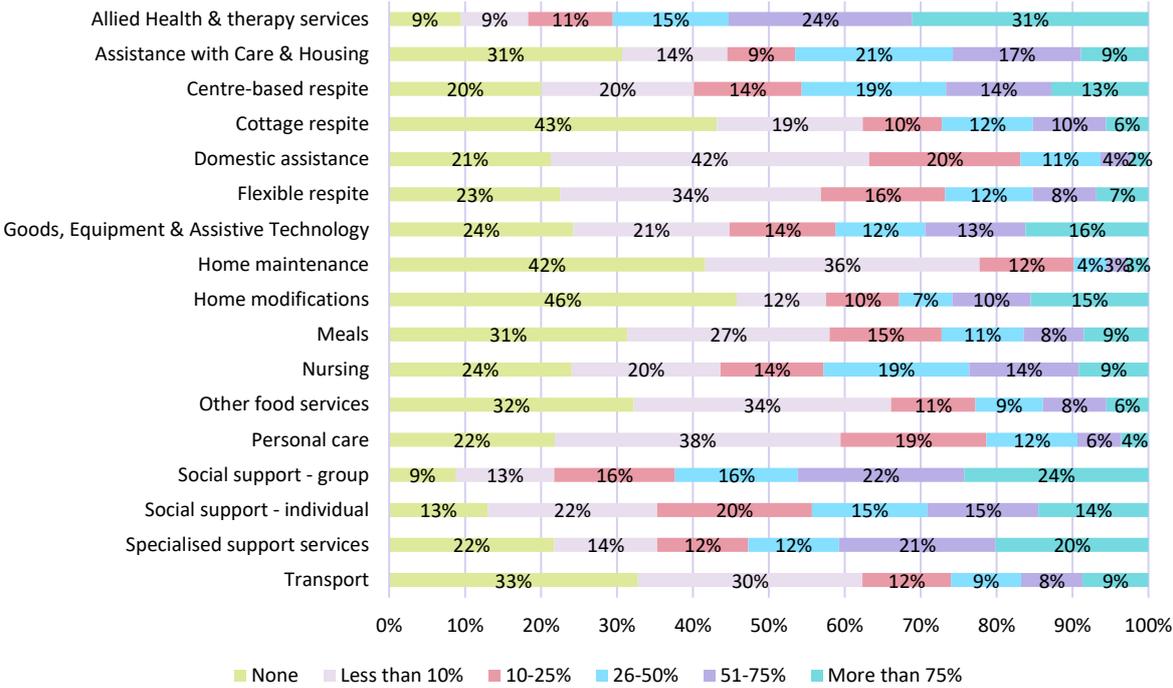
**Q.18. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of all CHSP clients were able to reduce the intensity of services over time?**



**Q.19. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of all CHSP clients participated in tasks with or alongside the service provider (staff)?**



**Q.20. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of all CHSP clients developed new skills/capabilities?**



Service Type	Examples of how organisations helped their CHSP clients develop new skills/capabilities, by service type.
<b>Allied Health and Therapy Services</b>	<ul style="list-style-type: none"> <li>• An occupational therapist and physiotherapist prescribed equipment and client/carer education on manual handling and transfers, teaching the client and the client’s family how to utilise the hoist. This enabled the client to sit out of bed and participate in activities with their grandkids. An exercise program improved general strength and taught different ways of transferring in bed with assistance. This provided the client with the knowledge and ability to engage in activities they were previously unable to.</li> <li>• A client was taught how to use an automatic jar opener and tipper kettle which improved their confidence and independence with meal preparation.</li> </ul>
<b>Assistance with Care and Housing</b>	<ul style="list-style-type: none"> <li>• A client was consulted and assisted with their hoarding situation. This involved building a relationship with the client, cleaning their home, helping them to make decisions about their items, and sharing tips on cleaning and maintaining the home after the cleaning service had been completed.</li> <li>• A cleaning and gardening program was developed for a client, including how to use their washing machine, and ways to engage in regular personal hygiene, and develop a consistent daily routine in and around the home.</li> </ul>
<b>Centre-Based Respite</b>	<ul style="list-style-type: none"> <li>• Clients are encouraged to maintain and strengthen their independence and autonomy through participation in various diversional therapies and activities focused on promoting cognitive skills and new abilities.</li> <li>• A legally blind client was encouraged by a service provider to try water colour painting – an activity she had never participated in before. The service provider gave the woman a template with thicker borders and outlines so that she could see better, and using watercolours allowed her to blend colours together. She</li> </ul>

Service Type	Examples of how organisations helped their CHSP clients develop new skills/capabilities, by service type.
	<p>was thrilled with her finished piece and will try painting again.</p>
<b>Cottage Respite</b>	<ul style="list-style-type: none"> <li>• One service provider encourages clients' friends and family from different towns and backgrounds to come to the centre and build connections. They are provided with opportunities to plan and prepare meals together, design and lead activities, and share stories. This enhances clients' confidence and exposure to new experiences.</li> <li>• One client living with dementia lost her ability to knit. She was encouraged by the service provider to bring her knitting supplies and teach some of the staff how to knit alongside her peers. As a result, she remembered some basic stitches and was able to knit again.</li> </ul>
<b>Domestic Assistance</b>	<ul style="list-style-type: none"> <li>• After noticing a client struggling to hang their washing outdoors, a service provider suggested purchasing a clothes horse for inside. The client is now hanging and removing their washing independently.</li> <li>• Following time spent together, a support worker was able to show a client how to use the internet for paying bills and online shopping. This resulted in reduced time required for services, and increased confidence in the client's own abilities.</li> </ul>
<b>Flexible Respite</b>	<ul style="list-style-type: none"> <li>• Clients are encouraged to engage and participate in structured activities including meal preparation, listening to music, storytelling, and gentle exercise which work to promote wellness, stimulate memory, mobility, and other skills.</li> <li>• A service provider encourages skill development around food preparation. Clients collaborate with their peers to formulate menus, try new cuisines, and share recipes.</li> </ul>

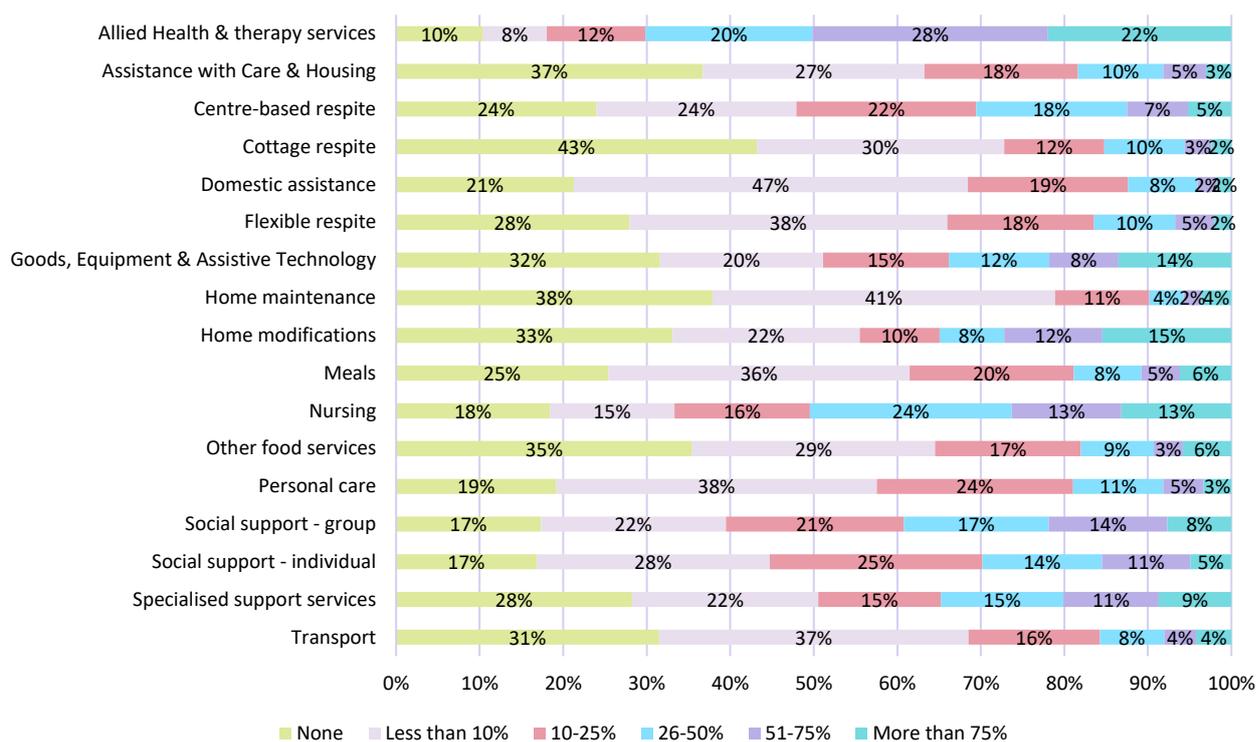
Service Type	Examples of how organisations helped their CHSP clients develop new skills/capabilities, by service type.
<b>Goods, Equipment and Assistive Technology</b>	<ul style="list-style-type: none"> <li>• Following the installation of a shower stool and six weeks of assisted showering, a client learned to perform personal hygiene tasks and shower independently with improved balance.</li> <li>• A client required falls alert technology and medication alarms for reminders. They were prescribed a smart watch which was able to detect falls, contact emergency services, and prompt the client to take their medication. The client now independently manages their medication, where they were previously unable, and can mobilise around the home with confidence and ease.</li> </ul>
<b>Home Maintenance</b>	<ul style="list-style-type: none"> <li>• A client's wife had recently passed away leaving the client in the home alone. She had been passionate about growing and maintaining her rose garden. The client was concerned that he would not be able to upkeep the garden, so the service provider assisted with garden maintenance, support, and education so the client could develop a meaningful new skill.</li> <li>• A service provider educated and supported one of their clients in growing vegetables in his garden. With assistance, the client added two raised garden beds in his backyard, which kept him physically active and engaged. This new skill allowed the client to participate in a healthy activity which he was previously unable to do alone.</li> </ul>
<b>Home Modifications</b>	<ul style="list-style-type: none"> <li>• Ramps and banister rails installed by a service provider improved a client's home access. The client had not been in their back garden for an extended period and was able to safely access her outdoor area and vegetable garden post-modification. The client actively gardens and engages with her neighbours as a result.</li> <li>• A client feels safer at night following installation of sensor lighting at the front of their home. The client is much more comfortable visiting friends and family, and</li> </ul>

Service Type	Examples of how organisations helped their CHSP clients develop new skills/capabilities, by service type.
	<p>no longer worries about returning home after dark. Previously, the client would reject social invitations out of fear, so the home modifications service helped the client develop their social and mobility skills.</p>
<b>Meals and Other Food Services</b>	<ul style="list-style-type: none"> <li>• Through education and training, some clients have transitioned from eating pureed meals to more standard meals. This is far more enjoyable and fulfilling for clients.</li> <li>• A client's wife who had passed away was an excellent cook and consistently prepared meals for the both of them. The client did not have the skills to prepare and cook the meals that his wife did on his own. In consultation with the client, a service provider developed a plan to teach the client to cook his favourite meals. As a result, the client is now capable of cooking without assistance.</li> </ul>
<b>Nursing</b>	<ul style="list-style-type: none"> <li>• A service provider teaches diabetic clients how to self-administer insulin. This reduces strain on the provider and develops the skills and capabilities of the client.</li> <li>• Following some education from the service provider, a client now understands the benefits of using moisturiser to maintain skin integrity. The client now applies cream to their arms and legs daily, even without presence of the nurse.</li> </ul>
<b>Personal Care</b>	<ul style="list-style-type: none"> <li>• A client living with Parkinson's was previously anxious shaving their face due to hand tremors. With ongoing support and guidance from the service provider, the client became capable of shaving independently.</li> <li>• One client suffered from knee pain, and had been reluctant to walk. The service provider encouraged the client to walk short distances from the bed to the bathroom. After some months, the client was able to mobilise around the home with just a walking stick.</li> </ul>

Service Type	Examples of how organisations helped their CHSP clients develop new skills/capabilities, by service type.
<b>Social Support – Group</b>	<ul style="list-style-type: none"> <li>• A service provider runs an ‘Elders Group’ for their Aboriginal and Torres Strait Islander clients. The provider focuses on maintaining and enhancing clients’ cultural skills by facilitating activities including weaving and crafts to keep them connected with community and Country.</li> <li>• A cognitively impaired client who joined the Social Support Group engages confidently with their peers, makes connections with others, and has a great time. The client told the provider that the service has changed their life for the better.</li> </ul>
<b>Social Support – Individual</b>	<ul style="list-style-type: none"> <li>• A client was supported in learning computer skills so they can maintain contact with their friends and family over video calls. They can now access entertainment online as well which they enjoy and keeps them occupied.</li> <li>• A client had become socially isolated since the death of her husband. She also had several health conditions. She enjoyed painting and drawing, so the provider connected her to an art group at a local community centre, which she now attends weekly. She has been able to create new social connections and develop her creative skills as a result.</li> </ul>
<b>Specialised Support Services</b>	<ul style="list-style-type: none"> <li>• Clients socially isolate themselves due to continence issues. When the provider facilitates access to appropriate continence aids, clients feel comfortable and confident attending social groups and events.</li> <li>• A culturally and linguistic diverse (CALD) client who wanted to improve his English skills was supported by the service provider in attending classes. This skill development helped the client’s social connections within the local community.</li> </ul>

Service Type	Examples of how organisations helped their CHSP clients develop new skills/capabilities, by service type.
Transport	<ul style="list-style-type: none"> <li>• Clients are transported to therapies and social groups that support their skill development, including gentle exercise groups based in the community and ten-pin bowling social groups.</li> <li>• Where previously unable, clients are able to develop independence when accessing local shopping centres, banks, libraries, and community centre programs with the support of transport services.</li> </ul>

**Q.21. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of all CHSP clients regained (even in part) physical or cognitive abilities?**



<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP clients regain physical or cognitive abilities, by service type.</b>
<b>Allied Health and Therapy Services</b>	<ul style="list-style-type: none"> <li>• A client with a recent diagnosis of COPD had increasing difficulty performing personal care tasks. The service provider educated the client on energy conservation techniques so they were able to structure their day to perform personal care independently and with improved confidence.</li> <li>• A client attended physiotherapy services and exercise physiology classes to regain physical strength and endurance. These activities supported the client's return to beach walking which they were previously unable to do without the services.</li> </ul>
<b>Assistance with Care and Housing</b>	<ul style="list-style-type: none"> <li>• Older clients experiencing homelessness or precarious housing environments were referred to relevant health services by the provider. By addressing their health needs, clients were able to manage their chronic health conditions more effectively.</li> <li>• An elderly client at risk of homelessness was supported to find suitable accommodation. The client had specific needs due to health conditions and reduced mobility and his current home did not allow for ease of access within the home. The coordinator supported the man and his wife to complete the application process including medical reports, and eventually the man and his wife were provided with accommodation options that met his mobility care needs.</li> </ul>
<b>Centre-Based Respite</b>	<ul style="list-style-type: none"> <li>• Gentle mobility exercise groups facilitated by the service provider encourages fitness, movement, coordination, and wellbeing for clients. This promotes increased physical capabilities for those who participate in the groups.</li> <li>• Participation in board games, outings, and training games assist clients regain cognition and social connections with their peers.</li> </ul>

<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP clients regain physical or cognitive abilities, by service type.</b>
<b>Cottage Respite</b>	<ul style="list-style-type: none"> <li>• A service provider facilitates daily meditation classes for clients who report psychological benefits. Clients take home copies of the program to practice independently.</li> <li>• A service provider supports clients to maintain plants and vegetables in the garden. Modified hoses, watering cans, and gardening tools assist clients to adapt to functional limitations and continue engaging in activities they enjoy.</li> </ul>
<b>Domestic Assistance</b>	<ul style="list-style-type: none"> <li>• A service provider gives clients visual aids, wall planners, diary reminders, and daily task lists which support clients' cognitive abilities and enable them to complete some domestic tasks independently.</li> <li>• A client was supported after surgery through provision of long-handled dusters and lighter equipment for cleaning her home. The service provider supervised completion of household tasks until the client had recovered physically and was able to clean independently.</li> </ul>
<b>Flexible Respite</b>	<ul style="list-style-type: none"> <li>• A service provider noticed that a client was unable to switch on the TV due to the small buttons on the remote. The provider arranged for a replacement remote control that had larger and fewer buttons that were different colours. The provider taught the client how to use the new remote and switch the TV on, which made the client feel appreciated and cared for.</li> <li>• A client regained cognitive abilities with support to make their own choices regarding grocery shopping. The service provider encouraged the client to prepare lists and budgets which increased the client's exposure to writing, reading, and numeracy skills in everyday life.</li> </ul>

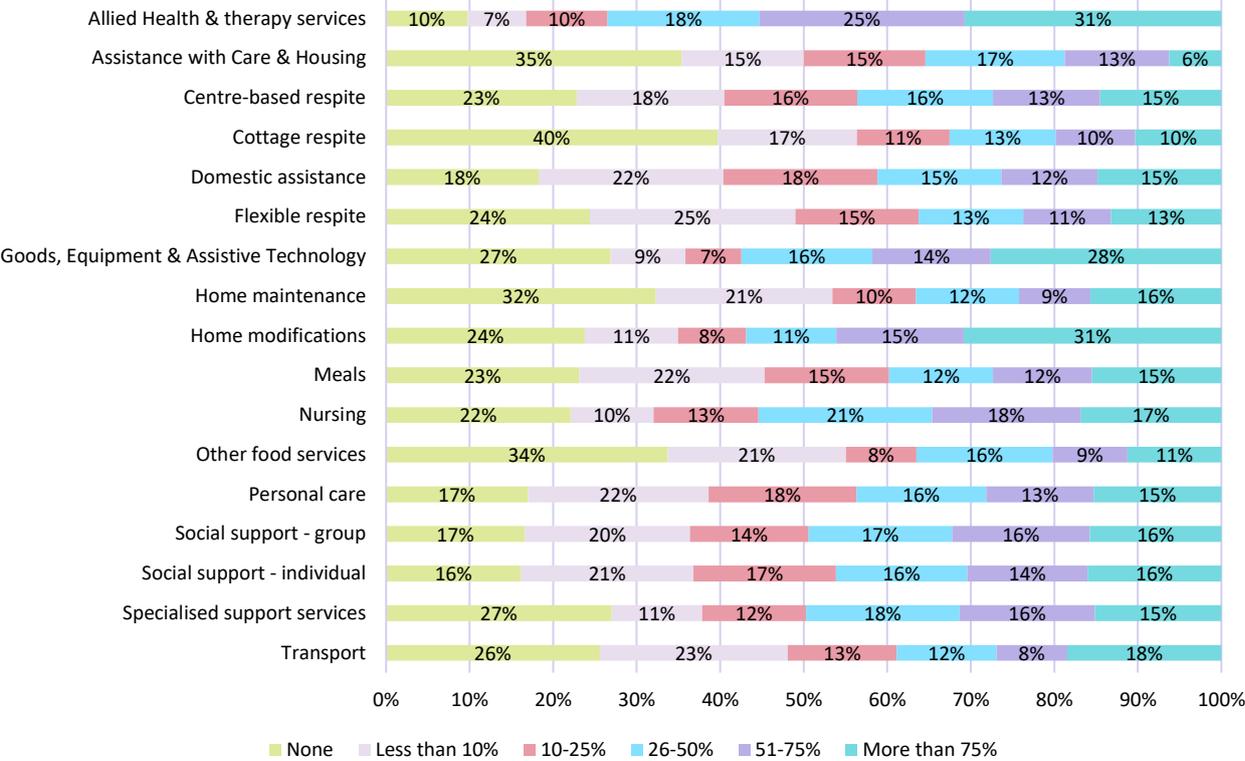
<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP clients regain physical or cognitive abilities, by service type.</b>
<b>Goods, Equipment and Assistive Technology</b>	<ul style="list-style-type: none"> <li>• A service provider prescribed a bathtub transfer bench for a client who was washing themselves with a bowl of water at the sink. Following installation of the bench, the client was able to access their shower safely and independently. This had a positive effect on the client’s mental health and confidence engaging in the community, increasing both their cognitive and physical capacity.</li> <li>• A client regained the ability to eat independently and manipulate cutlery following GEAT provision of adapted cutlery and dinnerware.</li> </ul>
<b>Home Maintenance</b>	<ul style="list-style-type: none"> <li>• A client’s health has improved as a result of home maintenance services. He can maintain his yard with minimal assistance and has planted his own flower garden which he tends to daily. The client still requires assistance with heavier tasks but manages to sweep and weed paths on his own.</li> <li>• One provider indicated that maintenance services including window and gutter cleaning, light bulb and tap washer replacements enhance their clients’ sense of safety and mobility around the home. Further, these services allow clients to participate in more manageable tasks independently.</li> </ul>
<b>Home Modifications</b>	<ul style="list-style-type: none"> <li>• The installation of grab rails in the shower and bathroom has allowed the client to maintain and regain their dignity and self-worth. Clients are able to participate more actively in mobility-based tasks with assistance from home modifications services.</li> <li>• One provider reported the benefits of wheelchairs, walking aids, and magnetic door latches for clients to enter and exit the home with ease. This enabled clients greater freedom and confidence to engage in more cognitively and physically challenging and fulfilling tasks.</li> </ul>

<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP clients regain physical or cognitive abilities, by service type.</b>
<b>Meals and Other Food Services</b>	<ul style="list-style-type: none"> <li>• One service provider reported having seen improvements in their client’s mental health through daily visits and discussions with volunteers. Physical health is enhanced by good nutrition and assistance with meals as clients recover from injury or surgery.</li> <li>• A service provider indicated that many of its clients lacked nutrition in their diets prior to receiving services. By providing healthy meals, client health and energy is improved and they are more actively engaged in their daily lives and activities as a result.</li> </ul>
<b>Nursing</b>	<ul style="list-style-type: none"> <li>• A service provider helped a client assess and manage their own wound care. This improved their functional capability.</li> <li>• A service provider indicated that their nursing staff educate and train clients around the administration of their own medication. This empowers clients to confidently manage their own health with assistance from staff and aids.</li> </ul>
<b>Personal Care</b>	<ul style="list-style-type: none"> <li>• A client returned home from hospital post-functional decline with reduced capacity to attend to daily activities. Assessment and short-term supports were engaged for assistance with Personal Care to help the client to regain strength and ability. The client received time-limited supports and was eventually able to continue to maintain her daily activities and personal care independently.</li> <li>• A client diagnosed with dementia needed assistance as their personal hygiene had decreased. With support from worker, the client is now showering independently with verbal prompting. The client’s personal hygiene has improved.</li> </ul>

<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP clients regain physical or cognitive abilities, by service type.</b>
<b>Social Support – Group</b>	<ul style="list-style-type: none"> <li>• A client has developed confidence in a group setting and is now fully participating in day trips rather than just sitting and observing. They have increased confidence and enjoy singing in the music sessions the program offers.</li> <li>• To regain/maintain and improve clients' cognitive abilities after the restrictions caused by the COVID 19 pandemic, clients were offered recreational programs such as art therapy, a horticultural program, bingo mornings, a knitting with love group and trivia games.</li> </ul>
<b>Social Support – Individual</b>	<ul style="list-style-type: none"> <li>• Through assistance with shopping, the client catches up with friends at the local supermarket. Another client who loves reading is accompanied to the library by a staff member.</li> <li>• After a long stay in hospital, a client wished to get back into her previous daily routines i.e., shopping, socialising and daily chores at her house. Support staff arranged to assist with behavioural activation, promptings and getting back into daily routines. After a few months, the client was back to her previous baseline and did not require support staff.</li> </ul>

Service Type	Case examples of how organisations helped their CHSP clients regain physical or cognitive abilities, by service type.
<p><b>Specialised Support Services</b></p>	<ul style="list-style-type: none"> <li>• A client living with dementia was looking for advice and support to understand memory changes and strategies that can be introduced into daily routine to reduce the effects of short-term memory loss. The organisation provided education around memory changes and provided strategies to encourage mental stimulation for brain health and to maintain cognitive ability, such as apps that can be downloaded on an electronic device like luminosity or Tetris or completing ‘basic’ activities such as reading books/magazines or crosswords and other games like board/card games.</li> <li>• A continence nurse provided education to a client on self-catheterisation and the client can now independently care for continence issues, which has improved quality of life and ability to leave the house for everyday living.</li> </ul>
<p><b>Transport</b></p>	<ul style="list-style-type: none"> <li>• A client who regularly accessed the organisation’s direct transport support service type was able to regain in part some physical ability through the consistent entry and exit of vehicles. When first assessed for service support the client was unsteady in entering and exiting vehicles. After being introduced to correct form and movements to ensure balance the client demonstrated improved ability.</li> <li>• A 92-year-old client is transported regularly to allied health appointments. Since the transport assistance commenced, he has gained greater movement and his condition has improved.</li> </ul>

**Q.22. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of clients learned to adapt to a functional limitation?**



Service Type	Case examples of how organisations helped their CHSP clients adapt to functional limitations, by service type.
<p><b>Allied Health and Therapy Services</b></p>	<ul style="list-style-type: none"> <li>• A service provider supports clients who lose confidence after a fall, diagnosis of chronic illness, major surgery, new medications with side effects of dizziness, and high blood pressure. The provider assists clients in regaining strength, balance and mobility which leads to greater confidence for clients to go about activities of daily living.</li> <li>• A client with shoulder limitations due to arthritis required assistance with aspects of her personal care. The support worker provided stand-by assistance and placed all items required for the service within easy reach so that the client could be as independent as possible.</li> </ul>
<p><b>Assistance with Care and Housing</b></p>	<ul style="list-style-type: none"> <li>• A service provider moving a client to more permanent accommodation has increased their confidence and ability</li> </ul>

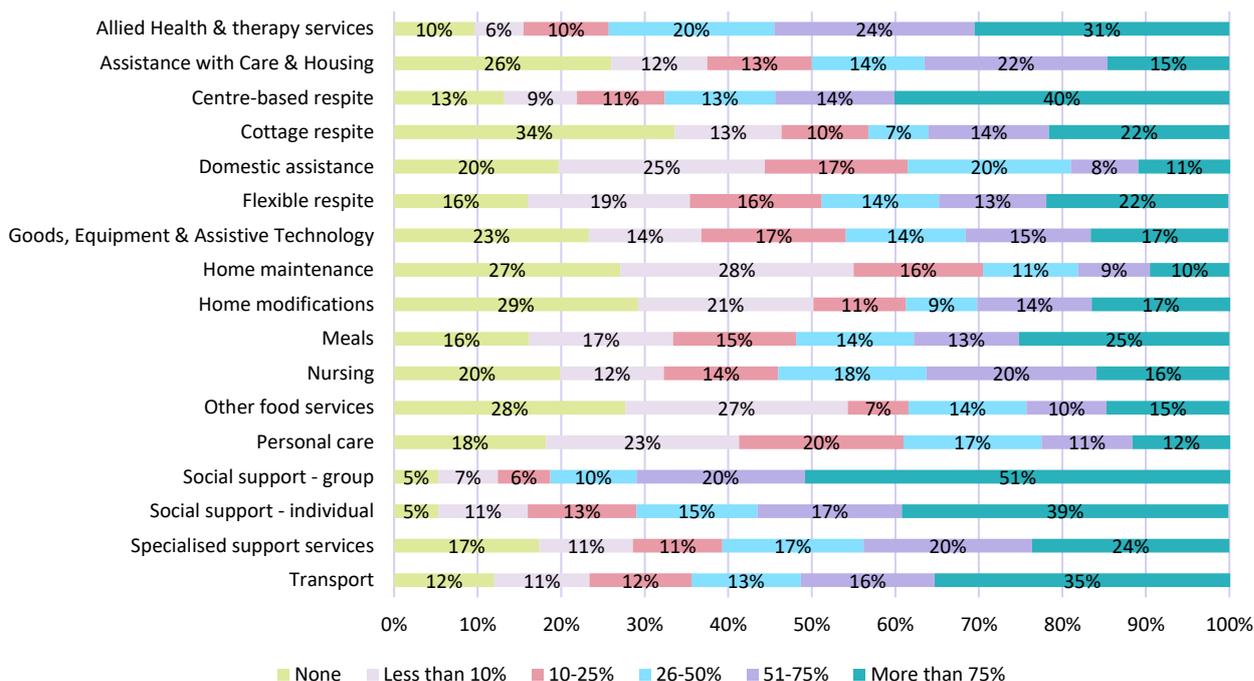
Service Type	Case examples of how organisations helped their CHSP clients adapt to functional limitations, by service type.
	<p>to participate in day-to-day activities such as shopping, paying bills and tending to domestic tasks.</p> <ul style="list-style-type: none"> <li>• With support of staff, clients can access aids in their new home that assist them increase their independence.</li> </ul>
<b>Centre-Based Respite</b>	<ul style="list-style-type: none"> <li>• Where clients have functional limitations pertaining to impaired balance when standing, the service provider modifies personal training classes so they can participate while sitting.</li> <li>• A client who suffered a stroke was welcomed back to a service provider where modified utensils were purchased to support the client to eat independently.</li> </ul>
<b>Cottage Respite</b>	<ul style="list-style-type: none"> <li>• A service provider modified showering premises to suite access and inclusion. As well as this, modified eating utensils were purchased to enable independent eating.</li> <li>• A client uses specialised footwear so they can participate in the provider's activities without risk of falling.</li> </ul>
<b>Domestic Assistance</b>	<ul style="list-style-type: none"> <li>• A client uses mobility tools such as grab sticks due to her functional limitations. She prepares the house for the support worker's arrival to make the most use of her Domestic Assistance time. The client said she picks everything up off the floor with her grab stick so the floors are clear and ready for cleaning.</li> <li>• Using lighter cleaning equipment such as mops and vacuums allows clients suffering from injury or mobility issues to remain independent.</li> </ul>
<b>Flexible Respite</b>	<ul style="list-style-type: none"> <li>• A client was experiencing depression and social isolation after losing their driving license. A service provider has been taking the client for drives for lunch and outings which he enjoys. The client is now happier and more accepting of his limitation that he can no longer drive.</li> </ul>

Service Type	Case examples of how organisations helped their CHSP clients adapt to functional limitations, by service type.
	<ul style="list-style-type: none"> <li>• A client who had mobility issues due to a knee injury began using the organisation's transport services. This allows the client to access the community, shop, and pay their bills.</li> </ul>
<b>Goods, Equipment, and Assistive Technology</b>	<ul style="list-style-type: none"> <li>• A client learned to use personal alarms to adapt to falls risks associated with a medical condition. As a result, they became more mobile and confident.</li> <li>• A client with balance issues was provided with a shower chair to eliminate risk of falls and slips. This increased independence in personal care.</li> </ul>
<b>Home Maintenance</b>	<ul style="list-style-type: none"> <li>• Raised garden beds help the client maintain their own gardens where they were previously unable due to mobility and flexibility issues.</li> <li>• Pots and plants added to the interior of client's homes allow them to safely engage in gardening.</li> </ul>
<b>Home Modifications</b>	<ul style="list-style-type: none"> <li>• With the installation of grabrails and other assistive technology, clients learn to adapt to a safe, modified way of accessing their shower recess or using their toilet.</li> <li>• When a client is prescribed a walker or a wheelchair, ramps are installed in their homes to assist in entry and exit.</li> </ul>
<b>Meals and Other Food Services</b>	<ul style="list-style-type: none"> <li>• With assistance of food preparation appliances, assistive equipment and support workers, a service provider helped a client gain functionality in the kitchen.</li> <li>• One sedentary client had previously refused to interact with the meals delivery service. Over time, the provider was able to encourage the client off the couch and to interact with the volunteers.</li> </ul>
<b>Nursing</b>	<ul style="list-style-type: none"> <li>• A service provider worked with a client who had a toe amputation. Initial intensive support for wound care, personal care, and adapting to changes in mobility was</li> </ul>

Service Type	Case examples of how organisations helped their CHSP clients adapt to functional limitations, by service type.
	<p>delivered by the provider. This enhanced the client's confidence to manage living independently at home.</p> <ul style="list-style-type: none"> <li>• A client with diabetes suffers from cognitive impairment and had difficulty managing their condition as a result. With education, daily visits from the Registered Nurse, and monitoring, the client now has confidence in self-administering insulin.</li> </ul>
<b>Personal Care</b>	<ul style="list-style-type: none"> <li>• Providing a client with long-handled back washer and other assistive tools allowed them to properly wash themselves.</li> <li>• A service provider helped a client who struggled with toenail trimming. The provider advised them to soak their feet in warm water so the task was made easier for the client.</li> </ul>
<b>Social Support – Group</b>	<ul style="list-style-type: none"> <li>• A provider noticed a client was less active and felt fatigued after lunch. To support her participation, hands-on activities were planned for the morning with recreational or relaxing activities planned for the afternoon. This adaption enabled the client to participate and stay engaged throughout the day.</li> <li>• A provider was able to modify their art therapy equipment to suit clients who have limitations. These include large paintbrushes and less intricate pictures to draw for clients who have arthritis.</li> </ul>
<b>Social Support – Individual</b>	<ul style="list-style-type: none"> <li>• With the support of a volunteer, a client who had lost their driver license was able to learn how to use public transport to attend a friendship group, this has helped to improve their social skills and confidence.</li> <li>• A service provider stated that having phone conversations with clients is the first step in building rapport and starting the process of improving their functions.</li> </ul>

Service Type	Case examples of how organisations helped their CHSP clients adapt to functional limitations, by service type.
<b>Specialised Support Services</b>	<ul style="list-style-type: none"> <li>• A service provider used continence education, equipment, and services help improve clients' confidence and willingness to leave the home.</li> <li>• A dementia advisor was able to provide strategies to a client who was forgetting important medication. Instead of having services give a medicine prompt, the client is able to use advised strategies and take their medication daily.</li> </ul>
<b>Transport</b>	<ul style="list-style-type: none"> <li>• When clients experience degenerative change and are no longer able to drive, the service provider supports them in accessing medical and social engagements.</li> <li>• Taxi vouchers allow clients to access services independently rather than relying on a support worker or family member to transport them.</li> </ul>

**Q.23. For each service type your organisation was funded to deliver in 2021-22, approximately what proportion of clients increased wellness and social connection/participation in society?**



<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP client experience increased wellness and social connection/participation in society.</b>
<b>Allied Health and Therapy Services</b>	<ul style="list-style-type: none"> <li>• Where the client is involved in a group for treatment (e.g. hydrotherapy), friendships are commonly formed. Additionally, clients who receive instruction in improving their balance from a physiotherapist often feel more confident and better about themselves.</li> <li>• Access to psychological support and podiatry greatly improves clients' wellbeing and social connections.</li> </ul>
<b>Assistance with Care and Housing</b>	<ul style="list-style-type: none"> <li>• By having accessible housing, clients are more inclined to participate within the community, instead of being isolated at home.</li> <li>• Housing clients results in improvements in their wellbeing. Having a safe place to call 'home' is very reassuring and satisfying for clients.</li> </ul>
<b>Centre-Based Respite</b>	<ul style="list-style-type: none"> <li>• A 90-year-old Croatian client enjoys attending respite programs that give him the opportunity to interact with others from the same cultural background and remain socially connected.</li> <li>• An 81-year-old Spanish client living with dementia enjoys attending respite programs to connect socially with others of the same culture. The client and carer often express the joy programs bring to her and how this has improved her wellbeing.</li> </ul>
<b>Cottage Respite</b>	<ul style="list-style-type: none"> <li>• A client with Alzheimer's disease had limited mobility and a high falls risk. Due to increasing care needs it was difficult for his wife to take him out into the community. By attending Cottage Respite he was able to enjoy activities such as watching the sunset, playing games, light gardening, small distance walks and eating at cafes he would not normally be able to. This made a significant improvement to the client's wellbeing, including his mental health.</li> </ul>

<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP client experience increased wellness and social connection/participation in society.</b>
	<ul style="list-style-type: none"> <li>• A 77-year-old client with a history of dementia attends Cottage Respite regularly and has a passion for history, being an amateur historian. At the client's request, regular day trips were arranged where local historical sites were visited as a group, with the client acting as the 'tour guide' – discussing local historical landmarks and events. This engagement increased the client's wellbeing, mood and social connections during her time at cottage respite.</li> </ul>
<b>Domestic Assistance</b>	<ul style="list-style-type: none"> <li>• A client felt embarrassed to have family and friends visit their home due to its lack of cleanliness. The service provider has assisted the client with cleaning and household tasks. The client now feels their house is tidy and presentable, and is comfortable enough to have people visit their home.</li> <li>• A client's wellbeing has been enhanced through improvements to her living conditions. Domestic Assistance staff assisted with decluttering the client's home which made it a more pleasant place to live.</li> </ul>
<b>Flexible Respite</b>	<ul style="list-style-type: none"> <li>• A client was supported in using video calls and online technology while recovering from health complications. The client is transported by the provider to the client's local friend who assists with this learning. These interactions have allowed the client to keep in touch with friends and family who live interstate.</li> <li>• A client enjoys visiting a local heritage garden and talking about roses with the gardening staff. This has become a regular weekly activity, and they are able to provide the client with gardening advice. This has enabled her to have a topic of conversation to discuss with others.</li> </ul>
<b>Goods, Equipment and Assistive Technology</b>	<ul style="list-style-type: none"> <li>• A client feels more comfortable leaving the home and socialising since receiving his GPS personal alarm. Having reassurance that assistance is available if he</li> </ul>

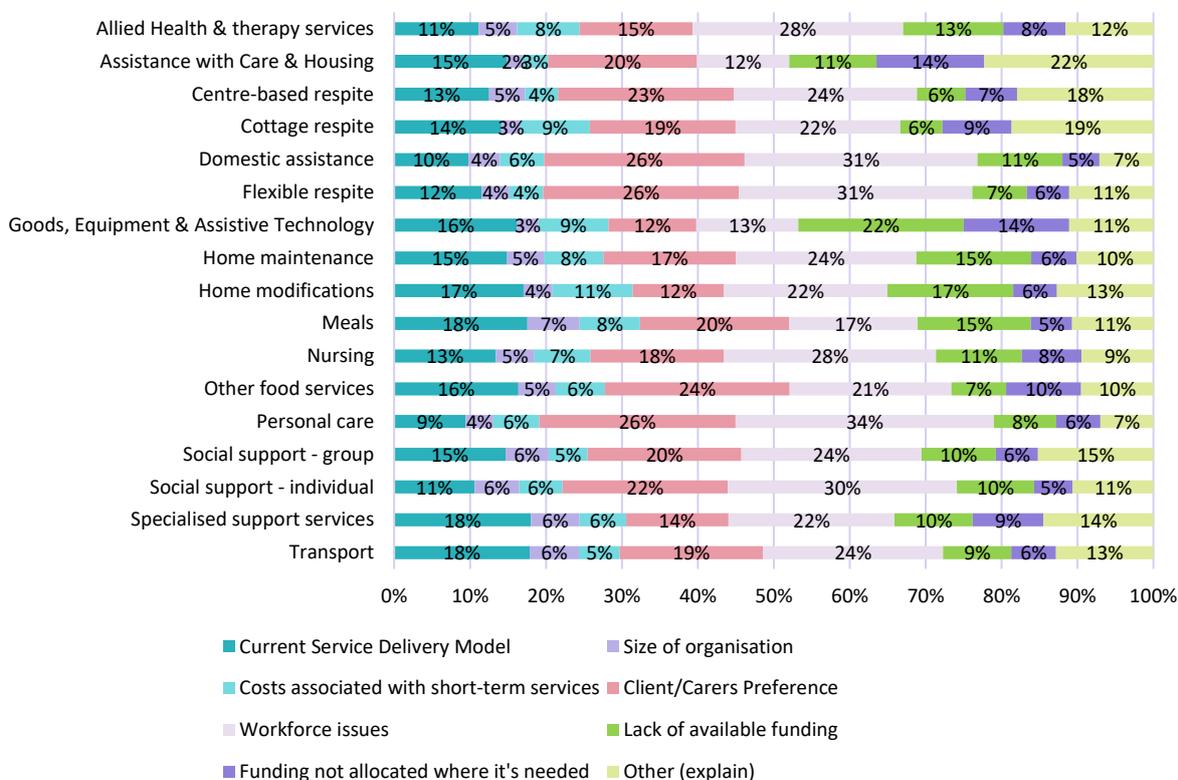
<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP client experience increased wellness and social connection/participation in society.</b>
	<p>needs it has increased his social connections and interactions with the local community.</p> <ul style="list-style-type: none"> <li>• A 70-year-old client had suffered a stroke and was prescribed a wheelchair to address his mobilisation concerns. Following provision of the wheelchair, the client's wife assisted him to get out of bed and socialise with his neighbours. The wheelchair allows him to participate in more social activities than he was previously able.</li> </ul>
<b>Home Maintenance</b>	<ul style="list-style-type: none"> <li>• Staff are encouraged to engage with clients before, during, and after service delivery to improve the client's wellbeing and social outcomes. These interactions may be minor, but they have a significant impact on the lives of the client.</li> <li>• Assistance with garden maintenance has afforded many clients' safe access to spend time outdoors, take an interest in their surrounds, and make connections with others in the community due to increased mobility and confidence.</li> </ul>
<b>Home Modifications</b>	<ul style="list-style-type: none"> <li>• A banister rail was prescribed to improve a client's stability while descending a set of stairs to her letterbox. This has also had wellbeing benefits for the client, who can now resume daily conversations with the neighbour in the morning without the risk of falling.</li> <li>• A client's wheelchair prevented her from participating in one of her favourite activities – cooking. The service provider installed a wheelchair accessible kitchen bench with leg clearance underneath, which enabled the client to cook for herself and invite friends and family over to enjoy meals together.</li> </ul>
<b>Meals and Other Food Services</b>	<ul style="list-style-type: none"> <li>• A client advised the service provider they had little friends and family, and had lost their appetite as a result. The client found eating by themselves at home to be a</li> </ul>

<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP client experience increased wellness and social connection/participation in society.</b>
	<p>lonely experience. The service provider linked the client to a meals service, so the client has regular meals at a centre and has made new friends.</p> <ul style="list-style-type: none"> <li>• Having meals prepared and delivered enables clients to engage in other activities that they would not normally engage in if they had to shop for ingredients and prepare meals themselves. This involves spending time with family and friends, attending social outings, and gardening.</li> </ul>
<b>Nursing</b>	<ul style="list-style-type: none"> <li>• A client with progressive neurological disease is supported by the service provider to continue connection with the local community. They are taken to meet with friends and family at cafes and restaurants close by.</li> <li>• Through reassurance and assistance, a client was able to reduce her caffeine and tea intake with continence management. This allowed her to feel more comfortable and confident when socialising with friends.</li> </ul>
<b>Personal Care</b>	<ul style="list-style-type: none"> <li>• A client's wellbeing and social connections have improved through assistance with personal hygiene. The client has newfound confidence to go out and socialise as he is more confident in himself and his appearance.</li> <li>• A client had been reluctant to bathe out of fear of falling, and experienced social isolation as a result. The service provider has gently encouraged and supported the client in bathing more regularly by providing monitoring and assistance where required. The client has gained confidence and is no longer embarrassed about her body odour and is participating in social activities.</li> </ul>
<b>Social Support – Group</b>	<ul style="list-style-type: none"> <li>• A client who lives out of town on acreage became isolated since they stopped driving. The client joined the service provider and now participates in all of the activities and functions the group has to offer. The client</li> </ul>

<b>Service Type</b>	<b>Case examples of how organisations helped their CHSP client experience increased wellness and social connection/participation in society.</b>
	<p>has made solid friendships and is grateful to have joined the service.</p> <ul style="list-style-type: none"> <li>• A client who migrated from Germany in his younger years lost many of his family and community supports. It was identified in his ACAT assessment and from his first sign up with the provider he was very socially isolated. After commencing the social support group, he began building new social connections within the community, which in turn improved his wellbeing. The client was also able to visit various locations such as parks to have barbeques.</li> </ul>
<b>Social Support – Individual</b>	<ul style="list-style-type: none"> <li>• With the support of a volunteer, a client who had recently lost their driver’s licence has learned how to use public transport. The client uses these skills to attend a friendship group which has improved their social skills and confidence.</li> <li>• Volunteer-assisted shopping and transport enables clients to purchase groceries, attend to personal business, appointments and social activities and maximise their independence. The opportunity to interact on a regular basis with a volunteer forges a social connection with a person who cares and takes a personal interest in the client's life. Many a shopping trip ends with a cuppa' and a good chat.</li> </ul>
<b>Specialised Support Services</b>	<ul style="list-style-type: none"> <li>• A 74-year-old client has no functional vision. The service provider’s Adaptive Technology Specialist has provided training with the iPhone accessibility features. This includes using voice over for Calendar, Notes, general gestures, and reconfiguration of outlook to access emails. These new skills now allow the client to be organised and communicate using email, interact with friends and family online, and organise social outings.</li> <li>• An elderly client with initial stages of dementia was linked to a language-specific worker by the service</li> </ul>

Service Type	Case examples of how organisations helped their CHSP client experience increased wellness and social connection/participation in society.
	<p>provider. This enabled the client to communicate his needs better, facilitating access to his local social club and to play pool – an activity that he enjoyed.</p>
<p><b>Transport</b></p>	<ul style="list-style-type: none"> <li>• Social connections were improved for a client who accessed transport services to visit her spouse in residential aged care.</li> <li>• Clients enjoy collecting bush tucker and local plants for weaving. Having access to transport allows access to these activities, and enhances wellbeing and connection to Country.</li> </ul>

**Q.24. Are there any services where you have not been able to implement, or have had challenges delivering, a wellness and reablement approach to CHSP clients? What are the barriers?**



**Q.25. Where CHSP reablement services are unable to meet clients' needs, how does your organisation respond?**

