



Australian Government

Department of Health

## 2019 and 2020 Wellness and Reablement Report Outcomes

### Executive Summary

In late 2020, the Department of Health (the department) conducted the third annual Wellness and Reablement report through an online survey to Commonwealth Home Support Programme (CHSP) service providers in all states and territories. The purpose of the survey is to measure progress towards embedding wellness and reablement approaches and to gain a more in-depth view of CHSP funded organisations' reablement approaches into their organisational practices and service delivery, including identifying any challenges and supports needed.

The department received 1,321 responses from CHSP service providers in all states and territories. Baseline data on reablement focussed service delivery was collected in 2019 with 1,295 responses. This report will compare the progress and trends across the two reporting periods.

Consistent with last year's outcomes, key self-reported results by providers show that most organisations reported to have seen the benefits of reablement approaches and have seen clients regain (even in part) physical or cognitive abilities, service providers reporting on the alignment of certain service types showed mixed responses, particular lack of alignment of wellness and reablement approaches for meals, home maintenance and transport.

Other self-reported outcomes of the 2019 and 2020 report:

- In 2019, 77 per cent reported a wellness and reablement approach had resulted in clients developing new skills or capabilities. Responses ranged from 30 per cent of providers reporting less than 10 per cent of clients regained physical/cognitive abilities through to 18 per cent of providers reporting that more than 50 per cent of clients regained physical/cognitive abilities.
- In 2020, 83 per cent of providers reported a wellness and reablement approach had resulted in clients developing new skills or capabilities or broadening their outlook and/or participation in society or increased social connections. Responses ranged from 21 per cent of providers reporting that less than 10 per cent of its clients had developed new skills through to 22 per cent of providers reporting that more than 75 per cent of its clients developed new skills

While the 2019 and 2020 wellness reports indicate continued beneficial outcomes for clients across the two years of reporting, the percentage of providers reporting the proportion of clients benefiting remain low. This suggests providers require further support to imbed wellness and reablement focused practices into their service delivery.

Outcomes to each question for 2019 and 2020 s at [Attachment A](#) and [Attachment B](#) respectively.

Further outcomes are detailed in the Survey Findings section of this report.

## Acknowledgements

The department would like to thank the service providers for their response during an extended period of challenges across all states and territories. The data aims to assist the department to understand the progress in implementing reablement focussed approach in CHSP service delivery. Service providers' continued commitment supports the department to develop ongoing resources and activities to progress the quality practices in wellness and reablement approaches, in line with the focus under CHSP and the broader aged care.

## Background and Context

The first wellness report template was issued to service providers in late 2018. It sought to clarify the status of CHSP funded organisations in implementing a wellness approach and to identify any implementation issues and supports needed.

In line with the reablement focused assessment model, part of the 2018-19 Promoting Independent Living budget measure, the 2019 and 2020 wellness and reablement report aimed to have a more in depth look at the reablement component.

The department received a total of 1,294 responses in 2019 and 1,321 responses in 2020. The two years of consistent reporting has allowed the department to gain insights as well as to identify key themes and findings on the progress of embedding a reablement focussed service delivery.

## Methodology

In late 2019 and 2020, service providers funded under all service types, except for Sector Support and Development, were required to report on the implementation of wellness and reablement in its service delivery. The questions remain the same for both reporting periods.

Providers were asked 22 questions in total, grouped into the following themes:

- Organisation details
- Age range of reablement clients
- Dementia and Cognitive impairment
- Client Care (Service) Plans
- Frequency of short-term CHSP services
- Proportion of services delivered on a short-term or episodic basis
- Intensity of CHSP services over time
- Clients participating in tasks with the service provider (staff)
- Proportion of clients developing new skills or capabilities
- Proportion of clients learning to adapt to functional limitations
- Challenges with implementing a reablement approach
- Response to CHSP reablement services

Questions involved a combination of qualitative and quantitative styled questions in the form of a survey and short answers via the online platform Citizen Space. All question was sought to understand the progress and trends of reablement focussed practices as part of the 2018-19 Promoting Independent Living budget measure.

To assist providers to progress through some questions where data was not readily available, service providers were asked to estimate responses to questions where data was not yet collected.

The online report opened in October 2020 and providers were given two months to complete.

## Survey Findings

### Client care plans and referrals

Providers were asked to report on how often the organisation develops a care (service) plan for each client it supports. Providers were given the option to select either never; rarely, mostly, or always. Of the 1,321 responses, 77 per cent of providers reported they 'always' develop a care (service) plan for each client they support. Whereas, 9 per cent reported to have never developed a care (service) plan for each client it supports. This presents an improvement with a

6 per cent increase in providers developing care plans since 2019 and a 3 per cent decrease in providers that reported to have 'never' developed a care plan.

A breakdown of responses across each service type is set out in [Q.9 Attachment A](#) and [Attachment B](#).

Further questions were asked about additional items identified in organisations' client care plans. A comparison of responses for 2019 and 2020 is reflected in Table 1.

Table 1: Proportion of providers that responded to the question 'Does your organisation's client care plans identify the following':

Does your organisation's client care plans identify the following	Never		Rarely		Mostly		Always	
	2019	2020	2019	2020	2019	2020	2019	2020
Client's preferences (or those preferences documented in the RAS/ACAT support plan)?	10%	8%	5%	4%	26%	26%	60%	61%
End date (or references RAS/ACAT support plan end date)	31%	28%	22%	21%	22%	26%	24%	26%
How the provider/staff can build on a client's capacity/strengths (or references capacity/strengths in the RAS/ACAT support plan)?	13%	12%	13%	11%	38%	37%	36%	40%
How the provider/staff can deliver upon the client's preferences?	8%	6%	4%	3%	31%	31%	58%	60%
How the provider/staff can encourage self-sufficiency (or references self-sufficiency in the RAS/ACAT support plan)?	14%	12%	16%	13%	38%	38%	33%	36%
If the client has cognitive impairment or dementia	14%	12%	12%	12%	29%	29%	45%	46%
If the client is a Reablement client	25%	21%	21%	20%	28%	31%	27%	29%
Review Date	8%	8%	5%	4%	22%	21%	66%	67%
The client's goals, including time-limited goals?	9%	9%	7%	5%	25%	25%	59%	61%

NB: Numbers are rounded to the nearest whole number.

The proportion of providers' responses for each item is consistent across the two reporting periods. Overall, outcomes have improved in 2020, with a lower proportion of providers that selected 'never' across all listed items. Results in 2020 reveals a consistently higher proportion service providers that selected 'always' for each item present in client care plans showing a consistent improvement with overall items being identified in client care plans.

In 2020, providers were asked to select between never; rarely; mostly and always for how often the organisation accepts referrals to deliver short-term CHSP services. The majority (72 per cent) of service providers reported that they always accept referrals to deliver short-term CHSP services, a 4 per cent increase since 2019. Consistent with last year's reporting, the second highest response rate at 12 per cent reported to mostly accept referrals. Providers that never accept referrals reflects a slight improvement from 10 per cent in 2019 down to 8 per cent in 2020.

## **Client reablement**

### **Participation in tasks**

Consistent with the 2019 report, 43 per cent of service providers reported more than 50 per cent of its clients participated in tasks with or alongside service provider staff. Whereas in 2019 and 2020, 38 and 37 per cent (respectively) of providers reported, that less than 10 per cent of their clients participated in tasks with or alongside service provider staff.

In 2020, the highest proportion of providers that reported 'more than 75%' of its clients participated in tasks with or alongside the service provider include allied health and therapy services at 56 per cent, social support group at 55 per cent, and social support individual at 50 per cent.. Conversely, the highest proportion of providers that reported 'none' of its clients participated in tasks with or alongside the service provider include organisations that deliver service type for goods, equipment and assistive technology (43 per cent) and majority of home modifications (67 per cent)

The consistent outcomes reflected in 2019 suggests there is an understanding from providers that not all service types are aligned with the current wellness and reablement methodologies.

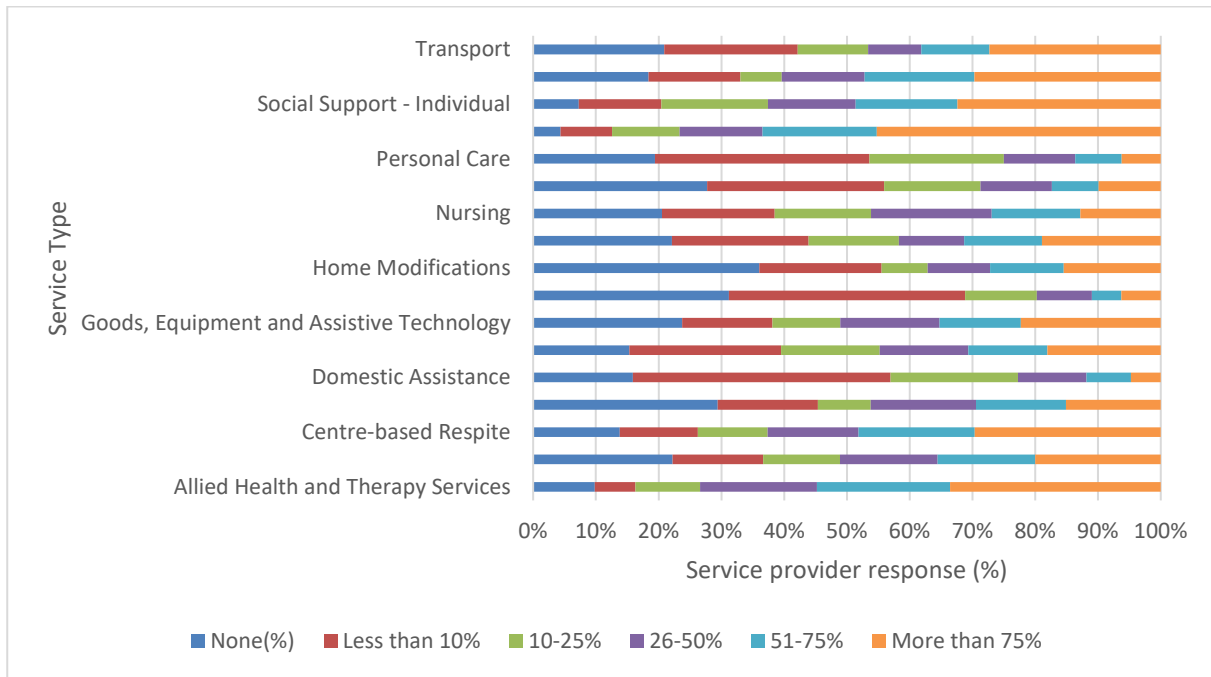
### **New skills/capabilities**

Service providers were asked to report on the proportion of clients that developed new skills or capabilities that broadened their outlook and/or participation in society or increased social connection.

In 2020, approximately 83 per cent of service providers reported that at least some of its clients had developed new skills, capabilities and/or increased social connection. Responses ranged from 21 per cent reported less than 10 per cent of clients developed new skills and capabilities through to 22 per cent of providers reported more than 75 per cent of clients developed skills and capabilities. An overall improvement of 5 per cent since 2019. The percentage of providers that reported none of its clients developed skills or capabilities and/or increased social connection also showed an improvement, reducing from 23 per cent in 2019 down to 17 per cent in 2020.

The proportion of clients that developed new skills or capabilities across each service type is illustrated in Figure 2.

Figure 2: 2020 summary of proportion of clients that developed new skills, capabilities and/or increased social connection across service types



**Clients regaining physical and cognitive abilities**

In 2020, The majority (77 per cent) of service providers reported that at least some of its clients regained (even in part) physical or cognitive abilities. Providers reported the proportion of clients that regained physical or cognitive abilities ranged from 30 per cent reported up to 10 per cent of its clients regained abilities through to 9 per cent reported more than 75 per cent of clients within each organisation.

Results in 2019 reflect the same trends as 2020 with a slight improvement on the proportion of providers that reported ‘none’ for the proportion of clients that regained physical or cognitive abilities, from 28 per cent in 2019 down to 23 per cent in 2020 (refer to Figure 3A and 3B).

Figure 3A 2019 Summary of responses that reported the proportion of clients that regained (even in part) physical or cognitive abilities

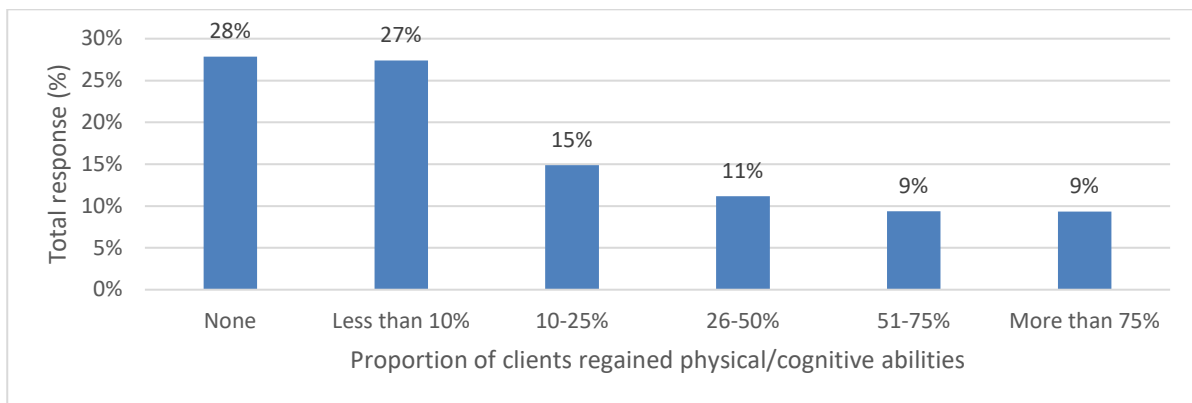
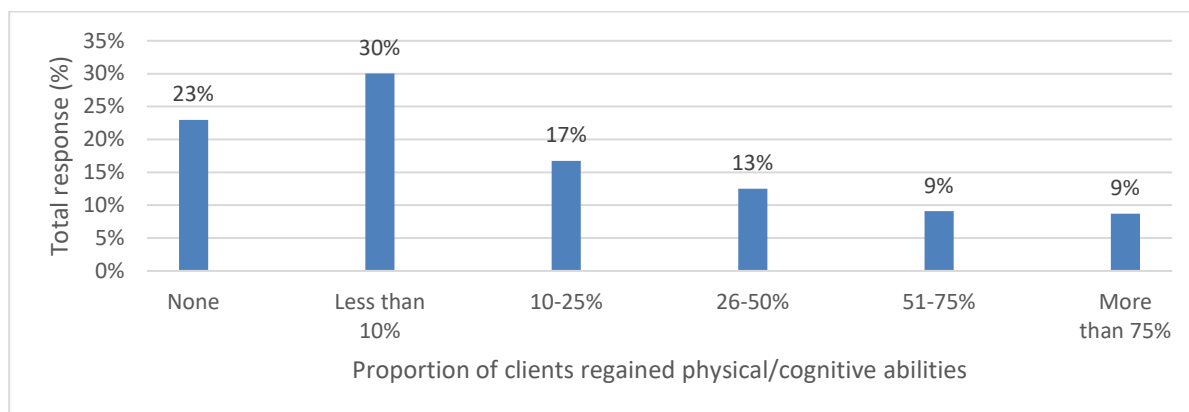


Figure 3B 2020 Summary of responses that reported the proportion of clients that regained (even in part) physical or cognitive abilities



Examples for each service type where clients regained (even in part) physical or cognitive abilities for 2019 and 2020 is listed in [Attachment A](#) and [Attachment B](#) (respectively) under Q17.

### Adaptation to functional limitation

Provider responses for the proportion of clients that learned to adapt to a functional limitation was evenly spread across all selection options for both reporting periods. The greatest variance between 2019 and 2020 presents a six per cent improvement in the proportion of organisations that selected 'none'. Whereby, 26 per cent of organisations reported no clients adapted to a functional limitation in 2019, down to 20 per cent in 2020.

The percentage of organisations that selected an option for the proportion of clients that learned to adapt to a functional limitation runs consistently across 2019 and 2020 with the greatest variance of six per cent improvement in 2020 for the proportion of providers that selected 'none'. See in the table below.

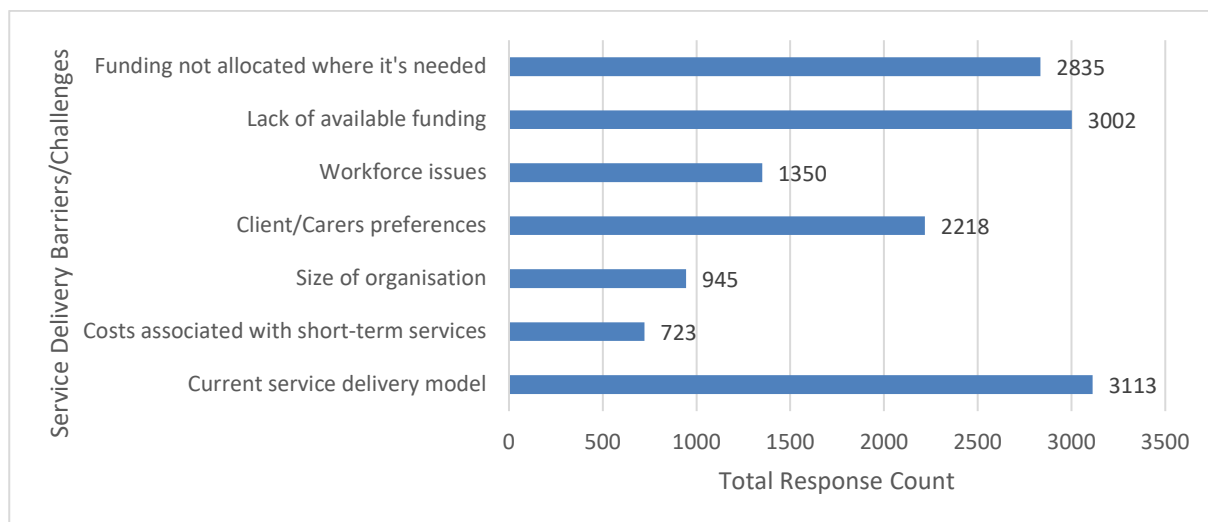
Table 2: Comparison of the proportion of clients that learned to adapt to a functional limitation

None		Less than 10%		10-25%		26-50%		51-75%		More than 75%	
2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
26%	20%	18%	20%	12%	15%	10%	13%	14%	13%	20%	20%

### Challenges

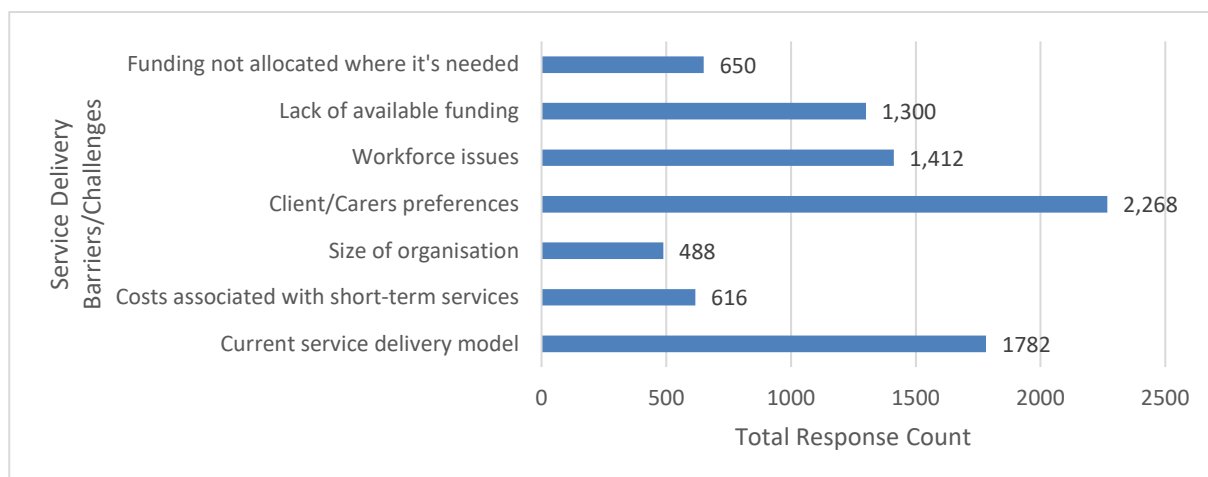
Service providers were asked to report on any services that either, have not been able to implement or have had challenges in implementing a reablement approach. Figure 5A and 5B shows the percentage response for each listed barrier / challenge for each reporting period. No clear trends were represented across 2019 and 2020.

Figure 5A: 2019 results - Challenges and barriers to implementing, a reablement approach



NB: Providers could select multiple options

Figure 5B: 2020 results - Challenges and barriers to implementing, a reablement approach



NB: Providers could select multiple options

Service providers had the option to describe in free text other barriers/challenges they faced, that did not fall into a listed category. Common themes across two reporting periods include:

- Consumer mindset about 'doing with' instead of 'doing for'.
- The Regional Assessment Services (RAS) or Aged Care Assessment Team (ACAT) are not referring clients for reablement services.
- Clients referred for CHSP are clients who are waiting for home care packages.
- Clients with long-term chronic conditions.
- Client affordability.
- Lack of volunteers.
- Service type does not align with reablement focussed approach.

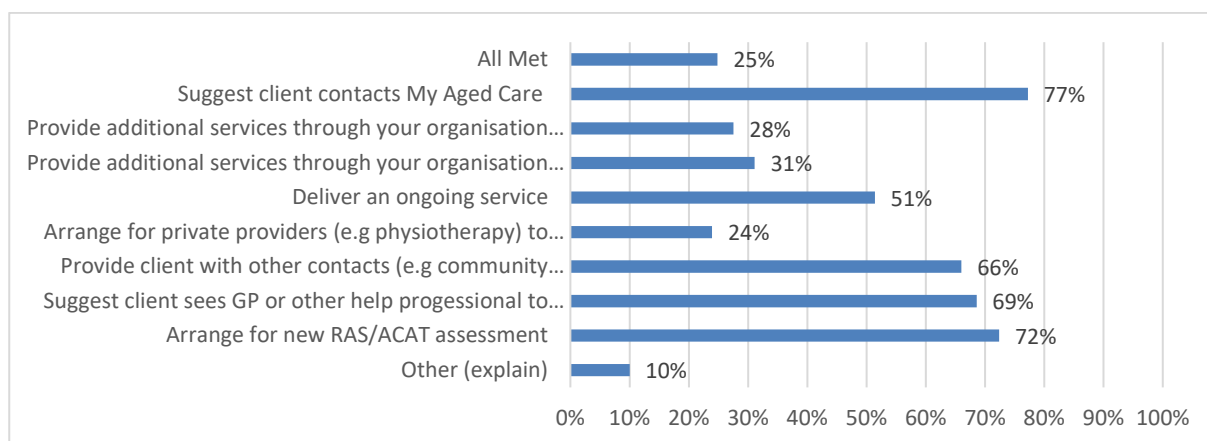
New common theme identified in the free text field of question 19 in 2020:

- COVID-19 related impact on service delivery social support group and social support individual service types due to social distancing restrictions.

Providers were asked how their organisation responds when they have not been able to implement or have had challenges in implementing a reablement approach.

Figure 6 illustrates the summary of responses for each selection for 2020.

Figure 6: 2020 How organisations respond when CHSP reablement services are unable to meet clients' needs



NB: Providers could select multiple response options; percentages will not sum to 100%.

For 2019 and 2020, providers had the option to report on other activities that was not listed in the options in Figure 6. Other activities organisations reported when they do not/cannot meet client's reablement include:

- Connect with client's family/carer to for suitable assistance.
- Engage with other providers to support the client.
- Ad-hoc review of the Reablement/Support Plan.
- Take on an advocacy role for the client.
- Discussions at multi-disciplinary meetings.

## Next steps

The outcomes of the 2019 and 2020 wellness and reablement report will support ongoing policy improvements around wellness and reablement and to inform support the direction and focus of the next wellness and Reablement report due 31 October 2021.

As part of the *Better Ageing - Promoting Independent Living* measure, the CHSP Reablement Community of Practice 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. The CHSP reablement community is managed by providers that deliver Sector Support and Development services with a focus on wellness and reablement.

The department has also introduced reablement specific training for front line support workers, allied health professionals and team leaders via the My Aged Care Learning Environment, commissioned by CIT. 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. The department has secured 15,000 pre-paid training places for CHSP Support Workers.

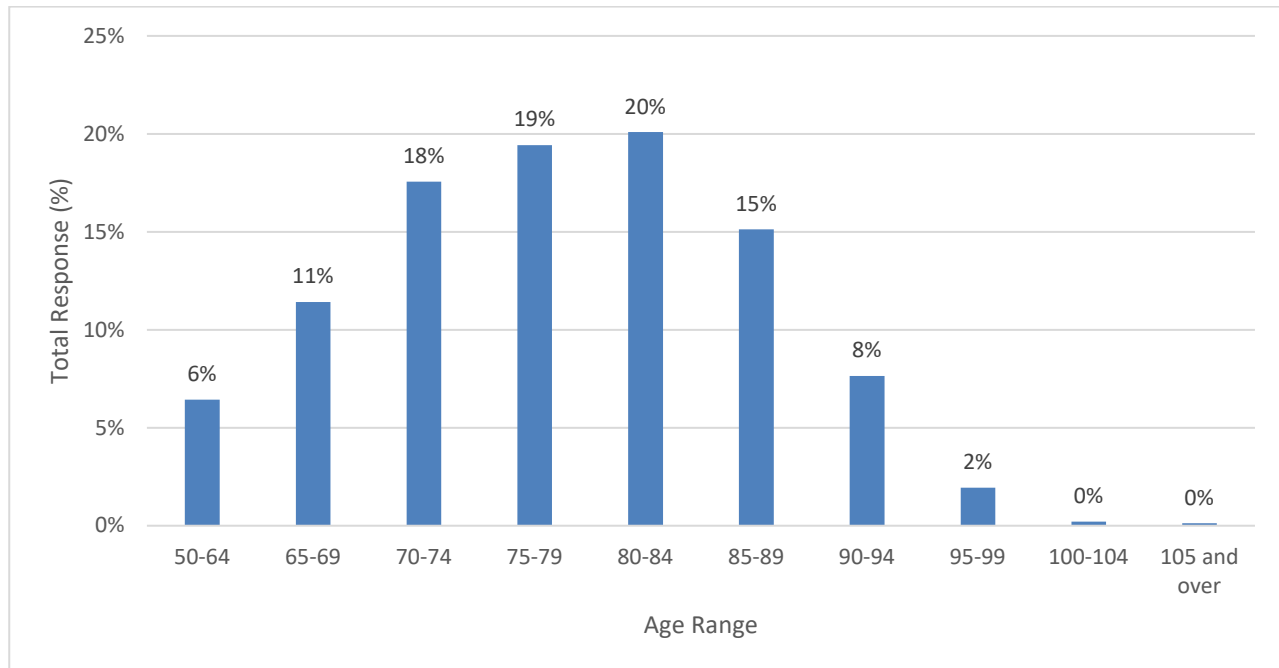
The feedback from providers on this wellness and reablement report and reablement online training is intended to support continual improvements on training and resource applications as part of ongoing policy improvements around wellness and reablement.

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.



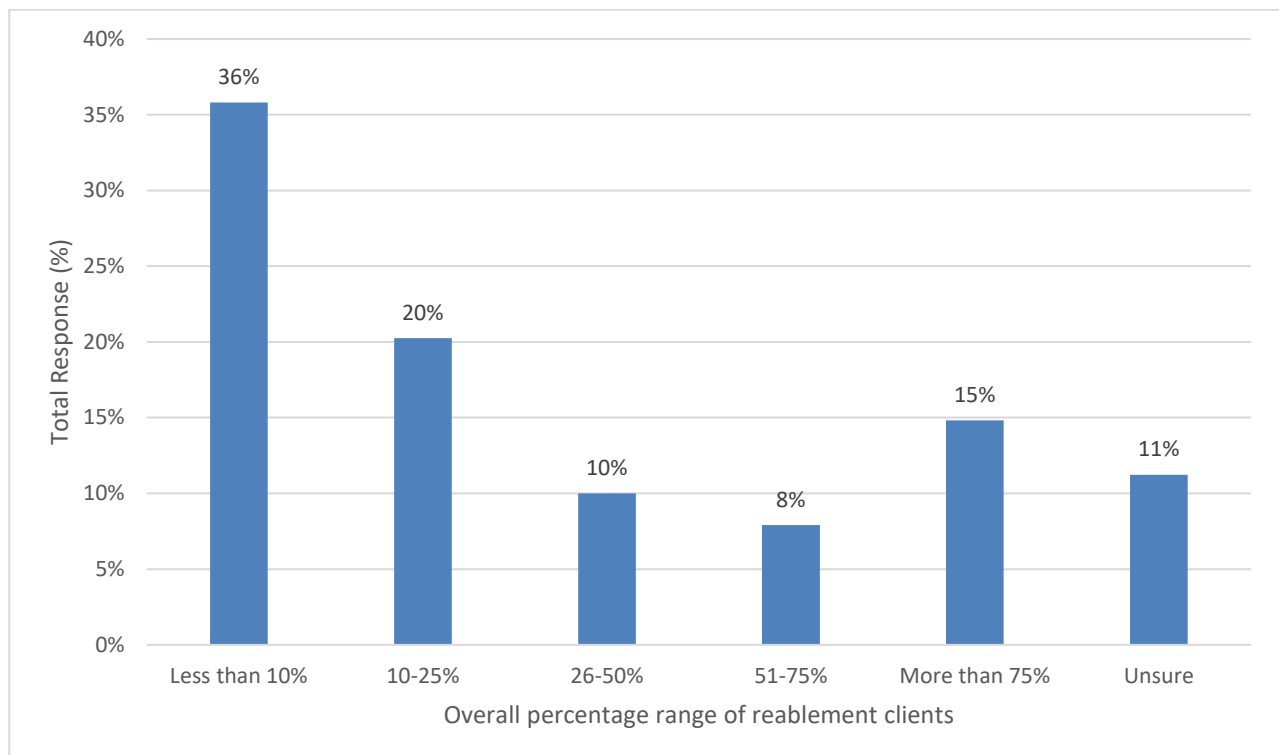
## Attachment A – 2019 Data Summary

### Q.7 Provide your best estimate of the proportion (%) of reablement clients in each age range



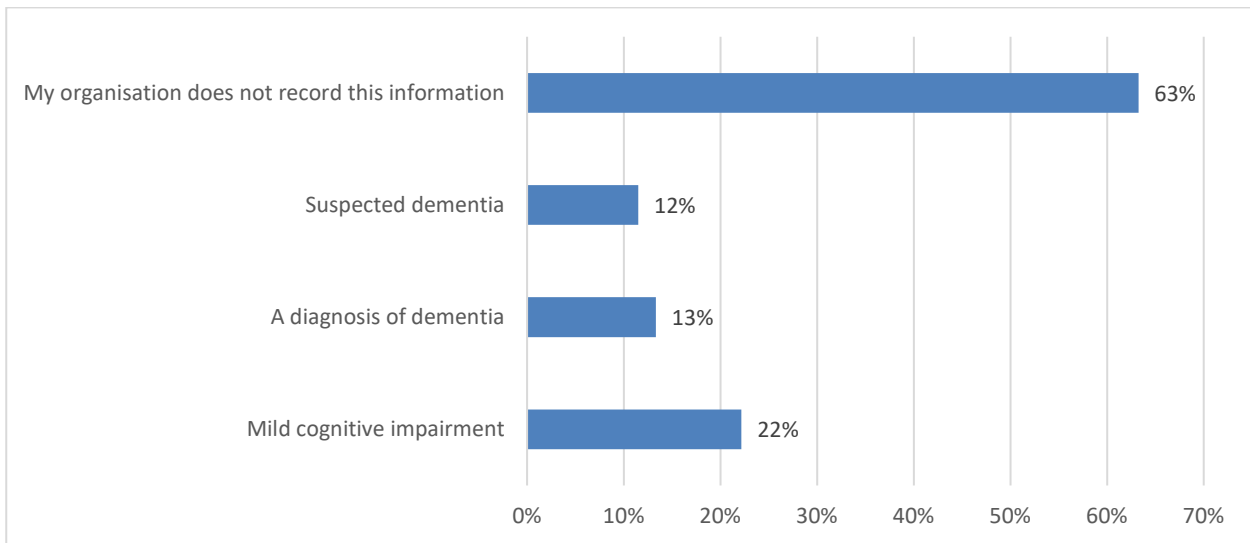
NB: This graph represents 75 per cent of providers that reported a best estimate of the overall percentage of reablement clients in each age range

For providers that did not record this information, provided best estimate of the overall percentage of reablement clients



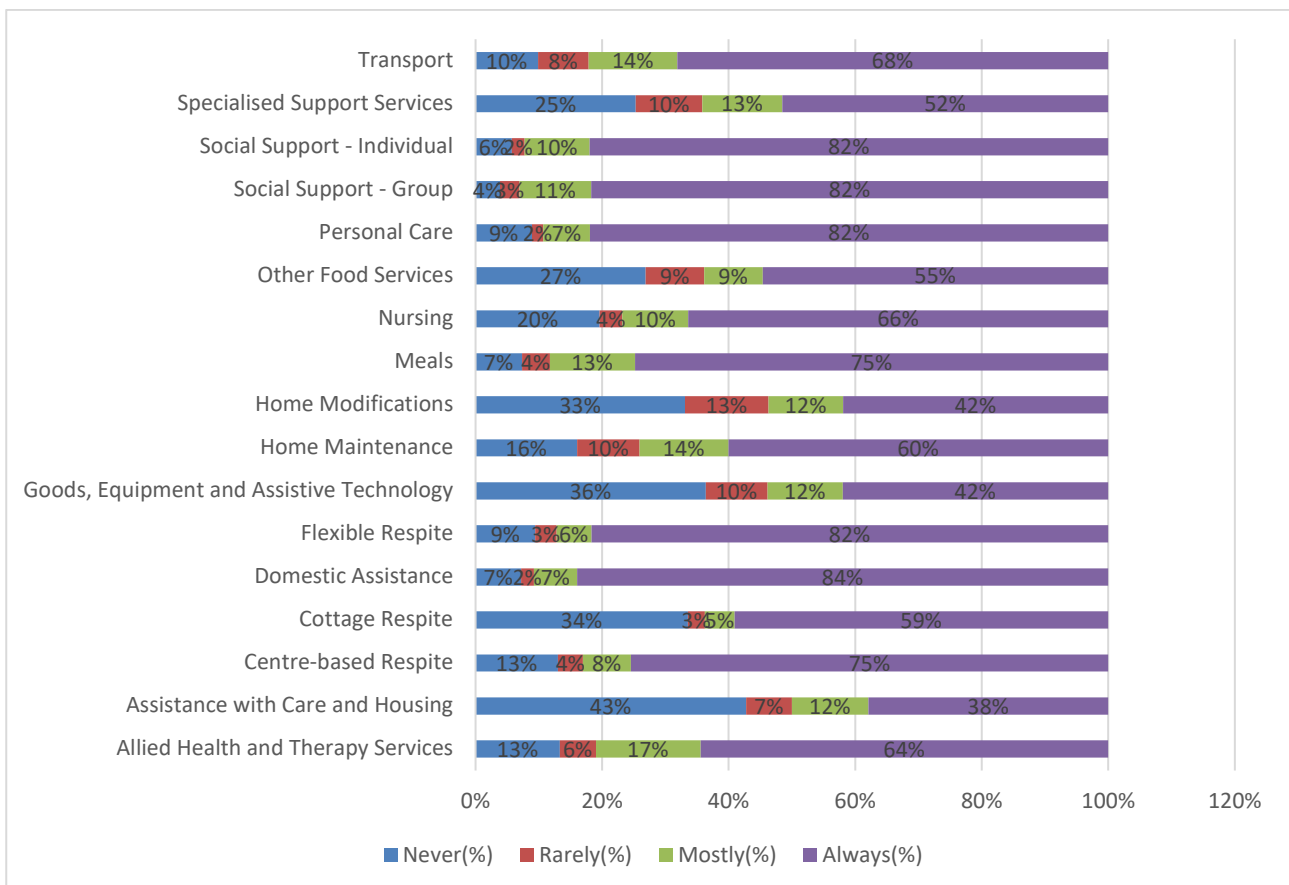
NB: This graph represents 25 per cent of providers that reported not to have this information and reported a best estimate of the overall percentage of reablement clients

**Q.8 Provide your best estimate of the proportion (%) of your CHSP clients that have mild cognitive impairment, a diagnosis of dementia, suspected dementia.**

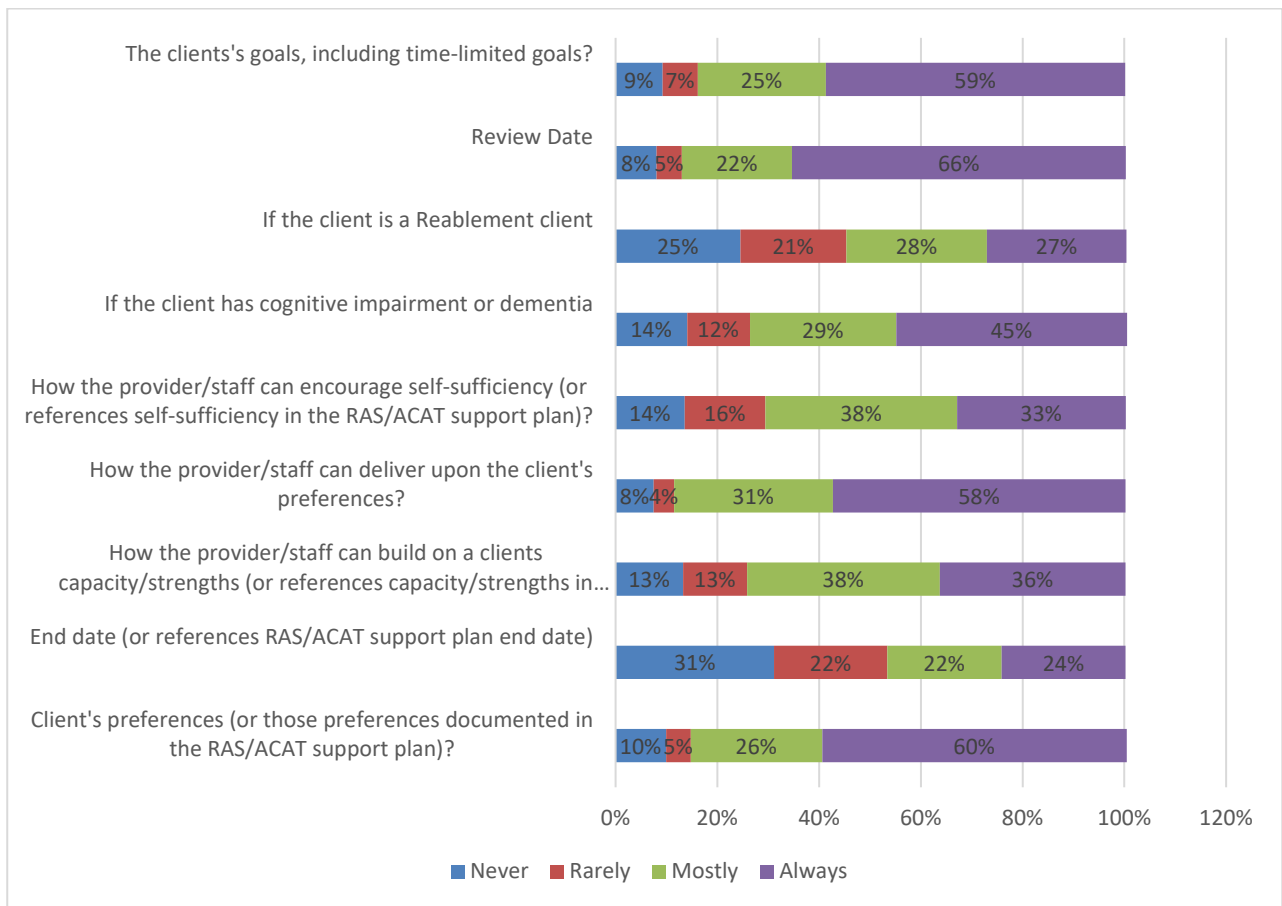


NB: The percentage of clients with dementia are captured for 63 per cent of providers that reported to have this information only

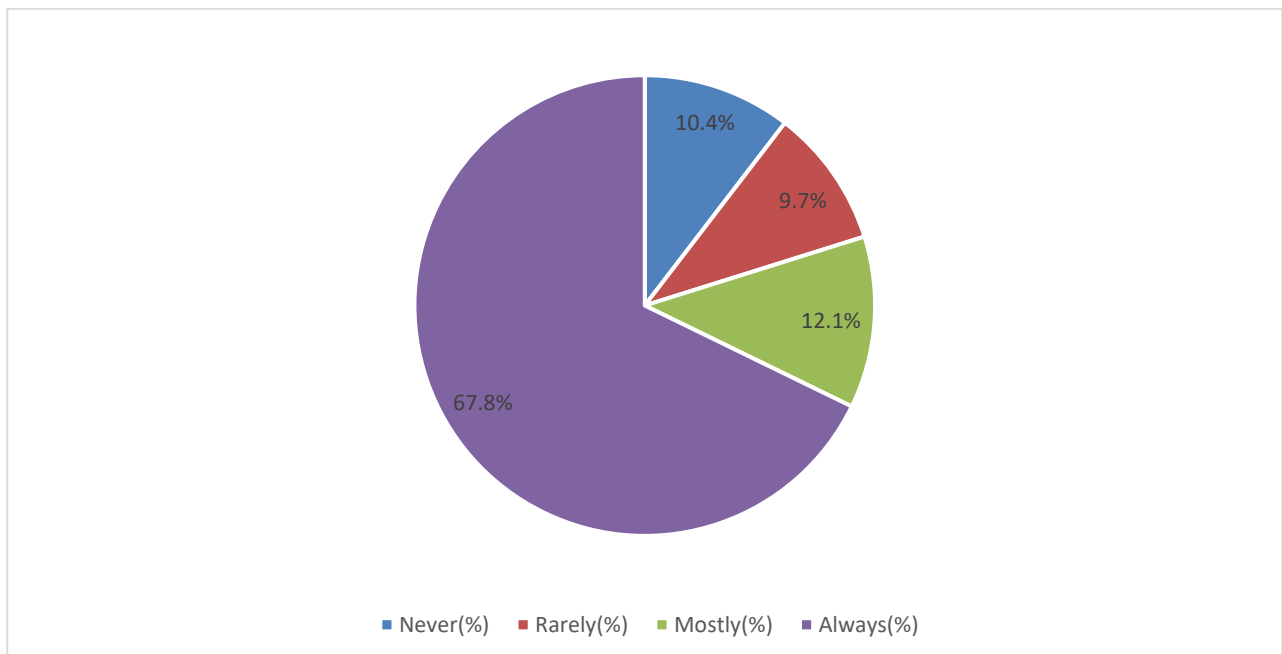
**Q.9 How often does your organisation develop a care (service) plan for each client it supports?**



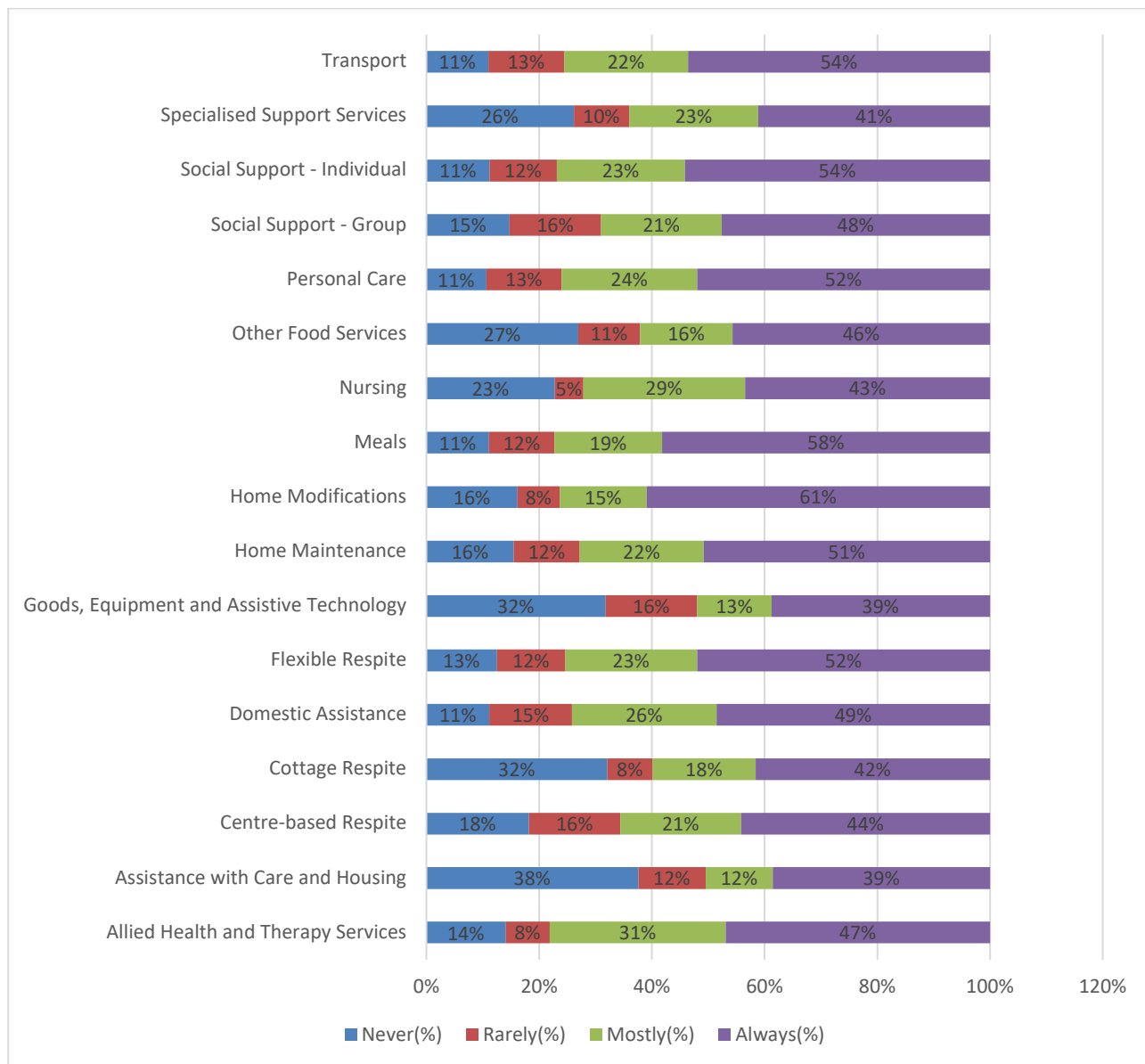
## Q.10 Does your organisation's client care plans identify the following



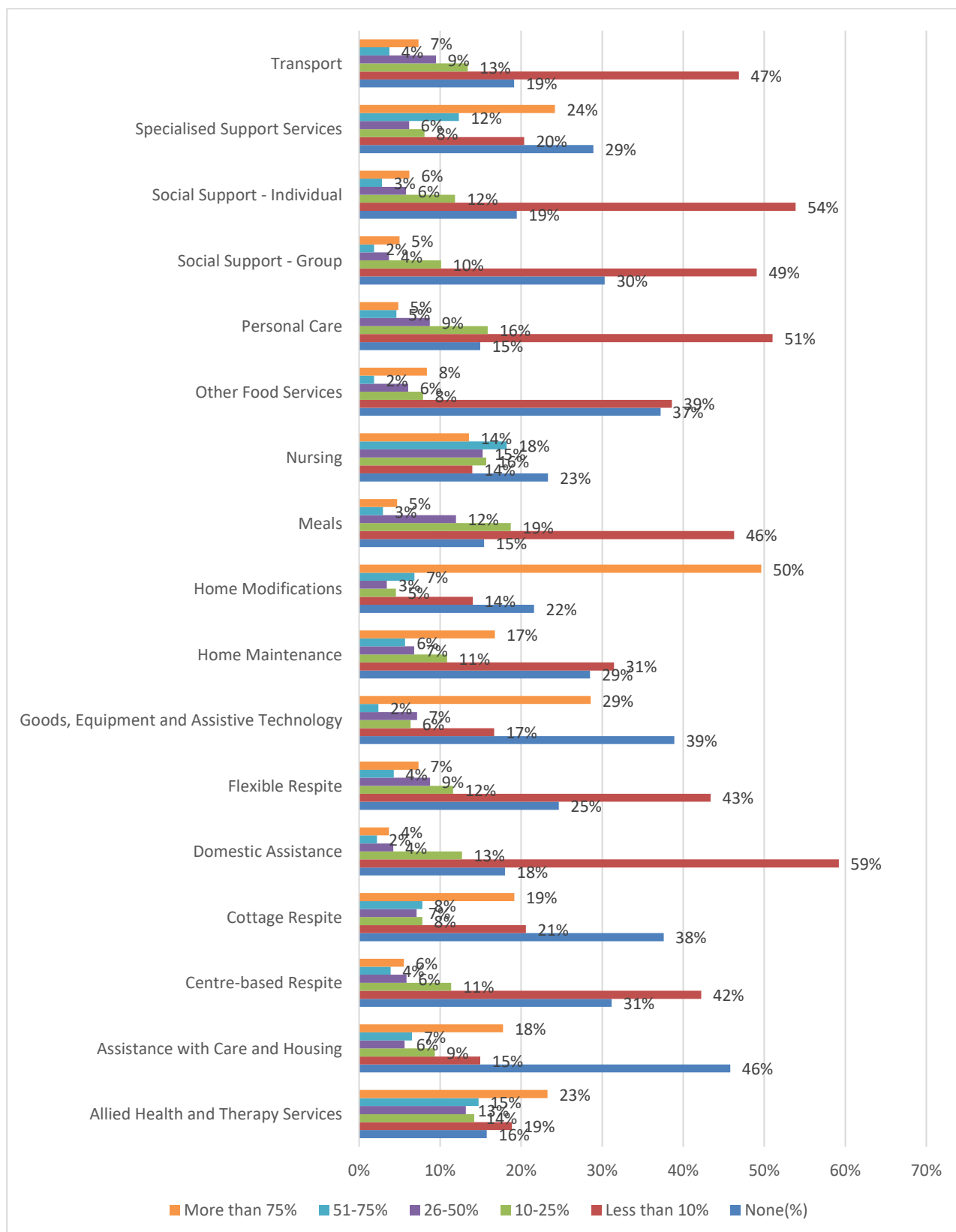
## Q.11 Does your organisation accept referrals to deliver short-term CHSP services?



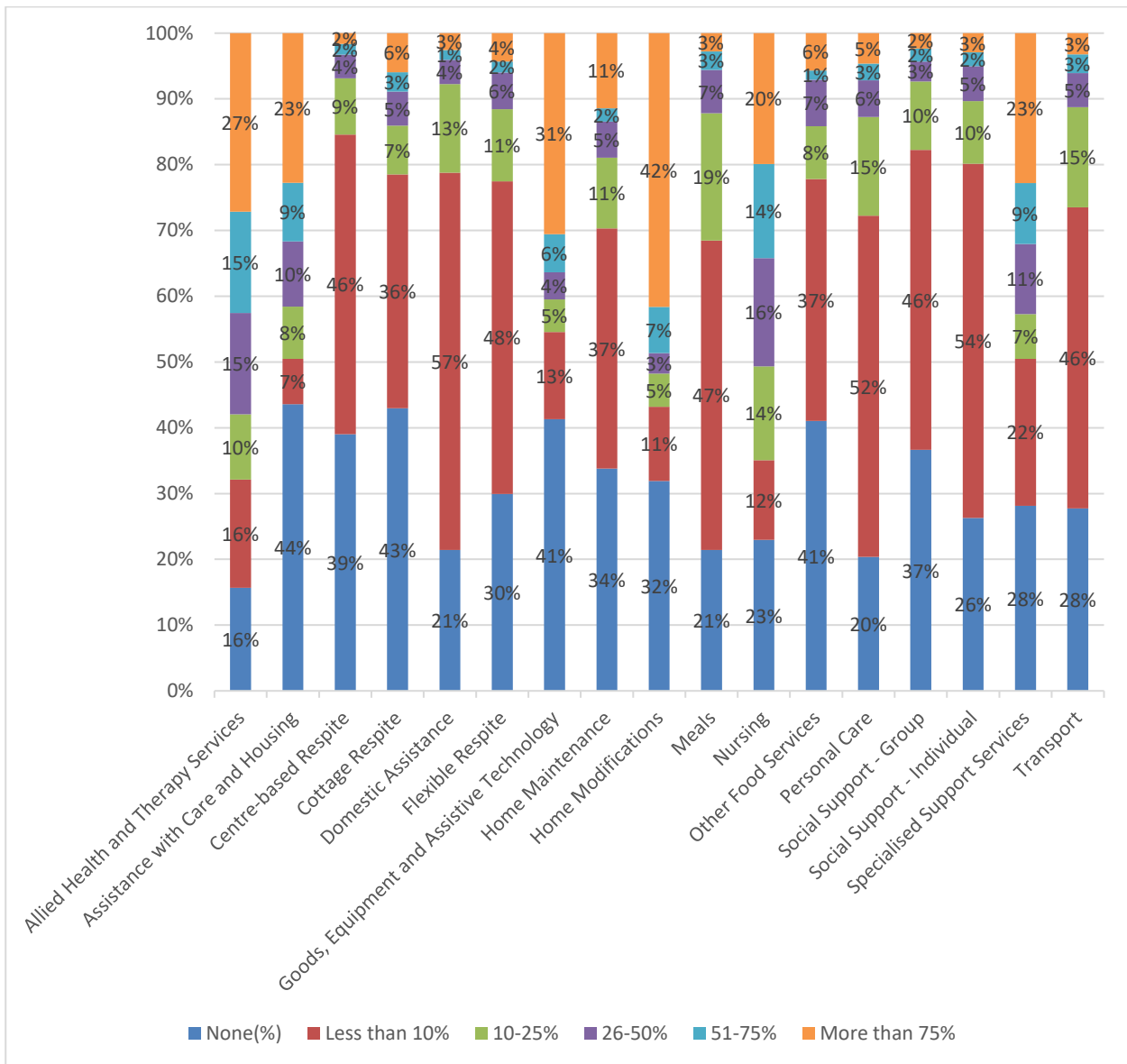
## Q.12 Where short-term services were recommended on a clients' RAS/ACAT Support Plan, how often did you provide short-term services to these clients?



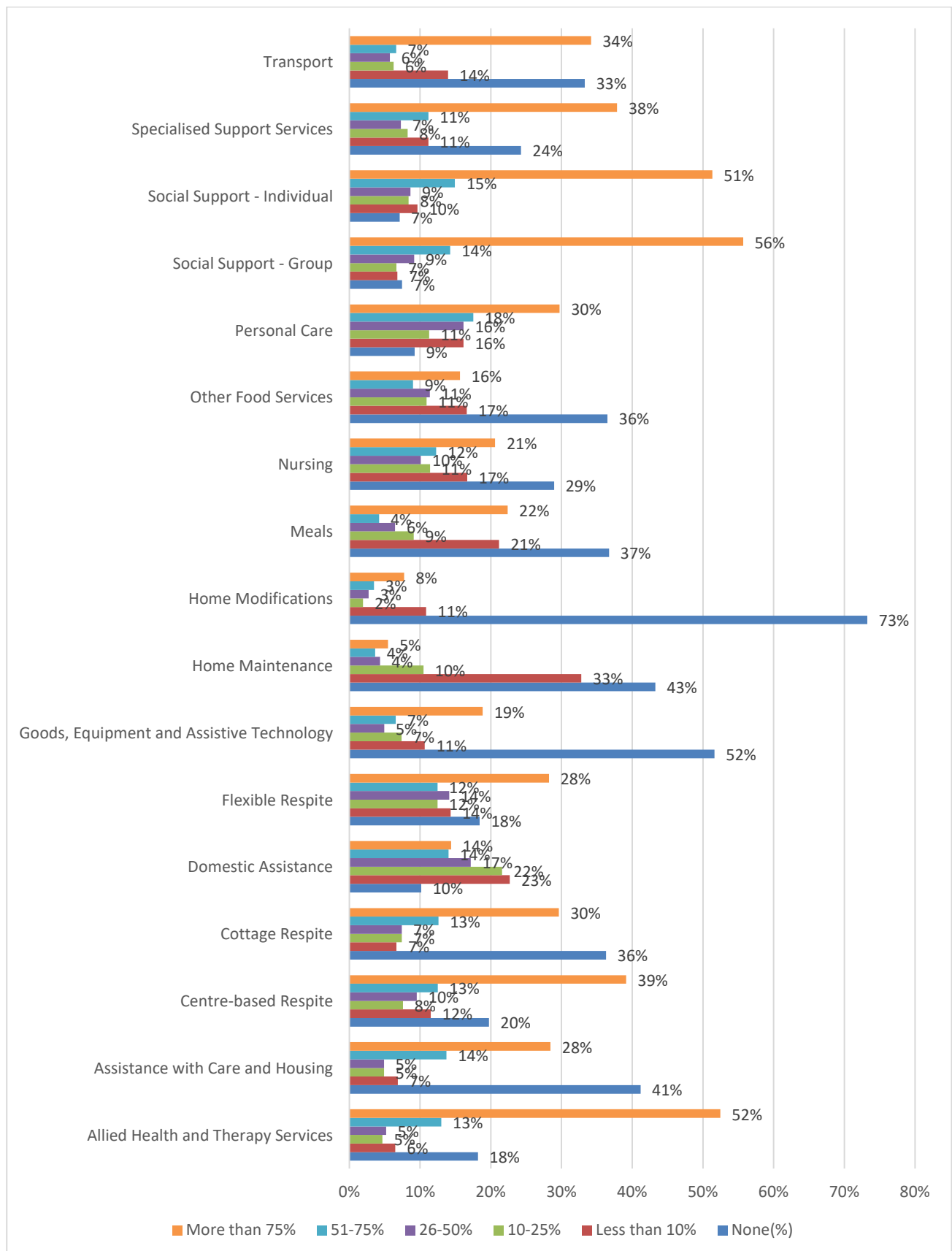
### Q.13 For each service type your organisation was funded to deliver in 2018-19, approx. what proportion of services was delivered on a short-term or episodic basis?



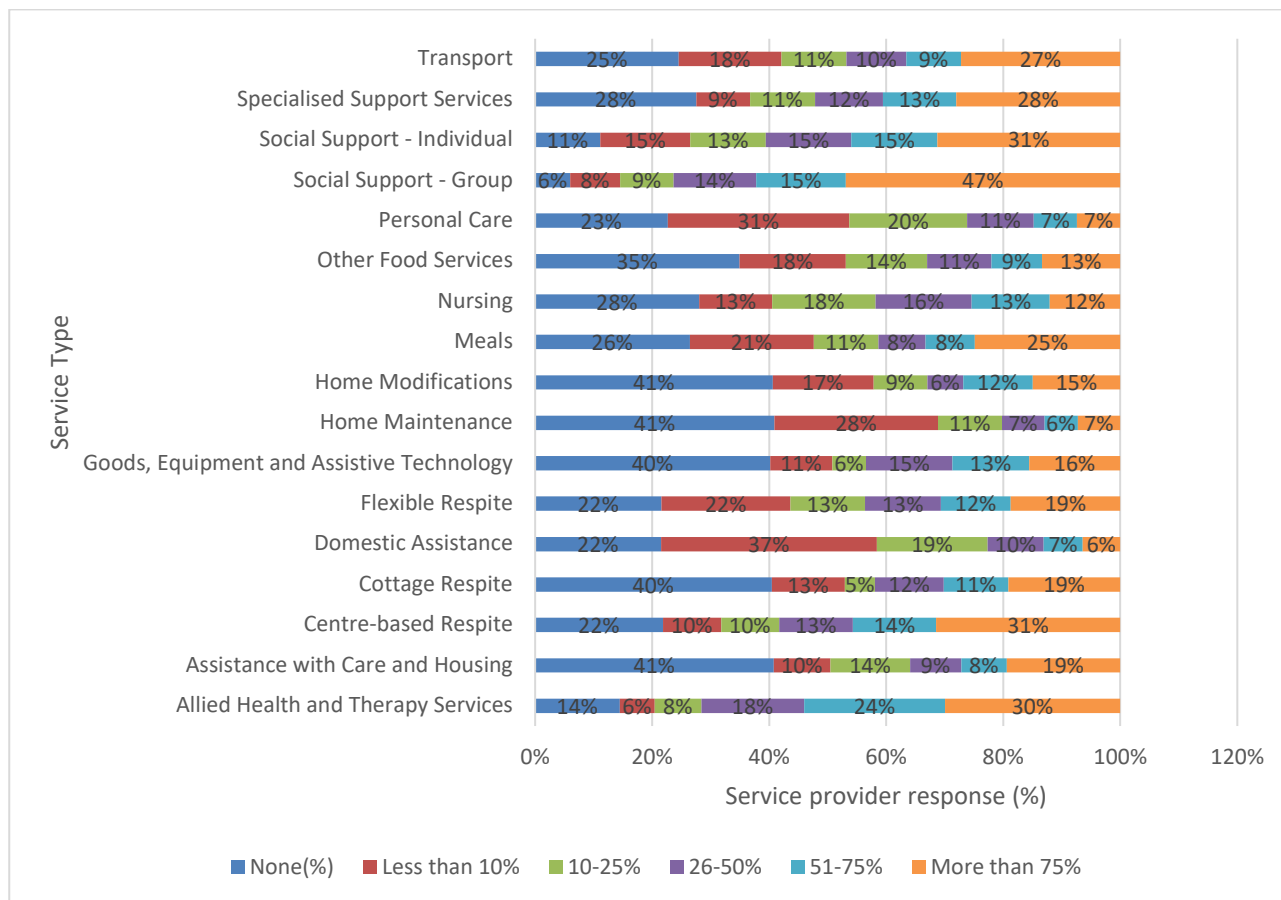
**Q.14 For each service type your organisation was funded to deliver in 2018-19, approximately what proportion of clients were able to reduce the intensity of services over time?**



**Q.15 Part 1: For each service type your organisation was funded to deliver in 2018-19, approximately what proportion of clients participated in tasks with or alongside the service provider (staff)?**



### Q.16 Approximately what proportion of clients developed new skills or capabilities that broadened their outlook and/or participation in society or increased social connection?



### Q.17 Approximately what proportion of clients regained (even in part) physical or cognitive abilities?

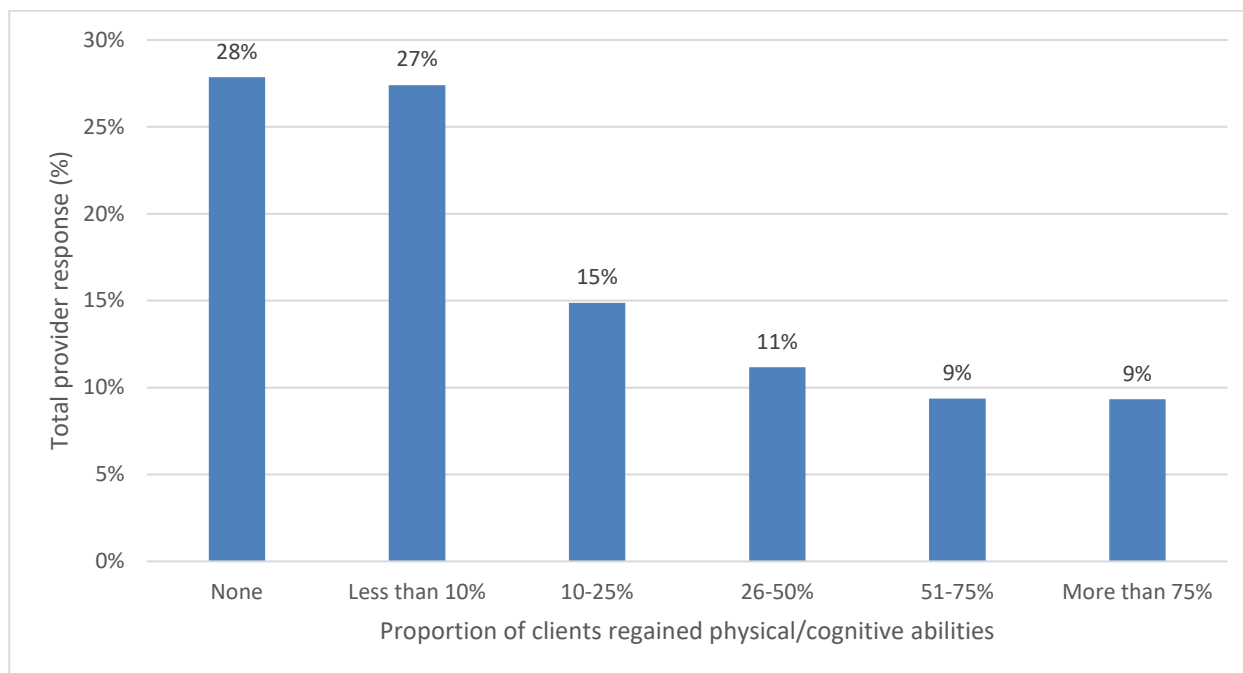




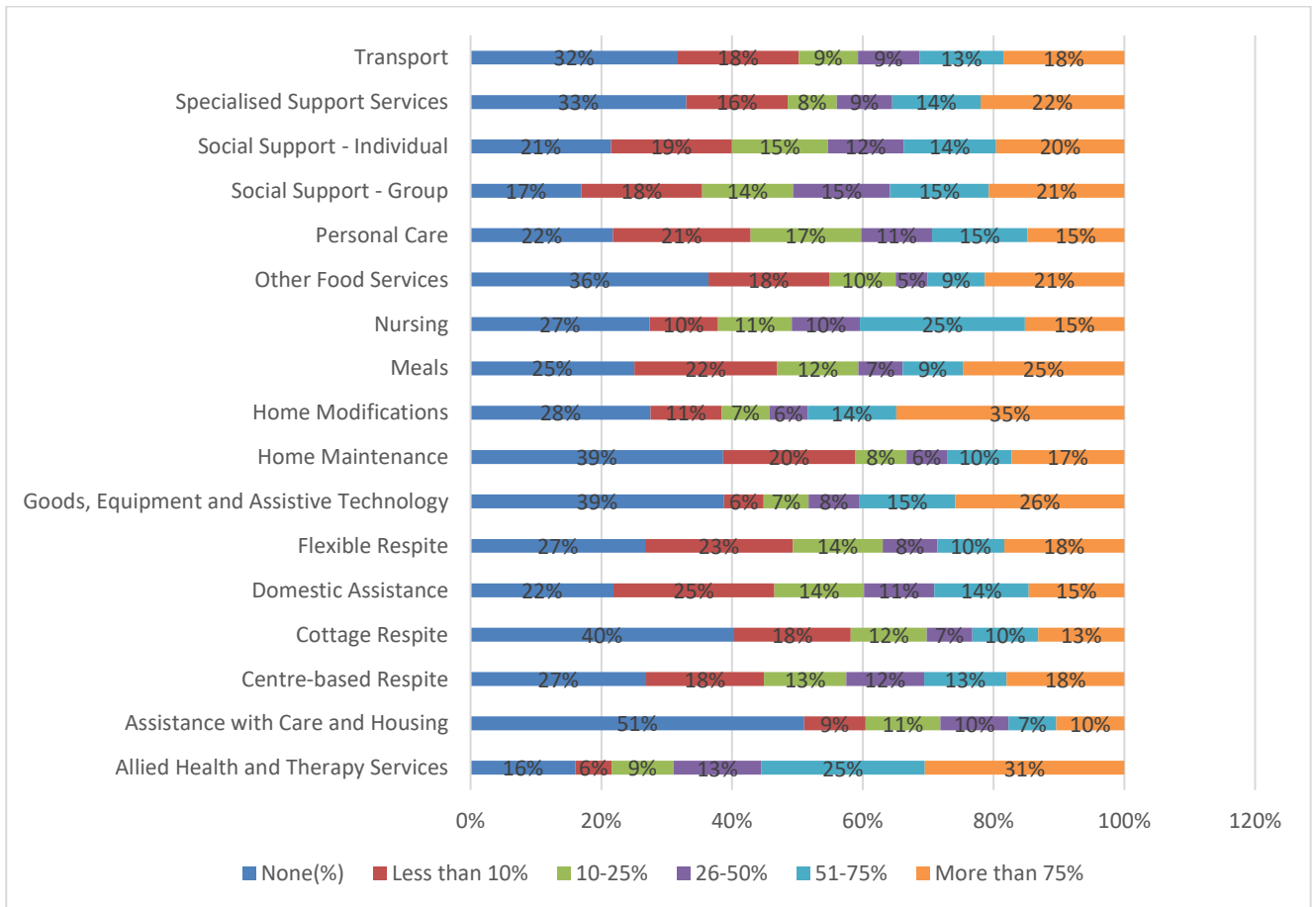
Table 3 Q.17 Part 2, Provider two short examples where clients regained (even in part) physical or cognitive abilities for each service type you delivered

Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
Allied Health	Allocation of an exercise physiologist to enhance/improve mobility increased their independence
	Following therapy services, the client was able to walk to the local shop.
Domestic assistance	Client had support with household tasks following injury to leg. Improved abilities over time, and gradually able to assist workers with tasks. Client no longer requires this service.
	Short term home care services have been implemented for client's post-surgery in which the care workers assist clients and decrease tasks gradually over time until the service is no longer required when the client has regained wellness and independence.
	A Support Worker assisted a client to rearrange their kitchen storage space to enable the client to unpack the groceries following unaccompanied shopping.
Goods Equipment and Assistive Technology	Client was provided with shower chair and rails to enable them to build new skills to shower independently.
	Use of assistive technology to support interaction with an exercise class resulting in improved physical strength.
Home Maintenance	Client able to access yard in its entirety because of lawns maintained to safe height.
	Clients experienced an increase in physical or cognitive abilities from improved access to outdoor space allowing clients to undertake light physical tasks in their yard.
	Gardener maintained client's grass and garden while client was recovering from a skin cancer removal and was unable to be exposed to the sun. The Client was given the all clear and now capable of maintaining the garden themselves.
Home Modification	Modifications has allowed the client to continue bathing routines safely and independently.
	Supply and install ramps enable easy and safe access in and out of clients' home and gives the client the ability to be independent in their home environment.
Meals	By providing good nutrition and social interaction, provider is aiding in the restoration allowing clients to stay independent at home.
	Some clients come home from hospital and recover with the help of Meals on Wheels on a short-term basis until

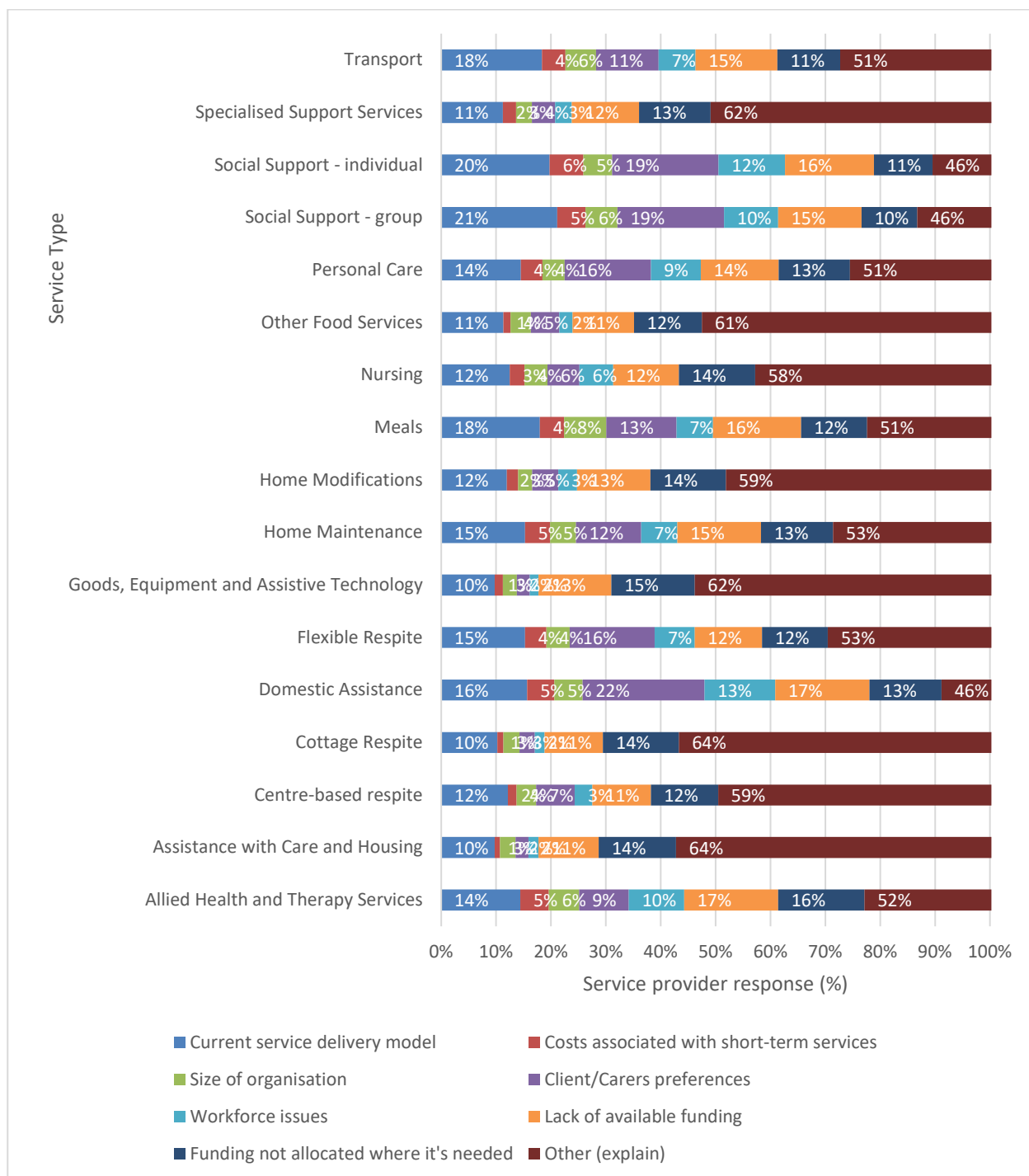
Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
	they are well enough to take over the meal cooking again.
Nursing	Teaching clients how to re-dress wounds and selfcare for their wounds, nurses can reduce the rate of infections allowing wounds to heal faster and clients are able to return to activities.
	Cardiac rehab client participated in therapy with the cardiac nurse and was able to implement strategies to regain independence in daily activities.
Personal Care	Improved Hygiene gave better sense of well-being. Regular medication monitoring improved health outcomes.
	Staff commenced with showering and doing most of the care of client. With encouragement client began to attend some aspects of personal care, and gradually improved in what she was able to do without staff
Social Support - individual	A client starting a walking regime with their worker to slowly increase until they could walk to the shop for the newspaper.
	Client being taken to shops for shopping and encouraged to make her own list and to collect items from shelves. Over some time, carer went from doing most of the tasks to being standby assistance.
Social Support - group	Social support outings motivated the client to leave the home and be more active. The client has subsequently improved their mobility and is now mobilizing independently with supervision.
	Client's family reported they noticed that the client's alertness has slightly improved after participating in the music therapy sessions for a few months.
Specialised Support Services	Some clients regained cognitive abilities in communication and confidence.
	Client with dementia and is physically active to link with a walking group which assisted him to improve his physical strength and mobility.
Transport	Improved cognitive ability with attending different places for excursions and being part of a group on the bus.
	Transport service enables clients with dementia to develop social connections with a small group of people, improving their recognition and communication skills.
Centre-based respite	Supervised activities involving fine motor skills can help to improve dexterity in everyday chores and activities.

Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
	Centre based day respite hosts activities focused on memory and word finding activities to improve client's cognitive ability.
Cottage Respite	Respite cottage hosts one and a half hours of exercise daily to promote improved physical health among clients.
	A client living with dementia who had become withdrawn stayed in cottage respite for a week. During that time the regular social connection and stimulation saw him blossom. Client's carer noticed the improvement in his ability to communicate once he returned home.
Flexible Respite	Client uses Flexible Respite service to 'get out and about' after a significant stroke. The worker is 'stand by assist' and having the worker present has given the client the confidence to visit shops. Throughout the year, the client's mobility and muscle strength has improved.
	Improved cognition and physical strength when taken on outings and attending Dancing with Dementia.
Assistance with Care and Housing	Client's move to more permanent accommodation gained confidence and regained ability to participate in day-to-day activities such as shopping, paying bills and tending to domestic tasks.
	Client's receiving support, who was at risk of homelessness, increased physical and cognitive well-being because of receiving support to navigate health and human service supports. Treating the client with respect and kindness supported the development of trusting relationship, which aided the consumer's physical and cognitive recovery.

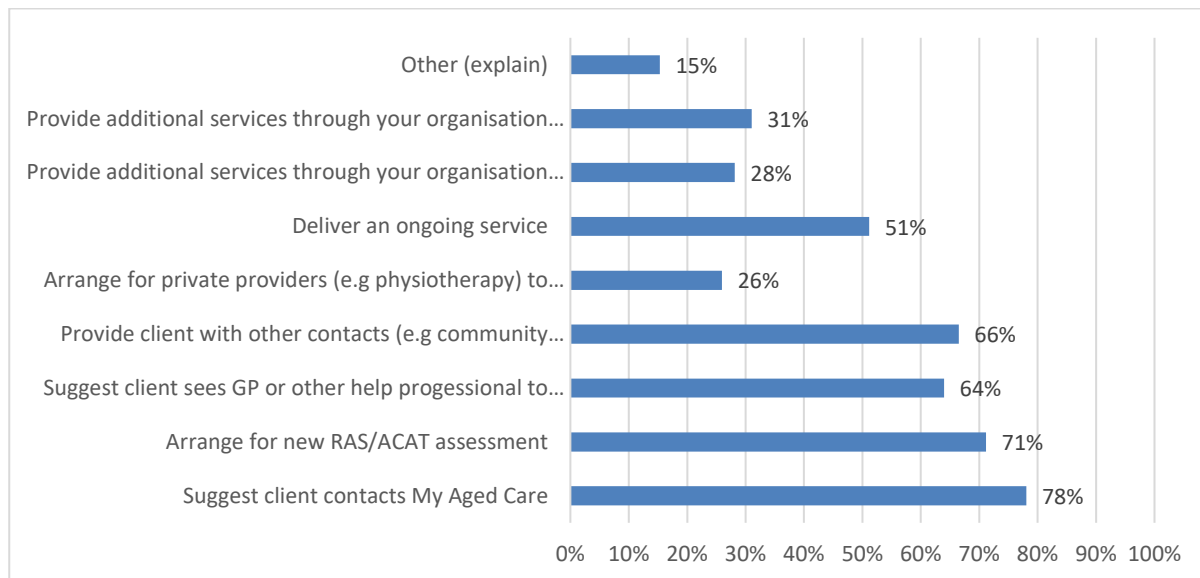
## Q.18 Part 1: Approximately what proportion of clients learned to adapt to a functional limitation?



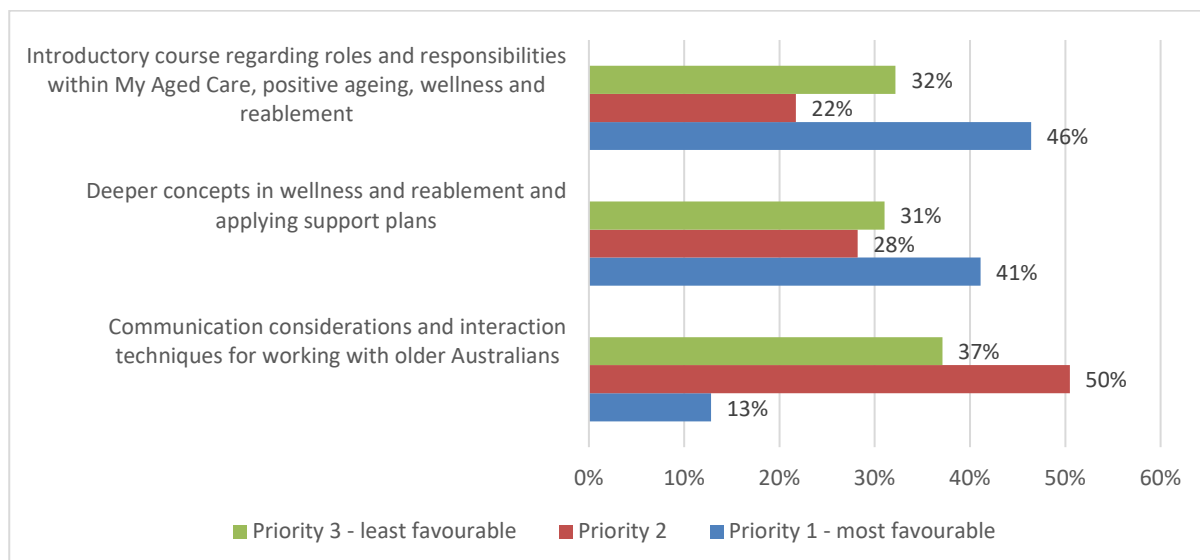
## Q.19 Are there any services that you have not been able to implement, or have had challenges implementing, a reablement approach?



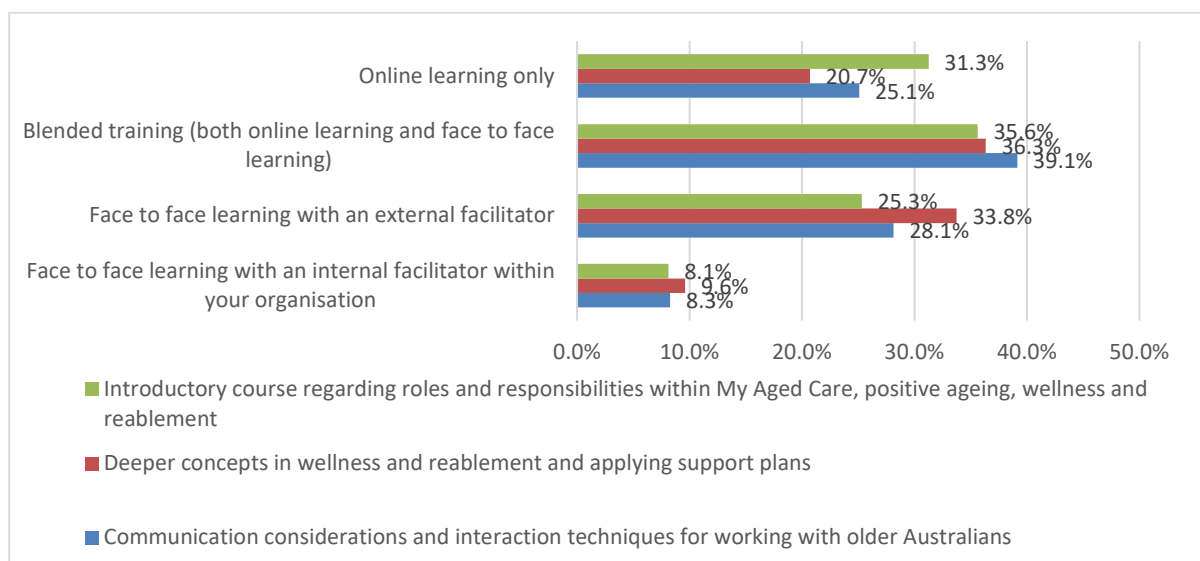
## Q.20 Where CHSP reablement services are unable to meet clients' needs, how does your organisation respond?



## Q.21. Specify your training preferences (rank 1-3 in order of priority):

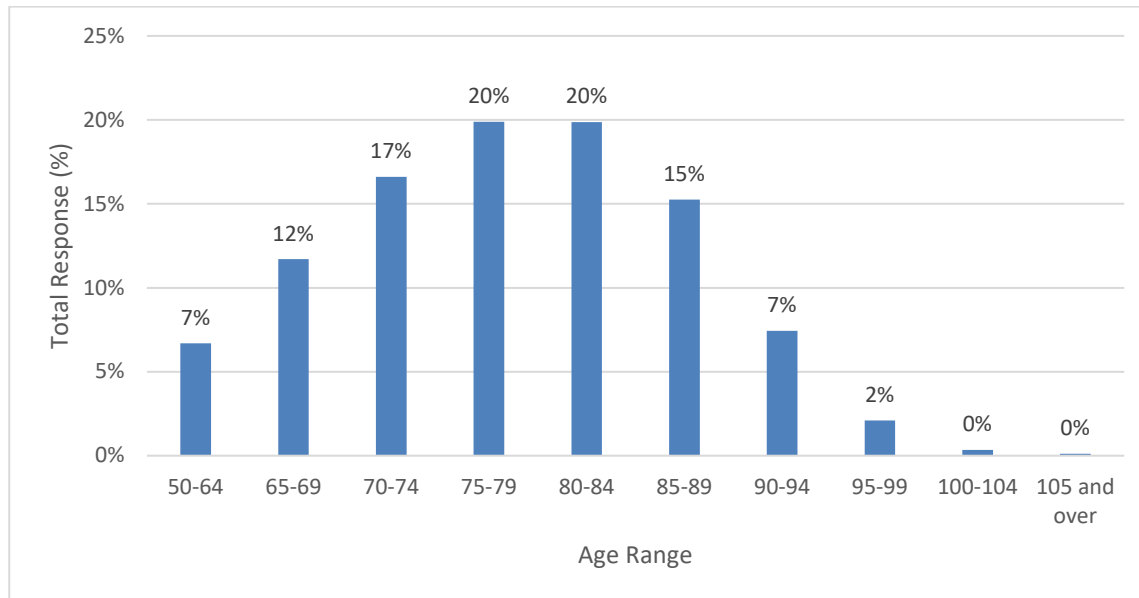


### Preferred delivery mode:



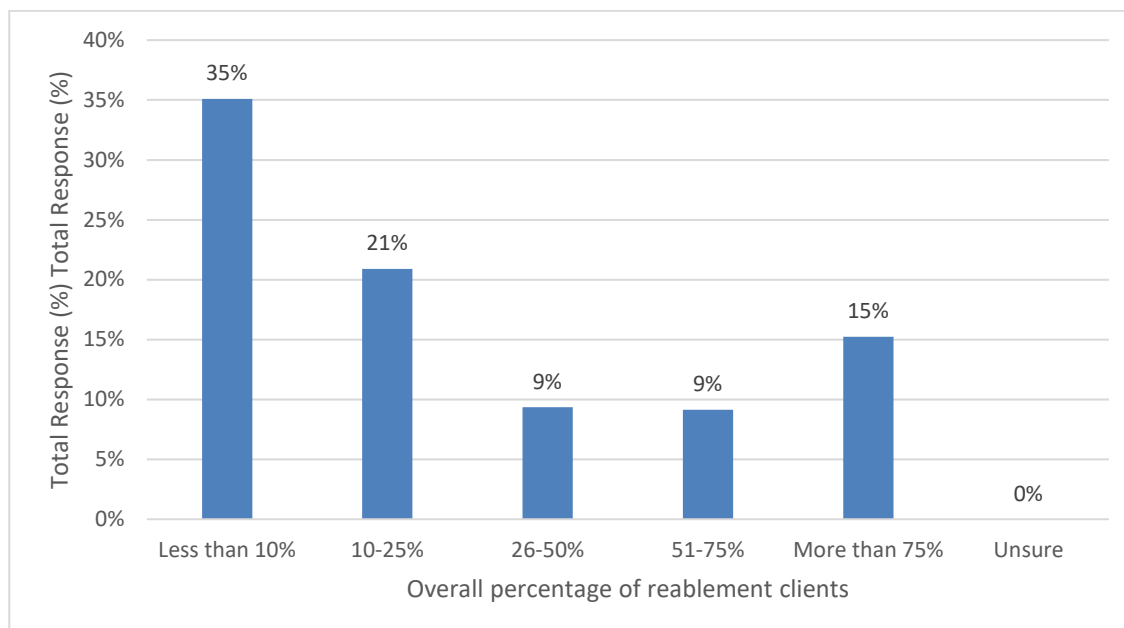
## Attachment B – 2020 Summary Data

### Q.7 Provide your best estimate of the proportion (%) of reablement clients in each age range



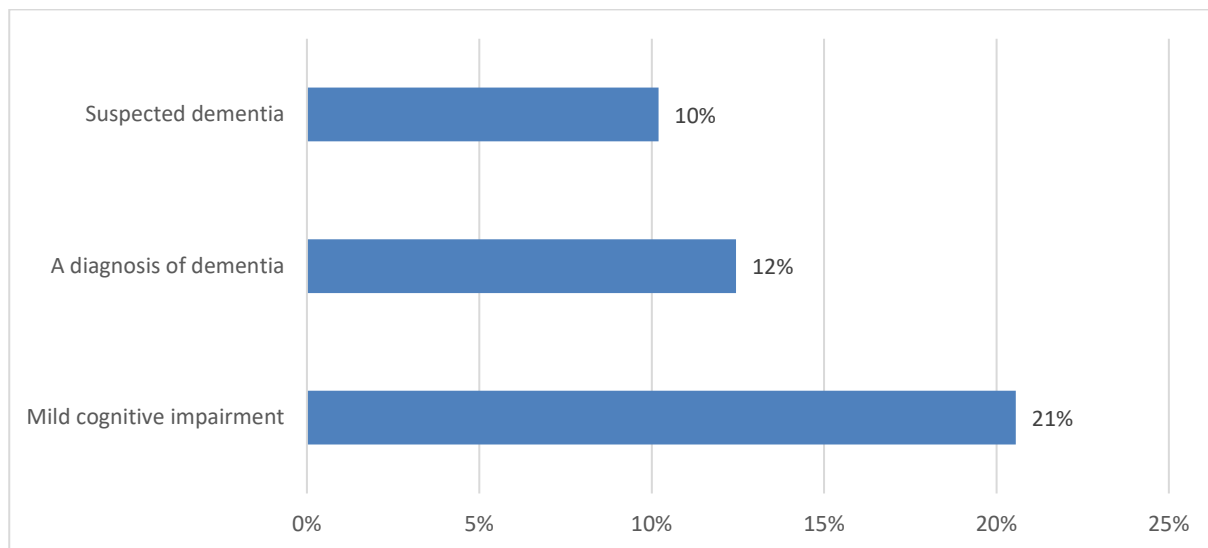
NB: This graph represents 66 per cent of providers that reported a best estimate of the overall percentage of reablement clients in each age range

### Providers that did not record this information, reported on best estimate of the overall percentage of reablement clients



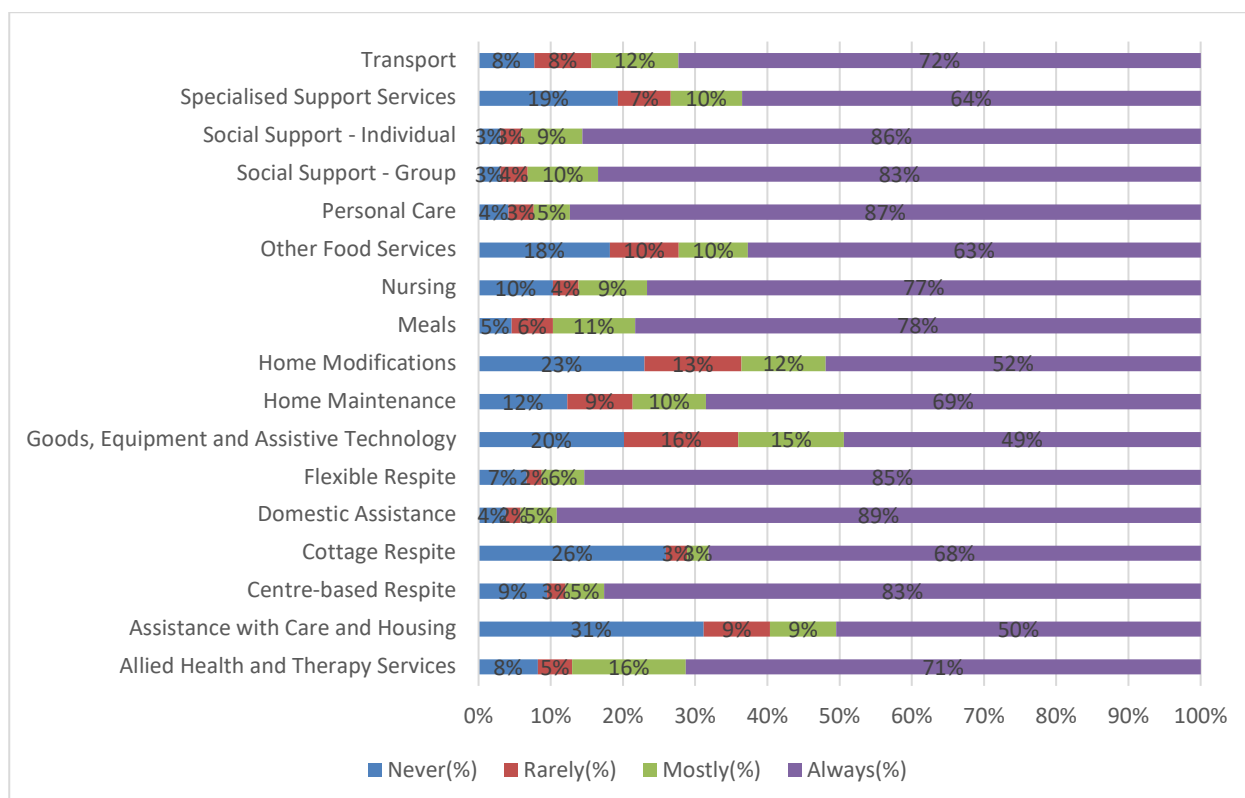
NB: This graph represents 34 per cent of providers that reported not to have this information and reported a best estimate of the overall percentage of reablement clients

**Q.8 Provide your best estimate of the proportion (%) of your CHSP clients that have mild cognitive impairment, a diagnosis of dementia, suspected dementia.**



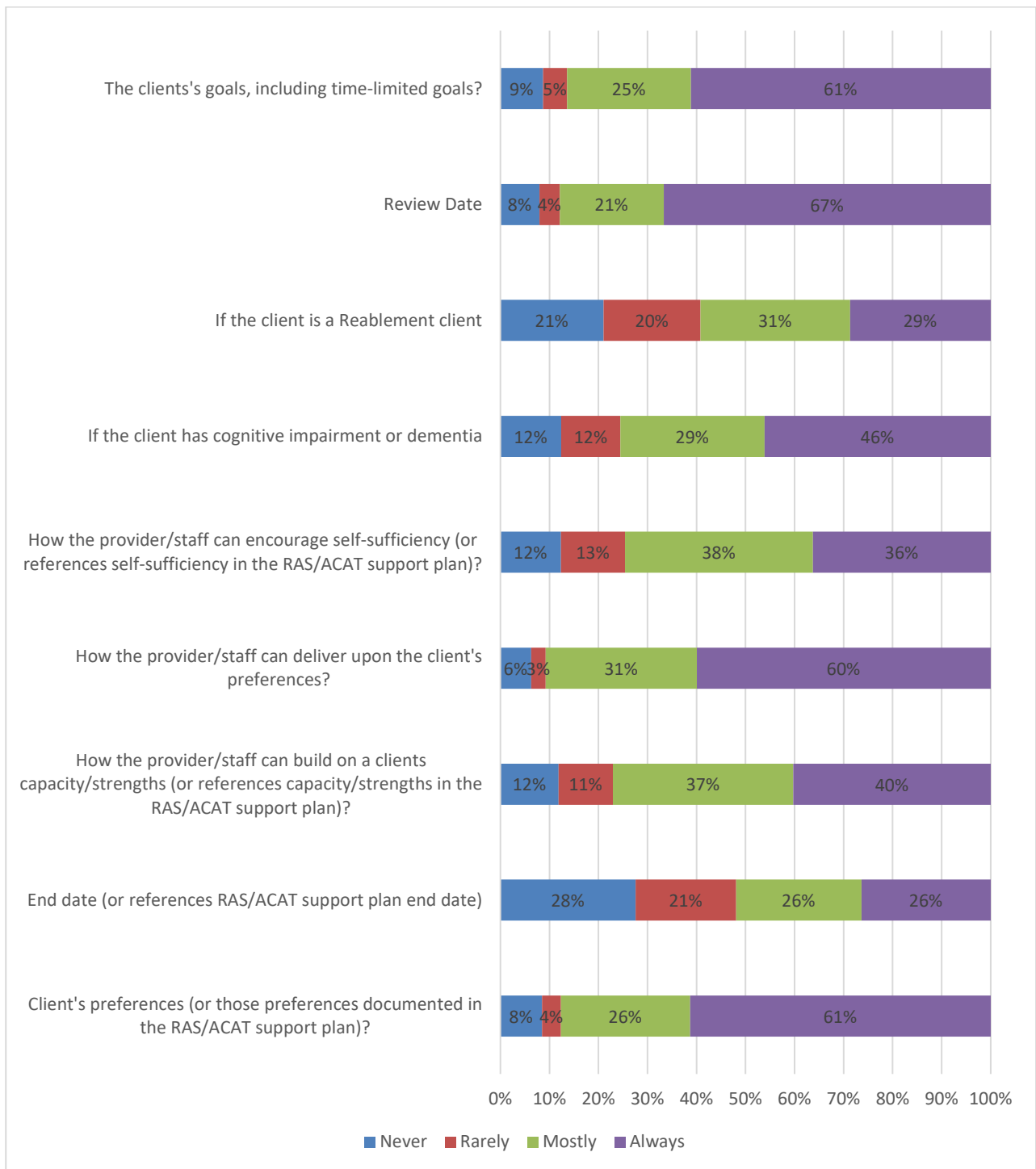
NB: This represents 45 per cent of providers that reported to have this information

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

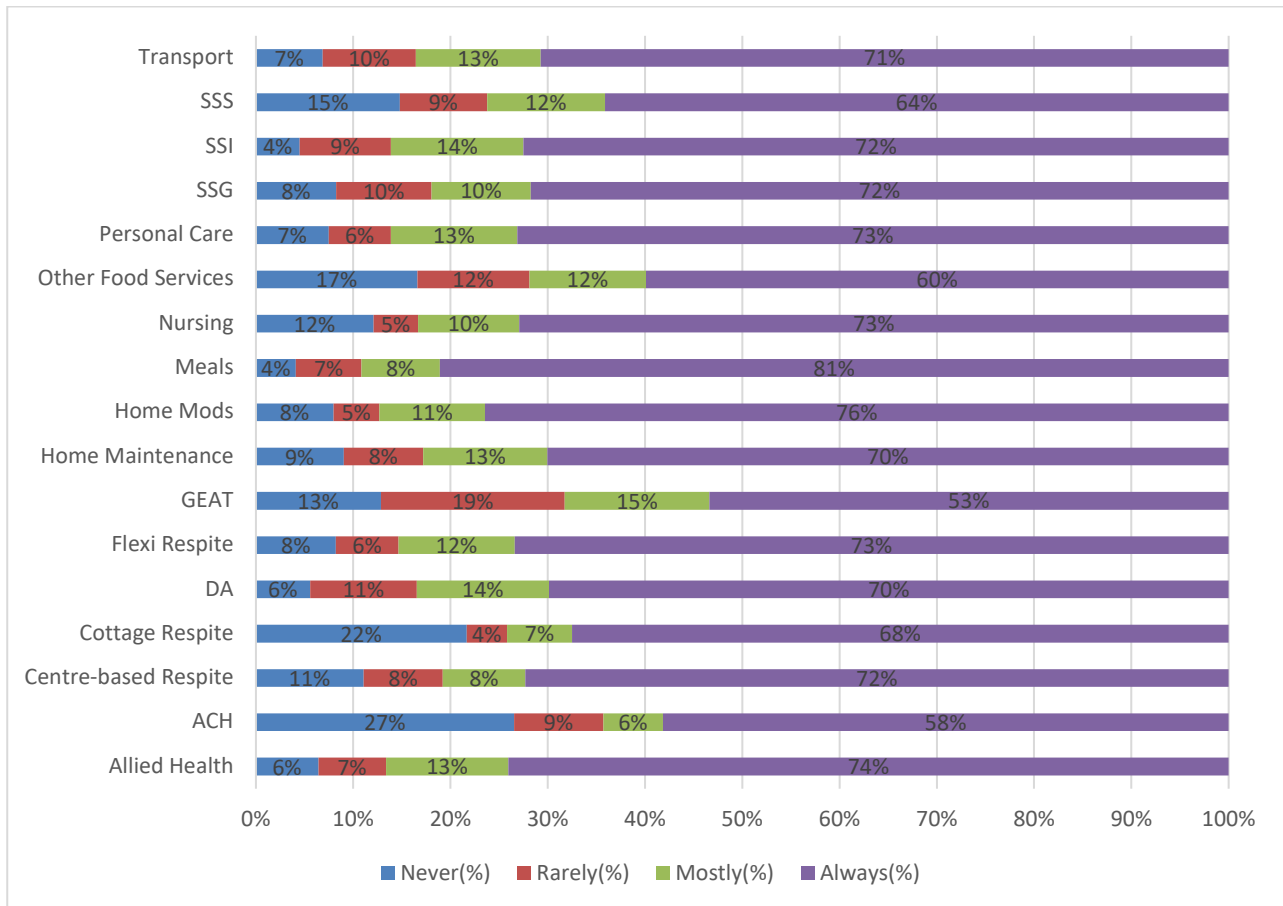




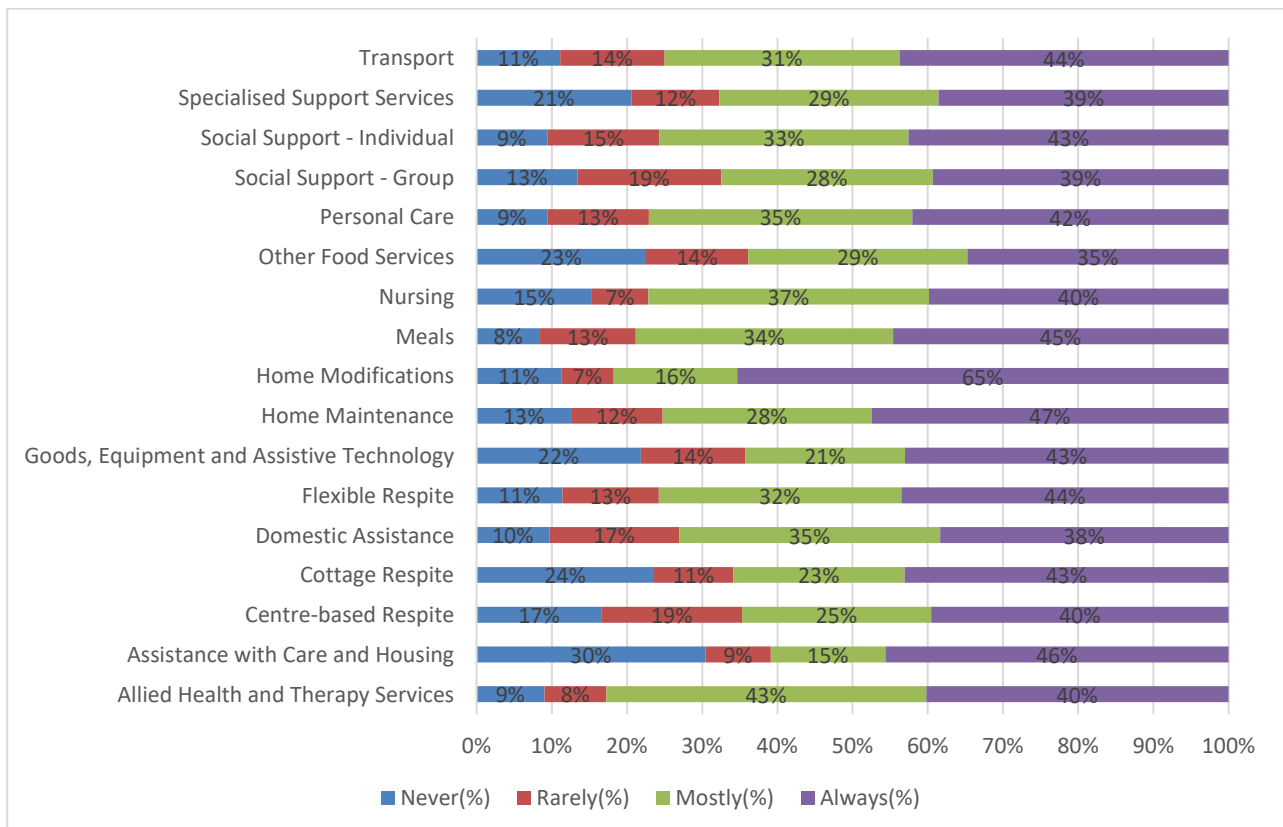
## Q.10 Do your organisation's client care plans identify the following



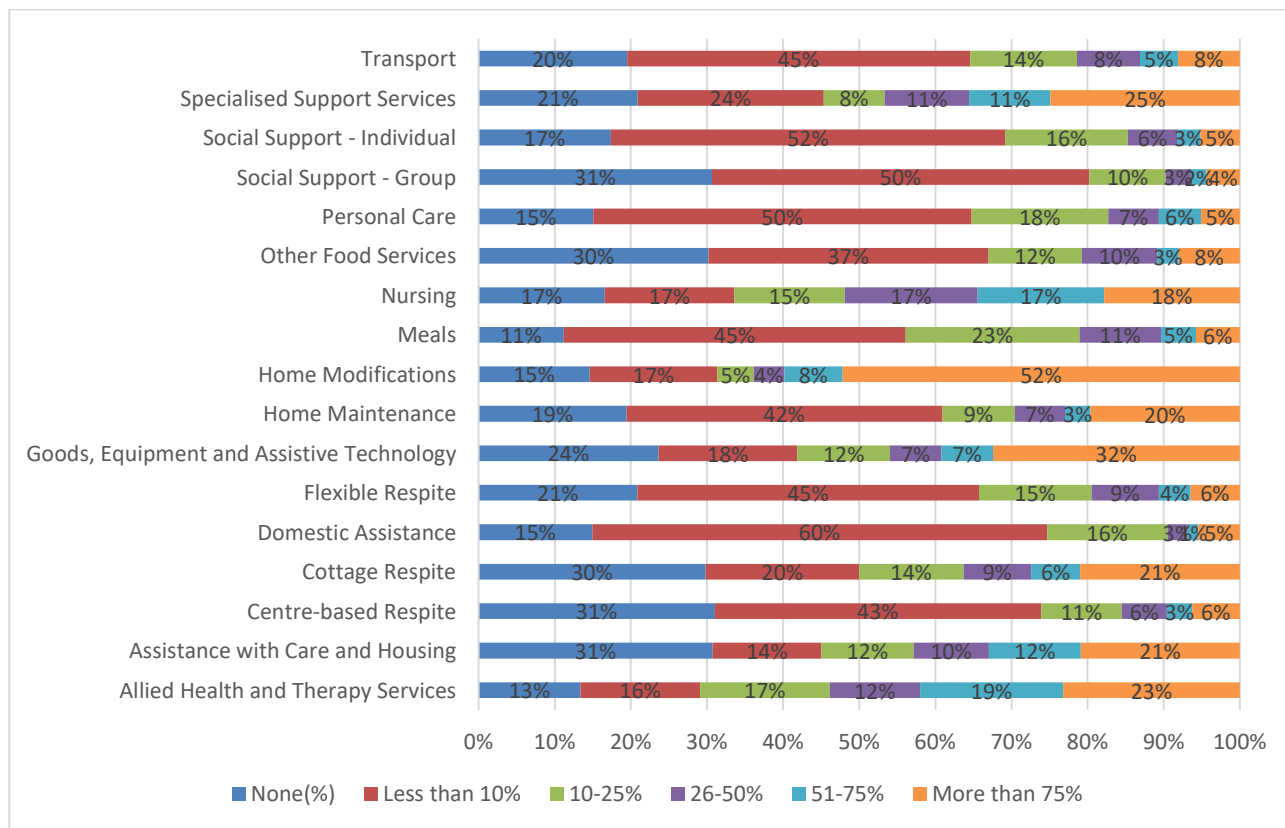
## Q.11 Does your organisation accept referrals to deliver short-term CHSP services?



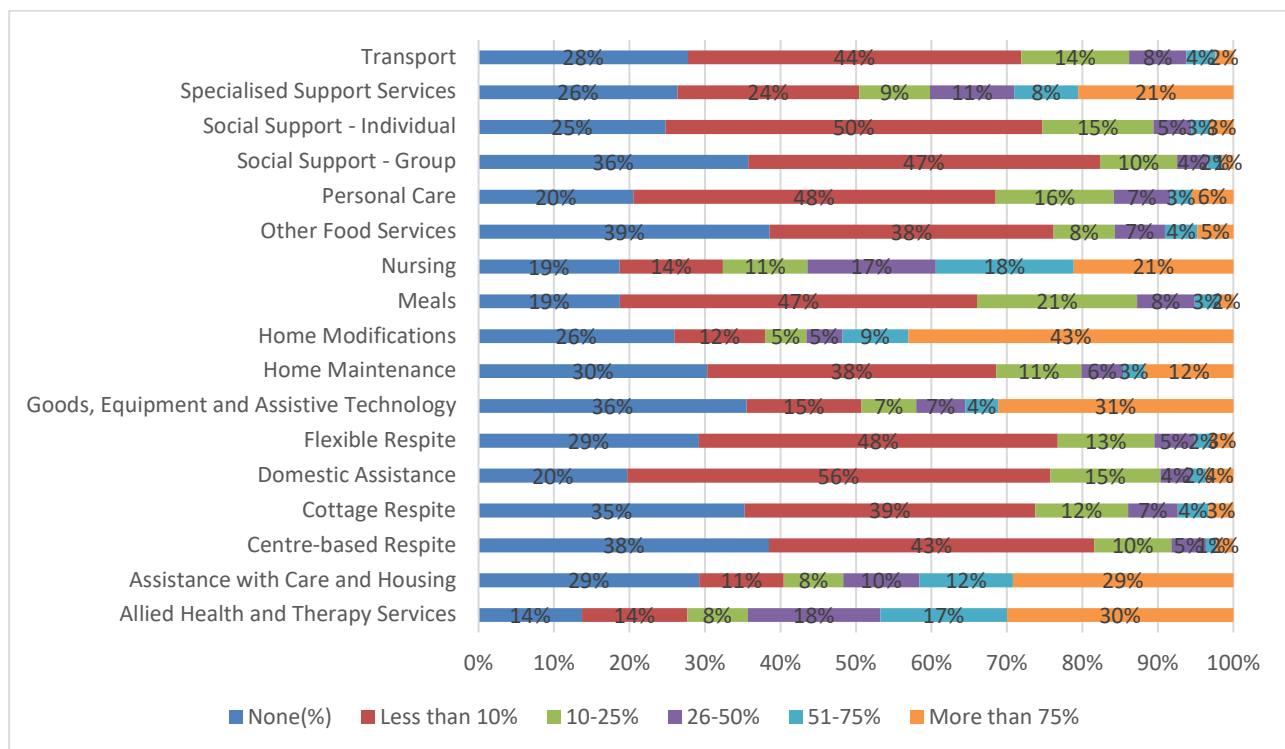
## Q.12 Where short-term services were recommended on a clients' RAS/ACAT Support Plan, how often did you provide short-term services to these clients?



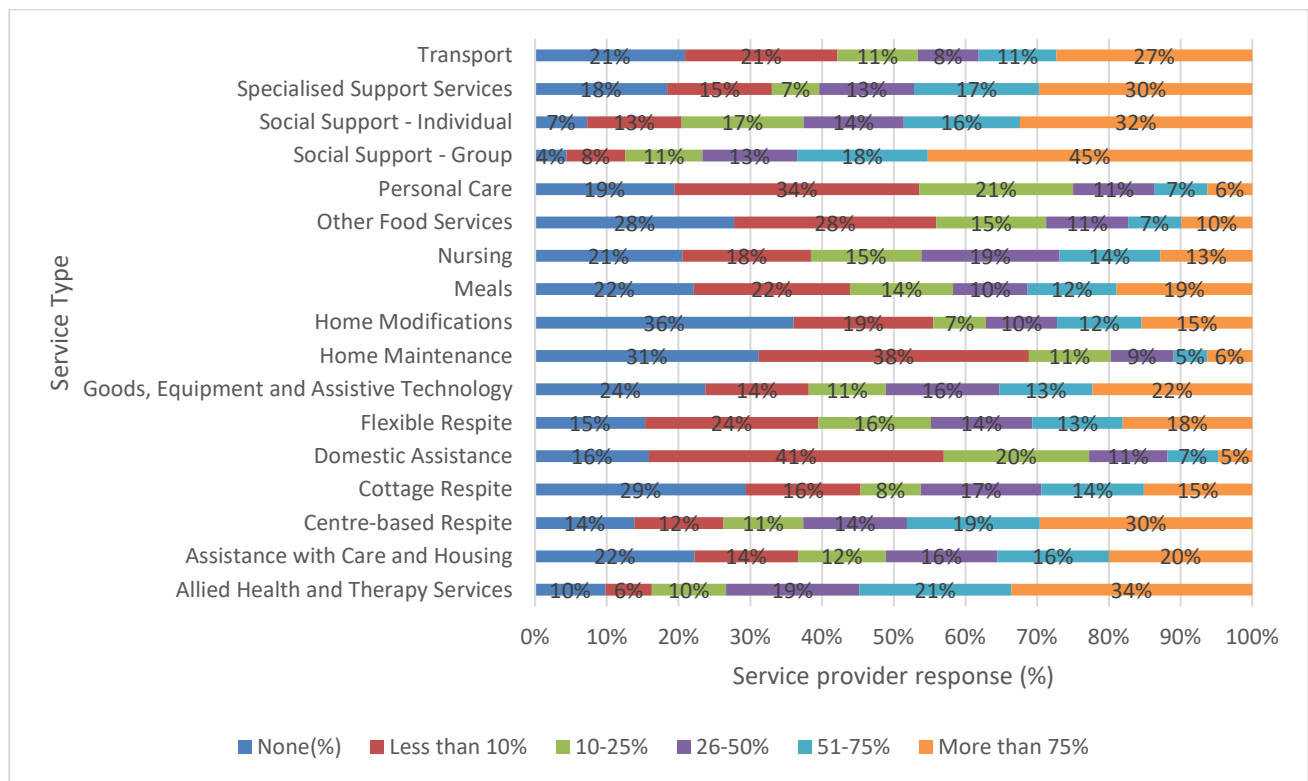
### Q.13 For each service type your organisation was funded to deliver in 2019-20, approx. what proportion of services was delivered on a short-term or episodic basis?



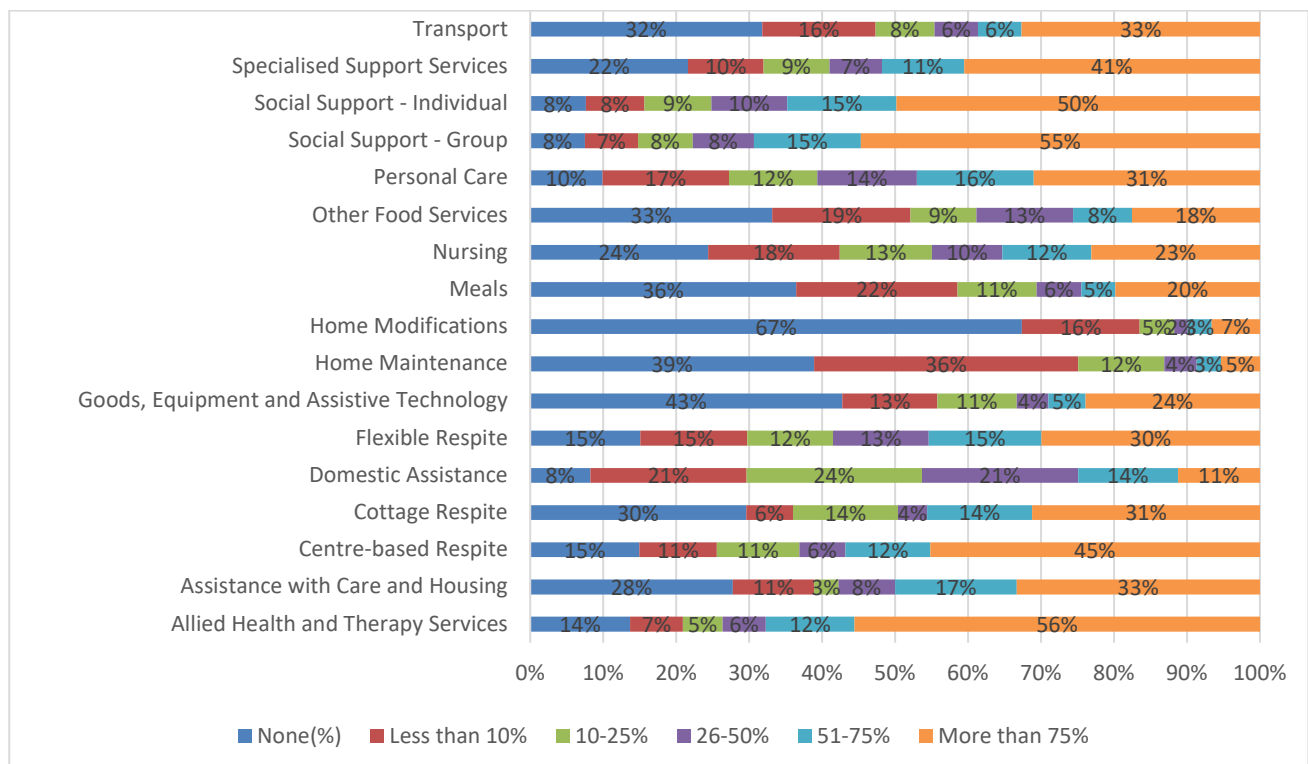
### Q.14 For each service type your organisation was funded to deliver in 2019-20, approximately what proportion of clients were able to reduce the intensity of services over time?



**Q.15 Part 1: For each service type your organisation was funded to deliver in 2019-20, approximately what proportion of clients participated in tasks with or alongside the service provider (staff)?**



**Q.16 approximately what proportion of clients developed new skills or capabilities that broadened their outlook and/or participation in society or increased social connection?**



## Q.17 Approximately what proportion of clients regained (even in part) physical or cognitive abilities?

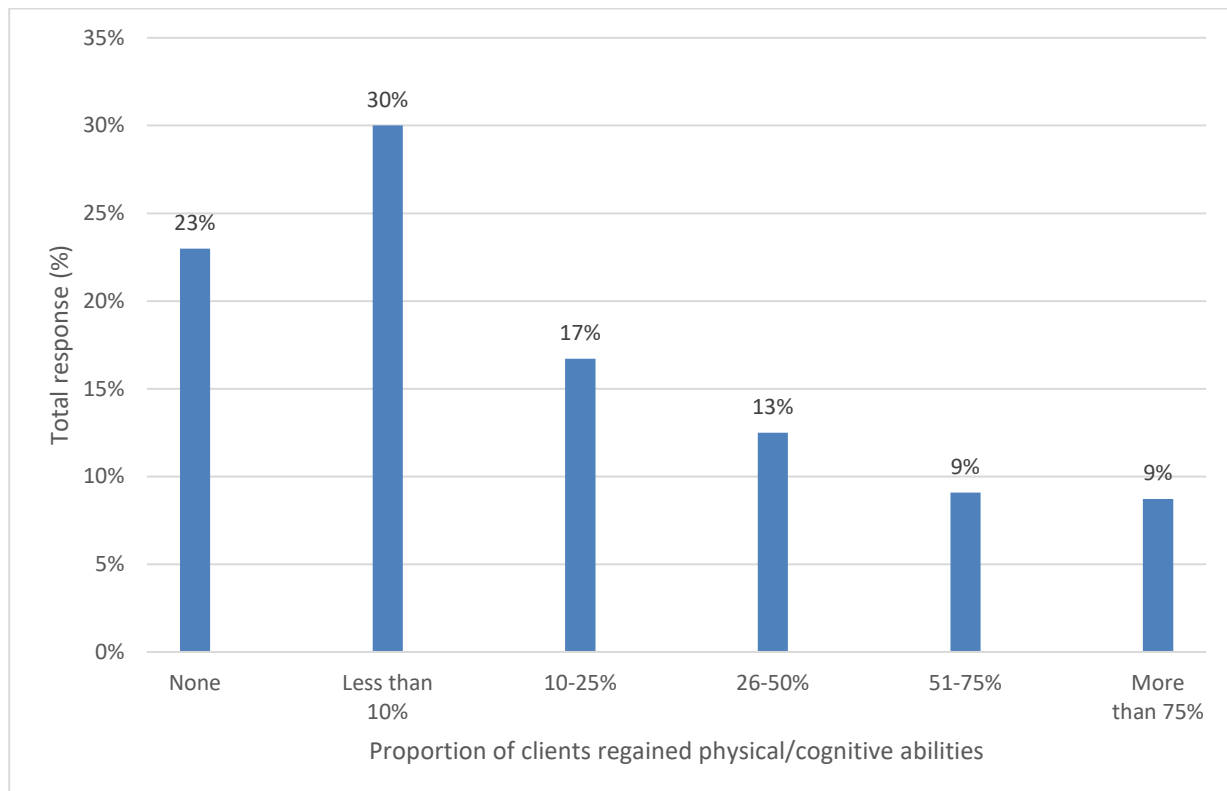


Table 4 Part 2, Provide two short examples where clients regained (even in part) physical or cognitive abilities for each service type you delivered

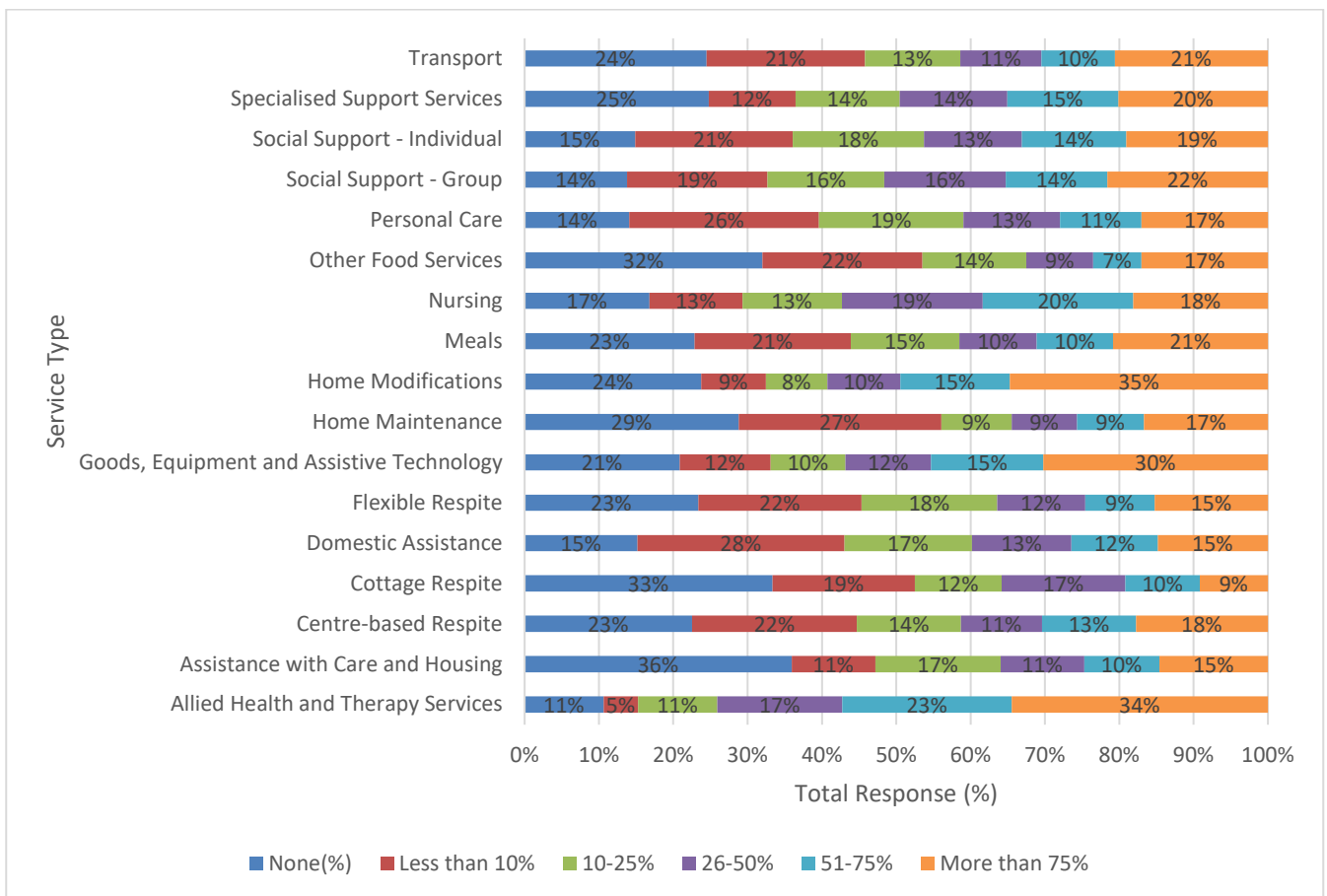
Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
Allied Health	Podiatry: Client is able to walk more comfortable due to regular management of toenails and appropriate fitting of shoes.
	Physiotherapy: Client able to improve dexterity and coordination due to exercises targeted at hand eye coordination.
Domestic assistance	Clients are encouraged to participate in their domestic service and their health status is often maintained by being actively involved in the physical tasks.
	Client often feels more connected from the community care worker attending the home and through passing conversations would result in an increase in cognition.
	Client able to participate in small cleaning tasks such as dusting with staff resulting in client maintaining strength and a sense of worth.
Goods Equipment and Assistive Technology	Client received new walker and finding he has more confident walking down to his back garden and attending community events.
	Personal care equipment (e.g. shower chair) enabled the client to regain the ability to shower independently.

Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
Home Maintenance	Smoothing the paving area leading to letterbox client now feels safe and confident in independently accessing the front garden with her wheeled walker.
	Installation of sensor has given the client safe access to the bathroom improved mobility during the evening.
	Replacing the damaged section of gutter enabled the client to exit and enter her home more safely.
Home Modification	The installation of a ramp at the front entrance allowed a client with breathing difficulties to be independent with accessing their home.
	Improved cognitive skills when learning how to use lift installed to home.
Meals and Other Food Services	Good nutrition and the social interaction, aids in the restoration, allowing clients to stay independent, at home for longer.
	Client regained confidence with cooking and no longer required meals on wheels.
Nursing	Post recent surgery client requires assistance with wound dressings. As wound heals client regains previous level of mobility and independence and commences to manage wound on their own.
	Nursing staff are focused on short term care with better management of medication and self-care. Clients have improved cognition due to an increase in their general health
Personal Care	Clients have regained physical capabilities through personal care activities, such as washing and personal hygiene reducing sickness and illness
	Introduction of long handled sponge to reach lower body and back enabled client to shower independently.
Social Support - individual	Client improved mobility through staff support to attend simple social and exercise program. Client also purchased aids and staff helped use which improved client's independence.
	Client wanted to complete online shopping but didn't have the skills to do so. Home Care Worker provided education and went out to assist. Client is now independently completing this task.
Social Support - group	Tai Chi instructor regularly attended the day centre to deliver a Tai Chi session to improve the mobility level of the client group. Clients reported feeling some improvement in balance and physical strength.

Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
	Client suffered from vertigo but loved to go on outings. The group activities supported the client to still attend outings until they felt better. The client is now a volunteer and supports others.
Specialised Support Services	Client improved her daytime incontinence after improving her bowel pattern, reducing caffeine intake. Client's incontinence was improved and was happy to go on outings again.
	Informing/educating clients of available services improved cognitive abilities to make more confident decisions.eg a client with low self-confidence has been empowered to interact with My Aged Care and advocate for themselves with instructions from the support worker with great success.
Transport	Client was able to participate in group activities preventing client from social isolation and gave client something to look forward to each week. Client has also been able to maintain a level of independence in his/her own home for longer due to the assistance of organised transport.
	Client received transport services to the new hospital. This helped the client become familiar with transport pick up. Client gained confidence and once familiar with hospital layout was able to independently catch a taxi home independently.
Centre-based respite	Client struggled doing word puzzles due to arthritis. Introduced gentle warmup exercises (dough squeezing/rolling) which reduced stiffness and pain in client's fingers. Client could hold a pen to complete her preferred puzzles again.
	The respite centre has puzzles specifically designed to stimulate cognitive skills. The client enjoys these and shared it has helped them stay young.
Cottage Respite	Client staying overnight has regained her physical and cognitive skills by learning to re-make her bed again. The client feels proud and empowered.
	Client was socially withdrawn is now engaging in board games with their Support Worker and has increased cognitive function.
Flexible Respite	One client weekly walk during respite shift has a gone from a short walk to around the block.
	Client received three months of Flexible Respite services. The support worker took the client to the pool on a weekly basis. The consumer said that her confidence in the water had returned and her skill level had improved.

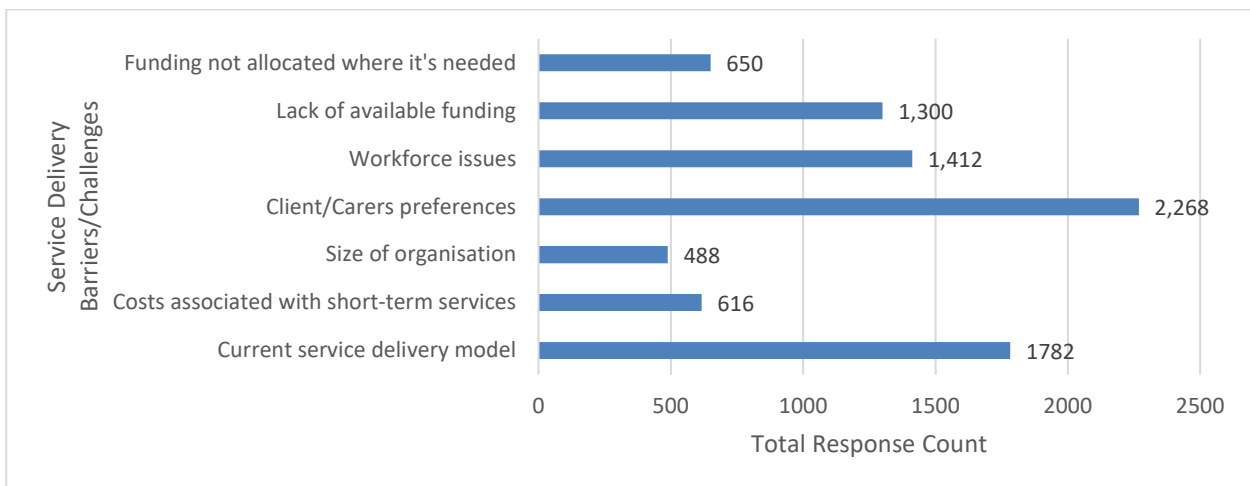
Service Type	Case examples where clients regained (even in part) physical or cognitive abilities per service type
Assistance with Care and Housing	After working with community workers in the Hoarding & Squalor program client was able to clear his pathways enough to safely use his walking stick in the home.
	Routine and stability have improved the capability of clients' cognition with domestic assistance activities. Having routine helps to establish cognition through repetition.

**Q.18 Part 1: Approximately what proportion of clients learned to adapt to a functional limitation?**



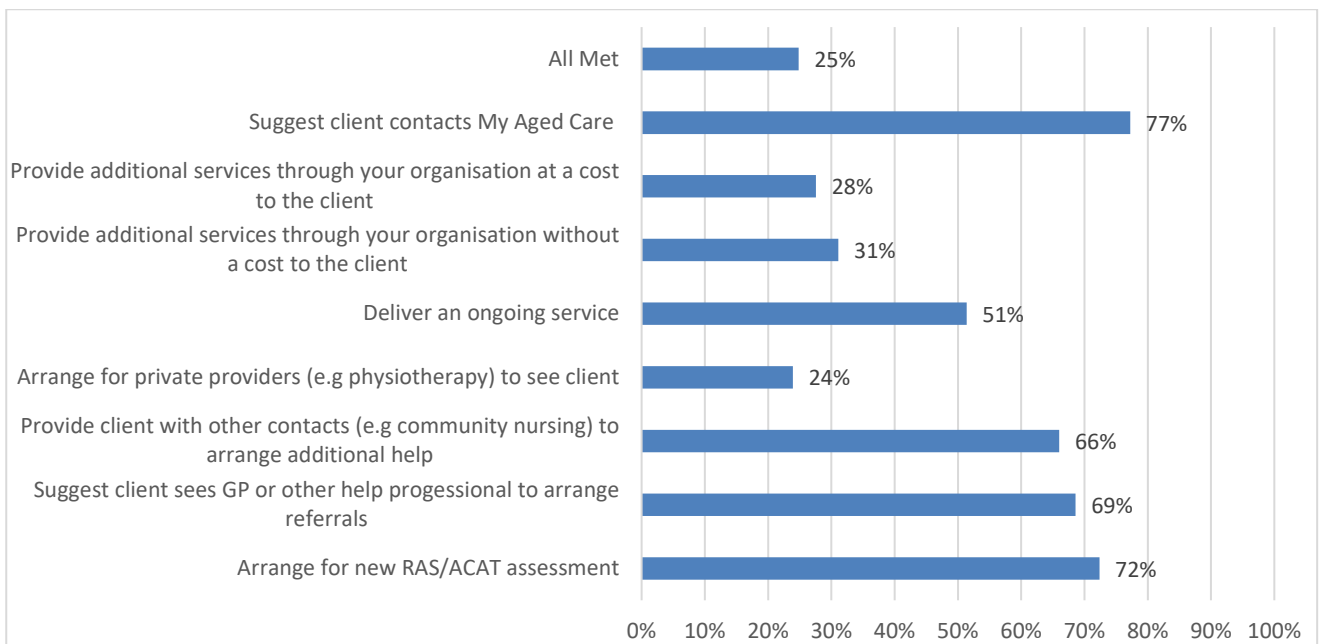


**Q.19 Are there any services that you have not been able to implement, or have had challenges implementing, a reablement approach? What are the barriers?**



NB: Providers could select multiple response options.

**Q.20 Where CHSP reablement services are unable to meet clients' needs, how does your organisation respond?**



NB: Providers could select multiple response options; percentages will not sum to 100%.