Australian Government
Department of Health, Disability and Ageing

Commonwealth Home Support Program

Outcomes from the 2024 Wellness and Reablement Report

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Contents

1. Executive summary

This report presents findings from the *Commonwealth Home Support Program 2024 Wellness and Reablement Report,* an annual survey of 1,181 Commonwealth Home Support Program (CHSP) providers on their progress in embedding wellness and reablement approaches into service delivery for the 2023-24 financial year. These approaches aim to support client independence, autonomy, and quality of life through short-term, goal-oriented interventions and ongoing wellness strategies. The report identifies successes, challenges, and areas for improvement to inform policy and support for providers.

Results indicate that CHSP providers continue to embed wellness and reablement approaches in client care, with marked growth in clients participating alongside staff and a majority of providers reporting care plans for clients. However, some CHSP providers find it challenging to implement and sustain these practices.

- Increased client participation: The proportion of providers reporting ‘more than 75%’ client participation rose to 41%, reflecting a 10 percentage point increase year-on-year, while those indicating ‘none’ declined to 16% (down 7 percentage points).
- Reablement delivery: 75% of providers reported delivering periods of reablement in 2023–24.
- Primary reasons for not delivering reablement included clients’ health conditions limiting participation, clients opting for services from alternative providers, and resistance from clients or carers to engage in reablement support.
- The report notes that relatively few providers delivered reablement without a recommendation from a Regional Assessment Service (RAS) or Aged Care Assessment Team (ACAT) assessor.
- Referral acceptance: 47% of providers ‘always/mostly’ accept short-term reablement referrals from My Aged Care; 13% indicated they ‘never’ do so.
- Short-term service delivery with a reablement focus: Overall service delivery rates for reablement for most service types was below 10%, with reablement most frequently delivered through Home Modifications (43%), Goods, Equipment and Assistive Technology (29%), and Specialised Support Services (22%).
- Goal attainment: 54% reported clients ‘always/mostly’ achieved reablement goals (fully or partially); 20% reported ‘rarely/never’.
- Top reasons goals were not met: client condition (63%), services obtained elsewhere (54%), and client/carer resistance (43%).
- Frequently observed improvements following reablement periods included enhanced emotional wellbeing (19%), increased confidence (16%), greater social engagement (16%), and adaptation to functional limitations (13%).

- Analysis of the *CHSP 2024 Wellness and Reablement Report's* (the 2024 survey) quantitative data and written responses suggests that CHSP providers are increasingly incorporating wellness and reablement into client care, though some continue to find it challenging to implement and maintain.

These results emphasise the need for targeted provider and staff education on goal setting, clearer referral information from aged care needs assessors, and focused workforce development to address capacity gaps. Implementing these actions will support improved service delivery, helping both providers and the Department of Health, Disability and Ageing (the department) in achieving improved client outcomes and fostering greater independence.

Interpretation notes: The 2024 survey introduced:

- a five-point scale (adding 'Sometimes')
- 'skip logic' to the way questions flow for non-reablement and non-funded items
- provider guidance.
- Year-on-year changes are presented as percentage point shifts and should be interpreted directionally, helping to make trends and progress clearer over time.

The introduction of the five-point scale and enhanced provider guidance in the 2024 survey improves the level of detail in responses. However, the new scale also makes comparisons with previous years more difficult. As a result, observed trends should be interpreted with caution, recognising that shifts may reflect both genuine changes in practice and adjustments to measurement tools.

2. About this report

In 2024, the department conducted its seventh annual *Wellness and Reablement Report* covering the 2023-24 financial year (1 July 2023–30 June 2024) through an online survey. The 2024 survey received 1,181 responses from CHSP providers nationwide. This report analyses quantitative data and written responses from the survey to measure progress towards embedding wellness and reablement approaches, gain a more in-depth understanding of how wellness and reablement is delivered in practice, and inform continuous improvement.

3. Key findings

Analysis of 2024 survey data and written responses suggests that CHSP providers continue to integrate wellness and reablement approaches into client care, though some continue to find it challenging to implement and sustain these practices.

Data from the 2024 survey indicates that provider reporting levels are consistent with those observed in 2023 regarding the frequency and proportion of key service activities:

- Development of Care Plans: 78% of providers consistently develop care plans for each client, covering individual circumstances, goals, regular review, and shared decision-making. This trend aligns with previous years' data.
- Acceptance of Referrals: The proportion of providers 'always/mostly' accepting short-term reablement referrals from My Aged Care remains steady at 47% in 2024, with distribution across other response categories mirroring 2023.
- Short-Term Service Delivery: Providers continue to deliver services on a short-term, reablement-focused basis at similar rates as prior years.
- Service Type Patterns: The service types most and least likely to have care plans developed, accept referrals, or deliver reablement-focused services have remained largely unchanged. For example, Domestic Assistance, Personal Care, and Social Support – Individual, consistently rank among the highest.

Further, the 2024 report highlights comparable trends to 2023 in several areas:

- Client Outcomes and Goal Attainment: Over half of clients 'always/mostly' achieve their reablement goals, with primary reasons for unmet goals remaining stable compared to previous years including client condition, obtaining services elsewhere, or client/carer resistance.
- Provider Responses to Unmet Needs: The predominant organisational responses when reablement services cannot meet client needs are consistent with 2023 practices such as recommending contact with My Aged Care, arranging new assessments, or referrals to other health professionals.
- Challenges and Barriers: The principal challenges are in line with those reported in the previous year including capacity constraints, workforce shortages, funding pressures, client complexity, and cultural/language barriers.

Notably, there was a 10-percentage point increase from the previous year in the number of clients participating in activities alongside staff, reaching 41% in 2024, while the proportion of respondents who reported their clients 'never' participate in their care dropped by 7 percentage points to 16%. This reflects a growing emphasis on client involvement and shared decision-making. The survey included the addition of several new questions that highlighted the following:

- While a significant proportion of organisations (46%) deliver reablement services to clients at least 'sometimes' without a specific recommendation from a RAS or ACAT assessor, the largest single group (30%) reported 'never'

doing so. This indicates that most providers still rely on formal recommendations for reablement delivery.

- Despite an average of over half of clients either fully or partially achieving their reablement goals with providers (54% ‘always’ or ‘mostly’) (79% ‘always’, ‘mostly’ or ‘sometimes’), this did not occur consistently across the sector. The primary reasons for this were client condition (including cognitive impairment, changed emotional state, frailty, declined physical condition, and living circumstances), client services being obtained through other means, or client/carer resistance.
- During the 2023–24 reporting period, while many organisations provided periods of reablement to their CHSP clients, others did not. Reported reasons for not delivering these services included insufficient or incomplete referral information, misalignment between service types and client needs, client or carer resistance or decline, clients accessing alternative services, unsuitable living circumstances, limited organisational resources, operational and geographical constraints, and varying perceptions and practices.

3.1 Key benefits of embedding wellness and reablement approaches

The most common benefits of providers embedding wellness and reablement approaches for CHSP clients include improved emotional wellbeing (19%), increased confidence (16%), greater social engagement and connections (16%), and adaptation to functional decline/limitations (13%). Fewer providers reported benefits related to adaptation to cognitive decline or improvement in cognitive abilities (6%).

3.2 Notable successes

CHSP providers observed marked improvements in overall wellbeing when clients actively participated in their care—through collaborative goal setting, engaging in meaningful activities, or practising new skills. Clients reported greater autonomy and confidence, often expressing renewed hope and motivation to maintain independence.

These successes were most evident in cases where providers worked closely with clients to tailor interventions that respected individual preferences and cultural backgrounds. Providers cited numerous examples where clients, initially hesitant or resistant, gradually embraced new routines and social opportunities, ultimately reconnecting with their communities and experiencing enhanced emotional and social wellness. Improvements in mobility, communication skills, and daily living activities were also frequently highlighted by staff, who noted the positive impact of even small gains in client function.

While the journey toward reablement is often complex—shaped by each client's health status, support network, and environment—these positive outcomes illustrate

the value of holistic, person-centred approaches. By embedding wellness and reablement at the core of service delivery, organisations not only supported clients to adapt to change, but also fostered environments where incremental progress was celebrated and setbacks were met with empathy and creativity. This approach was reflected in the report's findings, which highlighted that providers observed marked improvements in clients' overall wellbeing, confidence, and social engagement when these strategies were actively implemented, especially through collaborative goal setting and tailoring interventions to individual preferences and cultural backgrounds.

3.3 Barriers to accepting referrals and delivering wellness and reablement

Analysis of the survey indicated that the most significant barriers to accepting referrals for short-term reablement included:

- Not receiving referrals, or referrals lacking sufficient information.
- Funding that does not cover the administrative and workforce costs of reablement.
- Staffing shortages, particularly of experienced personnel.
- Providers already at or over capacity.

Additional challenges to delivering wellness and reablement approaches included:

- Limited capacity and long waitlists.
- Client related factors: expectations for ongoing services, reluctance to participate, complex needs, dependency, social isolation, financial hardship, and cognitive decline.
- Cultural and language barriers, including challenges in locating suitable interpreters and staff for working with diverse clients, as well as varying cultural perspectives on care. Providers also noted limited culturally appropriate supports for First Nations clients.
- Funding constraints, including costs for administration, contractors, and qualified staff.
- Workforce and transport barriers in regional, rural, and remote areas.
- Shortages of both staff and volunteers.

This suggests that although wellness and reablement focused service delivery is fundamental to the CHSP, practical limitations such as funding, workforce availability, and organisational capacity can significantly impact the ability of providers to meet these expectations.

Results for each question in the 2024 survey are in **Appendix A**. Detailed analysis can be found in the Service provision of wellness and reablement and Client wellness and reablement sections of this report.

4. Key changes and methodology in the *2024 Wellness and Reablement Report*

4.1 What changed in 2024?

The 2024 survey was revised in response to feedback received the previous year, aiming to improve data quality, relevance, and usability for providers.

- Several questions were removed due to availability of data elsewhere or sufficient trend data from previous years or content was consolidated into new questions.
- Some questions were reworded for clarity, which may have affected how providers interpreted and answered them, potentially impacting comparability with prior years' data.
- Seven new questions and a five-point frequency scale (including 'sometimes') were added to better assess wellness and reablement delivery and client outcomes. Responses used 'always', 'mostly', 'sometimes', 'rarely', 'never'—expanding from 4 options previously.
- The survey included 22 questions, with options for providers to skip reablement specific and allied health questions if not applicable.
- Provider guidance was introduced for the first time, offering detailed instructions to assist respondents.
- These changes may have affected response distributions compared to 2023.

4.2 Methodology and comparability

In 2024, all CHSP-funded providers (except those funded only for Sector Support and Development) were required to self-report on wellness and reablement practices for the 2023-24 financial year. CHSP providers submitted surveys online through Citizen Space between 1 July and 31 July 2024, with late submissions accepted until 21 August 2024.

CHSP providers answered 22 qualitative and quantitative questions across key themes:

- organisation details
- dementia and cognitive impairment
- client care plans
- participation in tasks
- short-term reablement delivery,
- referral acceptance

- barriers and reasons for declining referrals
- proportions of short-term services
- frequency of reablement without assessor recommendation
- allied health outcomes
- achievement of goals
- client improvements
- unmet needs and challenges
- additional feedback.

It should be noted that:

- Data is self-reported for the 2023-24 financial year.
- Responses marked as ‘not funded to deliver this service’, ‘not provided’ or ‘referral for reablement not received’ were excluded when applicable.
- Figures were rounded to the nearest whole number.
- The addition of ‘sometimes’ expands mid-scale response options, potentially shifting response distributions.
- The introduction of skip logic to lessen respondent burden, alters some denominators.
- Provider guidance likely improved response accuracy but may have influenced response patterns.
- Year-on-year comparisons should be seen as indicative only, using ‘percentage points’ instead of relative percentages, and newly scaled questions were grouped into top and bottom categories, representing the most and least positive answers as the initial basis for comparison. This approach helps simplify comparisons and makes trends easier to interpret, especially given changes to the survey format and response options in 2024.
- Qualitative feedback was analysed to explain responses and trends.

5. Wellness and reablement findings

This chapter summarises the key findings of the 2024 survey, with a focus on the services and service sub-types delivered by CHSP providers.

5.1 Client care (service) plans

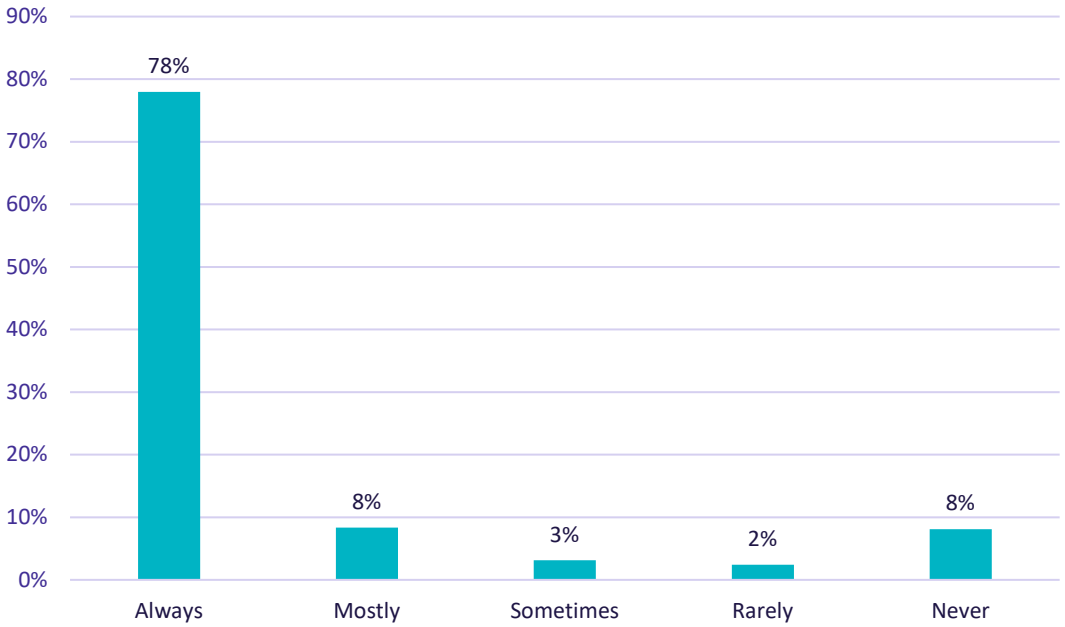
Most providers (78%) reported ‘always’ developing a care plan for each client, and care plans commonly included the client’s circumstances (93%), regular review (92%), goals (92%), shared with client (91%), specific actions (90%), and dates/frequency (88%). Care plans are most common for Domestic Assistance, Personal Care, and Social Support—Individual services, and less frequent for Assistance with Care and Housing and Home Modifications.

Client care (service) planning is integral to the provision of person-centred and outcomes-focused services. It involves working with clients to develop and document the approach that will be taken to support them in achieving their 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.

Key principles that underpin effective care planning include focusing on the support the organisation can provide; focusing on client goals; being mindful of client strengths; involving the client and their family/carer; using wellness and reablement strategies to ‘do with’ and ‘alongside’, rather than ‘do for’; encouraging client participation; and incorporating regular reviews.

CHSP providers were asked to report on how often their organisation develops a care plan for each client it supports on a five-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 2023-2024



Organisations continue to demonstrate strong commitment to developing care (service) plans for every client. The results demonstrate that the majority of providers (78%) always develop care plans, with a small portion (8%) 'never' doing so. The data indicates that a large proportion of providers have embedded the development of care plans into their service delivery, consistent with previous years.

In 2024 there was an increase of 1 percentage point for providers 'always' developing care plans since 2023. Moreover, the proportion reporting 'always' has risen steadily from 76% in 2021 to 78% in 2024, reinforcing this as standard practice. Between 2023 and 2024, responses of 'mostly' fell by 2 percentage points (10% to 8%). In 2024, the introduction of the 'Sometimes' category accounted for 3%, providing a more nuanced view of occasional compliance and likely redistributing responses from 'mostly' and 'rarely'. Encouragingly, 'rarely' decreased 2 percentage points compared to 2023 (from 4% to 2%). There was no change between 2024 and 2023 in those reporting that they 'never' develop care plans.

In 2024, care plans were most frequently developed for the following services:

- Domestic assistance (89%)
- Personal Care (88%)
- Social support – Individual (86%).

This was similar to 2023, with Domestic Assistance, Personal Care, Flexible Respite, Social Support – Group, and Social Support – Individual being amongst the highest service types to respond 'always' that year. Additionally, Centre-based Respite showed an increased development of care plans from 83% in 2023 to 85% in 2024.

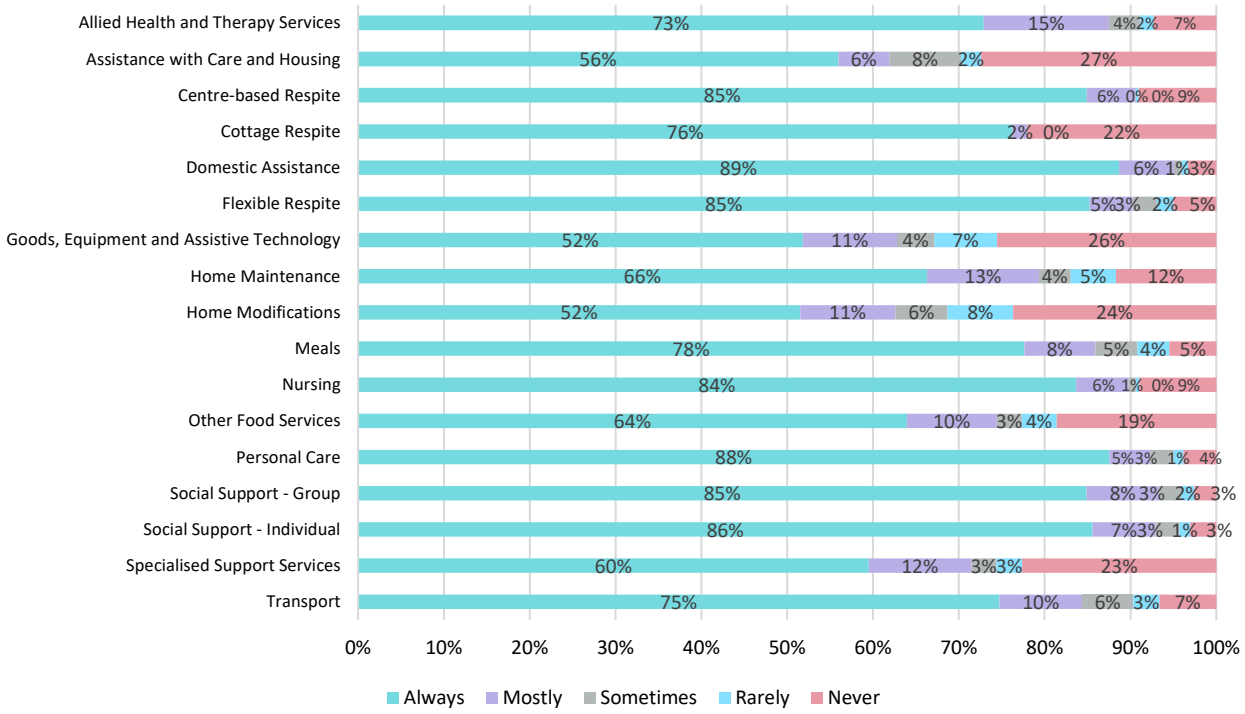
Care plans were least frequently developed for:

- Assistance with Care and Housing (27%)
- Goods, Equipment and Assistive Technology (26%)
- Home Modifications (24%).

This is similar to 2023 with Assistance with Care and Housing, and Goods, Equipment and Assistive Technology, being amongst the most common service to respond ‘never’ that year. Home modifications has seen an increase in 2 percentage points in reporting ‘never’.

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 2023-2024



Providers were also asked whether specific content elements are included in CHSP clients’ care plans (Yes/No). Providers who responded that they ‘never’ completed care plans were advised to select the ‘no’ response. Responses are reflected in Table 1.

Table 1: Do your CHSP clients care plans identify the following?

Do your CHSP clients care plans identify the following?	Yes	No
The client's circumstances/situation?	93%	7%
Is the care plan regularly reviewed?	92%	8%
The client's goals?	92%	8%
Is the care plan shared with the client?	91%	9%
Specific actions/strategies to be undertaken, and by who (provider/staff, client, family member etc)?	90%	10%
Dates and frequency of activities?	88%	12%

The results indicate that most providers are including core elements in CHSP clients' care plans, such as client circumstances, goals, actions, and regular reviews, with dates and frequency of activities the least likely to be included (88%).

Note that 8% of providers, who reported 'never' developing care plans, were instructed to answer 'No' for all content items and could not be excluded due to tool limitations. This means the percentages in Table 1 combine responses from both providers who do and those who do not prepare care plans, so actual inclusion rates among active care planners are likely higher than shown.

In summary, the data demonstrates strong adherence to best practice among those engaging in care planning, noting the inclusion of responses from providers who do not develop care plans introduces complexity in interpreting the results.

5.2 Delivery of short-term reablement

During the reporting period, most providers (75%) delivered reablement either via referral from RAS or ACAT assessors or as a part of ongoing service provision, underlining a strong commitment to promoting client independence. However, a significant proportion (25%) did not provide reablement services, most often due to lack of referrals, specific funding constraints, or misalignment between their core services and reablement objectives.

During the reporting period, the majority of CHSP providers (75%) reported delivering periods of short-term reablement to clients. This was achieved either through referrals received from RAS or ACAT assessors or as part of ongoing service provision, highlighting the sector's strong commitment to reablement as a core element of aged care support.

Conversely, 25% of providers indicated that they did not deliver reablement services during this time. Organisations most commonly did not provide reablement services because they did not receive any referrals; did not allocate specific funding for reablement; or their core services did not align with a reablement approach.

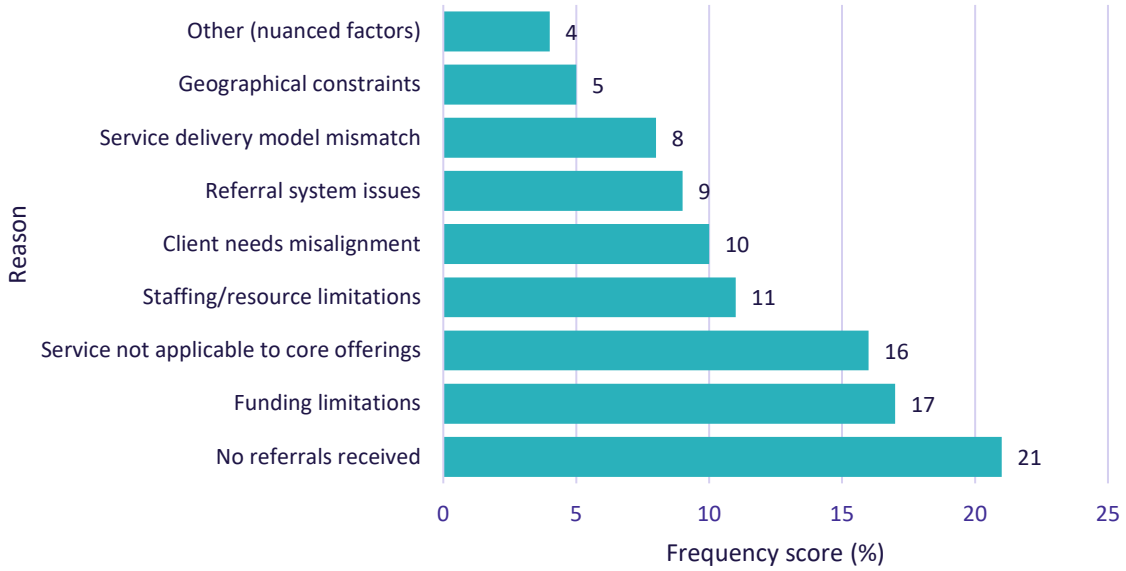
Other frequent barriers cited included staffing and resource limitations, client needs misalignment (with many requiring ongoing or high-level care), issues with referral systems, and mismatches between service delivery models and the short-term, goal oriented nature of reablement. Geographical constraints also played a role, particularly in remote areas.

Importantly, a number of organisations indicated that while they did not formally record or label their activities as reablement, they were nonetheless embedding a 'wellness and reablement style' in their services. This involved encouraging clients to assist where possible and promoting independence through a 'doing with' approach, even if these practices were not officially recognised as reablement.

Additional nuanced factors included client expectations or misunderstandings about service inclusions, operational changes during the delivery period, services not being aware they could identify clients for reablement and provide this service as part of their ongoing delivery, and referral suitability. Some organisations reported unique cases where clients participated in services for social connection or short-term recovery—such as attending group activities or recovering from illness—but these instances were not formally recognised or recorded as reablement. These aspects show that, beyond structural barriers, perceptions, practices, and exceptional circumstances also shape service provision and outcomes for clients.

The main barriers to delivering short-term reablement services, as reported by CHSP providers, are illustrated in Figure 3 below.

Figure 3: Reasons for non-delivery of short-term reablement in 2023-2024



These findings highlight that while the sector is broadly committed to reablement, a combination of structural barriers, referral pathway issues, and client/service alignment challenges continue to limit the consistent delivery of short-term reablement across all providers.

The following sections provide a detailed analysis of referral acceptance and delivery among those providers who did offer reablement services, exploring both the frequency and consistency of short-term reablement delivery and the factors influencing these patterns.

5.3 Referrals to deliver short-term reablement

Most CHSP providers (75%) reported delivering periods of reablement during the reporting period, either through referrals from RAS or ACAT assessors or as part of ongoing service delivery. Of those, nearly half of providers (47%) reported they ‘always’ or ‘mostly’ accept short-term reablement referrals from My Aged Care; and 13% reported ‘never’, indicating inconsistent acceptance across the sector. Free-text responses and structured options indicated limited capacity to take on new clients; staffing shortages and lack of relevant skills; insufficient funding and lack of referrals or referral information as key barriers.

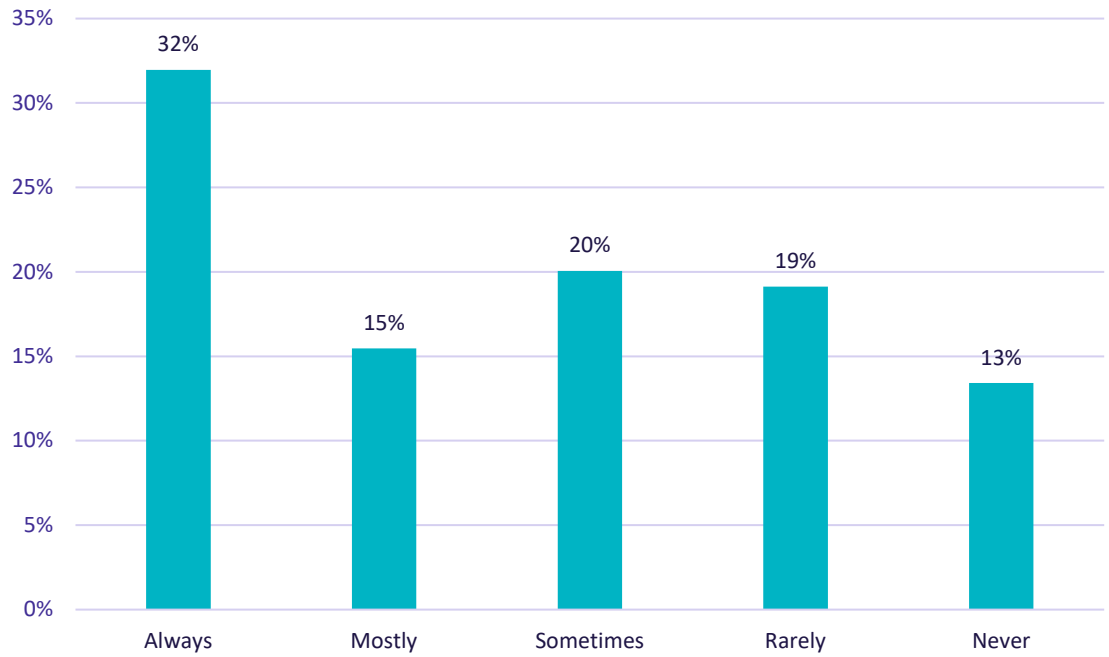
Fewer than one-third of providers reported that they ‘always’ or ‘mostly’ deliver reablement services without a specific recommendation from a RAS or ACAT assessor. This indicates that it is relatively uncommon for providers to independently offer reablement services with most providers only doing so when prompted by an external referral or assessment. This approach varies by service type.

Clients connect with suitable aged care providers to receive CHSP services via a referral process. To understand the provision of reablement services, providers were asked if they delivered periods of reablement to their clients during the reporting period. This question referred to both referrals received from RAS or ACAT assessors, as well as reablement periods offered to an organisation’s clients as part of ongoing service delivery. The results showed that the majority (75%) of CHSP providers provided periods of reablement.

Organisations that did not provide reablement services during the reporting period (25%) identified factors such as lack of referrals, limited funding, staffing shortages, and constraints in service scope.

CHSP providers delivering reablement were asked to report how often their organisations accepted referrals for short-term reablement services, using a five-point frequency scale from ‘always’ to ‘never’. Figure 4 presents an overall summary of the responses to this question.

Figure 4: Overall frequency of providers accepting referrals in 2023-2024



The results indicate that nearly half of CHSP providers either ‘always’ or ‘mostly’ (47%) accept referrals for short-term reablement. There is an even distribution across the other response categories which is consistent with 2023, with the lowest portion of responses (13%) indicating that providers ‘never’ do so. This indicates that the acceptance of short-term reablement referrals is not occurring consistently across the sector.

Acceptance of short-term reablement referrals declined in 2024. While changes to the question and scale (including changes to wording, the addition of ‘sometimes’ and screening for reablement delivery) broadened response options and improved construct alignment, high-frequency acceptance (‘always’ and ‘mostly’) fell 24 percentage points from 75% in 2023 to 51% in 2024. This points to both a measurement shift and a substantive softening in referral acceptance, with more providers reporting ‘rarely’ and ‘sometimes’.

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

- Meals (41%)
- Home Modifications (40%)
- Allied Health and Therapy Services (39%).

These findings were similar to the previous year’s results, with the exception of Home Modifications and Specialised Support Services, whose ranking increased for referral acceptance in comparison to other service types.

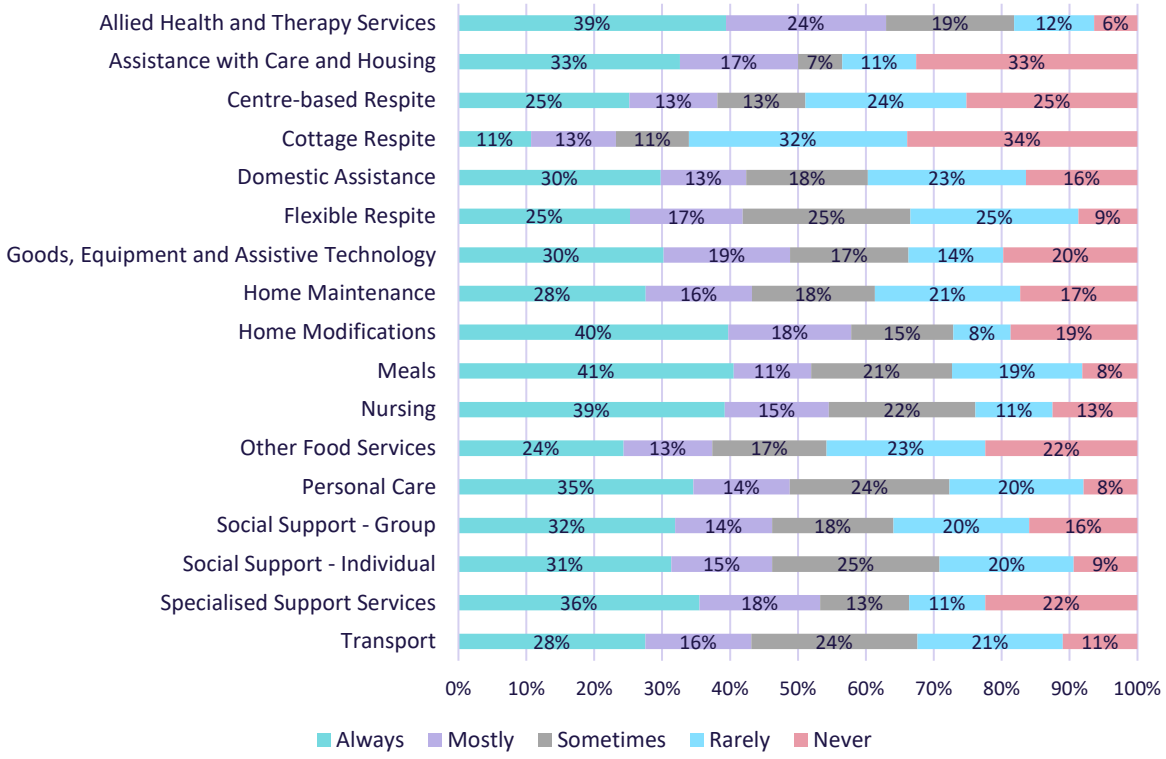
Referrals for short-term services that were accepted least frequently for the following service types:

- Cottage Respite (34%)
- Assistance with Care and Housing (33%)
- Centre-Based Respite (25%).

These findings also had similarities to the previous year's results, with Assistance with Care and Housing and Cottage Respite accepting referrals least frequently. For 2024 the frequency of Centre-Based Respite, Other Food Services and Specialised Support Services increased, with Goods, Equipment and Assistive Technology's frequency of 'never' accepting referrals decreasing in comparison.

Figure 5 providers a breakdown of responses to this question by each service type.

Figure 5: Breakdown of responses by service type for frequency of short-term reablement CHSP service acceptance in 2023-2024



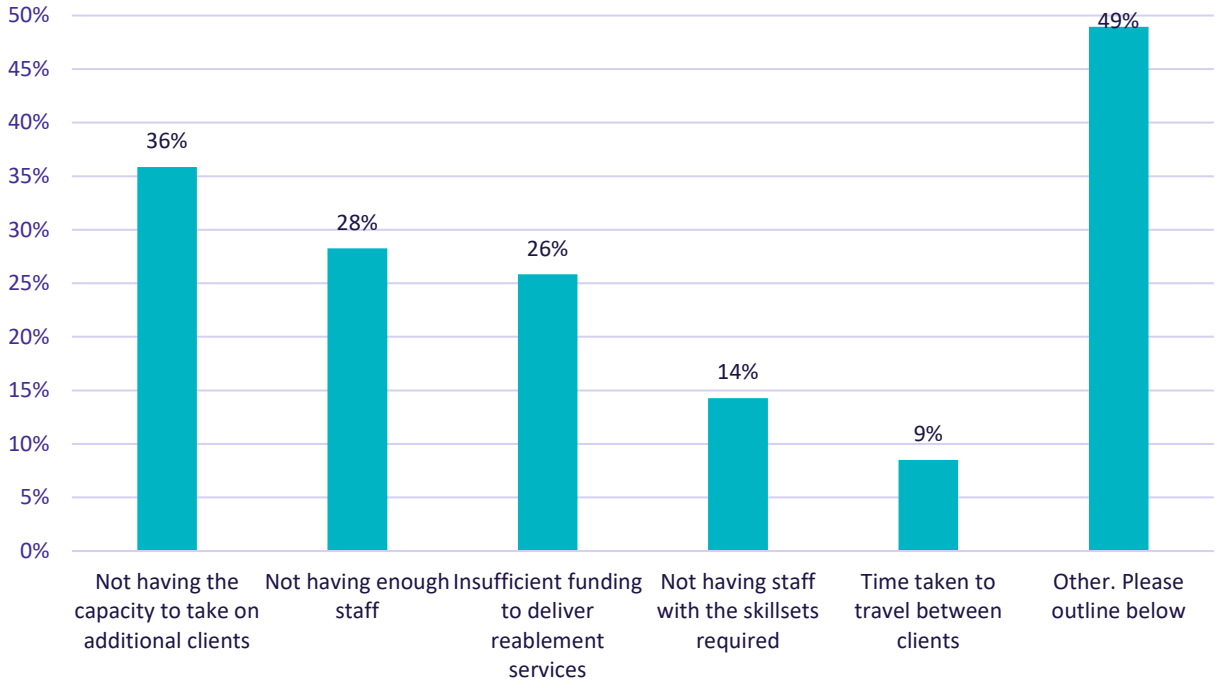
Providers who 'never' or 'rarely' accepted referrals for short-term reablement from My Aged Care were asked to further expand on the reasons for this. CHSP providers were provided with 5 responses including:

- 'Not having the capacity to take on additional clients'
- 'Not having enough staff'
- 'Insufficient funding to deliver reablement'

- ‘Not having staff with the skillset required’
- ‘Time taken to travel between clients’.

Providers were also given the opportunity to respond ‘other’ and provided written feedback. Figure 6 provides a breakdown of the responses to this question.

Figure 6: Reasons for never or rarely accepting referrals for short-term reablement in 2023-3024



The results above indicate that the most significant barriers CHSP providers face in accepting referrals include ‘not having the capacity to take on additional clients’, ‘not having enough staff’ and ‘insufficient funding to deliver reablement services’. These themes were further reiterated by CHSP providers in the ‘Other’ category, as discussed below.

Almost half (49%) of providers selected ‘Other’ as a reason for either ‘never’ or ‘rarely’ accepting referrals for short-term reablement from My Aged Care. Written responses to this question outlined additional barriers to the acceptance of short-term reablement referrals from My Aged Care. They include:

- **Referrals**: several providers highlighted that they had not received referrals for short-term reablement or there had been a lack of referrals received from My Aged Care. Additionally, referrals had a lack of, or insufficient information provided which did not make it obvious that reablement was indicated.
- **Funding:** issues regarding funding were also highlighted by providers. Namely, this related to the additional time, administrative requirements and therefore financial resources required to assess, monitor and evaluate reablement approaches with clients.

- **Staffing shortages:** workforce shortages were identified as a barrier to the acceptance of reablement referrals, especially those with relevant experience in reablement approaches. Additionally, this often intersected with issues with funding, in which providers did not have the financial means to hire enough staff to service the referral demand.
- **Capacity:** issues regarding capacity were common responses amongst CHSP providers. It was highlighted that some providers are either at capacity or have well exceeded their capacity to accept new referrals.

5.4 Short-term reablement services

While 75% of providers delivered at least some short-term reablement-focused services in 2024, there was a variable level of services being delivered in 2024. For 2024, the largest proportion of services (39%) fell into the ‘1% - 10%’ category, while 26% reported no reablement-focused short-term service delivery.

Other categories comprised smaller shares, with 9% delivering more than 75% of services under this focus. The combined proportion for categories exceeding 10% was 35%. While numerous providers have successfully integrated the delivery of short-term reablement into their services, overall service delivery rates for reablement remained relatively low, with most service types being below 10%.

Most frequently, reablement was delivered through Home Modifications (43%), Goods, Equipment and Assistive Technology (29%), and Specialised Support Services (22%).

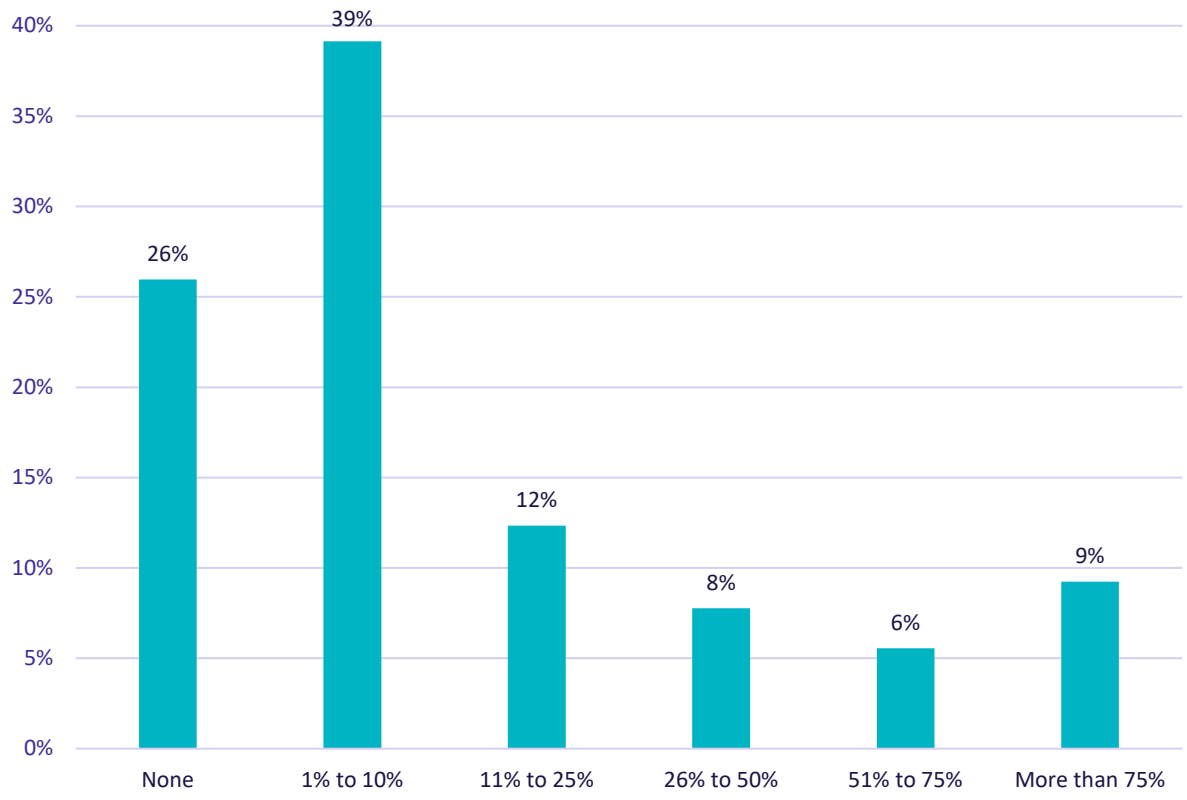
Cottage Respite (44%), Centre-based Respite (39%), and Social Support—Group (38%) were the least likely to be delivered with a reablement focus, though all saw decreases in 'none' responses since 2023.

Providers shared that Cottage Respite, Centre-based Respite, and Social Support—Group are often offered long-term, supporting ongoing social connection and relieving carer stress.

Many organisations do not provide reablement services due to a variety of structural, operational, and client-related factors. These reasons highlight systemic issues in referral pathways, funding, staffing, and service alignment that affect the delivery of reablement support.

CHSP providers were asked to indicate the proportion of short-term reablement focused services delivered for each service type their organisation was funded to deliver. A six-point frequency scale from ‘none’ to ‘more than 75%’ was utilised. Figure 7 provides an overall breakdown of responses to this question.

Figure 7: Proportion of services delivered on a short-term basis with a reablement focus in 2023-2024



These results slightly varied from the data reported in 2023, with the results for 'none' decreasing by 12 percentage points, '1%-10%' increasing by 3 percentage points, '10-25%' increasing by 1 percentage point, '26%-50%' increasing by 2 percentage points and '51%-75%' increasing by 1 percentage point. Results under the 'more than 75%' (9%) remained consistent with 2023.

It should be noted that in 2024, only organisations that delivered short-term reablement services were asked to respond to this question regarding the proportion of short-term reablement services provided. This change in methodology means direct comparisons with previous years' findings should be treated with caution, as earlier data may have included responses from a broader range of providers, including those not delivering reablement.

Short-term reablement services with a reablement focus were delivered most frequently for:

- Home Modifications (43%)
- Goods, Equipment and Assistive Technology (29%)
- Specialised Support Services (22%).

These findings were similar to both 2023 and 2022, with the difference of Allied Health and Therapy Services also being included in the service types most frequently

delivering short-term reablement services in previous years. Despite this service type not being included this year, it remained statistically the same (20%) as 2023.

Short-term reablement services were delivered least frequently for:

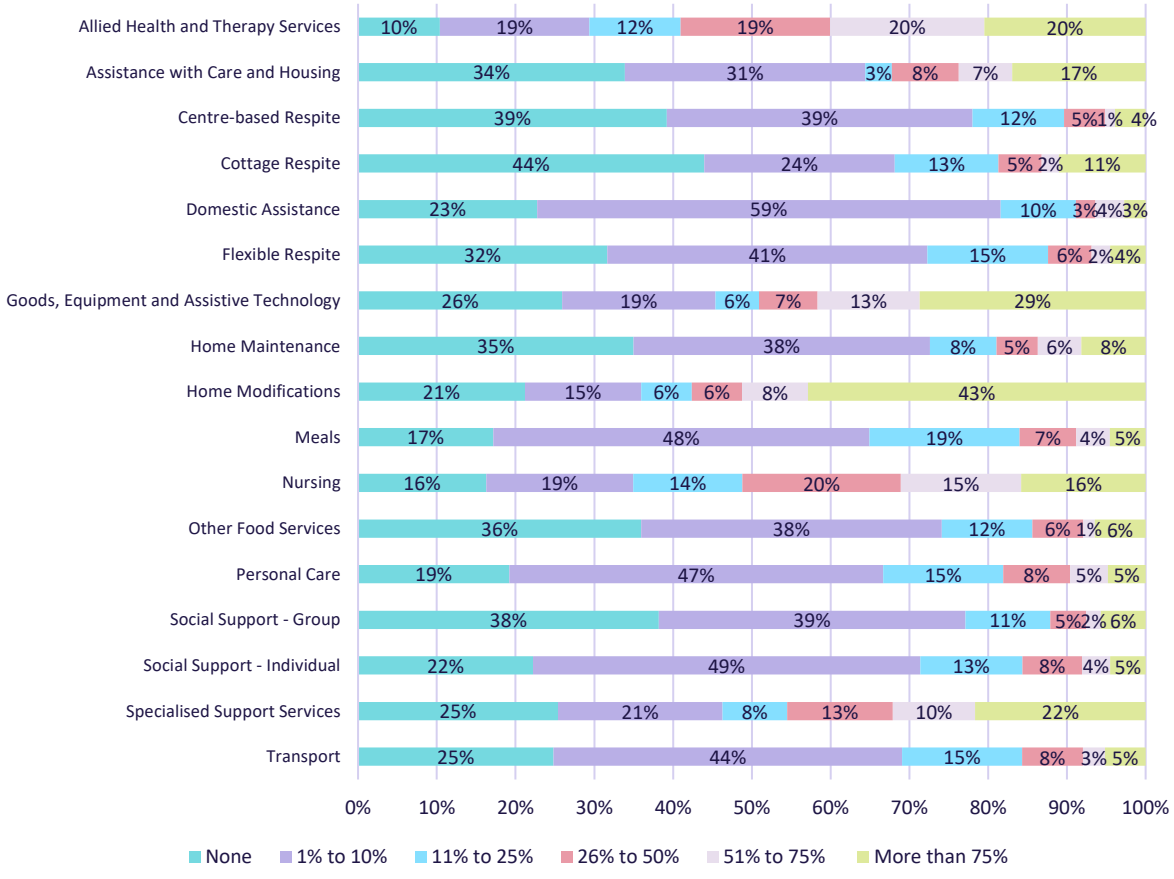
- Cottage Respite (44%)
- Centre-based Respite (39%)
- Social Support – Group (38%).

These results align with the 2023 report. Furthermore, each of the service types listed experienced a reduction in percentage points: Cottage Respite decreased by 13%, Centre-based Respite by 10%, and Social Support—Group by 7%.

Written responses from providers indicated that often the services such as Cottage Respite, Centre-based Respite and Social Support—Group were provided long-term to clients due to issues of ongoing social isolation and carer stress. Clients frequently expected these services to be ongoing and depended on them for social connection.

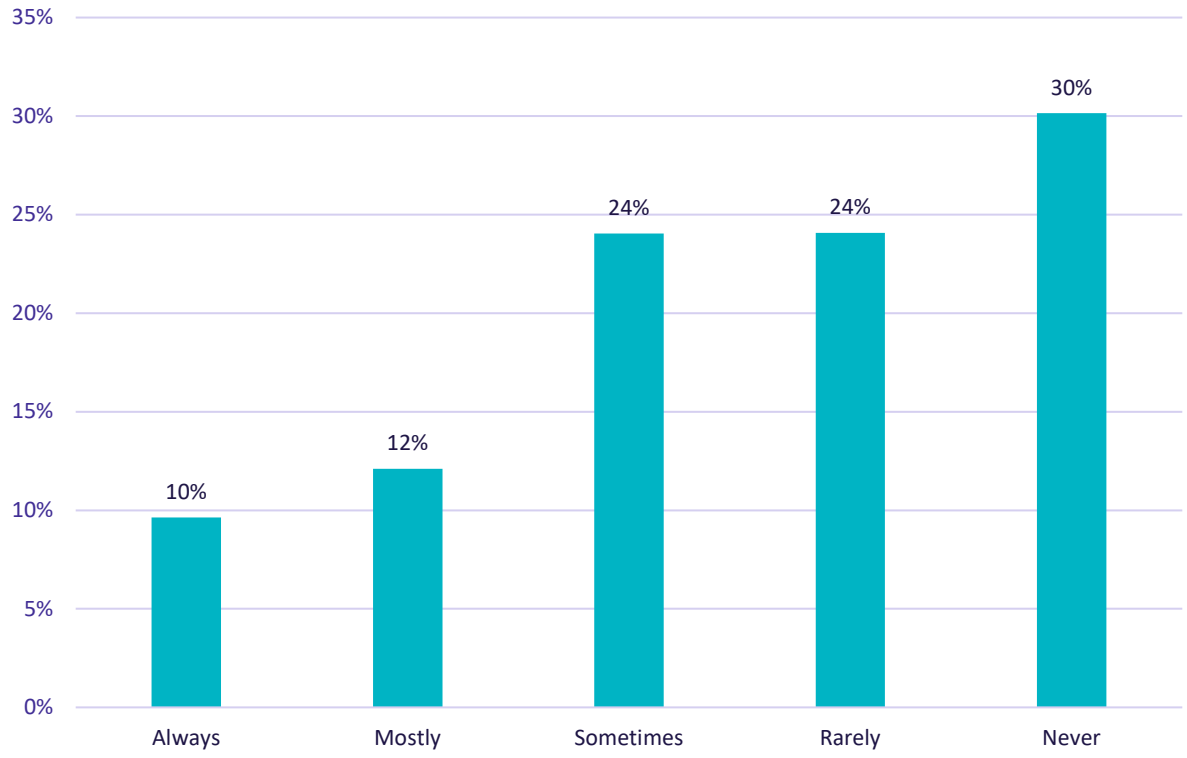
The 2024 figures by service type are shown in Figure 8.

Figure 8: Breakdown of responses by service type for frequency of short-term services delivered with a reablement focus in 2023-2024



Providers were also asked to report on how often reablement services were delivered to their clients without a specific recommendation from a RAS or ACAT assessor. Figure 9 provers an overall breakdown of responses to this question.

Figure 9: Frequency of reablement services delivered to clients without a specific recommendation from a My Aged Care Assessor[1] in 2023-3024



The results indicated that there are a limited number of providers who frequently deliver reablement services without a specific recommendation by a RAS or ACAT assessor. Almost a third of providers indicated that they 'never' provide referrals without a recommendation. Furthermore, less than one third of providers responded that they 'always' (10%) and 'mostly' (12%) provide reablement services without a specific recommendation. These results indicate that whilst some providers are providing reablement services without a specific recommendation, this is not occurring consistently throughout the sector.

Figure 10 presents a detailed breakdown of how frequently reablement services were delivered to clients without a specific recommendation from a RAS or ACAT assessor, organised by service type. This data provides further insights into the variability of practice across the sector.

[1] RAS or ACAT assessor

Reablement services were most often provided without assessor recommendation for:

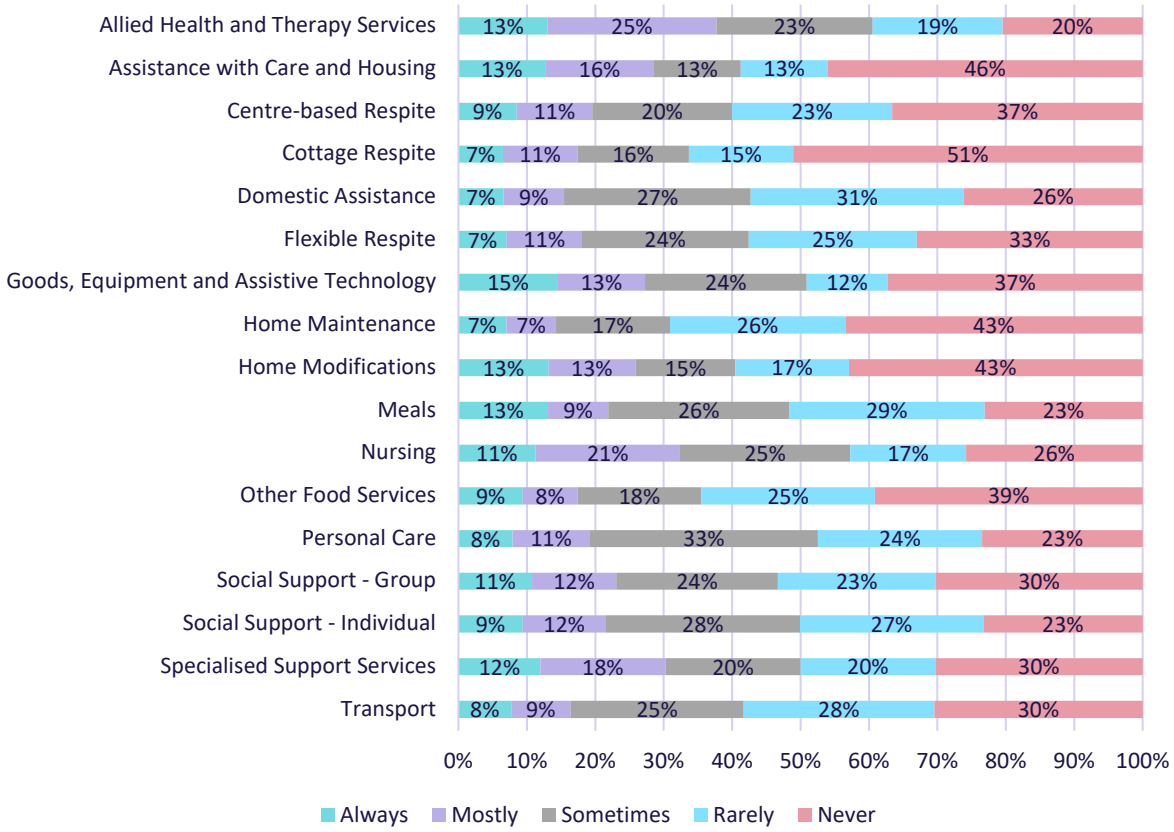
- Goods, Equipment and Assistive Technology (15%)
- Home Modifications (13%)
- Meals (13%)
- Allied Health and Therapy Services (13%)
- Assistance with Care and Housing (13%).

Services least likely to provide reablement without assessor recommendation included:

- Cottage Respite (51%)
- Assistance with Care and Housing (46%)
- Home Modifications (43%)
- Home Maintenance (43%).

Interestingly, some service types appeared in both lists, indicating they were among those both most and least likely to refer for reablement without an assessor's recommendation. This is due to differences in responses across the sector. This overlap may also suggest that the provision of reablement within these services is highly variable and influenced by factors such as individual client needs, the discretion of CHSP providers, and the specific nature of the interventions required. In some cases, providers may proactively offer reablement when they identify potential benefits, while in other instances services are delivered primarily to address immediate or ongoing requirements, reducing the emphasis on short-term reablement unless specifically recommended by an assessor.

Figure 10: Frequency by service type of reablement services delivered to clients without a recommendation from a RAS or ACAT assessor in 2023-2024



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

Short-term reablement activity varied across sub-types, with higher shares in Occupational Therapy and Physiotherapy, and lower in Diversional Therapy, Restorative Care Services and Psychology.

Organisations that were funded to provide Allied Health and Therapy services were asked to report on what proportion of services they delivered on a short-term basis with a reablement focus for each relevant 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 2.

Table 2: Proportion of services delivered on a short-term basis with a reablement focus in 2023-3024

Allied Health and Therapy Service Sub-Type	None	1%-10%	11-25%	26-50%	51-75%	More than 75%
Aboriginal and Torres Strait Islander Health Worker	57%	33%	6%	1%	1%	2%
Accredited Practising Dietitian or Nutritionist	25%	26%	12%	10%	7%	18%
Diversional Therapy	71%	15%	5%	2%	2%	6%
Exercise Physiology	16%	27%	19%	14%	12%	12%
Hydrotherapy	31%	32%	12%	6%	9%	10%
Occupational Therapy	5%	14%	11%	15%	20%	34%
Other Allied Health and Therapy Services	25%	29%	10%	12%	12%	12%
Physiotherapy	5%	15%	16%	19%	24%	22%
Podiatry	17%	43%	17%	8%	5%	9%
Psychology	66%	11%	4%	9%	5%	5%
Restorative Care Services	66%	14%	3%	1%	8%	7%
Social Work	30%	23%	7%	11%	18%	11%
Speech Pathology	34%	25%	10%	8%	9%	15%

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 38% across service sub-types, ranging from 5% to 71%). This

varied from 2023 with a significant decrease in average (29%), though this is likely due to changes in the questions. The 2024 survey allowed providers to select the 'not provided' option if they did not deliver a specific service sub-type at all. In comparison, the 2023 survey only allowed respondents to select 'none' if they did not (a) provide a service sub-type at all, or (b) if they did not deliver a service they were funded for.[2]

Services subtypes with the highest proportion of short-term reablement delivery included:

- Occupational Therapy (34%)
- Physiotherapy (22%)
- Accredited or Practising Dietitian or Nutritionist (18%).

Services subtypes with the lowest proportion of short-term reablement delivery included:

- Diversional Therapy (71%)
- Restorative Care Services (66%)
- Psychology (66%).

6. Client wellness and reablement

This chapter summarises the key findings from the 2024 survey, with a focus on the impacts of wellness and reablement for CHSP clients.

6.1 Client reablement goals

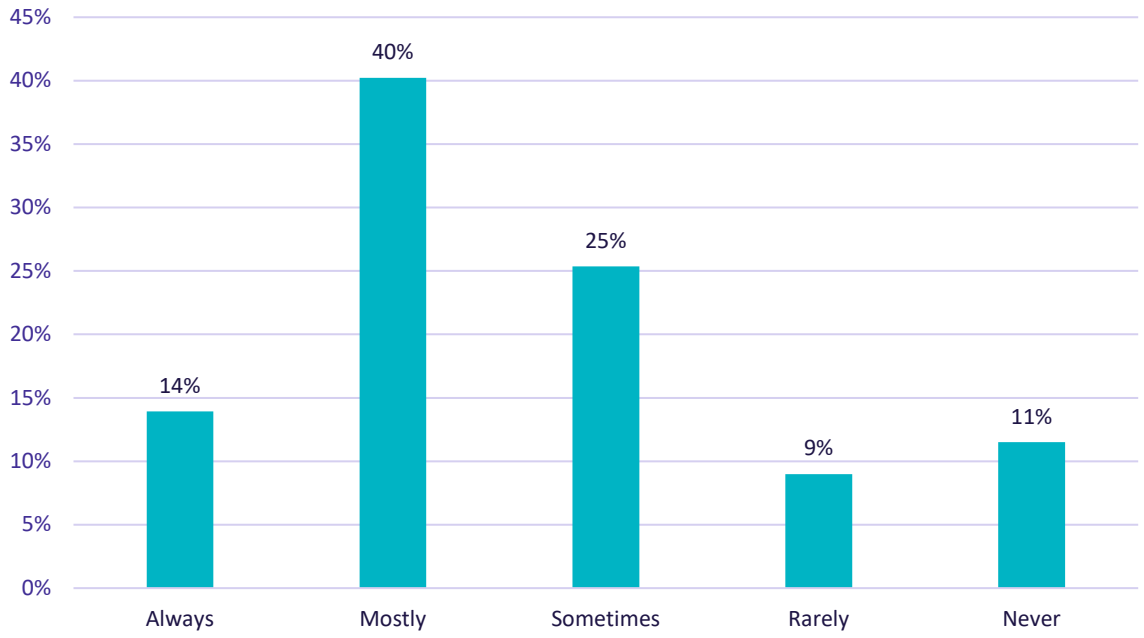
Across providers, 54% reported that clients 'always/mostly' met reablement goals (full or partial). Top reasons for unmet goals were client condition (63%), services obtained elsewhere (54%), and client/carer resistance (43%). Commonly reported improvements included emotional wellbeing (19%), confidence (16%), social engagement (16%), and adaptation to functional limitations (13%).

Client reablement goals are outlined in their care plan, developed with the client. In 2024, CHSP providers were asked to indicate the frequency that clients met their

[2] Reasons for not delivering against a funded service type is generally due to issues like low demand in the region, or the provider receiving no referrals for that sub-type in the reporting period.

reablement goals (either fully or partially). Figure 11 provides a breakdown of responses to this question.

Figure 11: Proportion of clients meeting reablement goals either fully or partially in 2023-2024



The results demonstrate that over half (54%) of clients either ‘always’ (14%) or ‘mostly’ (40%) met their reablement goals (fully or partially). A low number (20%) of respondents indicated responded either ‘rarely’ (9%) or ‘never’ (11%) to the question.

These results indicate that despite over half of clients meeting their reablement goals, this is not occurring consistently across the sector. This inconsistency highlights an opportunity to strengthen education and training for both providers and clients around effective goal setting and reablement planning. Improved understanding and implementation of goal setting practices may help to ensure more clients are supported to achieve their desired outcomes, enhancing the overall effectiveness of reablement services.

Service types that had the highest proportion of clients either ‘always’ or ‘mostly’ meeting their reablement goals included:

- Allied Health & Therapy Services (82%)
- Home Modifications (73%)
- Nursing (70%)
- Goods, Equipment & Assistive Technology (66%)
- Specialised Support Services (65%).

For most service types, there was a comparatively small proportion of clients either ‘rarely’ or ‘never’ meeting their reablement goals, with a higher share in:

- Home Maintenance (41%)
- Cottage Respite (33%)
- Other Food Services (29%)
- Centre-based Respite (25%)
- Transport (25%).

Service types that had the highest proportion of clients always meeting their reablement goals included:

- Home Modifications (25%)
- Goods, Equipment and Assistive Technology (23%)
- Meals (21%)
- Social Support – Group (17%).

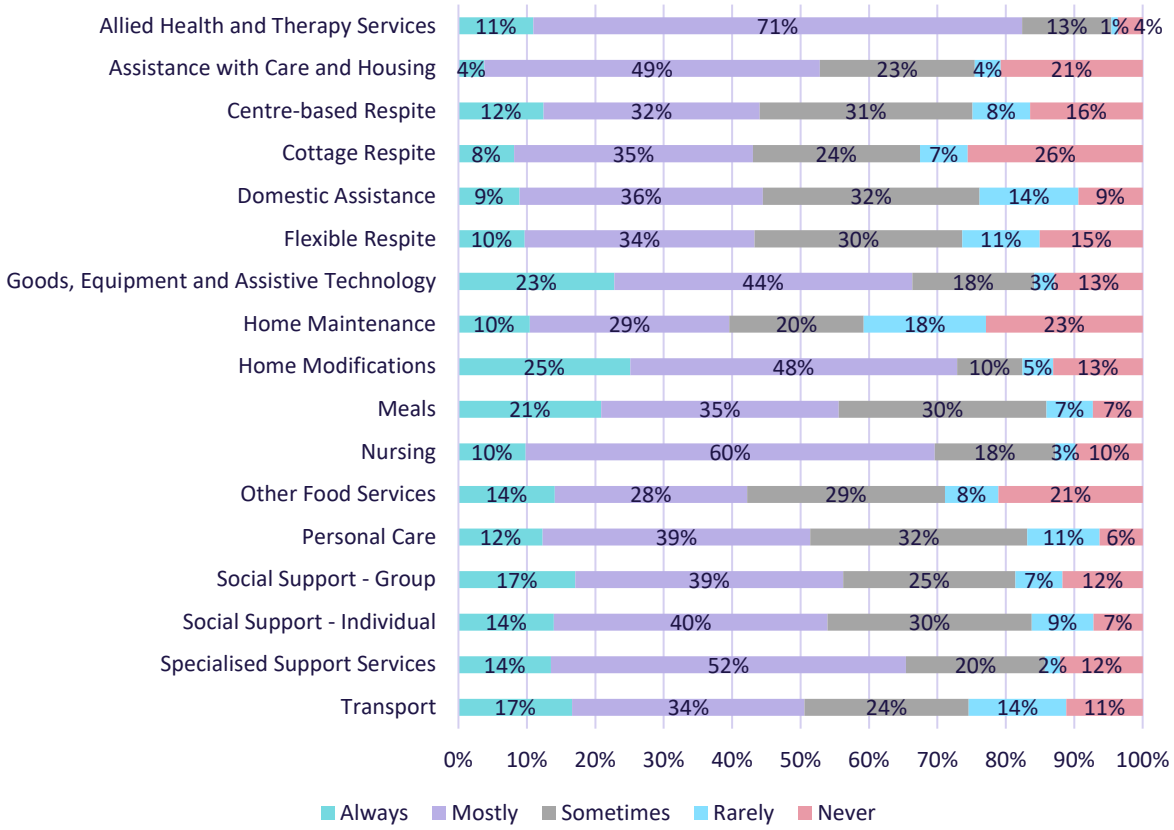
Service types that had the highest proportion of clients never meeting their reablement goals included:

- Cottage Respite (26%)
- Home Maintenance (23%)
- Assistance with Care and Housing (21%)
- Other Food Services (21%).

These results align with qualitative responses that were received by providers, highlighting that it is difficult to apply reablement approaches to those receiving respite services, often due to the ongoing nature of the support and perceived issues with applying reablement approaches with those needing Home Maintenance, given health and safety risks to clients and nature of the service type.

The 2024 figures by service type are shown at Figure 12.

Figure 12: Proportion of clients meeting reablement goals either fully or partially by service type in 2023-2024



Providers were asked to report on the reasons that a client's CHSP reablement goals may not have been met. Respondents were able to choose multiple options for this question, as well as select 'unknown/not clear'. This was the first year providers were asked this question to help measure client outcomes.

The most common responses included:

- client condition e.g. cognitive impairment, changed emotional state, frailty, declined physical condition, living circumstances, etc (63%)
- client services obtained through other means, e.g., home care package, residential care, other program/providers (54%)
- client/carer resistance (43%)

The least common responses included:

- capacity of your organisation to deliver against goals for entire client base (organisation not set up to deliver time-limited reablement) (11%)
- unknown/not clear (11%)
- COVID (8%).

See Table 3 for a complete summary of responses across the reporting period.

Table 3: Provider responses where clients CHSP reablement goals were not met in 2023-2024

Provider Response	2024
Client condition e.g. cognitive impairment, changed emotional state, frailty, declined physical condition, living circumstances etc	63%
Client services obtained through other means e.g. home care package, residential care, other program/providers	54%
Client/carer resistance	43%
Client goals required longer reablement period	42%
Client improvement – no longer required services	28%
Staffing levels	28%
Funding/Cost	27%
Other client barriers e.g. cultural preference	21%
Referral process	19%
Location	17%
Capacity of your organisation to deliver against goals for entire client base (don't have enough time with each client)	14%
Capacity of your organisation to deliver against goals for entire client base (organisation not set up to deliver time-limited reablement)	11%
Unknown/not clear	11%
COVID	8%

6.2 Client reablement outcomes

Following the client reablement period, providers most frequently reported improvements in emotional wellbeing (19%), confidence (16%), and social engagement (16%). Adaptation to functional decline (13%), improved physical function (11%) and the acquisition of new skills (8%) were also noted among positive outcomes. Cognitive improvements such as adaptation to cognitive decline (6%) were less common. No single area accounted for more than a quarter of responses, reflecting the diverse experiences and progress made by clients across multiple domains.

Providers were asked to report on which aspects of their client's situation improved as a result of their reablement period. This question gave providers 9 responses to choose from and allowed multiple to be selected. These responses are outlined in Table 4.

Table 4: Aspects of client improvement as a result of meeting reablement period in 2023-2024

Provider Response	
Adaptation to cognitive decline	6%
Adaptation to functional decline/limitations	13%
Gaining new skills	8%
Greater social engagement/ social connections	16%
Improved cognitive abilities	6%
Improved confidence	16%
Improved emotional wellbeing	19%
Improved physical function e.g. strength and mobility	11%
Unsure	5%

The results demonstrate that 'improved emotional wellbeing' (19%) was the area of a client's situation most frequently seen to improve after meeting the reablement period. Providers indicated that 'adaption to cognitive decline' (6%) was the least frequent to improve for those clients meeting their reablement goals. All responses were below 25% of providers, indicating that no single area of improvement was consistently identified with clients after achieving their reablement period.

Examining this by service type found the most common improvement for clients across all service types were:

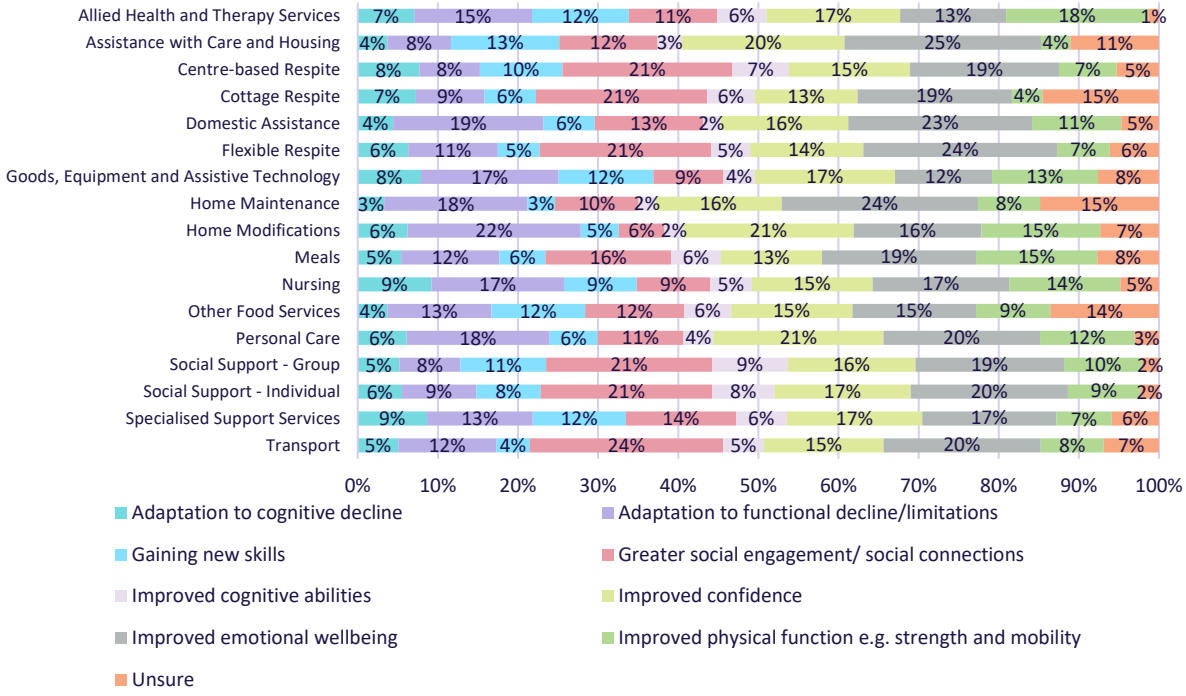
- improved emotional wellbeing (between 14 to 21% of responses)
- improved confidence (between 13 to 25% of responses)
- greater social engagement/social connections (between 6 to 24% of responses)
- adaptation to functional decline/limitations (between 8 to 22% of responses).

The least common improvement for clients across all service types were:

- adaptation to cognitive decline (between 3 to 9% of responses)
- improve cognitive abilities (between 2 to 9% of responses).

These responses are outlined in Figure 13.

Figure13: Aspects of client improvement as a result of meeting reablement period by service type in 2023-2024



6.3 Clients participating in tasks with the service provider (staff)

Client participation in tasks alongside staff strengthened: 41% reported ‘more than 75%’ participation and 16% reported ‘none’. This aligns with the wellness and reablement principle of ‘doing with’ rather than ‘doing for’. Participation rates vary by service type, with Social Support and Allied Health services showing higher engagement.

Client participation where possible is one of the underlying principles of wellness and reablement. Service delivery should focus on assisting a person to complete tasks, not taking over tasks that a person can do for themselves. As one way of measuring this CHSP providers were asked to report on the proportion of clients participating in tasks alongside of staff (given the underpinning philosophy of ‘doing with’ rather than ‘doing for’ seen in wellness and reablement approaches). This was asked on a six-point frequency scale, from ‘none’ to ‘more than 75%’.

Table 5 provides an overview of responses.

Table 5: Proportion of clients that participated in tasks with or alongside the service provider in 2023-2024

None	1-10%	11-25%	26-50%	51-75%	More than 75%
16%	13%	9%	9%	13%	41%

The results show that almost half (41%) of providers report that majority of their clients participate in tasks alongside staff, an increase of 11 percentage points as compared to 2023. Less than a quarter (16%) of providers responded that none of their clients do this, a decrease of 7 percentage points in contrast to 2023. Overall, these results indicate an increase in client participation

As seen in Figure 14, the results also showed variation between service types. This provides insight into the services that clients participate in more readily alongside staff, or that service providers are able to engage clients in.

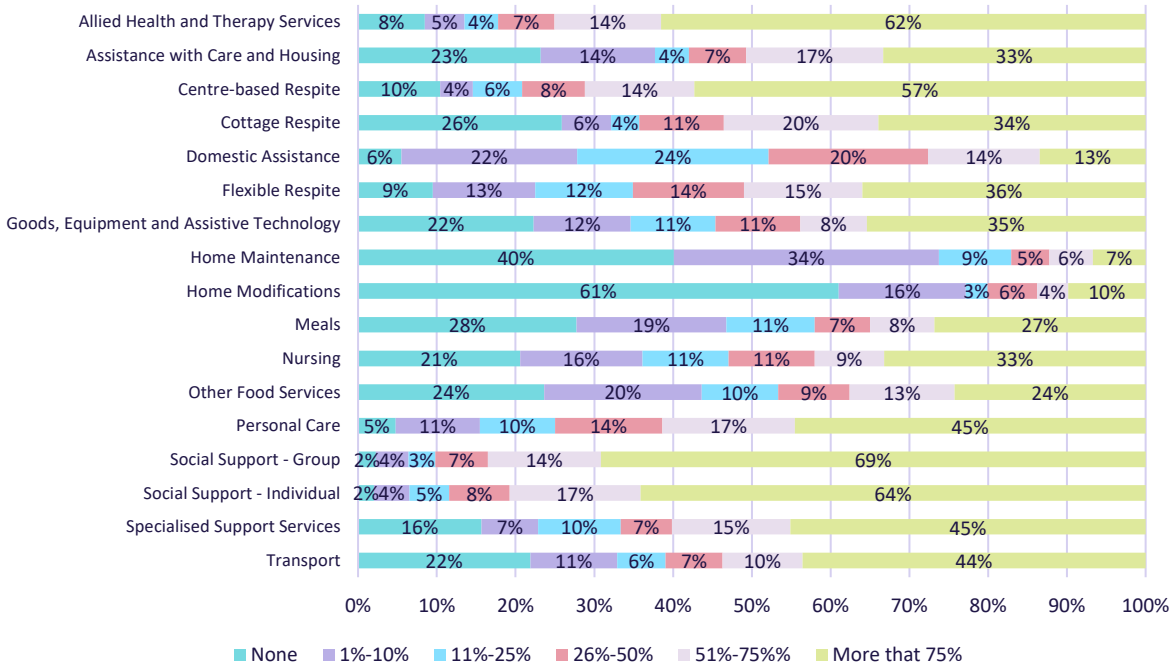
In 2023, the service types with the highest proportion of providers who reported ‘more than 75%’ of their organisation’s client participated with or alongside the CHSP providers were:

- Social Support Group (69%)
- Social Support Individual (64%)
- Allied Health and Therapy Services (62%).

Conversely, the service types with the highest proportion of providers who reported ‘none’ were:

- Home Modifications (61%)
- Home Maintenance (40%)
- Meals (28%).

Figure 14: Proportion of clients that participated in tasks with or alongside the service provider by service type in 2023-2024



6.4 Responses to CHSP reablement services where client needs were not met

When reablement services cannot meet client needs, providers commonly suggest clients contact My Aged Care, arrange a reassessment, or consult a health professional. Some provide contacts for additional help, ongoing services or additional supports, with few reporting all needs are met.

Providers were asked to report on how their organisation responded in situations where CHSP reablement services were unable to meet a client's needs. Providers were able to choose multiple options including an 'other' option to give written feedback, and the option of 'don't know/unsure'.

In 2024 the most common responses were:

- suggest the client contacts My Aged Care (77%)
- arrange for a new RAS/ACAT assessment (72%)
- suggest client sees GP or other health professional to arrange referral (70%)
- provide the client with other contacts (e.g. community nursing) to arrange for additional help (66%).

These results are similar to previous years, with a slight increase across 3 of the above responses: suggesting that the client contact My Aged Care (2 percentage

points), arrange a new assessment (6 percentage points) and suggesting that the clients see their GP or other health professionals (4 percentage points). Providing the client with other contacts has increased by 1 percentage point since 2023.

The least common responses were:

- n/a – All our reablement clients' needs are being met (7%)
- other (explain) (6%)
- don't know/unsure (1%).

These results were similar to 2023. Results for 'don't know/unsure' decreased by 2 percentage points, 'Other (explain)' decreased by 2 percentage points and 'N/A – all our reablement clients' needs are being met' increased by 2 percentage points.

See Table 6 for a complete summary of responses across the reporting period.

Table 6: Provider responses where CHSP reablement services were unable to meet client needs in 2024 in 2023-2024

Provider Response	2024
Suggest client contacts My Aged Care	77%
Arrange for new RAS/ACAT assessment	72%
Suggest client sees GP or other health professional to arrange referrals	70%
Provide client with other contacts (e.g. community nursing) to arrange additional help	66%
Deliver an ongoing service	59%
Provide additional services through your organisation at a cost to the client	32%
Provide additional services through your organisation without a cost to the client	28%
Arrange for private providers (e.g. physiotherapy) to see client	20%
N/A – All our reablement clients' needs are being met	7%
Other (explain)	6%
Don't know/unsure	1%

Respondents had the option of providing written feedback for the 'Other (explain)' option, to outline how their organisation responds when its CHSP reablement services are unable to meet a client's needs. The most common themes identified from this feedback were referral to other services, continuing support, and supporting clients to contact My Aged Care.

- **Referrals** to other services was highlighted by several providers, whether this be to other health services, community organisations, Carer Gateway, care finder services or other specialised services.
- **Continuing support** was identified as a common approach to ensure that clients are supported in the community. This may include reviewing the clients care plan and goals to align with their changing needs.
- **My Aged Care** use was indicated by a large volume of responses. This included assisting clients or their support person/s to contact My Aged Care to request reassessment or providing them with the information to do so themselves.

6.5 Challenges in delivering a wellness and reablement approach

Frequently cited challenges included capacity constraints, workforce shortages, funding pressures, client expectations and complexity, cultural and language barriers, and location (regional, rural and remote). Notably, 21% reported 'no challenges or barriers' in embedding wellness and reablement approaches.

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

Table 7 includes a full breakdown of the figures reported in 2024.

Table 7: Challenges faced by providers in delivering wellness and reablement in 2023-2024

Challenges to embedding and delivering wellness or reablement approaches	2024
Current service delivery model	10%
Costs associated with short-term services (reablement only)	6%
Size of organisation	4%
Client/ Carers preference	20%
Workforce issues	17%
Lack of available funding	10%
Funding not allocated where it's needed	6%
Other (explain)	6%
No challenges or barriers	21%

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

- No challenges or barriers (21%) was the most frequently reported response in 2024. This option was not included in previous years.
- Client/carers preference (20%) was the second highest response increasing 2 percentage points from 2023.
- Workforce issues (17%) was the third highest barrier identified by providers, though decreased by 4 percentage points from 2023.

These results were consistent with 2023 with a slight decrease across most responses. Reporting on costs and funding not allocated where it's needed decreased by 1 percentage point. The current service delivery model decreased by 5 percentage points; lack of available funding decreased by 3 percentage points; and the size of the organisation decreased by 2 percentage points.

Table 8 includes a breakdown of the figures reported in 2024 by service type.

Table 8 Challenges faced by providers in delivering wellness and reablement in 2023-2024 by service type

Service Type	Current service delivery model	Costs associated with short-term services	Size of organisation	Client/ Carers preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other	No challenges or barriers
Allied Health and Therapy Services	9%	8%	4%	14%	21%	12%	8%	8%	14%
Assistance with Care and Housing	14%	1%	5%	15%	11%	20%	12%	8%	13%
Centre-based Respite	11%	4%	3%	23%	15%	9%	6%	7%	21%
Cottage Respite	16%	8%	2%	23%	16%	5%	11%	6%	14%
Domestic Assistance	8%	5%	3%	27%	22%	11%	6%	5%	12%
Flexible Respite	9%	5%	4%	24%	21%	7%	6%	6%	17%
Goods, Equipment and Assistive Technology	12%	6%	3%	10%	10%	16%	11%	4%	28%
Home Maintenance	12%	7%	4%	19%	16%	13%	7%	6%	16%
Home Modifications	11%	8%	2%	15%	12%	12%	7%	7%	26%
Meals	13%	7%	5%	16%	9%	11%	6%	4%	29%
Nursing	8%	6%	4%	16%	23%	9%	5%	7%	22%

Service Type	Current service delivery model	Costs associated with short-term services	Size of organisation	Client/ Carers preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other	No challenges or barriers
Other Food Services	12%	5%	1%	21%	12%	7%	5%	6%	30%
Personal Care	8%	5%	4%	26%	21%	9%	6%	3%	18%
Social Support - Group	11%	5%	5%	19%	14%	9%	5%	6%	27%
Social Support - Individual	8%	6%	6%	22%	18%	9%	5%	4%	22%
Specialised Support Services	11%	4%	2%	15%	16%	10%	9%	9%	23%
Transport	11%	7%	5%	16%	18%	10%	5%	5%	24%

Written responses further highlighted several themes regarding the challenges of applying wellness and reablement approaches with clients. These included:

Capacity

- **Limited capacity:** several providers reported difficulty accepting new clients due to limited capacity. By the time clients were seen their needs had often changed. Reablement approaches were viewed as time-consuming, further reducing their capacity to see other clients. One provider highlighted that more flexible models of service are needed to support the ever-changing needs of clients.
- **Waiting lists:** provider feedback identified that given extended waiting periods for CHSP services, clients were often reluctant to 'let services go'. This made it difficult for CHSP providers to close referrals at the end of their reablement periods.

Clients

- **Expectations:** a significant proportion of providers indicated that managing client expectations presents challenges. Providers highlighted that some clients have the belief that given they contribute financially for services, particularly domestic assistance, they should not have to participate. It was recommended that assessors clearly communicate appropriate expectations during assessments, and a need was identified for additional resources to inform clients about wellness and reablement principles.
- **Complexity of care:** providers highlighted that CHSP services were often used to bridge service gaps and waiting time for a Home Care Package. This often meant that clients' needs were complex and exceeded the capabilities of CHSP providers. Additionally, providers noted that some clients were not suitable for reablement approaches due to frailty and declining physical and cognitive abilities.
- **Dependencies on services:** it was frequently noted that clients had become reliant on services, with this being particularly common in social support service types, nursing and personal care. It was highlighted that despite the implementation of reablement approaches, they were unable to close referrals after this period.
- **Social isolation:** given the nature of social support referral types, clients expected these services to be long-term to make connections and friendships.
- **Financial hardship:** providers highlighted that their clients often faced financial barriers when accepting services. Several clients were either unable to afford copayments for services or declined to pay. This was seen more prominently in rural and remote communities and was exacerbated by the current cost of living.

- **Cognition:** Several providers highlighted the challenges of providing reablement approaches to those living with dementia, or those experiencing cognitive decline. One provider highlighted the fluctuating nature of dementia and the need to be responsive when providing services inhibits the effectiveness of reablement approaches. It was also noted that several providers felt that those living with dementia are ‘not going to improve’ and as a result, reablement approaches would not be effective, highlighting the need for further education in the sector.

Culture:

- **First Nations:** CHSP providers working with First Nations clients identified multiple challenges in implementing reablement approaches. These include the importance for clients to develop trust over time, feelings of shame associated with seeking services, a shortage of First Nations personnel affecting engagement, and limited access to culturally appropriate supports.
- **Cultural barriers:** a lack of translation services and information in various languages was noted by providers. Difficulties finding staff to fulfil language and culturally specific needs was also identified. In addition, providers noted that clients from some cultures preferred to have minimal engagement, or only engage once their conditions progressed, making reablement approaches difficult.
- **Language:** difficulties finding appropriate interpreters and staff to work with culturally and linguistically diverse clients was a challenge.

Financial:

- **Funding:** Issues with funding was often cited as a key challenge in providing wellness and reablement approaches. Providers noted that the current hourly rate of CHSP funding was insufficient to cover staff education in wellness and reablement. In addition, the administrative burden of applying these approaches was perceived as high, needing more management than ongoing services.
- **Cost:** CHSP providers noted that the cost of services was a significant barrier to providing wellness and reablement. This extended to costs of contractors, fleet, transport services and wages for qualified staff.

Referrals:

- **Lack of reablement referrals:** It was commonly highlighted that there was a lack of referrals for reablement from assessors. In addition, several providers noted that even when reablement was specified there was a limited amount of information, or it was unclear if reablement approaches were recommended.

Location:

- **Rural, regional and remote:** Several issues were highlighted for CHSP providers who were in regional, remote or rural areas. Issues of workforce availability, transport challenges and higher likelihood of natural disasters were highlighted.

Staffing:

- **Shortages:** Many providers noted challenges regarding hiring staff. Shortages across allied health professionals and support staff made it difficult to provide wellness and reablement approaches. Agency staff or contractors were often utilised to fill these gaps, placing further funding constraints on organisations.
- **Education:** training of staff and volunteers was highlighted as a challenge to providing wellness and reablement.
- **Volunteers:** It was highlighted that often services have a high dependency on volunteers to provide support to clients which is further complicated by a reported shortage of volunteers. Providers reported that volunteers are not trained or qualified to assess a client's needs or progress towards reablement.

7. Next steps

The *Commonwealth Home Support Program – Outcomes from the 2024 Wellness and Reablement Report* will be published on the department's website to provide feedback to CHSP providers who participated in the reporting process, and to inform other stakeholders interested in the delivery of wellness and reablement under the CHSP.

Insights from the 2024 survey will contribute to shaping future policy, updating and developing guidelines that support practice improvement, and assisting providers in effectively integrating wellness and reablement principles into 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.

Feedback and insights obtained throughout 2024 will also guide the priorities and direction for the 2025 Wellness and Reablement Report. The annual reporting tool will continue to be refined, retaining the five-point scale and key baseline items, while provider guidance will be updated as necessary.

The department remains committed to supporting continuous improvement in the adoption of wellness and reablement approaches. Our ongoing initiatives include:

- Refining and updating wellness and reablement materials and supporting documentation, considering provider feedback and updated policy settings.

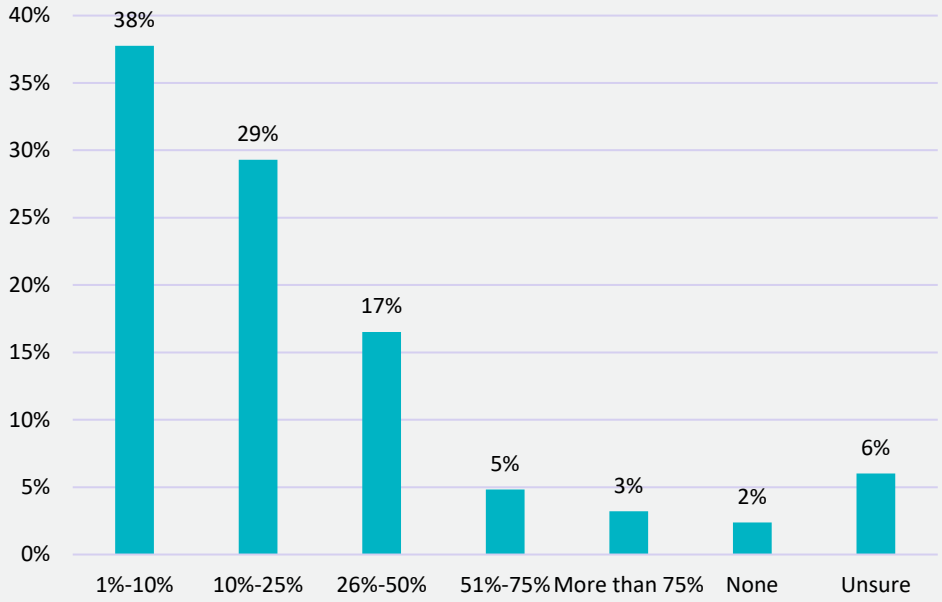
- Revising the annual wellness and reablement report to maximise usability and accessibility, and baselining key questions.
- Providing strategic leadership, designing, and implementing wellness and reablement policy across aged care.
- Updating and expanding resources on the department's website to assist aged care service providers.
- Utilising collected data to assess organisational progress and identify further strategies to support the integration of wellness and reablement approaches.

Appendix – 2024 Report: Question & data summary

Appendix A provides a summary of the quantitative data gathered for the *Commonwealth Home Support Program 2024 Wellness and Reablement Report* (the survey). The information is systematically arranged according to survey section and corresponding question number.

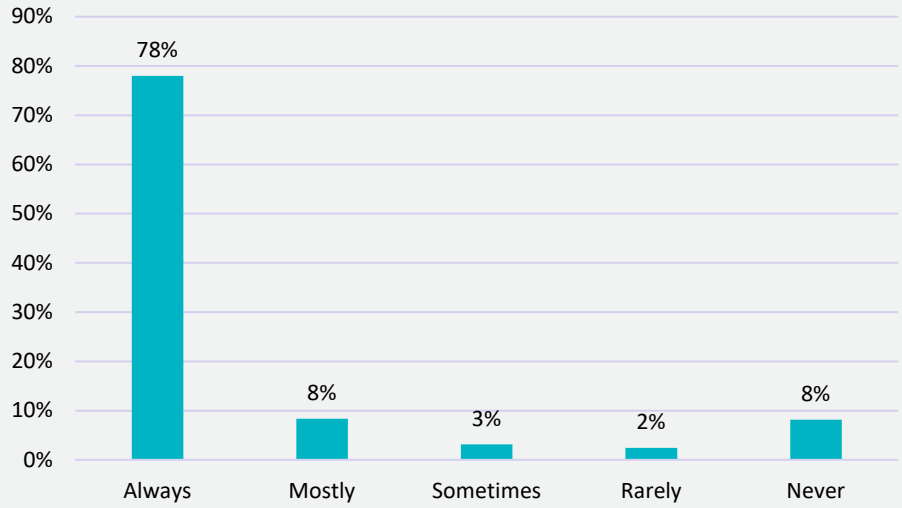
Dementia and cognitive impairment

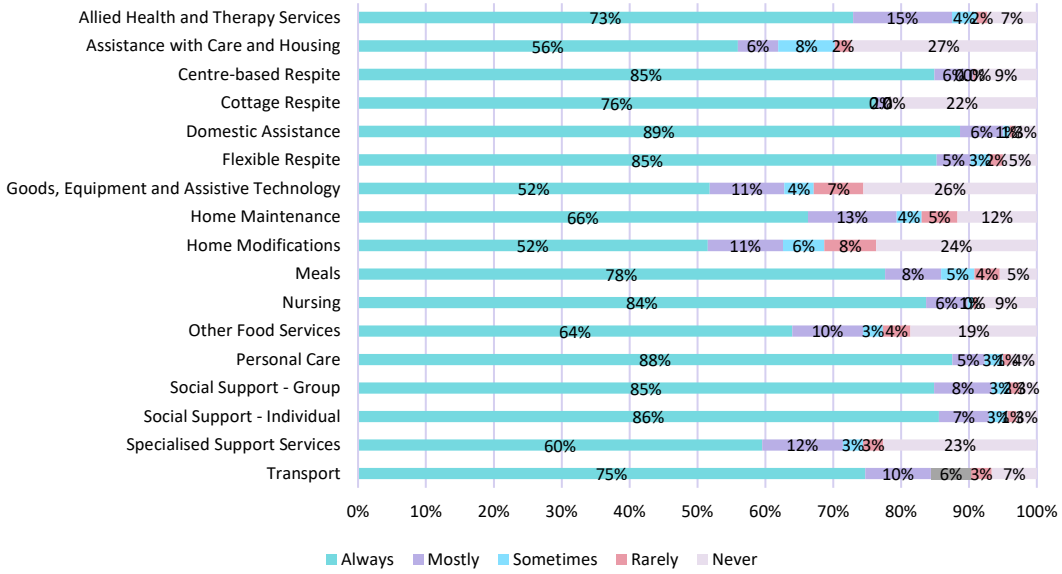
Q4. Provide your best estimate of the proportion (%) of your CHSP clients that have cognitive impairment.



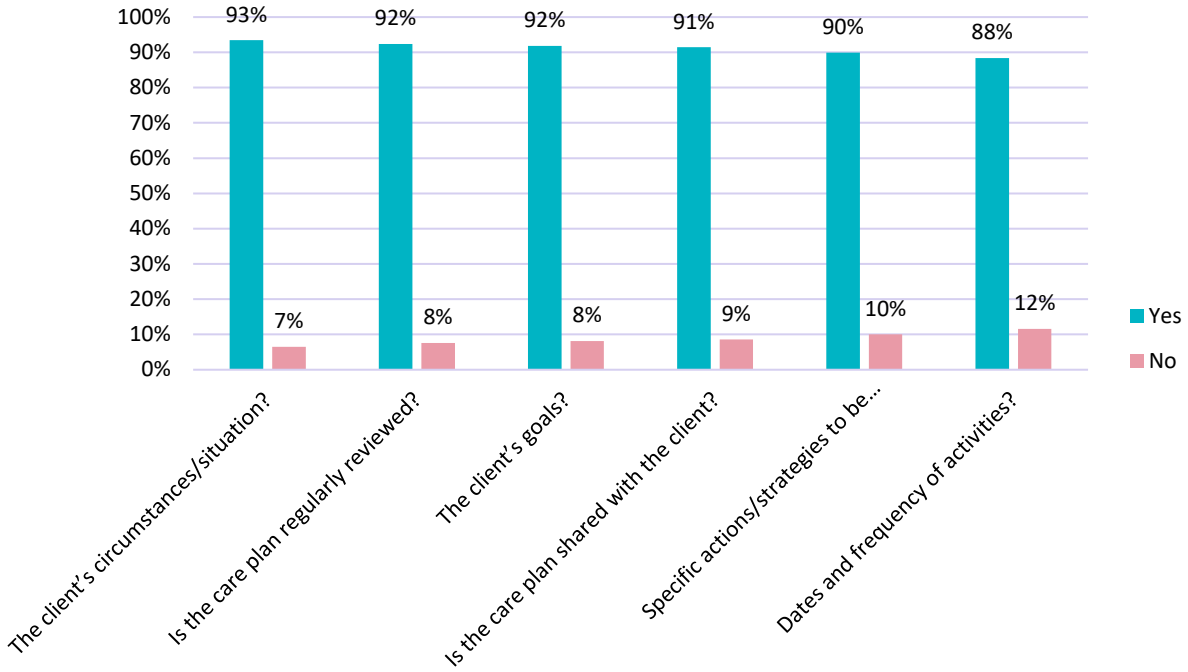
Client care plans

Q5. Does your organisation develop a care plan for each CHSP client?



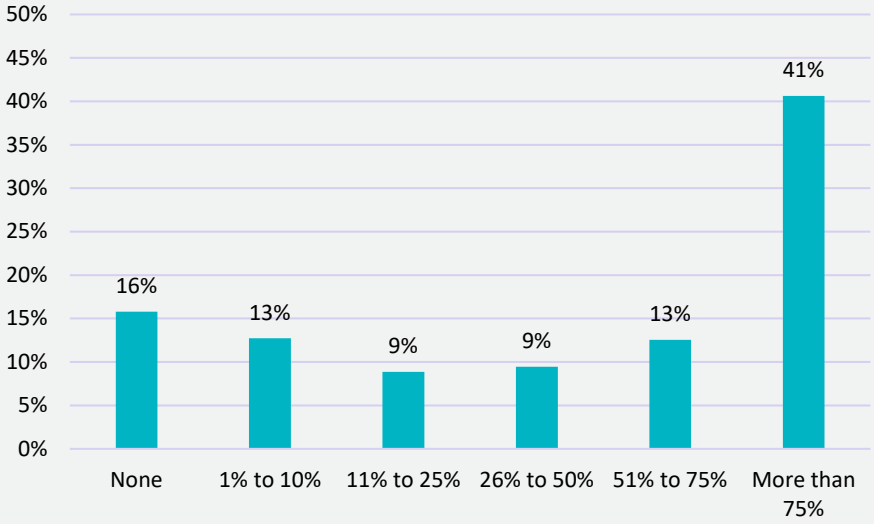


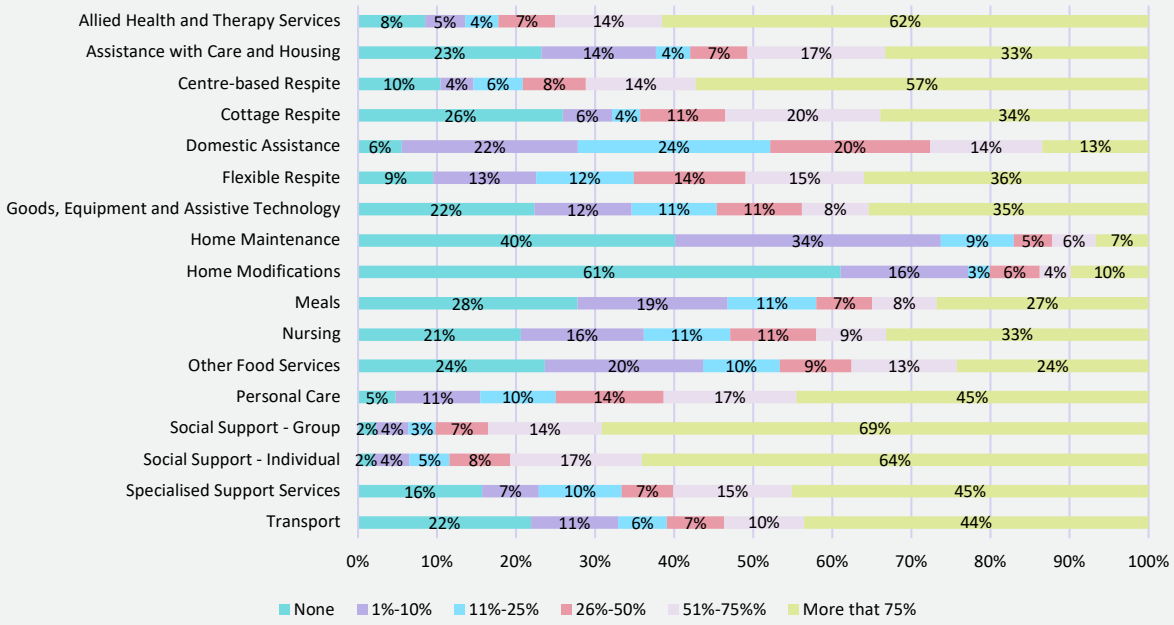
Q6. Do your CHSP clients' care plans identify the following?



Clients participating in tasks with the service provider (staff)

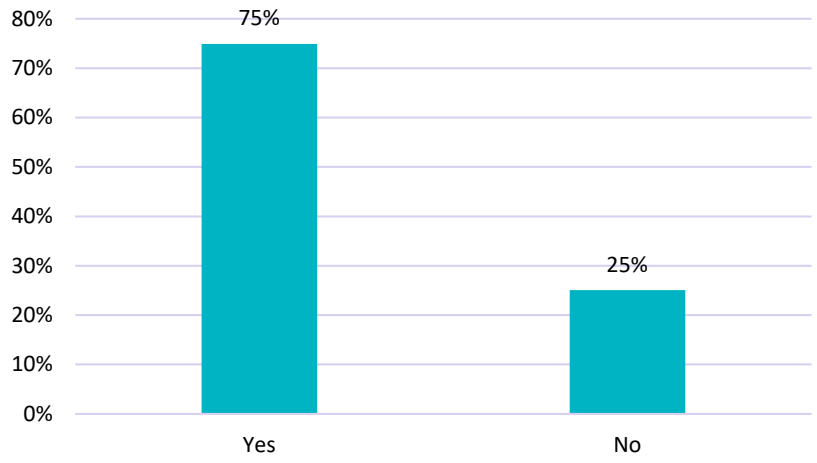
Q7. For each service type your organisation was funded to deliver in 2023-24, approximately how often do your CHSP clients participate in tasks with or alongside the service provider (staff)?



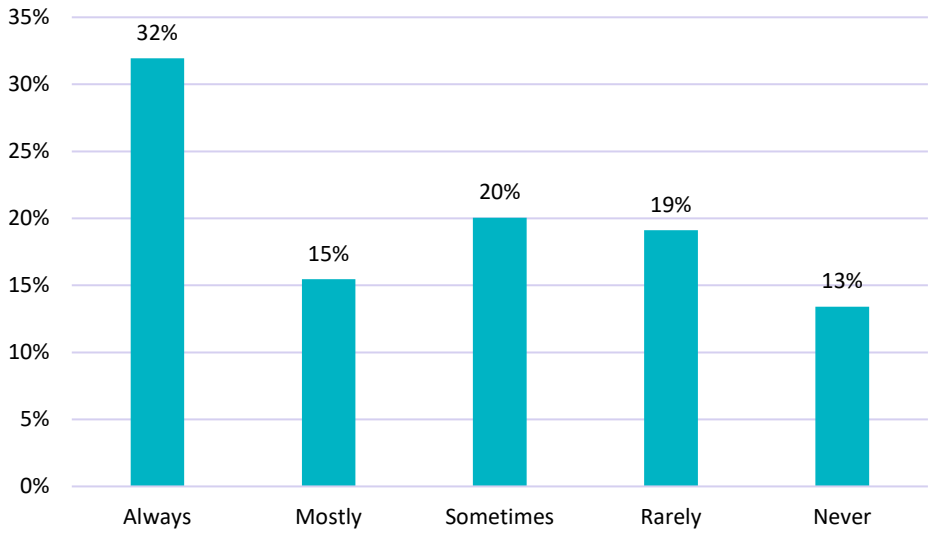


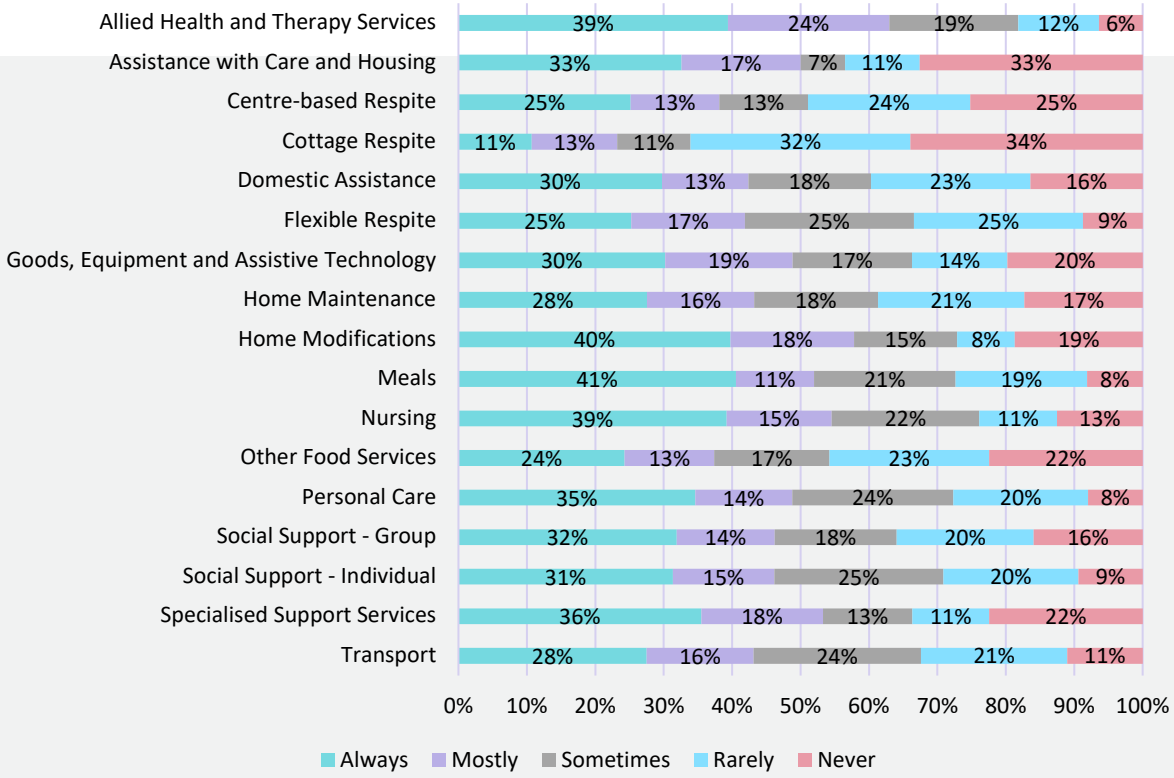
Short-term reablement CHSP service delivery

Q8. Did your organisation deliver periods of reablement to your CHSP clients in the 2023-24 reporting period?

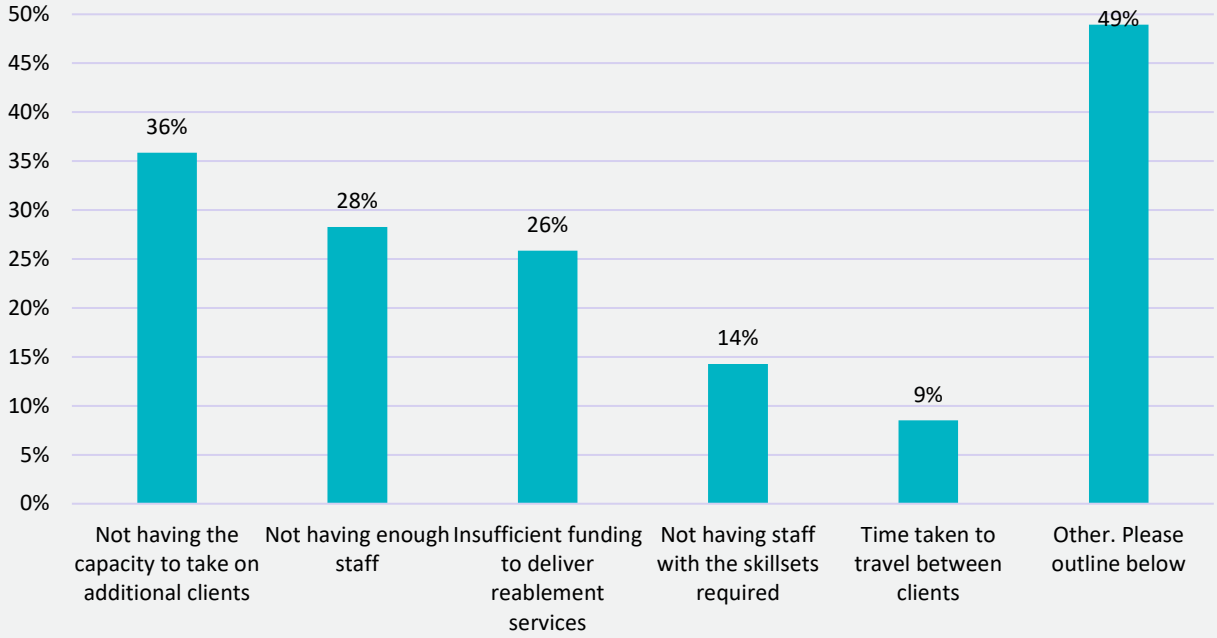


Q9. How often are you accepting referrals from My Aged Care for short-term reablement?



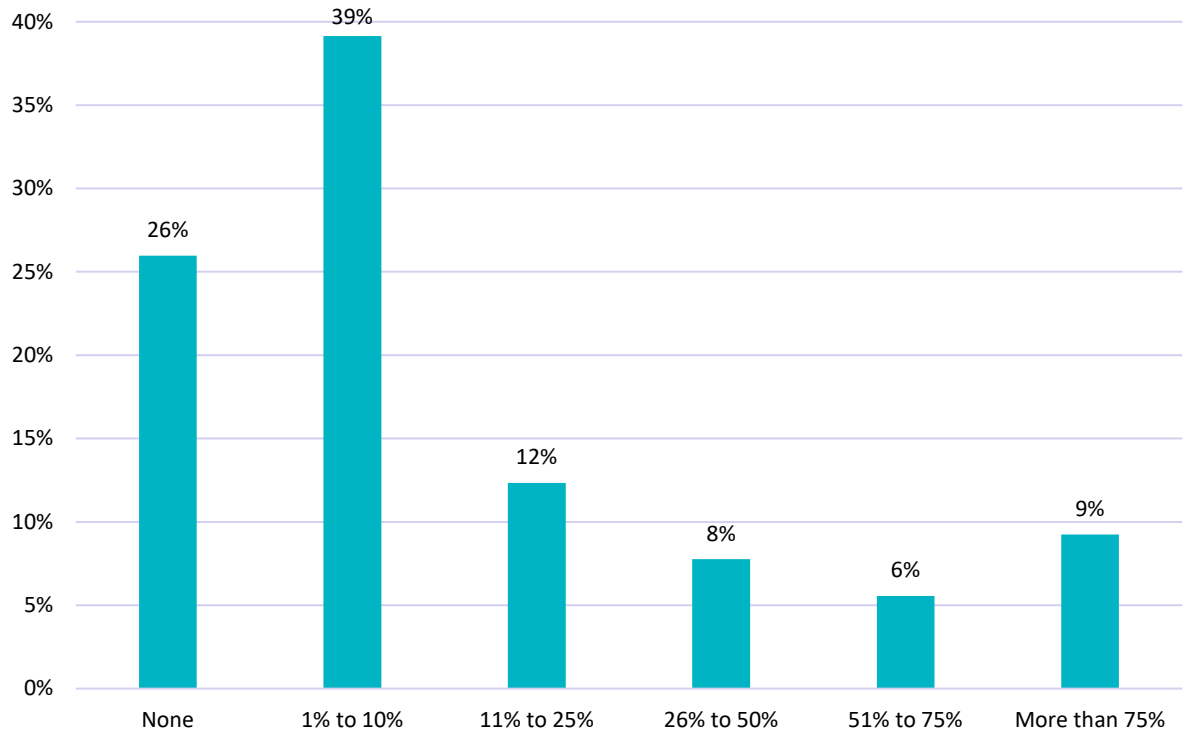


Q10. If you never or rarely accept referrals for short-term reablement from My Aged Care for any service types you deliver, what are the reasons for this?

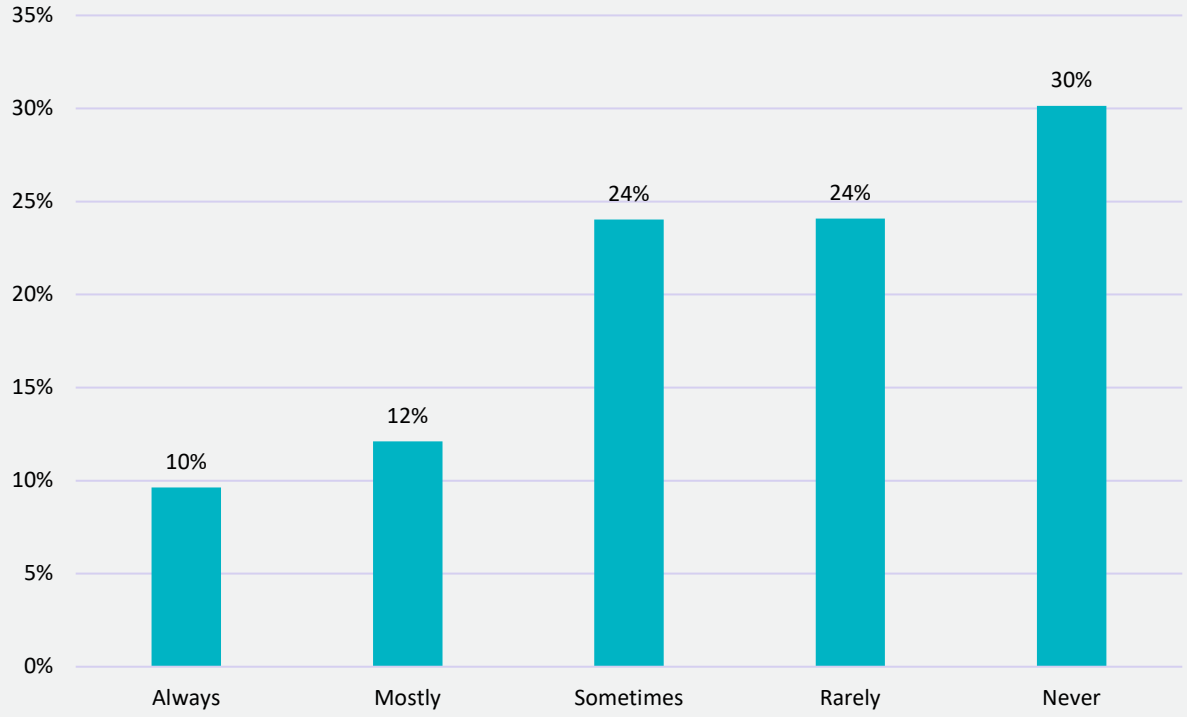


Proportion of services delivered on a short-term basis

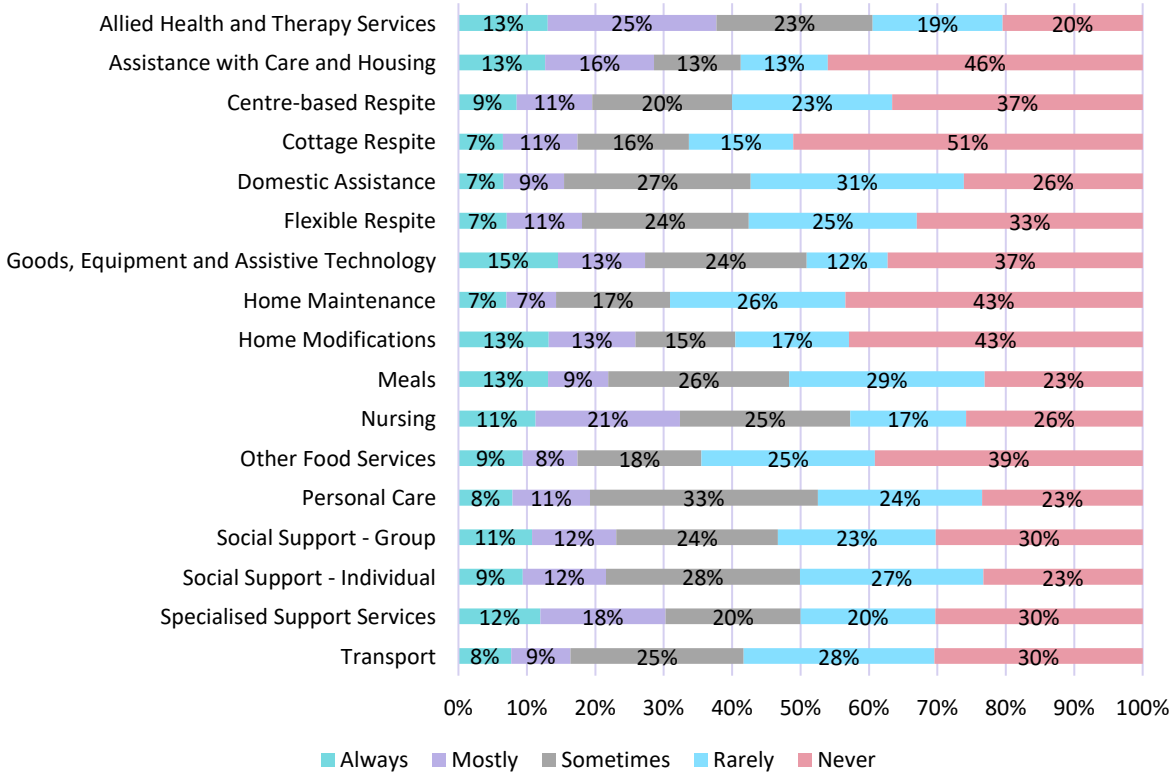
Q12. For each service type your organisation was funded to deliver in 2023-24, approximately what proportion of services were delivered on a short-term basis with a reablement focus?



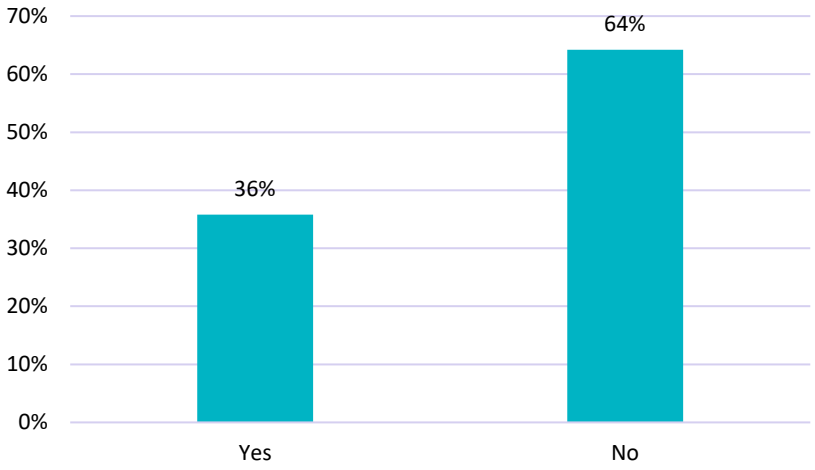
Q13. How often are reablement services delivered to CHSP clients without a specific recommendation from a My Aged Care assessor[3]?



[3] RAS or ACAT assessor

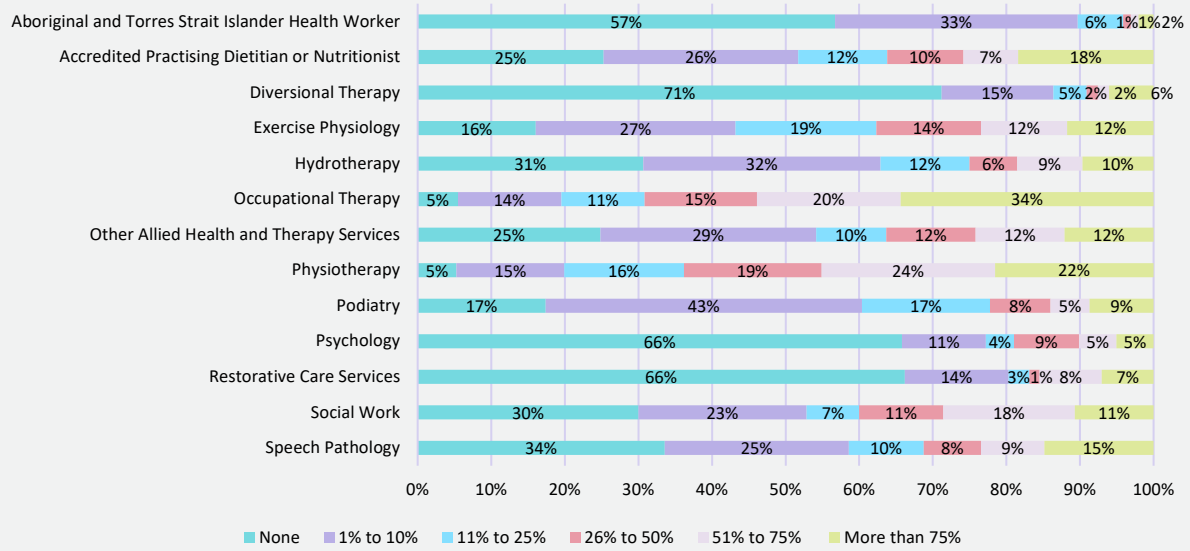


Q14. Was your organisation funded to deliver Allied Health and Therapy Services in 2023-24?



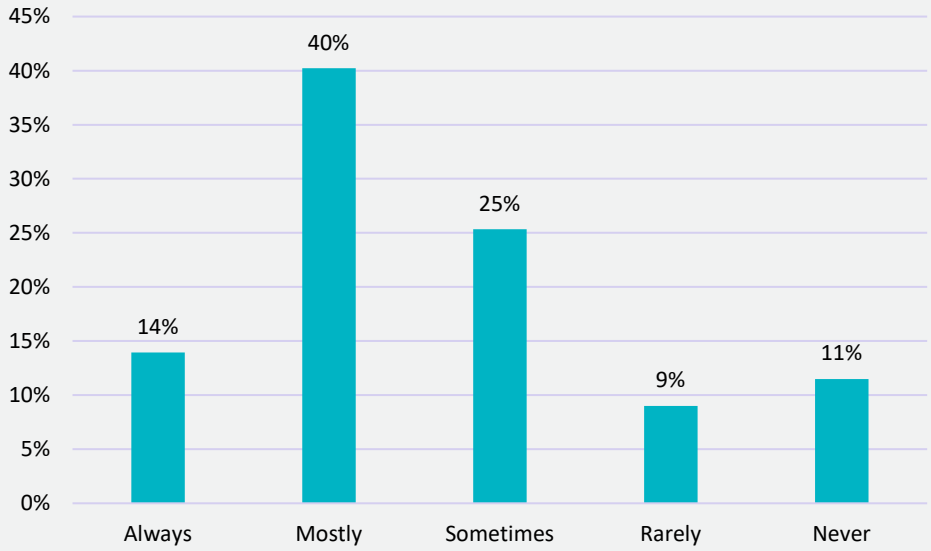
NB: This analysis only includes providers who answered this question and excluded those who did not deliver reablement services during the reporting period.

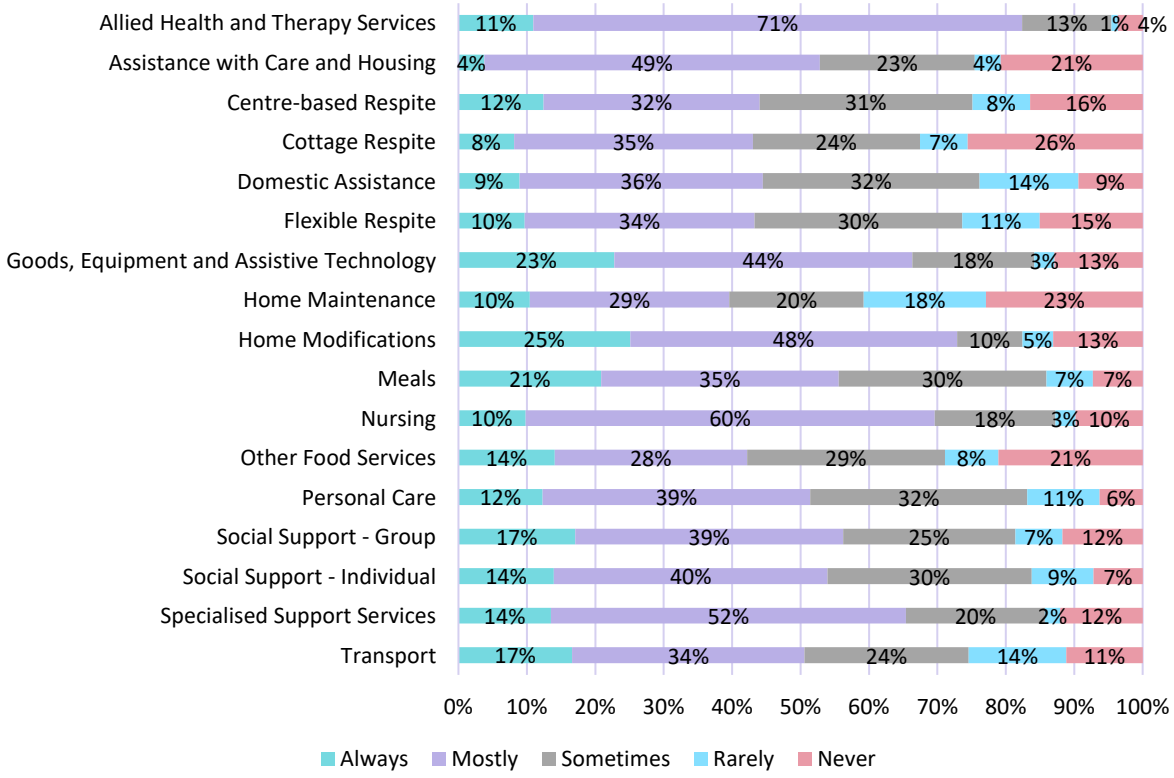
Q15. If so, approximately what proportion of services, for each Allied Health service sub-type were delivered on a short-term basis with a reablement focus?



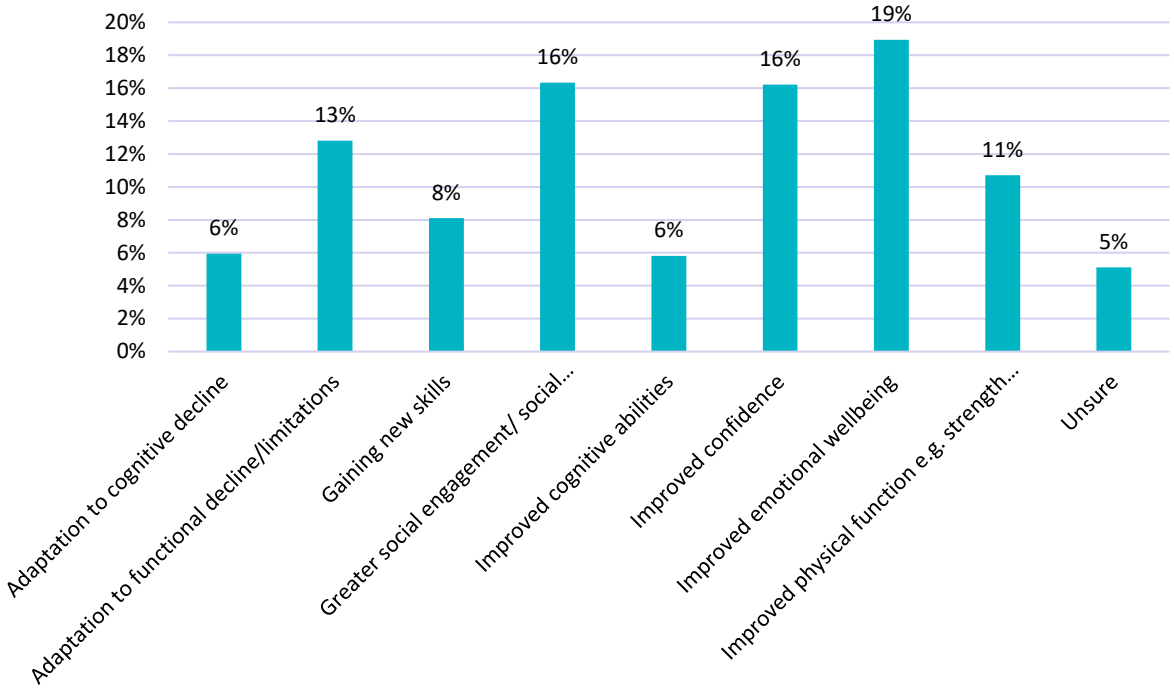
Client outcomes from the reablement period

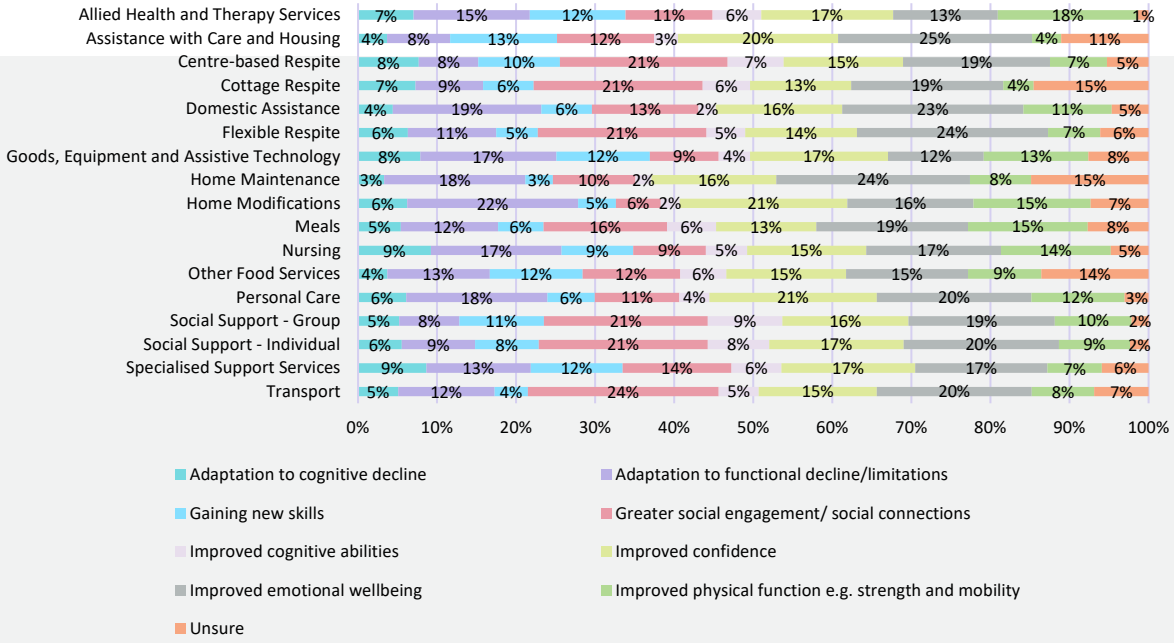
Q16. For each service type your organisation was funded to deliver in 2023-24, how often are your CHSP reablement clients meeting their reablement goals (either fully or partially)?





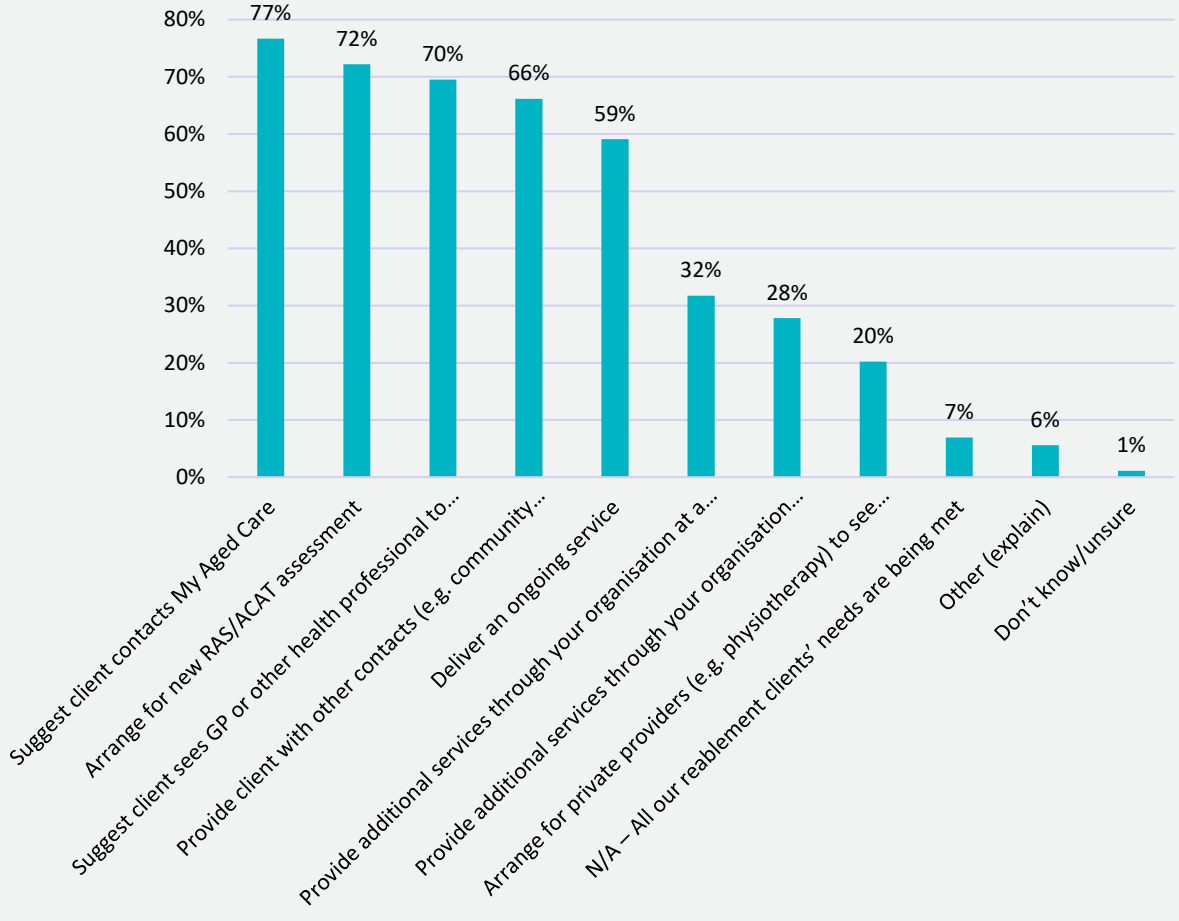
Q17. Which of the following aspects of your CHSP clients' situation improved as a result of their reablement period?





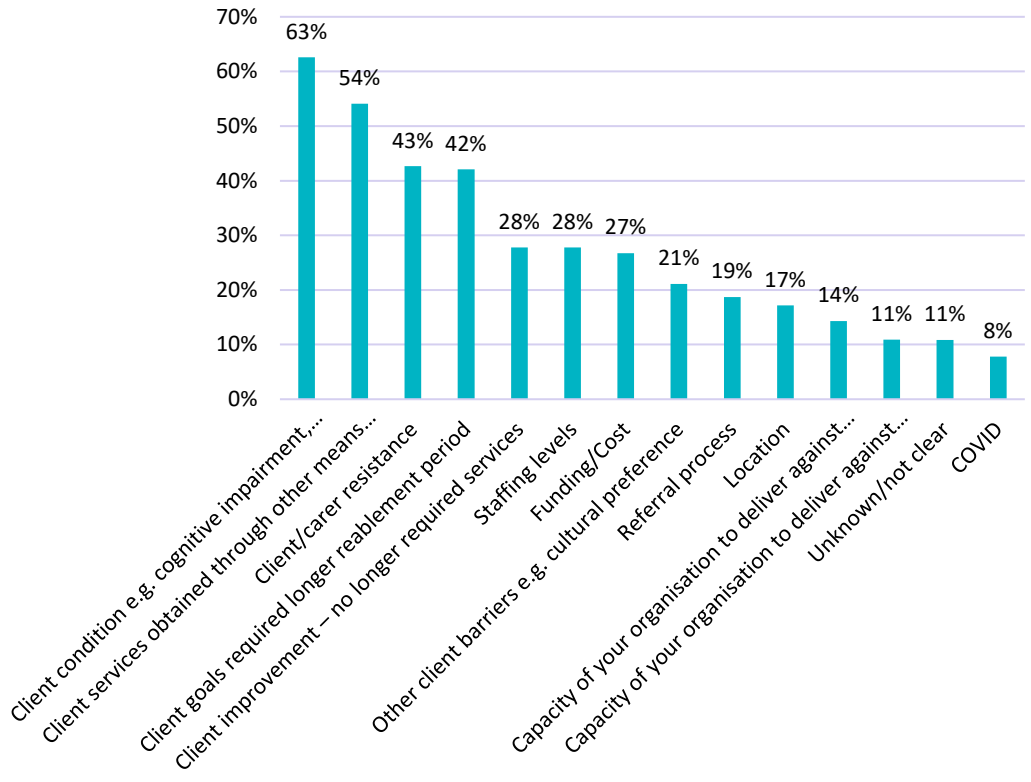
Response to CHSP reablement services

Q18. Where CHSP reablement services are unable to meet CHSP clients' needs, how does your organisation respond?

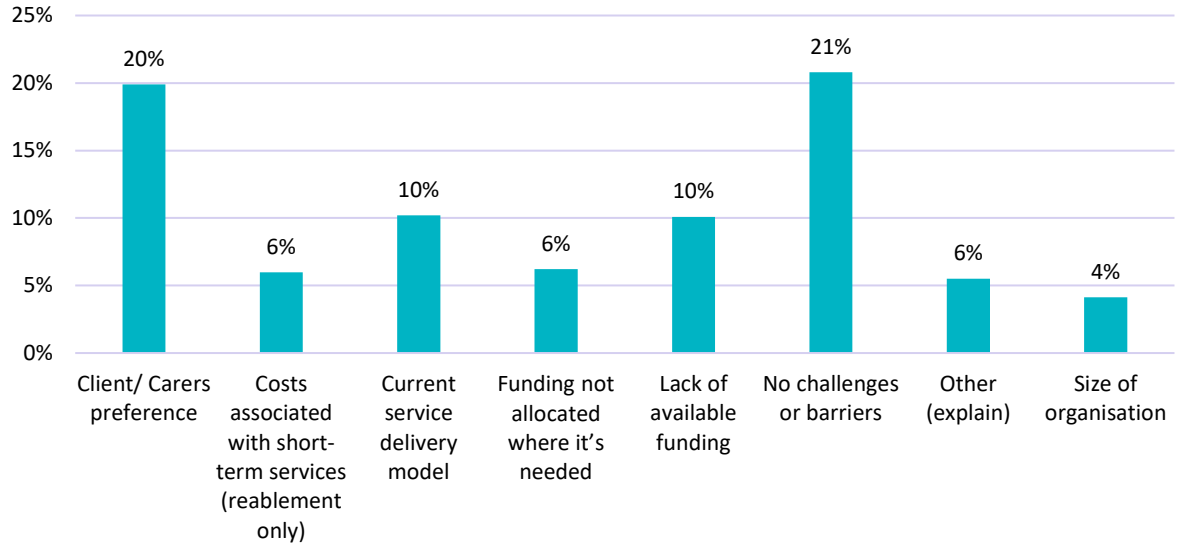


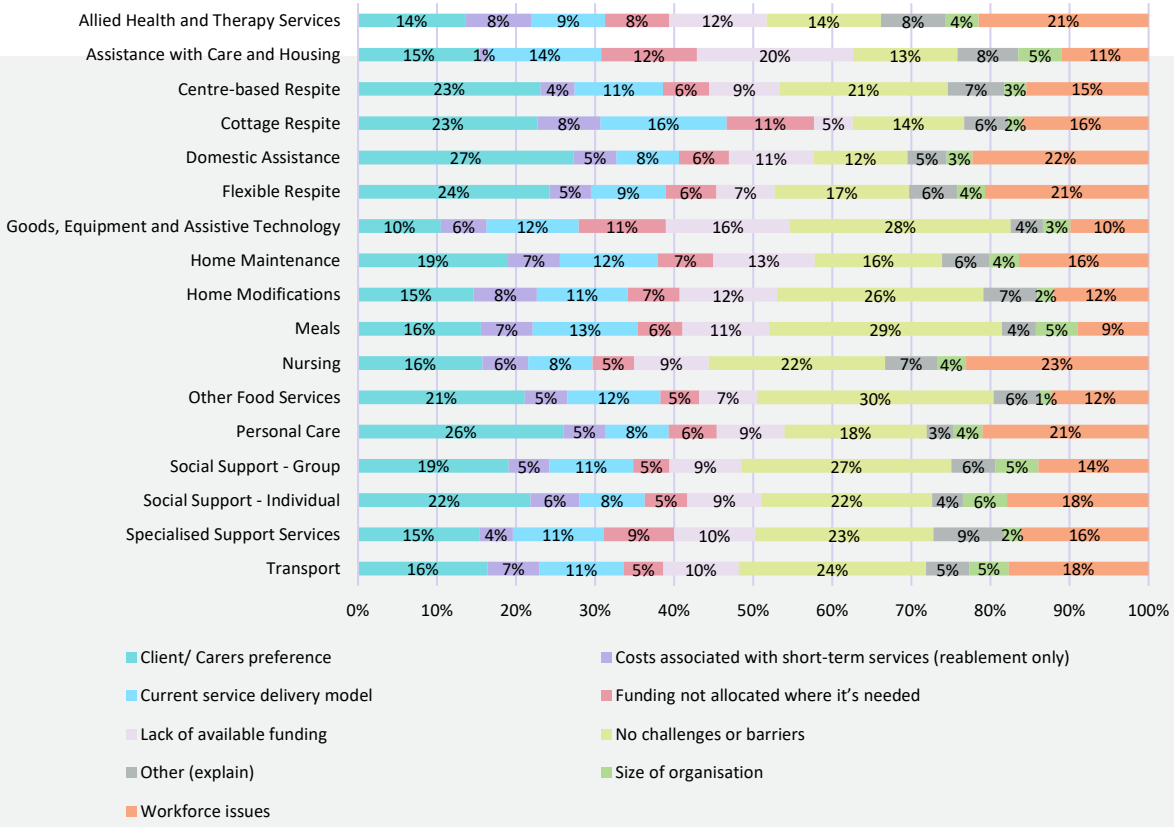
Challenges with delivering a wellness and reablement approach.

Q19. If your CHSP clients' wellness or reablement goals weren't met, what was the reason for this?



Q20. Are there any services where you have not been able to embed, or have had challenges delivering, a wellness or a reablement approach to CHSP clients? What are the barriers?




Allied Health and Therapy Services 14% 8% 9% 8% 12% 14% 8% 4% 21%
Assistance with Care and Housing 15% 1% 14% 12% 20% 13% 8% 5% 11%
Centre-based Respite 23% 4% 11% 6% 9% 21% 7% 3% 15%
Cottage Respite 23% 8% 16% 11% 5% 14% 6% 2% 16%
Domestic Assistance 27% 5% 8% 6% 11% 12% 5% 3% 22%
Flexible Respite 24% 5% 9% 6% 7% 17% 6% 4% 21%
Goods, Equipment and Assistive Technology 10% 6% 12% 11% 16% 28% 4% 3% 10%
Home Maintenance 19% 7% 12% 7% 13% 16% 6% 4% 16%
Home Modifications 15% 8% 11% 7% 12% 26% 7% 2% 12%
Meals 16% 7% 13% 6% 11% 29% 4% 5% 9%
Nursing 16% 6% 8% 5% 9% 22% 7% 4% 23%
Other Food Services 21% 5% 12% 5% 7% 30% 6% 1% 12%
Personal Care 26% 5% 8% 6% 9% 18% 3% 4% 21%
Social Support - Group 19% 5% 11% 5% 9% 27% 6% 5% 14%
Social Support - Individual 22% 6% 8% 5% 9% 22% 4% 6% 18%
Specialised Support Services 15% 4% 11% 9% 10% 23% 9% 2% 16%
Transport 16% 7% 11% 5% 10% 24% 5% 5% 18%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Client/ Carers preference
Costs associated with short-term services (reablement only)
Current service delivery model
Funding not allocated where it's needed
Lack of available funding
No challenges or barriers
Other (explain)
Size of organisation
Workforce issues

 Phone **1800 200 422** (My Aged Care's free call phone line)

 Visit health.gov.au/aged-care-reforms

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To use the National Relay Service, visit **nrschat.nrscall.gov.au/nrs** or call **1800 555 660**.