2023 Commonwealth Home Support Programme (CHSP) Wellness and Reablement Report Outcomes

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Contents

1. Executive summary

Wellness and Reablement

Commonwealth Home Support Programme (CHSP) service providers are required to embed wellness and reablement approaches into their organisational practices and service delivery. Wellness and reablement approaches build on people's strengths and goals to support their independence and autonomy. They also increase client wellbeing, independence, function, and management of daily tasks and living. Successful application of wellness and reablement approaches can help clients to maintain functional independence, improve quality of life, and potentially reduce both the frequency and intensity of service delivery. It is therefore essential that service providers continue to engage with and practice wellness and reablement approaches.

About this report

In 2023, the Department of Health (the Department) conducted its sixth annual wellness and reablement report through an online survey to CHSP service providers nationwide covering the 2022-23 financial year. The purpose of the report was to measure service providers' progress towards embedding wellness and reablement approaches and gain a more in-depth understanding of how wellness and reablement is delivered in practice. This outcomes report presents data self-reported by CHSP service providers and also identifies success, challenges and support required for service improvement. The findings are published here to inform CHSP service providers and other aged care stakeholders.

The Department received 1,220 online responses in 2023. This report interpreted data and trends across the 2023 reporting period, looking at providers' application of wellness and reablement strategies. Analysis of the results highlights successes and some key areas for improvement.

Key findings

Analysis of 2023 report data and written responses suggests that CHSP service providers see the benefit in embedding wellness and reablement approaches, but many find it challenging to implement and maintain.

Data from the 2023 report reveals reporting levels consistent with the 2022 reporting on the frequency that providers:

- develop care plans
- accept referrals
- deliver short-term CHSP services.

The proportion of the following also did not vary greatly from data provided in 2022:

- Services delivered on a short-term basis.
- Clients who received a reassessment after their reablement period.

- Clients who were able to reduce service intensity.
- Client participation in tasks with or alongside the service provider.
- Clients developing new skills or capabilities.
- Clients increasing social connection/participation in society.
- Clients regaining physical or cognitive abilities.
- Clients adapting to a functional limitation.

Analysis of the reported benefits and successes of wellness and reablement identified the following themes:

- Active involvement and engagement of clients in planning their assessments, care plans, goal setting and tailoring approaches to their needs resulted in empowered clients, informed service delivery and increased client satisfaction.
- Communication with the client including active listening, building relationships with them, ensuring they were comfortable with services provided, and asking for feedback resulted in positive wellness and reablement outcomes.
- Social wellbeing (including communication benefits) was enhanced through interactions between staff and clients, improvements made to clients' homes, and group activities, which reduced feelings of loneliness and isolation.
- Education of staff and clients in the application of wellness and reablement enhanced client outcomes as this addressed expectations and improved levels of engagement.

CHSP service providers shed light on the challenges associated with embedding wellness and reablement approaches. The most significant challenges for wellness approaches were capacity, client-related issues, cost, demand and staffing. The most significant challenges for reablement were client-related issues, capacity, demand, staffing, process and cost.

The report noted an increase in the proportion of Allied Health service sub-types reporting that 'none' of their services were delivered on a short-term basis with a reablement focus. While this is mostly due to changes in the content and formatting of the related question, challenges were reported. These included shortages of Allied Health professionals, organisations not having funding for Allied Health staff, delays to clients accessing these services, and incorrect classification of clients on their referral. Client-related barriers were also identified as a challenge including declines in client capabilities and willingness to participate in services.

Results for each question in the 2023 report are located in **Appendix A**. Detailed analysis 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 2023 Wellness and Reablement Report. Their ongoing efforts to embed wellness and reablement approaches in service delivery are appreciated. The data and feedback provided in the report allows the Department to better understand the delivery of wellness and reablement approaches in practice and informs the development of 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 and Reablement Report was issued to service providers in late 2018 to understand how wellness approaches were being implemented in CHSP-funded organisations. The responses indicated what support service providers needed to ensure continuous improvement in 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.

Since 2021, annual wellness and reablement reports have included additional questions assessing client wellness and social health. Both the 2021 and 2022 wellness and reablement reports featured questions about the benefits to clients of wellness and reablement-centred service delivery. In 2021, two new questions were added to the report to understand how reassessments and ongoing services were being conducted within organisations. In 2022, three additional questions were included in the report, which 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 the percentage of clients who experienced increased social connection and participation in society.

The 2023 Wellness and Reablement Report was further refined to allow for targeted and detailed responses to assess progress over time. Most questions in the 2023 report were the same as the 2022 report with changes made for a more holistic assessment of factors involved in delivery of wellness and reablement approaches. The Department also wanted to understand how organisations could be better supported in embedding wellness and reablement strategies and inform continuous improvement. In addition, setting out the overall results and examples of best

practice in this report will help to give service providers a good indication of how they are doing in relation to others and of where and how they might target improvements.

In 2023, respondents were not asked to provide case study examples for each service they delivered. Instead, space was allocated for respondents to indicate successes, challenges, and suggested improvements in embedding wellness and reablement into service delivery. Further, respondents were asked to suggest support strategies for wellness and reablement implementation; and were able to provide feedback against the wellness and reablement report questions which will inform ongoing Departmental focus in this space.

Defining wellness and reablement

Previous reports indicated differing interpretations of 'wellness and reablement' amongst service providers. To address this, the 2023 report defined wellness and reablement in a simple, consistent manner as follows:

Wellness approach

A wellness approach involves assessment, planning and delivery of support that builds on individuals' strengths, capability, and goals. The approach encourages actions that promote independence in daily living tasks, as well as reducing risks to living safely at home. A wellness approach advises against 'doing for' clients, and that suggests that a 'doing with' approach can assist the client in undertaking a task or activity themselves or with less assistance. This acknowledges what the client can do and builds on their strengths, skills, and confidence.

A wellness approach aims to empower individuals to take charge of, and participate in, informed decision-making about the care and services they receive. Listening to what the client wants, looking at what they can do (their abilities), and focusing on regaining or retaining their level of function is encouraged within the approach. Minimising the impact of any functional loss so that clients can continue to manage their day-to-day lives is essential for overall wellbeing. A wellness approach is applicable to all service types, even where services provided are limited. For example, service providers delivering meals may increase a client's level of independence and social interaction.

Reablement approach

Reablement services are short-term or time-limited interventions that target a person's specific goal or desired outcome. A reablement-centred approach allows clients to address a specific barrier to independence, adapt to functional loss/es, regain confidence, and increase their capability to resume activities.

A reablement approach aims to get clients 'back on their feet' so they can continue living independently or with a reduction in service intensity and less need for ongoing services.

Further information about wellness and reablement approaches and CHSP funded service provider responsibilities can be found in Chapter 2 of the 2023-2024 CHSP Program Manual and the Wellness and Reablement Resources.

4. Methodology

In 2023, service providers funded under any CHSP service type were required to self-report on wellness and reablement approaches in their organisations. This excluded service providers who receive funding only for Sector Support and Development (SSD). The time period for this data was the 2022-23 financial year (1 July 2022 to 30 June 2023).

Providers were asked a combination of 29 qualitative and quantitative questions. Items were grouped into the themes listed below.

- Organisation details.
  - Client characteristics.
  - Age range of reablement clients.
  - Percentage of reablement clients.
  - Prevalence of dementia and cognitive impairment in reablement clients.
- Client care (service) plans.
- Referrals to deliver short-term CHSP services.
  - Acceptance of referrals through My Aged Care (MAC).
  - Delivery of recommended Regional Assessment Services (RAS)/Aged Care Assessment Team (ACAT) short-term services.
- Proportion of services delivered on a short-term basis.
  - Frequency of short-term, reablement-focussed services delivered.
  - Frequency of short-term, reablement-focused Allied Health and Therapy services delivered.
  - Proportion of clients who received a reassessment following their reablement period.
  - Proportion of clients requiring ongoing services following their reablement period.
- Intensity of CHSP services over time.
- Client wellness and reablement outcomes
  - Proportion of clients that participated in tasks with the service provider.
  - Proportion of clients that developed new skills/capabilities.
  - Proportion of clients that regained physical or cognitive abilities.
  - Proportion of clients that learned to adapt to a functional limitation.

- - Proportion of clients that increased their wellness and social connection/participation in society.
- Successes and perceived benefits of delivering a wellness and reablement approach.
- Challenges in delivering a wellness and reablement approach.
- Identification of where reablement services were unable to meet client needs.
  - Further support required by organisations in implementing wellness and reablement strategies.
- Additional comments and feedback.

Service providers were given the option on all service type questions to note if they were not funded to deliver a service. On questions relating to referrals, there was the option to note that a referral for reablement was not received. These results were excluded from analysis.

All statistics were rounded to the nearest whole number. Qualitative feedback provided in written responses (including the new questions for what is working well and challenges) was also examined for any data that would explain data trends across all areas of the report, which has been included in the sections for each topic.

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 was open between 3 July 2023 and 31 July 2023 and extended until 31 August 2023.

5. Wellness and reablement findings

This chapter summarises the key findings of the 2023 Report, with a focus on the services and service sub-types delivered by CHSP service providers.

5.1 Client care (service) plans

Client care (service) planning includes working with all clients to develop and document how they will be supported over a period of time to achieve their goals (including wellness and reablement goals). This includes the wellness and reablement strategies that providers will use to support the client, achieve outcomes to improve their overall wellbeing and maintain or regain their independence. Care plans identify what is important to the client, what gives their life meaning, and can help motivate them to participate in their care and achieve their goals.

Service providers were asked to report on how often their organisation develops a care plan for each client it supports on a four-point frequency scale, from 'never' to 'always'. Figure 1 provides an overall breakdown of responses to this question.

Figure 1: Overall Frequency of Providers Developing Care Plans in 2023.
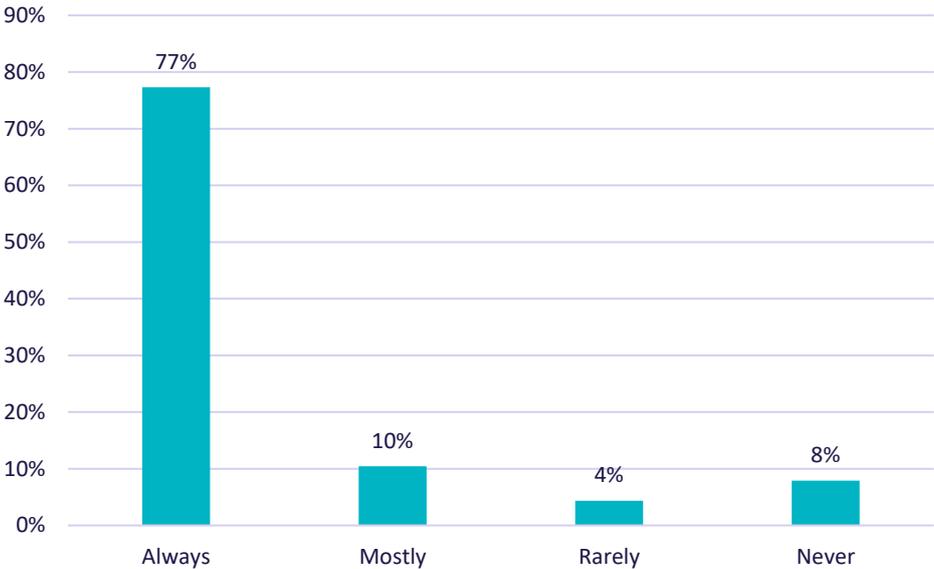
NB: Percentages rounded to the nearest whole number.

The results demonstrate that the majority of providers (77%) develop care plans, with a small portion (8%) never doing so. Overall, this shows that most providers embedded this practice in 2023.

This data indicates an increase of 3 percentage points with providers 'always' developing care plans since 2022. Providers reporting they 'mostly' develop care plans has decreased by 1 percentage point, and those reporting they 'rarely' do this decreased 2 percentage points. Providers reporting they 'never' develop care plans decreased by 2 percentage points. The data supports that a large portion of providers have embedded the development of care plans into their service delivery.

In 2023, care plans were most frequently developed for the following services (no change from 2022):

- Domestic Assistance (88%).
- Personal Care (88%).
- Flexible Respite (84%).
- Social Support – Group (84%).
- Social Support – Individual (84%).

Care plans were developed least frequently for:

- Assistance with Care and Housing (24%).
- Goods, Equipment and Assistive Technology (24%).
- Cottage Respite (24%).

This is similar to 2022, with Cottage Respite and Assistance with Care and Housing being among the most common service types to respond to 'never' that year.

The chart at Figure 2 provides a breakdown of responses by service type for this question.

Figure 2: Frequency of Providers Who Developed a Care Plan for Each Client They Supported by Service Type in 2023.
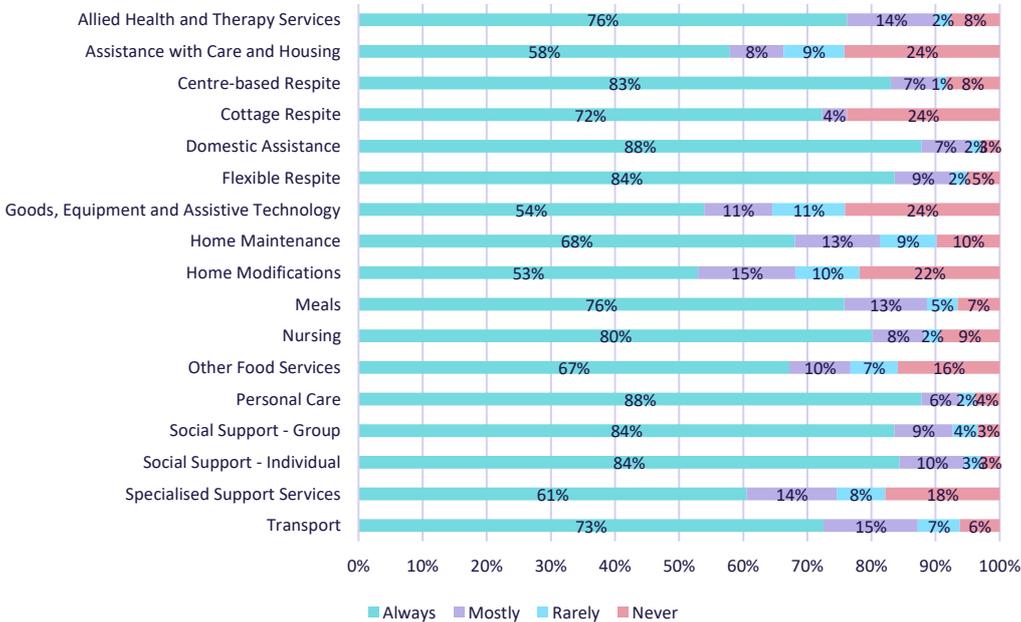
Service providers were also asked about the content and detail included in care plans on a four-point frequency scale from 'never' to 'always'. Responses are reflected in Table 1.

Table 1: Provider Responses in 2023 for the Question "does your organisation's care plans identify the following?"

Does your organisation's client care plans identify the following?	Never	Rarely	Mostly	Always
The client's goals to maintain or regain functional capacity and social connectedness?	8%	5%	23%	64%
Review date	9%	5%	19%	67%
If the client is a Reablement client	24%	17%	27%	32%
If the client has cognitive impairment or dementia?	9%	7%	25%	59%
How the provider/staff can encourage self-sufficiency (or references self-sufficiency in the RAS/ACAT Support Plan)?	11%	12%	36%	41%
How the provider/staff can deliver upon the client's preferences	6%	4%	25%	65%
How the provider/staff can build on a client's capacity/strengths (or references capacity/strengths in the RAS/ACAT support plan)?	10%	10%	35%	45%
End date (or references RAS/ACAT support plan end date)	27%	20%	23%	30%
Client's preferences (or those preferences documented in the RAS/ACAT support plan)?	8%	4%	24%	65%

NB: Percentages rounded to the nearest whole number.

Results indicate the above content and detail is generally identified on client care plans, with recording whether the client is a reablement client and the end date being the most common item that is 'never' captured.

There were no significant differences in responses to this question between the 2022 and 2023 reporting periods. The top three items in 2023 reported to have been 'always' included in client care plans were 'review dates', 'delivering upon client preferences', and 'identifying client preferences. In contrast, 'end date', 'if the client is a reablement client' and 'encouraging self-sufficiency' were least likely to be 'always' included.

Written responses in the 2023 report outlined areas that are working well in regard to completion of care plans. These include:

- Ensuring care plans are (1) comprehensive, (2) easy to read and (3) tailored to the client's needs.
- The use of SMARTA in care planning (specific, measurable, achievable, relevant, time-limited and agreed).

- Collaborative goal setting through engaging clients and using strength-based language to identify their abilities, aspirations (including short-term goals), preferences and desired outcomes. This shapes care planning and service delivery.
- For culturally and linguistically diverse (CALD) clients, including them and their family in care planning makes it clearer, helps motivate the client and assist with their confidence in participating.
- Building reablement strategies into care plans, including working collaboratively with other healthcare providers to ensure a multidisciplinary and coordinated approach to care.
- Ensuring each party is aware of their tasks and responsibilities in the care plan and adhere to these.
- Regular check-ins, evaluation, and adjustments to care plans to help clients stay motivated and on track.
- Regular review of care plans and current tasks to ensure these are meeting client needs.
- Use of wellness principles and embedding the wellness approach in the care plan. One example noted a client was avoiding social activities due to an existing medical condition (an open wound), enabling the provider to ensure the care plan included a clinical focus to address this.

Feedback from providers in the 2023 report also outlined challenges with the completion of care plans:

- Implementing individualised care plans can be time-consuming and resource intensive.
- Some carers are not actively communicating or participating in care planning due to challenges with their availability.
- An increase in CHSP referrals for reablement, and services for those awaiting home care packages, impacting on organisation capacity to respond to referrals, and inhibiting the care planning and reablement process.
- Challenges aligning the clients' expectations with the scope of the service.
- Lack of client engagement and motivation to participate or work towards their goals and self-management.
- Duplication of care plans with each service type completing these, resulting in (1) confusion to clients and (2) reduced service efficiencies.

5.2 Acceptance of referrals to deliver short-term services

Clients connect to suitable aged care providers to receive CHSP services via a referral process. To assess the frequency of MAC 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 four-point frequency scale

from 'never' to 'always'. Figure 3 provides an overall breakdown of responses to this question.

Figure 3: Overall Frequency of Providers Accepting Referrals in 2023.
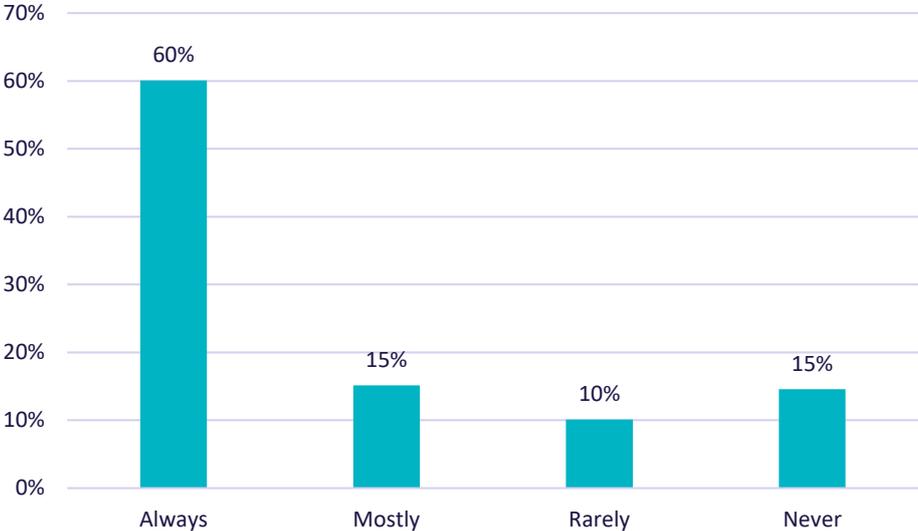
NB: Percentages rounded to the nearest whole number.

The results demonstrate that over half (60%) of providers always accept referrals. There is an even distribution across the other response categories, with only a small portion of providers (15%) 'never' doing so.

These results are consistent with data reported in 2022, with a slight decrease (2 percentage points) in funded providers 'always' accepting referrals, no change in providers 'mostly' accepting referrals, and a small increase (1 percentage point) in providers 'rarely' and 'never' accepting referrals. On review of results from 2021, there is a trend in the data which indicates decreased rates of MAC referral acceptance across the three-year reporting period.

Referrals for short-term services were accepted most frequently for the following service types:

- Meals (71%).
- Nursing (66%).
- Allied Health and Therapy Services (64%).

These findings were consistent with the previous year's figures, as these were also the most frequent service types to answer 'always to this question in 2022.

Referrals for short-term services were accepted least frequently for the following service types:

- Assistance with Care and Housing (43%).
- Cottage Respite (40%).
- Goods, Equipment and Assistive Technology (35%).

These results were also consistent with the previous year's reporting, as these were the most frequent service types to answer 'never' to this question in 2022.

Figure 4 provides a breakdown of responses to this question by each service type.

Figure 4: Breakdown of Responses by Service Type for the Frequency of Short-term CHSP Service Acceptance in 2023.
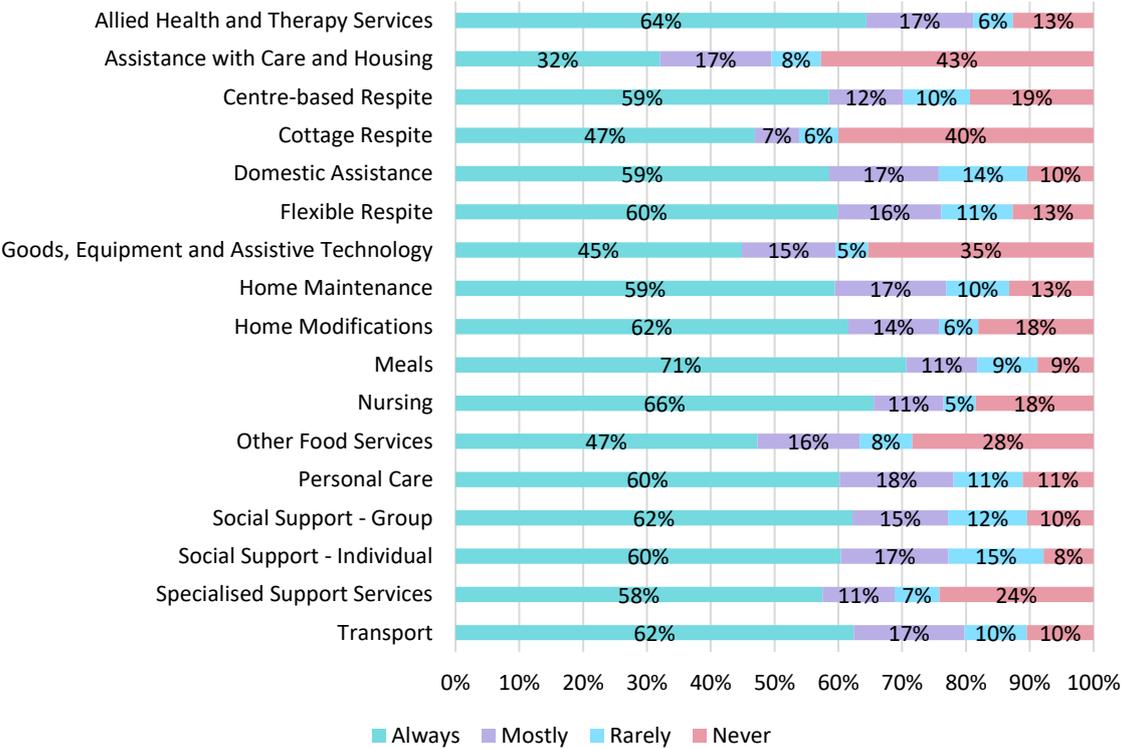
NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to acceptance of referrals. These include:

- Assisting clients with the referral process, including:
  - Referring clients back to MAC where required to access a support plan review or to obtain additional referral codes to meet other needs identified, or if the client's needs have increased.
  - Linking clients to other services. For example, if the wellness approach for the client requires other services (such as mental health, dietician, hydrotherapy or programs for chronic disease management), the provider will help the client locate these services.
- Adopting a wellness and reablement approach regardless of what the referral is, always looking at improving the client's ability.
- When receiving referrals for CHSP, meeting the client in person (ideally at their home) to determine their support needs.

- Providing information and referral advice to clients (such as support to access assistive devices like grab bars, handrails, and non-slip mats to assist with their reablement).

Feedback from providers in the 2023 report also outlined some reasons why an organisation would rarely or never accept a referral, which includes:

- Providers are not receiving or are receiving minimal referrals for reablement clients.
- Impacts from recruitment/staffing and the need to implement waiting lists.

5.3 Frequency of short-term CHSP services delivered.

CHSP providers may deliver higher intensity services on a short-term basis where clear improvements on a client's function or capacity can be made, or to avoid further decline. Service providers reported on the frequency of short-term reablement services they delivered on a four-point frequency scale from 'never' to 'always'. Respondents were asked where short-term services were recommended on a client's RAS or ACAT Support Plan, if they provided those services. Figure 5 provides an overall breakdown of responses to this question.

Figure 5 Overall Frequency of Providers Providing Short-term Services Where Recommended on a Clients' RAS/ACAT Support Plan in 2023.
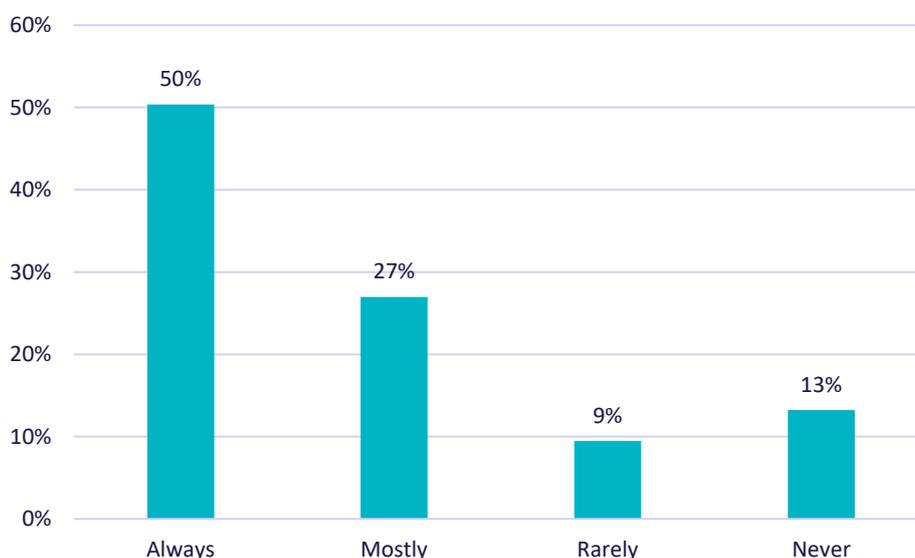
The results demonstrate the majority of providers deliver services as recommended on a client's RAS/ACAT support plan, with only a small portion (13%) never doing this. Potential reasons for why a provider would 'rarely' or 'never' do this are outlined at the end of section 5.4.

These figures remain consistent with reporting in 2022. There was no significant change in providers 'always' providing short-term services where recommended, a 1 percentage point increase in providers 'mostly' providing short-term services where recommended, a 1 percentage point decrease in providers 'rarely' providing short-

term services where recommended, and a 2 percentage point decrease in providers 'never' providing services where recommended.

RAS/ACAT recommended short-term services were delivered to clients most frequently for:

- Meals (67%).
- Home Modifications (55%).
- Transport (55%).

This is consistent with previous year's reporting, with these service types also the most common to answer 'always' to this question in 2022.

RAS/ACAT recommended short-term services were delivered to clients least frequently for:

- Assistance with Care and Housing (44%).
- Cottage Respite (39%).
- Goods, Equipment and Assistive Technology (33%).

This is also consistent with the previous year's reporting. 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 in 2023.

Service Type	Always	Mostly	Rarely	Never
Allied Health and Therapy Services	46%	39%	4%	11%
Assistance with Care and Housing	32%	19%	5%	44%
Centre-based Respite	48%	23%	11%	17%
Cottage Respite	35%	15%	10%	39%
Domestic Assistance	47%	31%	13%	9%
Flexible Respite	49%	29%	12%	9%
Goods, Equipment and Assistive Technology	33%	27%	7%	33%
Home Maintenance	47%	29%	11%	14%
Home Modifications	55%	24%	7%	14%
Meals	67%	20%	7%	6%
Nursing	49%	30%	5%	16%
Other Food Services	47%	21%	7%	25%

Service Type	Always	Mostly	Rarely	Never
Personal Care	51%	30%	11%	8%
Social Support - Group	50%	25%	13%	13%
Social Support - Individual	52%	29%	11%	9%
Specialised Support Services	50%	21%	7%	22%
Transport	55%	26%	9%	10%

NB: Percentages rounded to the nearest whole number.

5.4   Proportion of services delivered on a short-term basis

Service providers were asked to indicate the proportion of short-term reablement-focused services that they delivered on a six-point frequency scale from 'none' to 'more than 75%'. Figure 6 provides an overall breakdown of responses to this question.

Figure 6: Proportion of Services Delivered on a Short-term Basis with a Reablement Focus in 2023.
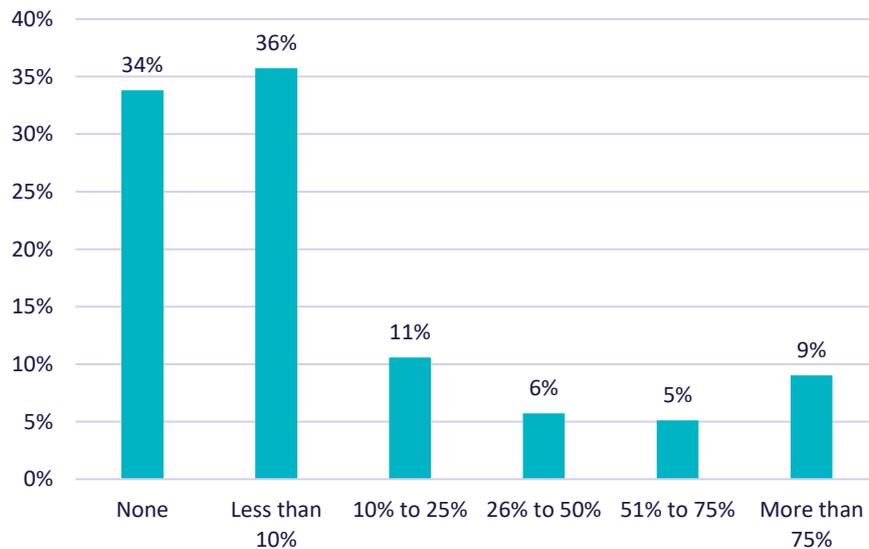
NB: Percentages rounded to the nearest whole number.

The results demonstrate that there was low amount of services delivered on a short-term basis with a reablement focus on 2023, with only a third of the sector answering between the 'less than 10%' to 'more than 75%' response categories. Potential reasons for this are explored at the end of this section.

The 2023 report has some slight variances with the data reported in 2022, with results for 'none' decreasing by 5 percentage points, '10-25%' decreasing by 3 percentage points, and 'more than 75%' decreasing by 1 percentage point. Results in

the 'less than 10%, '26-50%' and '51-75%' categories were consistent with the 2022 report.

Short-term reablement services were delivered most frequently for:

- Home Modifications (37%).
- Goods, Equipment and Assistive Technology (23%).
- Allied Health and Therapy Services (20%).
- Specialised Support Services (20%).

These findings were consistent with the 2022 report, which also saw a higher frequency across Allied Health and Therapy Services, Goods, Equipment and Assistive Technology, Home Modifications and Specialised Support Services.

Short-term reablement services were delivered least frequently for:

- Cottage Respite (57%).
- Assistance with Care and Housing (49%).
- Centre-based Respite (49%).
- Social Support – Group (45%).
- Other Food Services (44%).

This is consistent with the 2022 report, noting there have been increases with Assistance with Care and Housing (10%) and Social Support – Group (6%).

The 2023 figures by service type are shown at Table 3.

Table 3: Frequency of Short-term Services Delivered with a Reablement-focus in 2023.

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	19%	16%	14%	14%	17%	20%
Assistance with Care and Housing	49%	14%	6%	5%	12%	14%
Centre-based Respite	49%	33%	8%	4%	2%	4%
Cottage Respite	57%	20%	7%	5%	3%	9%
Domestic Assistance	27%	56%	8%	3%	2%	3%
Flexible Respite	35%	45%	10%	4%	3%	3%
Goods, Equipment and Assistive Technology	41%	14%	8%	6%	9%	23%
Home Maintenance	38%	37%	7%	4%	4%	11%

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Home Modifications	32%	13%	3%	5%	10%	37%
Meals	25%	43%	17%	6%	3%	6%
Nursing	24%	17%	13%	16%	14%	15%
Other Food Services	44%	31%	8%	5%	3%	8%
Personal Care	24%	42%	19%	6%	4%	5%
Social Support - Group	45%	37%	8%	3%	2%	4%
Social Support - Individual	32%	45%	11%	5%	3%	4%
Specialised Support Services	35%	20%	7%	5%	13%	20%
Transport	32%	39%	13%	5%	4%	6%

NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to short-term delivery of reablement services. These include:

- Several examples were noted of short-term reablement and wellness services benefitting clients who were recovering from medical conditions, surgeries, or injuries such as a broken limb. This included the provision of short-term Cottage Respite, Domestic Assistance, Personal Care, Meals and Transport, with services stopping when the client was able and confident to do the tasks themselves.
- Nursing services helping clients with wound care, with the District Nurse working with the client and their goals in healing the wound and providing education.
- Providing technical support via volunteers to learn how to use an iPad and apps/online shopping for home delivery.
- Home Modifications and Goods, Equipment and Assistive Technology interventions enabling the clients to access equipment and services early to (1) maximise independence in their home and (2) enable them to leave their home to participate in community activities.

Feedback from providers in the 2023 report also outlined some challenges in regard to short-term delivery of reablement services. These include:

- The provider did not receive a referral for reablement.

- Clients and/or their carers and families can become reliant on services and are therefore reluctant to reduce frequency.
- Some providers do not have the capacity to accept new short-term clients in addition to servicing existing clients due to workforce pressures.

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

Organisations funded to deliver Allied Health and Therapy Services in 2023 were asked what proportion of services they delivered on a short-term reablement basis for each relevant service sub-type. This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. A complete summary of responses is at Table 4.

Table 4: Frequency of Short-term Reablement Services Delivered by Allied Health and Therapy Services Sub-types in 2023.

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	79%	14%	3%	1%	1%	2%
Accredited Practising Dietitian or Nutritionist	63%	13%	8%	5%	6%	5%
Diversional Therapy	91%	4%	1%	1%	0%	2%
Exercise Physiology	64%	11%	10%	7%	4%	4%
Hydrotherapy	75%	11%	7%	2%	1%	3%
Occupational Therapy	30%	11%	9%	11%	15%	23%
Ongoing Allied Health and Therapy Services	63%	13%	7%	6%	7%	5%
Other Allied Health and Therapy Services	70%	9%	7%	3%	6%	5%
Physiotherapy	33%	14%	14%	16%	12%	10%
Podiatry	49%	25%	13%	6%	3%	4%
Psychology	89%	4%	2%	2%	1%	2%

Allied Health and Therapy Services Sub-Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Restorative Care Services	91%	3%	1%	1%	1%	4%
Social Work	72%	8%	6%	4%	4%	6%
Speech Pathology	75%	8%	4%	3%	4%	7%

NB: Percentages rounded to the nearest whole number.

Results indicate a low amount of short-term reablement activities overall in the Allied Health and Therapy Services domain. The most common answer to this question was 'none' (average 67% across service sub-types, ranging from 30% to 91%), however the high proportion is likely due to changes to the question and answer format where providers did not have the option to indicate where they do not deliver a service sub-type other than by selecting 'none'.

Service sub-types where short-term reablement was delivered most frequently include:

- Occupational Therapy (23%).
- Physiotherapy (10%).

Service sub-types where short-term reablement was delivered least frequently include:

- Diversional Therapy (91%).
- Restorative Care Services (91%).
- Psychology (89%).
- Aboriginal and Torres Strait Islander Health Worker (79%).
- Speech Pathology (75%).

This was consistent with the results from 2022, with the exception of Speech Pathology which rose from 49% in 2022 to 75% in 2023 (a 26 percentage point increase).

This question was introduced in 2022. Variation of results were the largest for this question, within the range of 0 to 32 percentage points per category across the 2-year period. The largest variances are in the 'None' category (between 12 to 32 percentage points across all service sub-types). This is likely due to two changes, (1) a change in the structure of the question between 2022 to 2023, and (2) providers

not having the option for 'not funded to deliver this service' in the 2023 report. This resulted in an increase of providers selecting the 'none' option. There were also decreases in the proportion of providers selecting 'more than 75%' for Occupational Therapy (12 percentage points) and Physiotherapy (10 percentage points).

Written responses in the 2023 report outlined areas that are working well in regard to the delivery of Allied Health and Therapy Services. These include:

- Enhanced client wellbeing through a multi-disciplinary approach. Examples include:
    - Liaison between a client's general practitioner and other health professionals.
    - A medication review with a nurse home visit identifying other benefits for the client (such as occupational therapy and physiotherapy) to reduce a client's fall risk.
    - A client receiving occupational therapy was referred to access appropriate home modifications and/or equipment.
- A Podiatry service making an impact on the quality of life for clients by supporting return of function. For example, supporting clients with foot wounds to ensure effective recovery and continuing to maintain their ability to weight-bear and mobilise.
- A home visit for one client identified carer burden due to frequency of toileting with the client unable to independently get off the toilet. This saw a toilet frame put in place to enable the client to independently transfer to and from the toilet, resulting in the client regaining independence and carer burden decreasing.
- Occupational Therapy interventions were noted to promote safety which encouraged clients to feel safe and confident.
- Positive outcomes through attending a physiotherapy group by those affected with Parkinson's disease. Clients were able to socialise after class, speak with their peers and share their experience with those living in a similar circumstance, which facilitated a support group focusing on physical, mental and social wellbeing.
- Clients regaining some of their mobility function through short-term physiotherapy services, resulting in more confidence to access social connections outside their home such as community groups. Other examples include:
    - Following hospital discharge a client identified goals to return to greater strength to prevent future falls. The client engaged with a home physiotherapist, before progressing to attending fitness classes. As a result, their strength improved, social isolation was reduced, the client became more involved in community events, and the client attained greater mobility than before the hospitalisation.

- A client recovered from shoulder surgery had reduced strength and function of her hand. A physiotherapist was recommended through a RAS assessment and their client was fully engaged in the program.
- General feedback indicating improvements to client wellbeing through exercise physiology services, as clients felt better after moving their body.
- Implementing preventative measures for clients such as falls prevention strategies.
- Service delivery improved through Allied Health staff updating their knowledge and skills based on recent evidence in their field. This enabled staff to use evidence-based interventions and techniques to address specific health conditions and promote wellness. One example was noted with occupational therapy interventions for residents with dementia, where therapists incorporated validated techniques such as reality orientation and cognitive stimulation therapy.

Feedback in the 2023 report also outlined some challenges in regard to the delivery of short-term reablement by Allied Health and Therapy Services. These include:

- Shortage and availability of Allied Health professionals and supports, including the ability to attract short-term temporary (locum) contracts in both metropolitan and rural areas.
  - Some examples specifically mentioned shortages with occupational therapists and physiotherapists, and competition outside CHSP as an influencing factor such as the National Disability Insurance Scheme (NDIS).
- Providers being unable to deliver in-home assessments.
- Declines in client capabilities due to years of COVID isolations and lack of physical activity.
- At times there is low participation in mobility and functional capacity programs.
- Organisations not having funding for Allied Health staff.
- Delays in clients accessing Allied Health services, meaning reablement goals are not reached within the timeframe set at the My Aged Care assessment.
- Unwillingness from clients to contribute to, take part in, or use a service.
- Clients who require long-term management due to chronic health conditions being incorrectly classified as reablement clients. Clients with chronic health conditions can find it difficult to have short-term goals and are often more suited to ongoing or episodic support.

6. Client wellness and reablement

This chapter summarises the key findings of the 2023 Report, with a focus on the impacts of wellness and reablement for CHSP clients.

6.1 Ongoing services and reassessments of CHSP reablement clients

In 2023, service providers were asked to indicate the number of clients who received a reassessment after their reablement period. This was asked on a seven-point scale, from 'unsure' to 'more than 75%'. Table 5 summarises responses to this question.

Table 5: Proportion of Clients That Received a Reassessment After Their Reablement Period in 2023.

Unsure	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
18%	14%	21%	9%	8%	7%	24%

NB: Percentages rounded to the nearest whole number.

The results show that just under a quarter of providers (24%) are reporting the majority of clients receive a reassessment after their reablement period. Just over a third (35%) of providers are reporting this occurs for either 'none' or 'less than 10%' of their clients. Potential reasons for this are explored at the end of this section.

Overall, these figures are similar with reporting in 2022. Providers reporting they were 'unsure' whether their clients received a reassessment decreased 4 percentage points over the past year. Frequency of providers reporting that 'none' of their clients received a reassessment remained the same. A minor increase of 2 percentage points was found for providers reporting at 'less than 10%' and 'more than 75%', and an increase of 1 percentage point for reporting in the '10-25%' and '26-50%' categories. Reporting that '51-75%' decreased 1 percentage point.

Service providers were also asked about the proportion of their clients that required ongoing services after their reablement period. This was asked on a seven-point frequency scale from 'unsure' to 'more than 75%'. Table 6 summarises responses to this question.

Table 6: Proportion of Clients that Required Ongoing Services after their Reablement Period in 2023.

Unsure	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
15%	10%	14%	11%	13%	14%	24%

NB: Percentages rounded to the nearest whole number.

The results demonstrate a relatively even distribution of responses from providers answering the 'unsure' to the '51-75%' categories. Only 24% of responses indicated the majority of clients required ongoing services after their reablement period.

These results are consistent with the 2022 report, with decreases in respondents reporting they were 'unsure' (2 percentage points), and the categories for 'none', '26-50%' and '51-75%' (1 percentage point each). Minor increases were found in providers reporting 'less than 10%' (3 percentage points) '10-25%' (2 percentage points) and 'more than 75%' (1 percentage point).

Written responses in the 2023 report outlined areas that are working well in regard to ongoing services and reassessments of CHSP reablement clients. These include:

- Several examples highlighted providers supporting their clients with the reassessment process through MAC, as well as performing real-time monitoring of client progress and confirming the need for reassessment or referral pathways.
- Another example highlighted that great communication between staff and clients assisted the reassessment process. Where there were any changes to client health, the staff would either refer them to RAS for reassessment or document changes on six-monthly reviews.
- Welfare checks by volunteers delivering meals were valuable in informing the need for reassessment. If a volunteer believed a client was not well or had concerns about their welfare, it was reported to the Service Manager who would either contact the client or their family. If the client required additional services, the service provider would then organise a reassessment.
- One client was referred to a service provider for nursing services. A serious clinical risk to the client's health was identified upon review, which was escalated through the provider's clinical governance mechanisms and resulted in the client being transferred to hospital. Upon discharge, the client's needs were reassessed and a Home Care Package was assigned to support the identified increase in physical and emotional needs.
- One provider noted the importance of managing client expectations by clearly communicating the short duration of the reablement. Open communication was reported to work well, with this provider taking a multi-disciplinary approach including discussion of risks, oversight and recommendations from the registered nurse, occupational therapist and physiotherapist.

Feedback from providers in the 2023 report outlined some reasons clients did not receive a reassessment which include:

Wellness Challenges for Reassessment

- Administrative fatigue for reassessment and goal setting, and to ensure all clients are reaching a state of wellness.
- Challenges in referring clients for reassessment.
- Challenges contacting MAC to arrange reassessments, including challenges for clients and their general wellbeing as it is stressful and confusing for them.
- Delays in receiving confirmation from MAC with referral codes.
- Clients' refusal to be reassessed by RAS/ACAT for Home Care Packages or additional support.

Reablement Challenges for Reassessment

- Challenges getting clients reassessed for additional service types due to wait times for MAC initiated reviews. It was noted that reassessments (such as for Transport) take time and can often take longer than the reablement process.
- Challenges contacting MAC and arranging for reassessments.
- Service providers needing to coordinate client's access to additional support.
- Clients assuming they can access a service for an ongoing basis and becoming disillusioned with the time/energy it takes to be reassessed.

6.2 Proportion of clients able to reduce service intensity.

Service providers were asked about the percentage of clients that were able to reduce the intensity of their services over time. This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. Tables 7 provides an overview of responses.

Table 7: Proportion of Clients that Experienced a Reduction in Service Intensity in 2023.

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
32%	39%	12%	6%	5%	7%

NB: Numbers are rounded to the nearest whole number.

The results show a low number of clients experienced a reduction in service intensity. Almost a third (32%) of providers responded with 'none' of their clients experiencing a reduction, and over a third (39%) noted this occurred in 'less than 10%' of their clients, with a low distribution across the remaining categories. Some potential reasons for this are outlined at the end of this section.

Figures from the 2023 report were generally consistent with those provided in 2022. Providers reporting that 'none' of their clients experienced a reduction in service intensity increased by 4 percentage points. There was a 1 percentage point decrease

in reporting this at 'less than 10%', '26-50%' and no changes to the '26-50%' and '51-75%' categories.

The service types that most frequently reported a reduction in their clients' service intensity in 2023 are outlined below.

- Home Modifications (41%).
- Allied Health and Therapy Services (25%).
- Specialised Support Services (24%).

The service types that most frequently answered 'none' when reporting a reduction in their client's service intensity in 2023 are outlined below:

- Cottage Respite (57%).
- Centre-based Respite (49%).
- Other Food Services (45%).

These responses are largely consistent with what was reported in 2022.

A complete summary of responses by service type is at Table 8.

Table 8: Proportion of Clients that Experienced a Reduction in Service Intensity by Service Type in 2023.

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	16%	12%	11%	17%	19%	25%
Assistance with Care and Housing	40%	11%	13%	8%	7%	22%
Centre-based Respite	49%	39%	8%	2%	1%	1%
Cottage Respite	57%	25%	7%	5%	2%	4%
Domestic Assistance	28%	56%	11%	3%	1%	1%
Flexible Respite	33%	47%	11%	5%	1%	3%
Goods, Equipment and Assistive Technology	40%	16%	4%	6%	12%	22%
Home Maintenance	38%	41%	8%	5%	3%	6%
Home Modifications	29%	12%	4%	4%	10%	41%
Meals	24%	46%	19%	6%	3%	3%
Nursing	19%	14%	12%	20%	21%	14%

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Other Food Services	45%	29%	14%	6%	-	6%
Personal Care	24%	47%	15%	7%	3%	3%
Social Support - Group	41%	43%	9%	3%	1%	2%
Social Support - Individual	28%	51%	13%	4%	2%	2%
Specialised Support Services	24%	14%	11%	12%	15%	24%
Transport	32%	46%	14%	5%	2%	2%

NB: Numbers are rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to clients being able to reduce service intensity. These include:

- A client was unable to stand for long periods without pain following hospitalisation, and was unable to prepare meals for herself. Following a six-week reablement period, the client reduced the amount of meals she received through the CHSP as she was able to prepare these for herself, and continued to use the service only for back-up meals.
- A client with irritable bowel syndrome was referred by her doctor to a dietician who developed a tailored eating plan to reduce symptoms. After six appointments, the client reported a reduction in pain and improved wellness.
- Home modifications such as rails in the toilet and bathrooms to reduce the risks of falls allowed many clients to undertake these tasks independently.
- A client entered CHSP with a chronic leg ulcer. The service provider organised appropriate wound care, and a wound consultant regularly reviewed and modified the approach to wound treatment, resulting in the client adapting to living with and managing a chronic wound.
- One client had concerns with pain, balance and movement. A physiotherapy care plan was created to support the client's reablement, resulting in an increase in physical abilities and a reduction in pain. The client was able to successfully use mobility aids and able to reduce service use over time.
- Following a hyperglycaemic episode, a client received CHSP services and was monitored twice daily to ensure their diabetes was being managed. After a short period, the client was educated in taking blood glucose measurements, maintaining this and reducing their need for insulin. The client was subsequently reduced to once per day care to twice weekly. This allowed the client to become confident and responsible for their own diabetes management independently.

- One client required full personal care services following a hospital stay. As the client recovered, services were reduced as they were able to do more independently, resulting in light assistance only from the service provider.
- A client received nursing services daily to dispense medication. The client agreed to trial a Webster pack (pre-packed medicine dispenser) and regained the confidence to manage their medication. Nursing visits were slowly reduced.

Feedback in the 2023 report also outlined some reasons why clients service intensity may not decrease. This includes:

- It is not relevant to reduce the intensity of some service types such as Social Support – Group.
- As with prior feedback outlined in this report, the nature of some services is that they are needed more on an ongoing basis for clients, rather than short-term.
- Only some client issues being short-term, such as recovering from an injury and requiring physiotherapy, whereas other clients require ongoing services and are not able to reduce the frequency of services over time. In many cases, clients need to increase their services over time (such as due to a deteriorating health condition).

6.3 Proportion of clients who participated in tasks alongside staff.

Taking a wellness and reablement approach aims to enable clients to adapt to functional losses, regain their confidence, increase their capacity to resume activities, and live independently with reduced service intensity. As one way to measure this service providers were asked to report on the proportion of clients participating in tasks alongside staff (in the spirit of 'doing with' rather than 'doing for'). This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. Table 9 provides an overview of responses.

Table 9: Proportion of Clients that Participated in Tasks with or Alongside the Service Provider (staff) in 2023.

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
23%	16%	10%	9%	12%	30%

NB: Percentages rounded to the nearest whole number.

The results show approximately one third (30%) of providers are reporting that the majority of their clients participate in tasks alongside staff, with close to a quarter (23%) indicating none of the clients do this, with lower figures (16% and under) across the remaining categories. The results also showed variation between service types and provide an indication of service types where clients can participate more

readily alongside staff. For example, it would not be expected that a client participate in home modifications, but a more manageable task e.g. participating in helping set up activities for a social support group.

This data was consistent with the 2022 reporting period. Providers reporting 'more than 75%', '51- 75%', '26- 50%' and '10- 25%' of their clients participate in tasks with the service provider staff remained at the same level as 2022 reporting. There was a 1 percentage point increase in providers reporting 'less than 10%' and that 'none' of their clients participated in tasks alongside the service provider staff.

In 2023, 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 – Group (55%).
- Allied Health and Therapy Services (54%).
- Social Support – Individual (48%).

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 in 2023 were:

- Home Modifications (72%).
- Home Maintenance (45%).
- Goods, Equipment and Assistive Technology (45%).

Table 10 provides an overview of responses by service type.

Table 10: Proportion of Clients that Participated in Tasks with or Alongside the Service Provider (Staff) by Service Type in 2023.

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	16%	4%	6%	6%	14%	54%
Assistance with Care and Housing	36%	13%	3%	9%	11%	28%
Centre-based Respite	18%	10%	6%	11%	13%	41%
Cottage Respite	40%	8%	6%	6%	10%	30%
Domestic Assistance	8%	26%	27%	17%	12%	10%
Flexible Respite	16%	19%	12%	14%	13%	27%
Goods, Equipment and Assistive Technology	45%	11%	8%	5%	8%	22%

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Home Maintenance	45%	36%	8%	4%	2%	5%
Home Modifications	72%	13%	4%	1%	3%	7%
Meals	38%	22%	8%	6%	7%	18%
Nursing	26%	20%	12%	10%	10%	22%
Other Food Services	33%	19%	12%	11%	10%	15%
Personal Care	8%	15%	14%	14%	18%	31%
Social Support - Group	8%	8%	7%	7%	16%	55%
Social Support - Individual	6%	11%	8%	11%	16%	48%
Specialised Support Services	24%	10%	9%	5%	18%	35%
Transport	33%	17%	6%	4%	9%	31%

NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to clients participating alongside staff. These included:

- One example noted that clients are encouraged via their Care Plan to conduct the household duties they can manage (dusting, wiping the benches) while the workers provide support to do heavier duty household tasks.
- In another example, a support worker encouraged a client with cognitive impairment to put dirty clothes in the washing machine and the support worker provided assistance to turn on the machine. The support worker and the client then hung the washing out together.
- One provider noted generally that when supporting clients recovering from an injury or illness, assisting the client whilst working alongside the support worker until they regain function and independence worked well.
- Another example was outlined from a domestic assistance service. Their staff encouraged clients to participate with tasks in the home and taught them new skills, such as how to put on a fitted sheet or use light-weight spray mops to clean up spills. This encouraged clients to do more tasks for themselves, including tidying up their cluttered living spaces, because they felt happy with their cleaner home.

Feedback from providers in the 2023 report also outlined some reasons clients did not participate in tasks alongside the service provider. These include:

- Clients preferring to not participate.
- Client expectation that staff from the service provider are solely responsible for undertaking the task.
- Clients not feeling confident to participate in tasks alongside the service provider.
- Some service types being unsafe for clients to participate in (such as Home Maintenance and Modifications).
- Some clients do not have the capability to participate due to their health or mobility condition.
- Clients not understanding why they are being asked to participate.

6.4 Proportion of clients who developed new skills/capabilities and increased social connection/participation in society

Wellness and reablement approaches have an emphasis on social, psychological and physical wellbeing of aged care clients. These approaches need to be embedded in service delivery planning and organisational practices.

Clients who developed new skills/capabilities

In 2023, service providers were asked to report on the proportion of their clients that developed new skills or capabilities. This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. Table 11 provides an overview of responses.

Table 11: Proportion of Clients that Developed New Skills/Capabilities in 2023.

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
26%	26%	15%	12%	11%	11%

NB: Percentages rounded to the nearest whole number.

The results show more than half of providers (52%) are reporting either none or less than 10% of their clients are developing new skills or capabilities. Slightly over one fifth (22%) of providers are reporting either a large portion or the majority of their clients are achieving this. This indicates a high proportion of clients did not develop new skills or capabilities. While developing new skills or capabilities would not be a goal for a good number of clients, there are other challenges and barriers that may contribute to these numbers. These are examined at the end of this section.

Overall these results were consistent with 2022. Responses reporting 'more than 75%' and '51-75%' decreased by 1 percentage point. The percentages of responses in the '26-50%' and '10- 25%' categories remained at the same level since 2022.

Slight increases were noted in the 'less than 10%' category (1 percentage point) and the 'none' category (2 percentage points) since 2022.

The service sub-types that reported most frequently that 'more than 75%' of their clients had developed new skills/capabilities through 2023 are listed below:

- Cottage Respite (50%).
- Home Maintenance (49%).
- Home Modifications (43%).

The service sub-types that reported most frequently that 'none' of their clients had developed new skills/capabilities through 2023 were:

- Goods, Equipment and Assistive Technology (18%).
- Home Modifications (15%).
- Social Support – Individual (12%).

Table 12 provides an overview of responses by service type.

Table 12: Proportion of Clients that Developed New Skills/Capabilities in 2023 by Service Type.

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	13%	8%	9%	18%	26%	27%
Assistance with Care and Housing	40%	10%	16%	14%	12%	8%
Centre-based Respite	22%	18%	19%	15%	14%	11%
Cottage Respite	50%	18%	10%	12%	7%	3%
Domestic Assistance	22%	46%	19%	7%	2%	3%
Flexible Respite	23%	37%	15%	13%	6%	6%
Goods, Equipment and Assistive Technology	32%	13%	9%	8%	20%	18%
Home Maintenance	49%	33%	9%	4%	2%	3%
Home Modifications	43%	14%	8%	6%	13%	15%
Meals	36%	33%	13%	7%	6%	5%
Nursing	27%	23%	15%	18%	11%	7%
Other Food Services	38%	26%	13%	9%	7%	7%

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Personal Care	18%	39%	20%	10%	8%	5%
Social Support - Group	10%	13%	18%	18%	20%	22%
Social Support - Individual	13%	24%	22%	17%	12%	12%
Specialised Support Services	21%	16%	7%	16%	20%	20%
Transport	40%	30%	7%	8%	6%	8%

NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to the delivery of clients developing new skills and abilities. These include:

- Clients receiving meals services were provided with education materials and supports to help them learn new skills in nutrition and safe food information. They were also supported to cook and prepare meals to the best of their abilities. Other examples including helping clients learn to use a microwave and other aids (specialised cutlery) to assist with eating.
- Two examples highlighted clients developing new skills through receiving iPad classes that allow them to stay connected to family and friends as well as being able to do online shopping.
- Clients were able to participate in activities that connect them with their community, enabling them to spend time outside their home learning new skills. This included one participant who took up knitting for the first time.
- An example of nursing services noted how education was provided to clients on managing continence issues, skin care, medication management and good hygiene practices, enabling them to prepare for interacting and participating in social and community activities.
- A hand therapy group trialled new activities with clients helping them learn new skills. One client taught his grandchildren to make origami lilies after learning it in this group, increasing social connection with his family.
- An Allied Health group saw a cardiac nurse and exercise physiologist run twice weekly sessions for an eight-week program, working with clients to attain self-management skills and learn their physical limitations and tolerances. This allowed clients to improve their confidence to safely exercise and know the intensity and load they can manage.

Feedback in the 2023 report also outlined some reasons clients did not (or could not) develop new skills or abilities. These include:

- Clients still coming to terms with their loss of functionality and lacking confidence to develop new capability or skills.
- Clients not having the capacity to learn new skills due to their level of frailty.
- The labour intensity required to assist a client to learn new skills not being proportionate to the service types.
- Cultural barriers for clients understanding the concept of reablement.
- Expectations from clients that their families or carers will do the tasks instead.
- Willingness of clients to gain new skills, noting for some clients it can take time to gain trust and accept help, and others often 'going without' rather than accepting help.
- The challenge of clients needing more support and focus on them to help them learn new skills or relearn skills needed for independent living.

Clients who increased wellness and social connection/participation in society

In 2023, service providers were asked to report on the proportion of their clients that increased wellness and social connection/participation in society. This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. Table 13 provides an overview of responses.

Table 13: Proportion of Clients that Increased Wellness and Social Connection/Participation in Society in 2023.

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
15%	14%	13%	14%	16%	29%

NB: Percentages rounded to the nearest whole number.

The results indicate just under half (45%) of providers are reporting either a large portion or the majority of their clients are increasing their wellness and social connection or participation in society. The results were evenly distributed among the remaining four categories, with a small portion (15%) of providers reporting none of their clients experienced this. Some examples of what worked well implementing this for clients and some of the barriers are examined at the end of this section.

Similarly with other questions, the results around social connection and participation in society were consistent with 2022 reporting. There was an increase of 2 percentage points of providers reporting in the 'more than 75%' category. The results for '51-75%' increased by 1%. The numbers for providers reporting '26- 50%' and '10-25%' were at the same level in 2022. Providers reporting 'less than 10%' was 2 percentage points higher in 2022. The level of providers reporting 'none' of their clients increased social connection and participation in society was 1 percentage point higher in 2022.

The service sub-types that reported most frequently that 'more than 75%' of their clients had increased wellness and social connection/participation in society in 2023 are listed below:

- Social Support – Group (57%).
- Centre-based Respite (43%).
- Social Support – Individual (41%).

The service sub-types that reported most frequently that 'none' of their clients had increased wellness and social connection/participation in society through 2023 were:

- Cottage Respite (39%).
- Other Food Services (34%).
- Home Modifications (29%).
- Assistance with Care and Housing (29%).

Table 14 summarises responses provided in 2023 regarding increasing connection and social participation/connection in society by service type.

Table 14: Proportion of Clients that Increased Wellness and Social Connection/Participation in Society in 2023 by Service Sub-type.

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	11%	4%	10%	21%	23%	32%
Assistance with Care and Housing	29%	16%	15%	14%	14%	12%
Centre-based Respite	15%	4%	9%	14%	14%	43%
Cottage Respite	39%	10%	7%	9%	12%	22%
Domestic Assistance	15%	25%	19%	16%	12%	12%
Flexible Respite	14%	15%	18%	14%	16%	23%
Goods, Equipment and Assistive Technology	23%	16%	8%	13%	20%	20%
Home Maintenance	28%	28%	13%	10%	9%	12%
Home Modifications	29%	20%	10%	12%	13%	16%
Meals	15%	19%	15%	12%	14%	25%
Nursing	16%	13%	13%	20%	25%	14%

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Other Food Services	34%	17%	10%	13%	11%	15%
Personal Care	15%	22%	21%	16%	13%	14%
Social Support - Group	4%	5%	6%	9%	18%	57%
Social Support - Individual	4%	8%	12%	15%	19%	41%
Specialised Support Services	17%	9%	8%	13%	26%	27%
Transport	11%	12%	9%	11%	19%	38%

NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to clients that increased wellness and social connection/participation in society. These include:

- A home support group ran a weekly craft group, a mixed group with musical entertainment, games, exercise and a monthly men's group visiting museums and historical towns. This was found to improve client wellness as clients were enabled to create friendships, have reduced social isolation and be empowered by learning new skills.
- One provider reported feedback from clients that volunteer companionship improves mental wellbeing.
- Clients with an interest in gardening attended centre-based social support groups and participated in maintaining raised garden beds. Some clients were unable to do this activity at home as their garden beds were at ground level. Clients given choice about what they would like to plant, usually from a range of edible options that can be used for cooking meals for the group.
- An example was provided of a long-term participant who suffered from severe anxiety and bouts of depression. His anxiety and depression were worsened by his social isolation, living alone, and having little outside interactions. The service provider gave him social support twice a week to check in on him, teach him new art skills and encourage movement through indoor activities, which is important as he used mobility aids. The client gave feedback that the weekly interactions gave him something to look forward to and helped with his mental health.
- One provider runs a café out of the local senior citizens club every fortnight open to residents of local aged care facilities and the general public. Clients work alongside the service provider to prepare morning tea and welcome

newcomers. Existing clients took pride in welcoming newcomers, showing them around and supporting them.

- Another client who was socially isolated and had dementia joined a social support group. He was able improve his mood as he interacted more with the group. This resulted in his family giving feedback to the service provider about how he was much happier and more talkative as a result of joining the group.

Feedback in the 2023 report also outlined some barriers to clients increasing their social connection and participation in society. These include:

- Clients not wanting to make changes in daily living and social connection outside their existing social support group.
- Clients not wanting to participate in activities that providers thought would increase wellbeing and social connection.
- Clients not feeling well enough to participate.

6.5 Proportion of clients who regained physical and cognitive abilities.

Wellness and reablement approaches can build confidence, support cognitive and physical capabilities, and enable people to live more independently. Service providers were asked to report on the proportion of all their CHSP clients who regained (even in part) physical or cognitive abilities. This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. Responses are reflected in Table 15.

Table 15: Summary of Responses Reporting on the Proportion of Clients That Regained Physical or Cognitive Abilities in 2023.

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
26%	31%	17%	10%	9%	6%

NB: Percentages rounded to the nearest whole number.

The results indicate a relatively small proportion of all CHSP clients regained physical or cognitive abilities, with the majority of providers (74%) reporting this between the '10-25%' and 'none' categories. Examples of some barriers to this are outlined at the end of this section.

Overall, the figures reported in 2023 are consistent with the 2022 report. Providers reporting that 'more than 75%' and '10-25%' of their clients showed improvement of physical or cognitive abilities decreased by 1 percentage point. Reports of '51-75%', 'less than 10%' and 'none' increased by 1 percentage point, and reports of this occurring in '26-50%' of clients decreased by 2 percentage points.

The service sub-types that reported most frequently (more than 75%) of their clients regained (even in part) physical or cognitive abilities are listed below:

- Allied Health and Therapy Services (25%).
- Home Modifications (15%).
- Goods, Equipment and Assistive Technology (12%).

The service sub-types that reported most frequently that 'none' of their clients had regained (even in part) physical or cognitive abilities through 2023 were:

- Cottage Respite (50%).
- Assistance with Care and Housing (44%).
- Home Maintenance (43%).

Table 16 provides an overview of responses by service type.

Table 16: Proportion of Clients that Regained (Even in Part) Physical or Cognitive Abilities in 2023 by Service Sub-type.

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	13%	7%	11%	18%	26%	25%
Assistance with Care and Housing	44%	23%	13%	13%	6%	2%
Centre-based Respite	25%	26%	23%	14%	6%	6%
Cottage Respite	50%	26%	12%	8%	4%	1%
Domestic Assistance	23%	49%	19%	6%	2%	2%
Flexible Respite	26%	41%	19%	6%	4%	3%
Goods, Equipment and Assistive Technology	40%	13%	7%	13%	14%	12%
Home Maintenance	43%	37%	10%	4%	1%	5%
Home Modifications	37%	14%	8%	11%	15%	15%
Meals	28%	41%	16%	6%	5%	3%
Nursing	22%	15%	16%	19%	18%	10%
Other Food Services	41%	30%	12%	9%	3%	4%
Personal Care	18%	40%	22%	12%	6%	3%
Social Support - Group	14%	26%	23%	14%	14%	9%
Social Support - Individual	18%	33%	23%	13%	9%	4%

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Specialised Support Services	30%	19%	14%	15%	17%	6%
Transport	37%	35%	13%	7%	5%	4%

NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to the clients regaining physical and cognitive abilities. These include:

Physical abilities

- One provider highlighted that clients have been able to regain mobility with the correct equipment prescribed to them. This has enabled them to mobilise independently and participate in their community.
- One example included the use of physiotherapy sessions. Clients would be given tailored exercises to use at home to contribute to their reablement. Clients who followed exercises and attended 1:1 sessions in addition to attending group exercise classes as directed by the Physiotherapist saw improvements in mobility or a reduction in pain in a three month period. Clients also reported increased confidence and a reduced fear of falling.
- Another example showed a client who experienced a decline in mobility and struggled with basic household tasks due to a recent surgery. The client had a goal of being able to independently manage domestic chores and maintain their home environment. To support their reablement journey, the service provider developed a personalised plan that included exercises to improve strength and balance. Over time, the client regained her strength and confidence. The client subsequently required less assistance with tasks such as cleaning and cooking, and could then manage household responsibilities without assistance.
- A client was provided personal care services to assist with showering. While providing the service the staff support her regaining her, resulting in the client being able to shower independently again.

Cognitive abilities

- One example showed a client who was 93 and living with cognitive impairment, chronic pain, anxiety, depression, and limited mobility. The client faced challenges socialising due to a lack of familiar neighbours or friends, and relying heavily on her son for shopping, meal preparation, and managing her medications. This client attended a dementia day care service, and required encouragement to participate in activities such as exercises and handcrafts. After three months, the client's confidence grew, and she began expressing preferences and completing tasks independently, as well as engaging with other participants. Her mobility also improved significantly.
- Another example also indicated that group classes also help clients develop social connections which may have been lost due to COVID over the last few years. The service provider noted the client's cognitive function was able to be retrained to complete physical tasks following a brain injury/illness.

Feedback in the 2023 report also outlined some challenges to clients regaining physical and cognitive abilities. The low number of clients improving their physical and cognitive abilities in 2023 could be due to the following challenges faced by the sector:

- Cognitive decline being prevalent in aged care.
- The impacts of significant impairments or decline in cognitive function, which can lead to clients not being able or willing to participate in wellness and reablement activities.
- Clients can have physical challenges in addition to cognitive impairments.
- Clients approaching end of life can be unlikely to improve physical or cognitive health.
- Clients' physical and mental capacity can deteriorate over time, with the focus being on social connection instead of reablement.

6.6   Proportion of clients who adapted to a functional limitation.

Service providers were asked to indicate the percentage of clients who had adapted to a functional limitation. This was asked on a six-point frequency scale, from 'none' to 'more than 75%'. These figures are provided in Table 17.

Table 17: Proportion of Clients That Adapted to a Functional Limitation in 2023.

None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
21%	21%	14%	13%	13%	18%

NB: Percentages rounded to the nearest whole number.

The results are distributed evenly (within 8%) across all categories, indicating varying levels of clients adapting to functional limitations, with slightly more than one fifth

(21%) not adapting to a functional limitation. Some possible barriers to this are outlined at the end of this section.

Overall, similar to other sections of this report, the data remained consistent with the previous years, with minimal fluctuations. Reports of 'more than 75%' of clients adapting to a functional limitation increased by 1 percentage point since 2022. Results for this occurring in '51-75%' and '10-25%' of clients remained the same since 2022. A decrease of 2 percentage points occurred in reports in the '26-50%' range, with a 2 percentage point increase of reports in the 'less than 10%' range. Providers reporting that 'none' of their clients adapted to a functional limitation decreased by 1 percentage point.

The service sub-types that reported most frequently (more than 75%) that their clients adapted to a functional limitation in 2023 are listed below:

- Goods, Equipment and Assistive Technology (39%).
- Allied Health and Therapy Services (35%).
- Home Modifications (32%).

The service sub-types that reported most frequently that 'none' of their clients had adapted to a functional limitation in 2023 were:

- Cottage Respite (48%).
- Other Food Services (38%).
- Assistance with Care and Housing (37%).

Responses are reflected in Figure 7.

Figure 7: Proportion of Clients That Adapted to a Functional limitation in 2023 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%	4%	9%	18%	24%	35%
Assistance with Care and Housing	37%	14%	13%	16%	12%	8%
Centre-based Respite	22%	21%	17%	14%	14%	12%
Cottage Respite	48%	17%	12%	10%	5%	9%
Domestic Assistance	16%	27%	18%	15%	11%	13%
Flexible Respite	21%	27%	19%	11%	9%	13%
Goods, Equipment and Assistive Technology	30%	6%	6%	7%	12%	39%
Home Maintenance	34%	26%	9%	8%	6%	17%
Home Modifications	23%	13%	7%	11%	15%	32%
Meals	23%	27%	14%	11%	10%	16%
Nursing	18%	16%	11%	20%	18%	18%
Other Food Services	38%	20%	12%	11%	8%	11%
Personal Care	13%	25%	20%	16%	12%	15%
Social Support - Group	14%	21%	16%	16%	17%	17%
Social Support - Individual	13%	23%	17%	15%	14%	17%
Specialised Support Services	23%	10%	10%	17%	19%	20%
Transport	26%	25%	13%	10%	9%	16%

NB: Percentages rounded to the nearest whole number.

Written responses in the 2023 report outlined areas that are working well in regard to clients adapting to a functional limitation. These include:

- One provider's staff assisting their client to access public transport using a mobility aid, with staff accompanying the client on a few journeys to build confidence.
- Another example from a provider was assisting clients to manage incontinence, with their confidence built with knowledge about their condition and good preparation before heading outside their home.
- A transport provider gave an example where clients who were no longer able to drive were able to regain independence and interact socially through use of their service. Clients were able to choose the date, time, duration and location of their trip which helped them adapt to their functional limitation.
- A multi-disciplinary example showed that Allied Health services combine with Goods, Equipment and Assistive Technology and Home Modifications helped clients adapt to functional limitations in their home by putting in new equipment and educating the client on how to use this safely and effectively to improve their functional independence. For example, the use of a grab rail installed in the shower can allow the client to shower safely with confidence when they have balance concerns.

- Clients regained the ability to use eating utensils and to nominate what assistance was required to consume their meals.

Feedback in the 2023 report also outlined some barriers to clients adapting to a functional limitation. These include:

- Resisting reablement approaches due to fear, scepticism or a sense of dependency on existing care arrangements.
- Challenges for providers overcoming resistance and fostering a willingness from the client to engage in reablement.
- Client's fear of their functional limitations, and reluctance to participate in reablement tasks due to fear of injury or risk.

7. Successes and challenges in service delivery

This chapter summaries the key findings of the report, with a focus on the successes and challenges of delivering services with a wellness and reablement approach for CHSP service providers.

7.1 Perceived benefits of wellness and reablement

New questions were introduced in the 2023 report asking service providers to outline what is working well in the delivery of wellness and reablement approaches, supported by examples.

What is working well

- **Active involvement and engagement of clients** in planning for assessments, care plans, goal setting, and tailoring approaches to their needs. This resulted in client empowerment, informed service delivery and increased client satisfaction. These benefits were reported across several service sub-types including Allied Health, Assistance with Care and Housing, Centre Based Respite, Domestic Assistance, Flexible Respite, Goods, Equipment and Assistive Technology, Home Modifications, Nursing, Other Food Services, Social Support (Group and Individual) and Specialised Support Services.
- **Communication** including active listening, engaging clients in conversation, regular follow ups, building relationships (including one-on-one bonds), making sure clients were comfortable with services being provided, and gathering feedback on how providers can improve, resulted in positive wellness and reablement outcomes for clients.
- **Social wellbeing** was highlighted as a benefit of wellness and reablement including through communication between provider staff and clients, providers supporting and maintaining social connections and supporting improvements to clients' homes. Group activities supported social connections and reduced feelings of loneliness and isolation. This was highlighted particularly with Centre-Based Respite, Cottage Respite, Domestic Assistance, Home Maintenance, Meals, Nursing, Other Food Services, Social Support – Group and Transport Services.
- **Education of staff and clients** in the application of wellness and reablement was identified as a benefit.
  - Staff education included the benefits of ongoing tailored training modules, education, and reflective discussions. This facilitated engagement in the idea of wellness and reablement and embedding of a wellness and reablement approach in their service delivery, resulting in increased client outcomes/enhanced care. This was predominantly noted in responses from Allied Health, Nursing, and Personal Care.

- o Client education included the informing the client on the benefits of wellness and reablement, and removing the expectation that carers will complete all tasks for a client. This also included:
    - Demonstrating how to use equipment (leading to better engagement with equipment and wellness and reablement outcomes).
    - How to measure self-improvements
    - Teaching clients about health/nutrition and engaging them in preparation of meals.

  This had a positive impact to client wellness, and was predominantly found in responses for Cottage Respite, Flexible Respite, Home Modifications, and Meals.

What is working well by service type

- **Allied Health and Therapy** service providers generally considered their service delivery as being aligned with a wellness and reablement approach. Organisations in the Australian Capital Territory and New South Wales reported that staff education, reflective discussions, and tailored training modules on the wellness and reablement model of care allowed them to administer enhanced care to clients. Further, actively involving clients in assessment planning, care plans, and goal setting was reported to increase clients' sense of agency, control, and motivation to achieve goals. Accurate and targeted assessments were noted as being integral in the delivery of a wellness and reablement approach. Regular follow-up and communication with clients using a strengths-based approach had reported benefits. Integrating Allied Health clinicians with community services allowed for a holistic approach to satisfying wellness and reablement goals.

- **Assistance with Care and Housing** service providers emphasised individualised care, building relationships, ensuring clients are comfortable with the services being provided, and meaningful engagement with clients as important aspects of client wellness. Overall, goal setting and client involvement was considered beneficial to the overall health and wellbeing of the client.

- **Centre-based Respite** service providers are responsible for improving the wellbeing of clients where possible, despite limited carer-client contact. Clients are supported in identifying what their goals are, how these can be achieved, and when to seek assistance. Goal setting and planning was highlighted as an important part of centre-based respite care. These processes ensure that staff are not taking over any tasks that the client is still able to complete independently, which aligns with a reablement approach. For example, one organisation runs a 'wellness Wednesday' program where clients participate in a physiotherapy program with their peers. This is an opportunity for clients to improve their social wellbeing and mobility.

- **Cottage Respite** service providers encouraged clients to participate in healthy lifestyles by teaching them about health and nutrition. Developing, supporting, and helping maintain clients' social connections is an important role that service providers can take on to deliver a wellness approach. Using SMART goals to help this process was reportedly useful in many Cottage Respite organisations.

- **Domestic Assistance** service providers reported communication with clients as being integral to client social wellbeing. Taking interest in the client's life, discussing everyday topics together, and completing tasks collaboratively were methods reported to be particularly valuable for socially isolated clients. Providers in Tasmania, Victoria, and Western Australia noted that allowing clients to indicate what they can, cannot, and would like to do, was found to both empower the client to participate in other activities, and inform the carer's approach to service delivery tailored to the client's needs. Service providers in Queensland and South Australia noted that client education surrounding wellness and reablement increases their participation and removes the expectation that carers will complete all tasks for them. Short-term interventions in the Australian Capital Territory and New South Wales for decluttering, and tidying improved social wellbeing. Maintaining connection to Country through 'return to Country' trips was reported as beneficial for Aboriginal and Torres Strait Islander clients, particularly in the Northern Territory.

- **Flexible Respite** a service provider delivered education to flexible respite and other clients on how to measure self-improvements and informed decision-making about the care they receive, which had benefits for wellbeing and client autonomy.

- **Goods, Equipment and Assistive Technology** service providers reported that active listening helped them achieve the best wellness and reablement outcomes. Understanding each client's unique situation allowed providers to better assess the type, frequency, and intensity of services required. Encouraging continuous growth and development provided cognitive stimulation for clients which was facilitated by use of SMART (Specific, Measurable, Attainable, Relevant, Timebound) goals. Equipment such as walkers, shoes, specialised chairs, shower stools, and benches improved wellness outcomes due to increased mobility and task participation. Provision of appropriate assistive equipment increased client confidence and wellbeing.

- **Home Maintenance** service providers highlighted the importance of social connections with clients in their service delivery. Opportunities for friendship between clients and carers was reported as being beneficial to the wellness of both parties. Home Maintenance service providers assisted clients to live and function in ways they previously could not, which improved their general wellbeing.

- **Home Modifications** service providers increased their clients' confidence through active engagement in the care process. Showing clients how to use equipment or modifications, ensuring they can use it, explaining the benefits, and confirming clients' comfort led to better wellness and reablement outcomes. Home Modifications services allowed clients to develop new strategies for managing their independence and increased their confidence when engaging in social activities. This enhanced overall client wellness and reablement.

- **Meals** service providers reported that the nutritious meals they provide to clients ensures their physical and mental functioning is maintained, which supports their wellness. Many service providers reported that the act of delivering meals to clients (and the associated social interaction) increased wellness in itself. Meals services reduce strain on clients and their families and allow clients to live at home for longer. Encouraging clients to eat meals in a shared or community setting increased social health and wellbeing. Engaging with the client for short periods of time and involving clients in the preparation of meals had reported benefits for client wellness.

- **Nursing** service providers enhanced client wellness through incontinence and injury management, illness management, joint decision-making, and maintaining independence, which enabled clients to resume social participation. Administering care in the home was important to clients' sense of safety and happiness. Ongoing staff training modules, education, and reflective discussions facilitated staff engagement in the idea of wellness and reablement.

- **Other Food Services** providers interacted with their clients which resulted in elevated client moods and friendship formations. Although it is not the primary aim of service delivery for food services, the associated social interaction was frequently reported as having made the largest impact on client wellness and reablement. Providing opportunities for clients to give their opinion and food preferences resulted in client benefits including a sense of autonomy and satisfaction.

- **Personal Care** service providers reported benefits of team education sessions and meetings for staff regarding the embedding of a wellness and reablement approach. Using training models and reflective discussions facilitated staff in their service delivery and increased client outcomes. Open communication allowed clients to indicate where they could be better supported, and the development of SMART goals assisted in this process. Encouraging clients to participate where possible also increased mobility and confidence.

- **Social Support – Group** service providers reported the benefits of regular modifications to individual care plans in providing the client with an opportunity to decide how they receive care, and to identify goals and preferences. Care plans should be individualised, and consider the personality type, aspirations, and cultural factors of the client. Social outings, activities, events, and groups

were reportedly beneficial to clients and keep them engaged in their social surroundings. These group activities provide opportunity for clients to form relationships, develop their social skills, and reduce feelings of loneliness and isolation. 'Return to Country' trips facilitated connection to Country and peers for Aboriginal and Torres Strait Islander clients.

- **Social Support – Individual** service providers reported on the importance of care plans, which were a useful guide in the identification of goals for treatment. One provider stated that SMART goals were particularly helpful. One-on-one bonds between the provider and the client was crucial for client wellness outcomes. It is these relationships that had the biggest impact on the client's overall emotional and social health. Providing clients with the opportunity to choose which activities they engage in, where, and when, allows for a sense of agency and choice in the care they receive. Additionally, gathering feedback from clients on how providers can improve in certain areas is helpful for both parties. 'Return to Country' trips helped clients meet their social and cultural obligations, participate in Sorry Business, and maintain connection to Country. Hunting, fishing, cooking, and other activities allowed Aboriginal and Torres Strait Islander clients to feel like a strong, connected group.

- **Specialised Support Services** service providers reported on the benefits of support plans in outlining tasks that the client can complete independently; tasks the client needs assistance with; and tasks the client needs completed for them by support staff. This ensures clients are completing tasks safely and informs staff of when to intervene and when to support. Referrals to other community programs facilitated in the delivery of a wellness and reablement approach.

- **Transport Services** providers varied in their understanding of how they can embed a wellness approach in their service delivery. Transport providers can make a valuable impact by engaging clients in conversation. Transport services reported that they facilitate social connection within the local community and reduce isolation for clients. With a reliable mode of transport, clients felt more confident when travelling between destinations, which had social and wellbeing benefits. Although transport services do not always have a high amount of direct contact with clients, providers shared the importance of ensuring the wellbeing of clients where possible. Transport services which facilitate 'Return to Country' trips were reported as being highly valuable to client wellness for Aboriginal and Torres Strait Islander clients.

What is working well for Aboriginal and Torres Strait Islander clients

Responses to the new questions also provided insights into what is working well for delivery of both wellness and reablement to Aboriginal and Torres Strait Islander people. The following themes were identified.

- **Advocacy and education**: in South Australia an example was provided where an Aboriginal and Torres Strait Islander client was on the waiting list for public housing, following years of rotating between living with friends and family. A provider organised advocacy and education, supporting her to rebuild her self-confidence and ability to advocate for herself. Following contacting her local Member of Parliament, she was able to secure housing and regain her independence.
- **Community groups**: In Victoria specialised support care for Aboriginal and Torres Strait Islanders includes reconnecting clients with community groups to support community wellness initiatives such as health screening at local Gathering Places.
- **Culturally appropriate services:** In Western Australia, an example was given of providing culturally appropriate services to clients. One provider reported over 50% of their staff identify as Aboriginal or Torres Strait Islander, and all staff complete cultural awareness training. The provider aimed to link clients with services, programs and social groups which promote wellness and connectedness for Elders.
- **Holistic approaches to service delivery:** an example from Victoria outlined a holistic approach to services, organising a group for Elders to receive visits from Allied Health, Geriatricians, Centrelink representatives and other health workers to do health checks as part of the program, Elders are able to attend up to four groups a week. This has improved overall mental health through the social nature of visits and being able to be in community.
- **Return to Country:** in the Northern Territory, 'return to Country trips' were highly beneficial for Aboriginal and Torres Strait Islander clients to connect with Country, with each other and the land, their family, community, and culture.
- **Support to attend community events:** in New Sales Wales/Australian Capital Territory an example was given where transport services were organised for Aboriginal and Torres Strait Islanders to enable them to attend community events, reducing isolation.
- **Weekly activity groups:** in New Sales Wales/Australian Capital Territory a provider gave the example of a weekly activity group in a cultural safe place run by Aboriginal and Torres Strait Islander staff and community members. In this group, clients are supported to attend Sorry Business, community events and celebrations; an Elders space was made available; and the staff focus on building clients' skills, independence and wellness.

What is working well for clients with dementia

Responses to the new questions also provided insights into what is working well for delivery of both wellness and reablement to clients with dementia. The following themes were identified for wellness approaches.

- **Client involvement:** in Tasmania it was found reducing social isolation by providing opportunities for clients to socialise; involving clients in discussions about the providers facilities; what they would like to see and do; and then supporting their participation as beneficial for dementia clients.
- **Social Support:** In New South Wales a provider reported that participation with staff skilled in facilitation and engagement improved the wellness of clients living with dementia. One example of this noted a social outing program, which gave clients a feeling of ownership, enabled clients to form friendships outside the group. This also resulted in these clients reporting a feeling of belonging in a place where people 'understand their dementia'.
- **Volunteers:** in South Australia it was found connecting clients with volunteers in a dementia-focused volunteer program had a positive impact on wellbeing. One example showed this enabled a client to continue previous hobbies and interests, such as fishing and sailing.

The following themes were identified for reablement approaches.

- **Education:** in New South Wales/Australian Capital Territory, health topic talks on dementia, falls risk and other topics by guest speakers were found to be beneficial. Another example noted it is beneficial to educate client families so they better understand dementia and methods to modify environments and lifestyles to suit the client.
- **Cognitive stimulation and behavioural therapy:** in New South Wales/Australian Capital Territory, it was identified from provider feedback that cognitive stimulation therapy helped dementia clients improve cognitive function by providing activities that challenge the brain. Behavioural therapy was also found to help manage behavioural and psychological symptoms of dementia, such as agitation, aggression and wandering.
- **Consistency:** a Queensland provider noted that ensuring consistent staffing and services work well with clients, especially those with dementia who are reluctant to accept change or support.
- **Dementia Strategies:** in New South Wales/Australian Capital Territory, it was found working with clients on developing strategies to manage their dementia symptoms was beneficial. This included identifying tips/tools to help the client manage daily tasks, and seeking to implement reablement strategies to address their other physical challenges.
- **Exercise:** in the Northern Territory, an example noted accompanying clients with dementia helped improve their confidence walking in their neighbourhood to maintain their fitness.
- **Environmental modification:** in New South Wales/Australian Capital Territory, a provider noted making their facilities more supportive for people with dementia was beneficial. This included providing clear signage, reducing clutter and using colour coding.

- **Nutrition:** in Queensland, a provided noted good nutrition and ensuring clients eat well is vital for physical and cognitive reablement, and addresses concerns from families who are concerned the client will forget to eat.
- **Person-centred care:** in New South Wales/Australian Capital Territory, it was found beneficial to focus on the client's needs and preferences and to recognise that each person with dementia is unique. In Queensland, a provider identified that supporting dementia clients with transport, personal care and healthy meals all assist with reablement. In addition, encouraging all clients to participate in activities that help improve their mood, especially walking, armchair yoga, standing or sitting dancing to their favourite music was also helpful.
- **Tailored care planning:** in a New South Wales/Australian Capital Territory example, it was recommended to work together with the client and their carers to identify goals that were important and achievable for them. This is to improve their independence and foster a sense of self-care and management. Focusing on the positives rather than the negatives increased individual's self-worth.

7.2   Challenges delivering wellness and reablement

Service providers were asked to report on any challenges they faced in delivering wellness and reablement approaches. Respondents were provided with a list of potential barriers or challenges to select from, and could select multiple options for each service type. Respondents had the option to answer in free text where 'other' barriers or challenges were encountered.

Table 18 includes a full breakdown of the figures reported in 2023.

Table 18: Challenges Faced by Providers in Delivering Wellness and Reablement in 2023.

Current Service Delivery Model	Size of organisation	Costs associated with short-term services	Client/ Carers Preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other (explain)
15%	6%	7%	18%	21%	13%	7%	12%

NB: Percentages rounded to the nearest whole number.

The key themes that emerged as challenges in CHSP service delivery are outlined below.

- Workforce issues were most frequently reported as the most significant barrier in delivering a wellness and reablement approach.
- Client and carer preferences prevented the delivery of wellness and reablement in several organisations.
- Service delivery models were also identified as a barrier.

These challenges were consistent with those identified in 2022. Reporting on costs, current service delivery, funding not allocated where needed and organisation size as barriers saw an increase of 1 percentage point each since 2022. Reporting that lack of available funding was a barrier increased by 2 percentage points in 2023, and workforce issues decreased by 4 percentage points.

Examining these themes by each service type identified the following:

- **Workforce issues** were most prominent in the Personal Care (33%), Domestic Assistance (32%), and Nursing (32%) service types. This was consistent with 2022 reporting, with the exception of the Nursing service type overtaking Flexible Respite in 2023.
- **Client/carers preferences as a barrier** was most common in the Domestic Assistance (28%), Flexible Respite (26%) and Personal Care (26%) service types. This is consistent with 2022 reporting.
- **Service delivery models** as a barrier was highest in the Meals (19%), Social Support – Group (17%) and Transport (16%) service types. This was consistent with 2022 reporting, with the exception of Specialised Support Services, where reporting on this issue reduced, and Social Support – Group, where reporting increased for this issue in 2023.

Table 19 includes a breakdown of the figures reported in 2023 by service type.

Table 19: Challenges Faced by Providers in Delivering Wellness and Reablement in 2023 by Service Type.

Service Type	Current Service Delivery Model	Size of organisation	Costs associated with short-term services	Client/ Carers Preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other (explain)
Allied Health and Therapy Services	11%	5%	9%	13%	30%	13%	9%	11%
Assistance with Care and Housing	13%	4%	5%	15%	15%	14%	16%	19%
Centre-based Respite	15%	5%	4%	21%	24%	7%	8%	15%
Cottage Respite	13%	3%	5%	18%	25%	9%	12%	15%
Domestic Assistance	9%	5%	6%	28%	32%	9%	5%	7%
Flexible Respite	12%	5%	5%	26%	30%	7%	6%	10%

Service Type	Current Service Delivery Model	Size of organisation	Costs associated with short-term services	Client/ Carers Preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other (explain)
Goods, Equipment and Assistive Technology	14%	3%	8%	13%	12%	20%	18%	12%
Home Maintenance	15%	6%	8%	19%	23%	13%	6%	10%
Home Modifications	16%	4%	12%	16%	20%	14%	8%	10%
Meals	19%	9%	8%	17%	16%	13%	6%	11%
Nursing	14%	6%	5%	13%	32%	11%	9%	11%
Other Food Services	16%	4%	7%	19%	21%	10%	10%	14%
Personal Care	10%	4%	6%	26%	33%	7%	7%	7%
Social Support - Group	17%	6%	5%	21%	23%	11%	6%	12%
Social Support - Individual	11%	6%	6%	23%	29%	10%	5%	10%
Specialised Support Services	16%	4%	5%	15%	25%	12%	9%	14%
Transport	16%	6%	7%	16%	27%	11%	7%	11%

NB: Percentages rounded to the nearest whole number.

Other challenges

In response to 'other reasons for challenges/other barriers' to delivering a wellness and reablement approach, the most common themes identified were client issues; demand for services; and cost issues. Providers also submitted additional feedback on their capacity and staffing being a barrier to delivering services.

Wellness and Reablement Challenges

Service providers were also asked to provide specific reasons and examples of the challenges or barriers they experienced in delivering wellness and reablement

approaches for each service type they delivered. The findings showed the same themes across both wellness and reablement. These included:

- **Client** issues, including expectations of the services offered; willingness/motivation to participate in the program/activities; the need for ongoing services; and health conditions (often declining with cognitive and physical/mobility issues) limiting their engagement/participation with services were highlighted.
- **Capacity** issues related to providers having limited service types/being unable to provide specific services (including Allied Health); having insufficient time and resources; being challenged managing the complexity of client needs and conditions, and the availability of the provider were highlighted.
- **Demand** issues were highlighted including increases to client wait times to receive services; general increases in demand for services; the need for ongoing services; time constraints on providers; and the need to service clients with high care needs. These also relate to challenges noted regarding staffing levels.
- **Staffing** issues, namely availability of certain providers/service types (such as Allied Health), were also raised. This also included the difficulties for recruiting staff across service types and skills in the sector, with shortages across multiple regions. Many providers indicated that career fatigue and workforce retention issues were preventing them from delivering wellness and reablement-centred care. Some concerns were also raised about staff recruitment and retention due to rural organisation locations.
- **Cost** issues such as financial limitations for client contributions and funding levels to CHSP Providers not being able to cover the cost of client services, wellness delivery models or the required staff were noted.
- **Process** issues such as the end-to-end process for clients to obtain CHSP services, including the referral process wait times for assessment, timeframes for this process, and delays in service intake.

Challenges for Aboriginal and Torres Strait Islander clients

In terms of challenges for Aboriginal and Torres Strait Islander clients and their providers, the following themes were identified for wellness and reablement:

- **Client circumstances:** intergenerational trauma; Stolen generations; socio-economic disadvantage; poor housing; and high service and living costs were noted as challenges. For example, in the Northern Territory one provider noted the price of food was so expensive in certain areas, that it was cheaper to utilise a meals service instead. In addition to clients not having their own cooking equipment, this results in the clients preferring to have a meal cooked and delivered to them.
- **Complexity:** in South Australia a provider highlighted that delivering services to Aboriginal and Torres Strait Islander people need to accommodate factors

attributed to cultural beliefs, behaviours, communication and understanding, in addition to the challenges faced with service continuity and limited resources.

- **High staff turnover:** in Western Australia it was identified that high staff turnover impacted the ability for Aboriginal and Torres Straight Islanders to engage with and trust the service, impacting their ability to benefit from periods of reablement.
- **Lack of culturally appropriate services:** in Western Australia it was noted there was a lack of Aboriginal and Torres Strait Islander workers to provide culturally appropriate services.

Challenges for clients with dementia

In terms of what is working well for clients and their providers, the following common themes were identified for wellness:

- **Reduced abilities:** in New South Wales/Australian Capital Territory a provider advised that clients with dementia may not be able to prepare their own meals. This can result in clients putting their meal in the microwave, then forgetting it, resulting in a health risk. In Tasmania it was reported not all clients are aware they have dementia, and have no insight into what they are no longer capable of doing. This can pose challenges involving these clients in activities and support services.
- **Client willingness:** in Queensland it was highlighted assisting clients with dementia can be challenging, particularly when they are not coping and think they do not need any help.
- **Continuity of care:** in South Australia a provider proposed that maintaining continuity of care becomes challenging when clients with dementia require additional support or transition to higher-level care. This can be due to the progressive nature of dementia, or their needs or abilities changing over time. Clients with dementia on occasion are also unable to articulate their desired goals.
- **Service availability:** a New South Wales/Australian Capital Territory provider highlighted issues supporting clients with dementia to access services they were assessed as eligible for via MAC. The providers had indicated they had capacity to provide the required services on the MAC website. However, when contacted they reported they were at capacity and not accepting referrals.

The following themes were identified for reablement:

- **Deteriorating condition:** in New South Wales/Australian Capital Territory a social support service provider found clients with dementia have a trajectory of increasing deterioration across a number of functions (cognitive, physical and psychological). As a result, some reablement strategies were only effective for a short period of time.
- **Delays in diagnosis:** in New South Wales/Australian Capital Territory it was noted reablement strategies and approaches are often hindered due to delays

in the client's dementia diagnosis which leads them to being unable to participate in the many social groups and activities offered for people living with dementia.

- **Carer support:** a New South Wales/Australian Capital Territory provider highlighted the model of flexible respite is based around supporting the primary carer. This means tasks can be completed with the client with dementia present, but this does not have a focus on reablement. Instead this is about supporting the primary carer to complete the required tasks. Another provider highlighted that carer (family) frustration and stress is often passed onto staff.
- **Client cooperation:** an example from South Australia highlighted clients with dementia may not cooperate, with some clients sleeping through activities, or wanting to do a different activity than was planned for the day. This can hamper the reablement process.
- **Staff education:** a Victoria provider noted staff training and qualifications can impact on reablement. Those with minimal training may not know how to confidently work with a client or manage clients with cognitive limitations.

7.3   Ability of reablement approaches to meet client needs

Service providers were asked how their organisation responds when CHSP reablement services are unable to meet client needs. Providers were able to choose multiple options as well as an 'other' option to provide written feedback, and a new option of 'don't know/unsure'.

In 2023 the most common responses were:

- Suggest the client contacts MAC (75%).
- Arrange for a new RAS/ACAT Assessment (66%).
- Provide the client with other contacts (e.g. community nursing) to arrange for additional help (65%).
- Suggest client sees GP or other health professional to arrange referrals (64%).

These results are consistent with figures from 2022, with a slight decrease (1 percentage point) for both suggesting the client contact MAC and arranging for a new RAS/ACAT Assessment, and a slight increase in providing the client with other contacts (1 percentage point).

The least common responses were:

- Don't know/unsure (3%)
- N/A – All our reablement clients' needs are being met (5%).
- Other (8%).

The key findings for these results are listed below.

These results were consistent with reports in 2022. Results for a client's needs being met have decreased by 1 percentage point, and results for 'other' have decreased by 2 percentage points.

See Table 20 for a complete summary of responses across the reporting period.

Table 20: Provider Responses Where CHSP Reablement Services Were Unable to Meet Client Needs in 2023.

Provider Response	2023
Suggest client contacts MAC	75%
Arrange for new RAS/ACAT assessment	66%
Provide client with other contacts (e.g. community nursing) to arrange additional help	65%
Suggest client sees GP or other health professional to arrange referrals	64%
Deliver an ongoing service	50%
Provide additional services through your organisation without a cost to the client	27%
Provide additional services through your organisation at a cost to the client	26%
Arrange for private providers (e.g. physiotherapy) to see client	22%
Other (explain)	8%
N/A – All our reablement clients' needs are being met	5%
Don't know/unsure	3%

NB: Percentages rounded to the nearest whole number.

Respondents had the option of providing written feedback for the 'Other (explain' option to outline how their organisations respond when their services CHSP reablement services are unable to meet client's needs. The most common themes identified from this feedback were obtaining further service support, using MAC and referrals.

- **Service Support** included referring clients to other health services.
- **MAC** use included providers assisting clients by contacting MAC and sitting with the client to help answer questions. If clients cognitive or mobility issues changed, they were also referred through and assisted for a reassessment with MAC.
- **Referrals** included providers referring the client back to the appropriate service such as MAC for a RAS reassessment, or Aged Care Assessment

Team (ACAT) for a comprehensive assessment. Specialist agency referrals were also used for cultural services, diversity specific, homelessness, financial services and other specialised cases.

7.4   Support needs of service providers

Providers were asked to indicate how their organisation could be better supported in implementing wellness and reablement strategies. The key themes that emerged from the 2023 feedback were funding; training; materials for clients; and service support – assessors.

- **Funding** was the resounding support need to support implementing Wellness and Reablement strategies and initiatives – particularly increased budgets to improve staffing and training of the care providers to support these.
- **Training** for providers to better understand the concepts of wellness and reablement, and better understand implementing wellness and reablement approaches with clients.
- **Materials for clients and providers** on the benefits of wellness and reablement. This is to help ensure clients are informed of wellness and reablement concepts, and their benefits. It was also noted tools and templates (including sample care plans) would also better assist Providers implementing wellness and reablement.
- **Service Support – Assessors** included improvements to the assessment process, including better informing assessors about the services offered by local providers, improve the assessment process.

8. Next steps

The 2023 CHSP Wellness and Reablement Report Outcomes will be published on the Department's website to feedback to CHSP providers who took part in the reporting and provide information about the delivery of wellness and reablement approaches under the CHSP to other interested stakeholders. The report also shares good news stories and best practice approaches to help improve the quality of support for older people.

The outcomes from the 2023 Wellness and Reablement Report will be used to inform policy improvements, resources made available on the Department website, training organised by the Department, and other activities to support CHSP service providers embedding wellness and reablement in their service delivery and organisational practices.

The data collected continues 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.

The Department is committed to supporting organisations to embed wellness and reablement approaches. With results of the 2023 reports considered, the Department will continue to develop ideas, plans, and initiatives for service providers to enhance client independence and satisfaction. Findings and feedback from 2023 will also inform the focus and direction of the 2024 Wellness and Reablement Report.

The feedback received from providers through this wellness and reablement report will support improvements around training and resource applications as part of ongoing policy improvements. The Department intends to support continued improvement in embedding wellness and reablement approaches through multiple strategies. We will:

- continue to talk with service providers as part of a review of wellness and reablement processes and supports
- revise the annual wellness and reablement reporting to respond to feedback and make it as user-friendly as possible, testing the report prior to releasing to service providers
- updates to guidance in the CHSP Program Manual
- ensure resources are up to date, including guides and tools available as part of the Wellness and Reablement Initiative
- review and promote Department-funded wellness and reablement training for front line support workers, allied health professionals and team leaders. The training content includes consideration of the roles played by assessors, clients, and their carers so there is a shared understanding of reablement and its application by CHSP service providers. This training is available for CHSP staff via the My Aged Care Learning Environment, run by Canberra Institute of Technology (CIT)
- revitalise the CHSP Reablement Community of Practice (Reablement CoP). The provider-led Reablement CoP was launched in late November 2020 to provide a discussion forum for CHSP providers to engage with other providers as a source of sharing information and ideas
- contribute to policy improvements in the context of aged care reform. Wellness and reablement approaches will form part of the considerations under a new support at home program. Services delivered under the program would seek to encourage and support older Australians to maintain and improve their independence, mobility and autonomy where appropriate, and enable them to live a happy and healthy life in their own home for as long as possible, in line with their wishes. The Department will continue to explore wellness and reablement options into the future program.

Appendix A

Appendix – 2023 Report: Question & Data Summary

Q.5 What is the age of your reablement clients?

Age	Percentage
50-64	4%
65-69	11%
70-74	18%
75-79	22%
80-84	21%
85-89	15%
90-94	7%
95-99	2%
100-104	0.24%
105 and over	0.01%
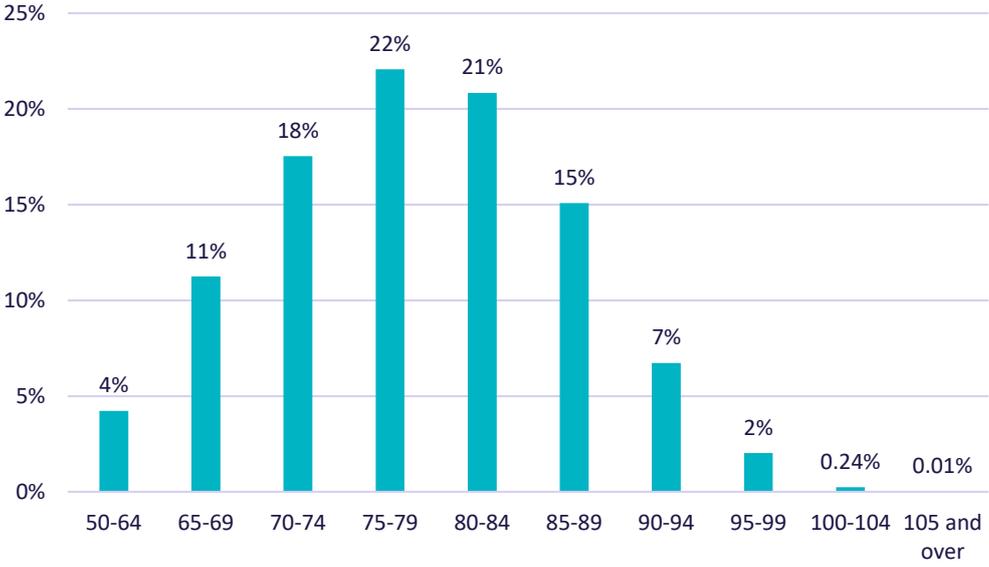
Q.6 Provide your best estimate of the overall percentage of reablement clients.

Category	Percentage
Unsure	8%
None	19%
Less than 10%	29%
10% to 25%	18%
26% to 50%	9%
51% to 75%	8%
More than 75%	9%
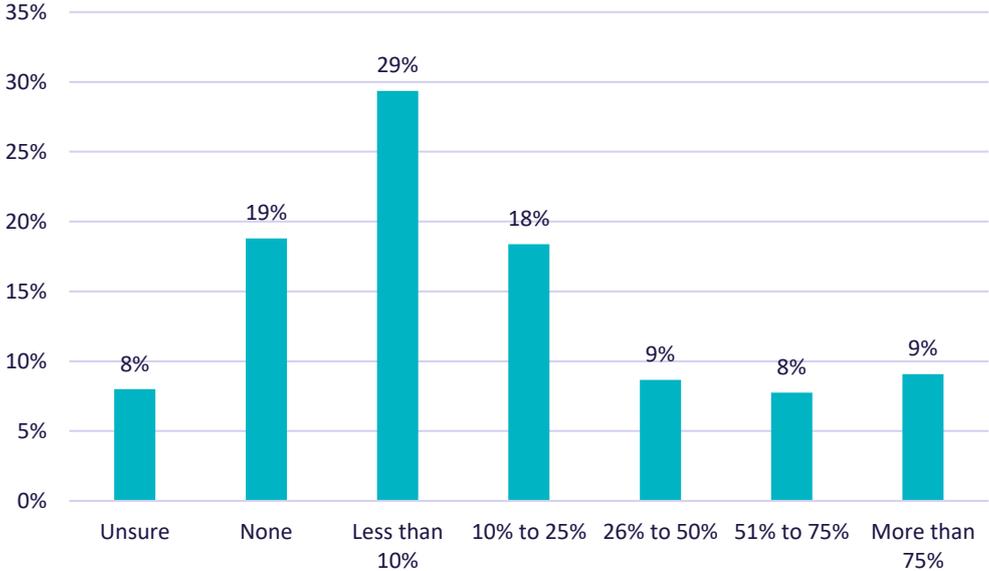
Q.7 Provide your best estimate of the proportion (%) of your CHSP clients that have cognitive impairment.

Unsure	None	Less than 10%	10% to 25%	26% to 50%	51% to 75%	More than 75%
9%	4%	26%	33%	18%	7%	3%
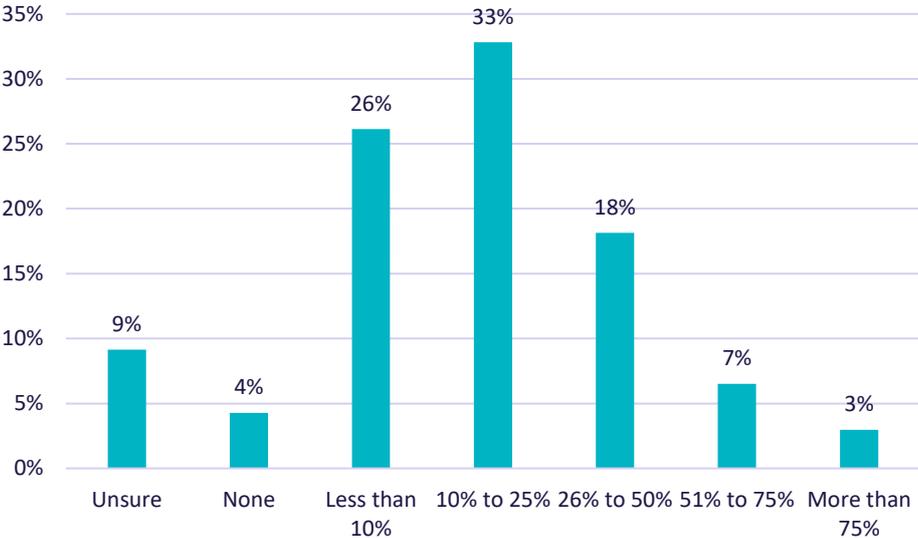
Of these clients with cognitive impairment, please estimate how many (%) are reablement clients.

Unsure	None	Less than 10%	10% to 25%	26% to 50%	51% to 75%	More than 75%
16%	29%	34%	9%	4%	3%	5%

Q.8 Does your organisation develop a care (service) plan for each client it supports?

Bar chart (overall):
- Always: 77%
- Mostly: 10%
- Rarely: 4%
- Never: 8%

Stacked bar chart by service type (Always / Mostly / Rarely / Never):

Service	Always	Mostly	Rarely	Never
Allied Health and Therapy Services	76%	14%	2%	8%
Assistance with Care and Housing	58%	8%	9%	24%
Centre-based Respite	83%	7%	1%	8%
Cottage Respite	72%		4%	24%
Domestic Assistance	88%	7%	2%	3%
Flexible Respite	84%	9%	2%	5%
Goods, Equipment and Assistive Technology	54%	11%	11%	24%
Home Maintenance	68%	13%	9%	10%
Home Modifications	53%	15%	10%	22%
Meals	76%	13%	5%	7%
Nursing	80%	8%	2%	9%
Other Food Services	67%	10%	7%	16%
Personal Care	88%	6%	2%	4%
Social Support - Group	84%	9%	4%	3%
Social Support - Individual	84%	10%	3%	3%
Specialised Support Services	61%	14%	8%	18%
Transport	73%	15%	7%	6%

Q.9 Does your organisation's client care plans identify the following?

Category	Always	Mostly	Rarely	Never
The clients's goals to maintain or regain functional…	64%	23%	5%	8%
Review Date	67%	19%	5%	9%
If the client is a Reablement client	32%	27%	17%	24%
If the client has cognitive impairment or dementia	59%	25%	7%	9%
How the provider/staff can encourage self-sufficiency…	41%	36%	12%	11%
How the provider/staff can deliver upon the client's…	65%	25%	4%	6%
How the provider/staff can build on a clients…	45%	35%	10%	10%
End date (or references RAS/ACAT support plan end…	30%	23%	20%	27%
Client's preferences (or those preferences…	65%	24%	4%	8%

Always · Mostly · Rarely · Never

Q.10 Does your organisation accept referrals through My Aged Care to deliver short-term CHSP services?

	Always	Mostly	Rarely	Never
Allied Health and Therapy Services	64%	17%	6%	13%
Assistance with Care and Housing	32%	17%	8%	43%
Centre-based Respite	59%	12%	10%	19%
Cottage Respite	47%	7%	6%	40%
Domestic Assistance	59%	17%	14%	10%
Flexible Respite	60%	16%	11%	13%
Goods, Equipment and Assistive Technology	45%	15%	5%	35%
Home Maintenance	59%	17%	10%	13%
Home Modifications	62%	14%	6%	18%
Meals	71%	11%	9%	9%
Nursing	66%	11%	5%	18%
Other Food Services	47%	16%	8%	28%
Personal Care	60%	18%	11%	11%
Social Support - Group	62%	15%	12%	10%
Social Support - Individual	60%	17%	15%	8%
Specialised Support Services	58%	11%	7%	24%
Transport	62%	17%	10%	10%

Q.11 Where short-term services were recommended on a clients' RAS/ACAT Support Plan, did you provide short-term services to these clients?

Service	Always	Mostly	Rarely	Never
Allied Health and Therapy Services	46%	39%	4%	11%
Assistance with Care and Housing	32%	19%	5%	44%
Centre-based Respite	48%	23%	11%	17%
Cottage Respite	35%	15%	10%	39%
Domestic Assistance	47%	31%	13%	9%
Flexible Respite	49%	29%	12%	9%
Goods, Equipment and Assistive Technology	33%	27%	7%	33%
Home Maintenance	47%	29%	11%	14%
Home Modifications	55%	24%	7%	14%
Meals	67%	20%	7%	6%
Nursing	49%	30%	5%	16%
Other Food Services	47%	21%	7%	25%
Personal Care	51%	30%	11%	8%
Social Support - Group	50%	25%	13%	13%
Social Support - Individual	52%	29%	11%	9%
Specialised Support Services	50%	21%	7%	22%
Transport	55%	26%	9%	10%

Legend: ■ Always ■ Mostly ■ Rarely ■ Never

Q.12 For each service type your organisation was funded to deliver in 2022-23, approximately what proportion of services were delivered on a short-term basis with a reablement focus?
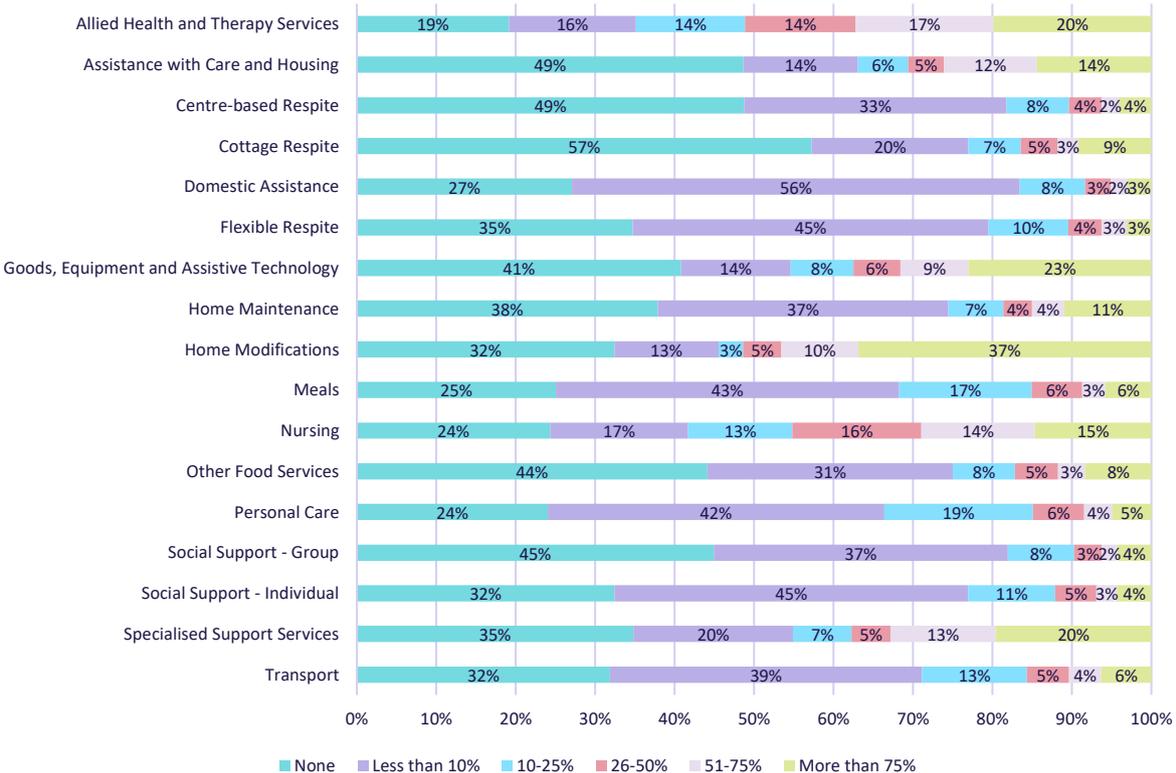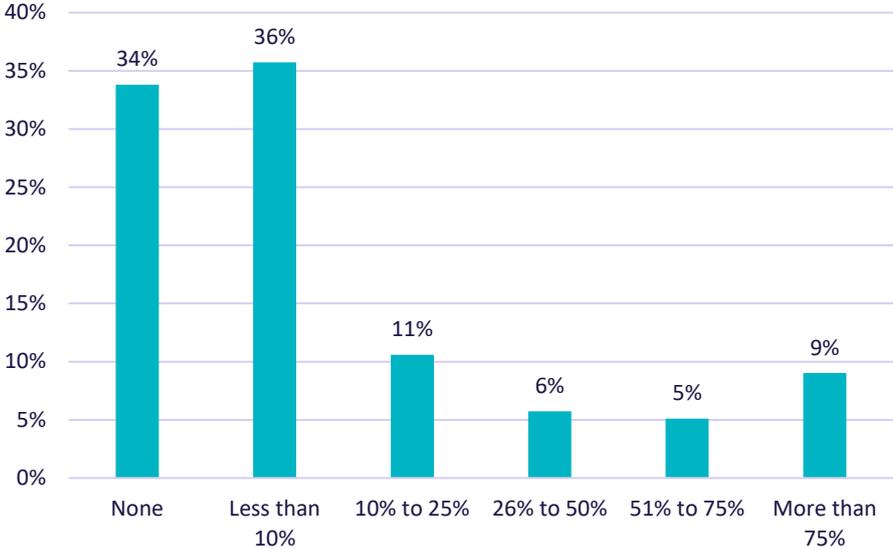
Q.14 If so, approximately what proportion of services, for each Allied Health service sub-type were delivered on a short-term basis with a reablement focus?

	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Aboriginal and Torres Strait Islander Health Worker	79%	14%	3%	1%	1%	2%
Accredited Practising Dietitian or Nutritionist	63%	13%	8%	5%	6%	5%
Diversional Therapy	91%	4%	1%	1%		2%
Exercise Physiology	64%	11%	10%	7%	4%	4%
Hydrotherapy	75%	11%	7%	2%	1%	3%
Occupational Therapy	30%	11%	9%	11%	15%	23%
Ongoing Allied Health and Therapy Services	63%	13%	7%	6%	7%	5%
Other Allied Health and Therapy Services	70%	9%	7%	3%	6%	5%
Physiotherapy	33%	14%	14%	16%	12%	10%
Podiatry	49%	25%	13%	6%	3%	4%
Psychology	89%	4%	2%	1%	1%	2%
Restorative Care Services	91%	3%	1%	1%	1%	4%
Social Work	72%	8%	6%	4%	4%	6%
Speech Pathology	75%	8%	4%	3%	4%	7%

Q.15 For all services your organisation was funded to deliver, what proportion of clients received a reassessment after their reablement period?

Unsure	None	Less than 10%	10% to 25%	26% to 50%	51% to 75%	More than 75%
18%	14%	21%	9%	8%	7%	24%
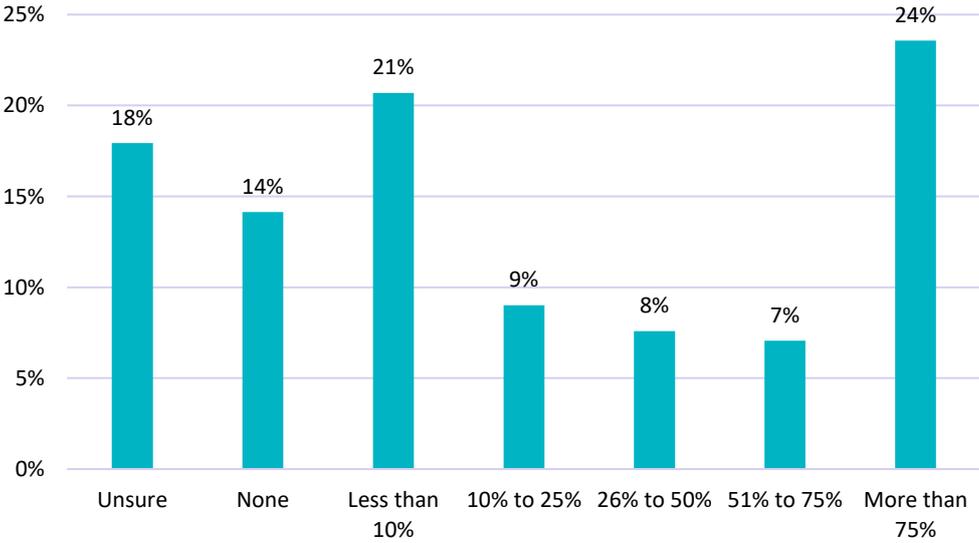
Q.16 What proportion of clients required ongoing services after their reablement period?
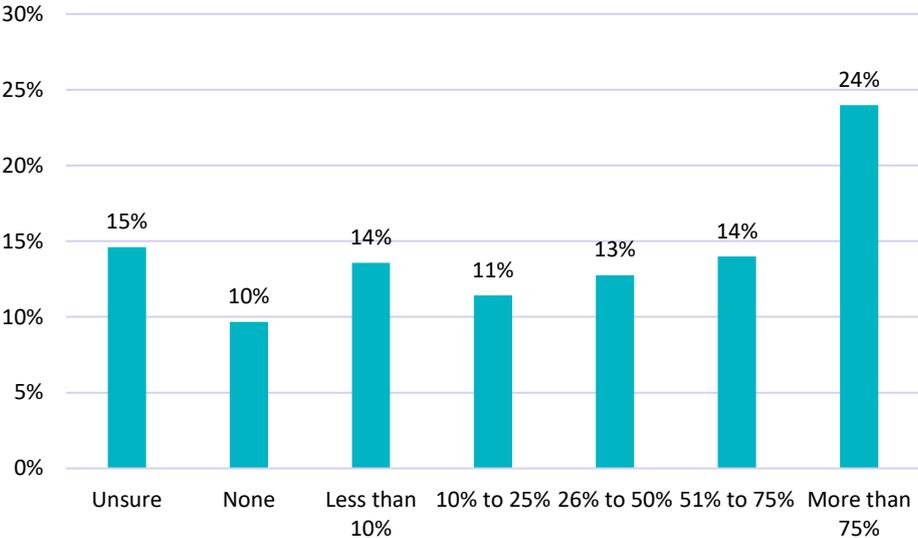
Q.17 For each service type your organisation was funded to deliver in 2022-2023, approximately what proportion of all CHSP clients were able to reduce the intensity of services over time.
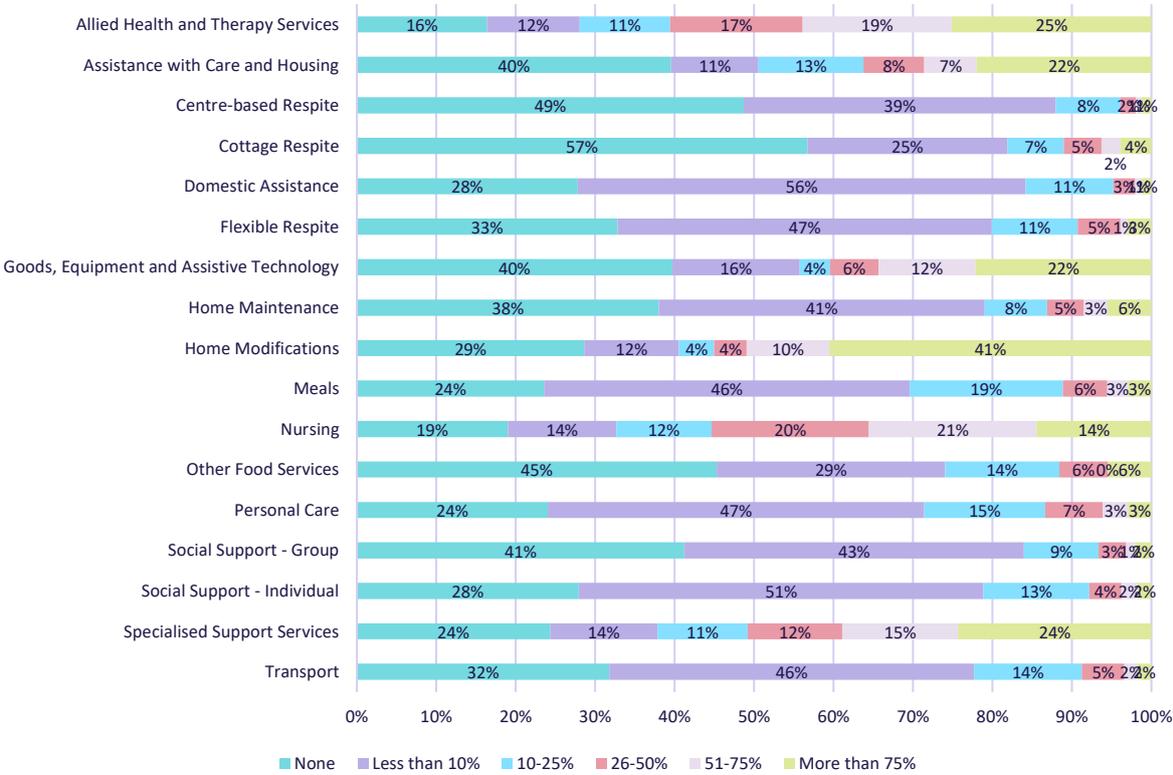
Q.18 For each service type your organisation was funded to deliver in 2022-2023, approximately what proportion of all CHSP clients participated in tasks with or alongside the service provider (staff)?

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	16%	4%	6%	6%	14%	54%
Assistance with Care and Housing	36%	13%	3%	9%	11%	28%
Centre-based Respite	18%	10%	6%	11%	13%	41%
Cottage Respite	40%	8%	6%	6%	10%	30%
Domestic Assistance	8%	26%	27%	17%	12%	10%
Flexible Respite	16%	19%	12%	14%	13%	27%
Goods, Equipment and Assistive Technology	45%	11%	8%	5%	8%	22%
Home Maintenance	45%	36%	8%	4%	2%	5%
Home Modifications	72%	13%	4%	1%	3%	7%
Meals	38%	22%	8%	6%	7%	18%
Nursing	26%	20%	12%	10%	10%	22%
Other Food Services	33%	19%	12%	11%	10%	15%
Personal Care	8%	15%	14%	14%	18%	31%
Social Support - Group	8%	8%	7%	7%	16%	55%
Social Support - Individual	6%	11%	8%	11%	16%	48%
Specialised Support Services	24%	10%	9%	5%	18%	35%
Transport	33%	17%	6%	4%	9%	31%

Legend: None, Less than 10%, 10-25%, 26-50%, 51-75%, More than 75%

Q.19 For each service type your organisation was funded to deliver in 2022-23, approximately what proportion of all CHSP clients developed new skills/capabilities?

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	13%	8%	9%	18%	26%	27%
Assistance with Care and Housing	40%	10%	16%	14%	12%	8%
Centre-based Respite	22%	18%	19%	15%	14%	11%
Cottage Respite	50%	18%	10%	12%	7%	3%
Domestic Assistance	22%	46%	19%	7%	2%	3%
Flexible Respite	23%	37%	15%	13%	6%	6%
Goods, Equipment and Assistive Technology	32%	13%	9%	8%	20%	18%
Home Maintenance	49%	33%	9%	4%	2%	3%
Home Modifications	43%	14%	8%	6%	13%	15%
Meals	36%	33%	13%	7%	6%	5%
Nursing	27%	23%	15%	18%	11%	7%
Other Food Services	38%	26%	13%	9%	7%	7%
Personal Care	18%	39%	20%	10%	8%	5%
Social Support - Group	10%	13%	18%	18%	20%	22%
Social Support - Individual	13%	24%	22%	17%	12%	12%
Specialised Support Services	21%	16%	7%	16%	20%	20%
Transport	40%	30%	7%	8%	6%	8%

Legend: ■ None ■ Less than 10% ■ 10-25% ■ 26-50% ■ 51-75% ■ More than 75%

Q.20 For each service type your organisation was funded to deliver in 2022-2023, approximately what proportion of all CHSP clients regained (even in part) physical or cognitive abilities?

Bar chart (overall):
- None: 26%
- Less than 10%: 31%
- 10% to 25%: 17%
- 26% to 50%: 10%
- 51% to 75%: 9%
- More than 75%: 6%

Stacked bar chart by service type (None, Less than 10%, 10-25%, 26-50%, 51-75%, More than 75%):

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	13%	7%	11%	18%	26%	25%
Assistance with Care and Housing	44%	23%	13%	13%	6%	2%
Centre-based Respite	25%	26%	23%	14%	6%	6%
Cottage Respite	50%	26%	12%	8%	4%	1%
Domestic Assistance	23%	49%	19%	6%	2%	2%
Flexible Respite	26%	41%	19%	6%	4%	3%
Goods, Equipment and Assistive Technology	40%	13%	7%	13%	14%	12%
Home Maintenance	43%	37%	10%	4%	1%	5%
Home Modifications	37%	14%	8%	11%	15%	15%
Meals	28%	41%	16%	6%	5%	3%
Nursing	22%	15%	16%	19%	18%	10%
Other Food Services	41%	30%	12%	9%	3%	4%
Personal Care	18%	40%	22%	12%	6%	3%
Social Support - Group	14%	26%	23%	14%	14%	9%
Social Support - Individual	18%	33%	23%	13%	9%	4%
Specialised Support Services	30%	19%	14%	15%	17%	6%
Transport	37%	35%	13%	7%	5%	4%

Q.21 For each service type your organisation was funded to deliver in 2022-23, approximately what proportion of clients learned to adapt to a functional limitation?

Bar chart (top):

Category	Percentage
None	21%
Less than 10%	21%
10% to 25%	14%
26% to 50%	13%
51% to 75%	13%
More than 75%	18%

Stacked bar chart (bottom):

| Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	10%	4%	9%	18%	24%	35%
Assistance with Care and Housing	37%	14%	13%	16%	12%	8%
Centre-based Respite	22%	21%	17%	14%	14%	12%
Cottage Respite	48%	17%	12%	10%	5%	9%
Domestic Assistance	16%	27%	18%	15%	11%	13%
Flexible Respite	21%	27%	19%	11%	9%	13%
Goods, Equipment and Assistive Technology	30%	6%	6%	7%	12%	39%
Home Maintenance	34%	26%	9%	8%	6%	17%
Home Modifications	23%	13%	7%	11%	15%	32%
Meals	23%	27%	14%	11%	10%	16%
Nursing	18%	16%	11%	20%	18%	18%
Other Food Services	38%	20%	12%	11%	8%	11%
Personal Care	13%	25%	20%	16%	12%	15%
Social Support - Group	14%	21%	16%	16%	17%	17%
Social Support - Individual	13%	23%	17%	15%	14%	17%
Specialised Support Services	23%	10%	10%	17%	19%	20%
Transport	26%	25%	13%	10%	9%	16%

Q.22 For each service type your organisation was funded to deliver in 2022-2023, approximately what proportion of clients increased wellness and social connection/participation in society?

Service Type	None	Less than 10%	10-25%	26-50%	51-75%	More than 75%
Allied Health and Therapy Services	11%	4%	10%	21%	23%	32%
Assistance with Care and Housing	29%	16%	15%	14%	14%	12%
Centre-based Respite	15%	4%	9%	14%	14%	43%
Cottage Respite	39%	10%	7%	9%	12%	22%
Domestic Assistance	15%	25%	19%	16%	12%	12%
Flexible Respite	14%	15%	18%	14%	16%	23%
Goods, Equipment and Assistive Technology	23%	16%	8%	13%	20%	20%
Home Maintenance	28%	28%	13%	10%	9%	12%
Home Modifications	29%	20%	10%	12%	13%	16%
Meals	15%	19%	15%	12%	14%	25%
Nursing	16%	13%	13%	20%	25%	14%
Other Food Services	34%	17%	10%	13%	11%	15%
Personal Care	15%	22%	21%	16%	13%	14%
Social Support - Group	4%	5%	6%	9%	18%	57%
Social Support - Individual	4%	8%	12%	15%	19%	41%
Specialised Support Services	17%	9%	8%	13%	26%	27%
Transport	11%	12%	9%	11%	19%	38%

Legend: ■ None ■ Less than 10% ■ 10-25% ■ 26-50% ■ 51-75% ■ More than 75%

Q.25 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?

Service	Current Service Delivery Model	Size of organisation	Costs associated with short-term services	Client/Carers Preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other (explain)
Allied Health and Therapy Services	11%	5%	9%	13%	30%	13%	9%	11%
Assistance with Care and Housing	13%	4%	5%	15%	15%	14%	16%	19%
Centre-based Respite	15%	5%	4%	21%	24%	7%	8%	15%
Cottage Respite	13%	3%	5%	18%	25%	9%	12%	15%
Domestic Assistance	9%	5%	6%	28%	32%	9%	5%	7%
Flexible Respite	12%	5%	5%	26%	30%	7%	6%	10%
Goods, Equipment and Assistive Technology	14%	3%	8%	13%	12%	20%	18%	12%
Home Maintenance	15%	6%	8%	19%	23%	13%	6%	10%
Home Modifications	16%	4%	12%	16%	20%	14%	8%	10%
Meals	19%	9%	8%	17%	16%	13%	6%	11%
Nursing	14%	6%	5%	13%	32%	11%	9%	11%
Other Food Services	16%	4%	7%	19%	21%	10%	10%	14%
Personal Care	10%	4%	6%	26%	33%	7%	7%	7%
Social Support - Group	17%	6%	5%	21%	23%	11%	6%	12%
Social Support - Individual	11%	6%	6%	23%	29%	10%	5%	10%
Specialised Support Services	16%	4%	5%	15%	25%	12%	9%	14%
Transport	16%	6%	7%	16%	27%	11%	7%	11%

Q.26 Where CHSP reablement services are unable to meet clients' needs, how does your organisation respond?

Response	%
Suggest client contacts My Aged Care	75%
Arrange for new RAS/ACAT assessment	66%
Provide client with other contacts (e.g. community…	65%
Suggest client sees GP or other health professional to…	64%
Deliver an ongoing service	50%
Provide additional services through your organisation…	27%
Provide additional services through your organisation…	26%
Arrange for private providers (e.g. physiotherapy) to…	22%
Other (explain)	8%
N/A - All our reablement clients' needs are being met	5%
Don't know/unsure	3%