

2024 CHSP Wellness and Reablement Report

Overview

Using wellness and reablement (W&R) approaches to deliver support to older people is a key objective of the Commonwealth Home Support Programme (CHSP).

The 2024 Wellness and Reablement report aims to measure progress towards embedding wellness and reablement approaches in the CHSP. The report consists of 18 questions to enable the Department of Health and Aged Care (the Department) to gather and analyse data on the delivery and benefit of W&R services to CHSP clients, and 4 questions for administrative purposes. A Provider Guidance document has been prepared to define wellness and reablement, and provide more information for each question to assist respondents in answering questions correctly.

The following changes have been made with the feedback received from last year's report:

- The following questions were removed as these were (i) combined into new questions, (ii) no longer needed as there was sufficient data from previous reports, or (iii) the data being requested was able to be obtained through other sources:
 - State/territory of grant agreement manager.
 - The age and overall percentage of reablement clients.
 - Percentage of reablement clients with cognitive impairment.
 - If short term services were provided where recommended on a RAS/ACAT support plan.
 - Proportion of clients receiving a reassessment after their reablement period.
 - Clients requiring ongoing services after their reablement period.
 - Clients able to reduce service intensity.
 - Clients who developed new skills/abilities.
 - Clients who regained physical or cognitive abilities.
 - Clients adapting to functional limitations.
 - Client social connection and participation in society.
 - What is working well in the service delivery of wellness and reablement approaches.
 - How organisations can be better supported implementing W&R strategies.
 - Feedback for improving the report.
- 7 new questions have been added (8, 10, 11, 13, 16, 17 and 19) and 2 updated (6, 9) for a more targeted assessment of factors involved in service providers' delivery of wellness and reablement approaches, and client outcomes.
- The report has been restructured to enable providers who did not deliver reablement services in 2023-24 to skip any reablement-specific questions.
- The report also allows you to skip one question if you do not deliver Allied Health and Therapy Services.

Service providers are asked to give their best estimate for responses to questions where data is (i) not yet collected or (ii) if they are facing technical limitations (such as their IT systems) in their data collection or reporting.

Where applicable, data from the report will be used to inform the following items and activities managed by the Department:

- W&R materials and support on the Department website.
- Policy changes made by the Department.
- Other activities to support CHSP providers.

CHSP Provider Obligations

CHSP Providers are to complete this survey annually as per their agreement with the Department. Providers who are unable to complete the report in the allocated period will need to request an extension via their Funding Arrangement Manager. Not completing the report may result in payments being suspended.

Report instructions (online)

Please refer to the [Provider Guidance](#) for definitions, explanations of questions, and tips on how to complete each question in this report.

This report is gathering data for the reporting period from 1 July 2023 to 30 June 2024, and relates to services provided to any CHSP clients during this timeframe. Service providers are asked to estimate responses to questions where data has not been or is not yet collected.

The PDF and Word version of the 2024 Wellness and Reablement online report template is to enable organisations to gather relevant information prior to completion. **All responses must be submitted online via the report link below.** Online submissions will enable the department to accurately collate report responses.

If you have any questions regarding the report, please contact your Funding Arrangement Manager in the first instance, or email wellnessandreablement@health.gov.au.

Details of your Organisation

1 Organisation name

(Required)

2 ABN

(Required)

3 Program Schedule ID

(located at the top of page 4 of your CHSP Grant Agreement)

(Required)

Dementia and Cognitive Impairment

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

(Select one option)

(Required)

Please select only one item

- None
- 1% to 10%
- 11% to 25%
- 26% to 50%
- 51% to 75%
- More than 75%
- Unsure

Client Care Plans

6 Do your CHSP clients' care plans identify the following?

(Select one option per sub-question)

<i>(Required)</i>	Yes	No
The client's circumstances/situation? <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
The client's goals? <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Specific actions/strategies to be undertaken, and by who (provider/staff, client, family member etc)? <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Dates and frequency of activities? <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Is the care plan shared with the client? <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>
Is the care plan regularly reviewed? <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>

Clients Participating in Tasks with the Service Provider (Staff)

7 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)?

(Select one option for each service type your organisation is funded to deliver, and please indicate if your organisation is not funded to deliver a service type)

(Required)	None	1% to 10%	11% to 25%	26% to 50%	51% to 75%	More than 75%	Not funded to deliver this service
Allied Health and Therapy Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with Care and Housing <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centre-based Respite <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage Respite <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Assistance <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible Respite <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goods, Equipment and Assistive Technology <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Maintenance <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Modifications <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Food Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Care <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support – Individual <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support – Group <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialised Support Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

When answering this question, this refers to reablement offered either through a referral from My Aged Care assessors, or a period of reablement offered (where needed) to your ongoing CHSP clients.

(Select one option).

(Required)

Please select only one item

Yes

No

Short-term Reablement CHSP Service Delivery Pt 2

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

If your organisation has not received a referral for reablement in the 2023-24 reporting period, select 'referral for reablement not received'. If you receive referrals but do not accept them, select 'never.'

(Select one option for each service type your organisation is funded to deliver, and please indicate if your organisation is not funded to deliver a service type)

(Required)	Never	Rarely	Sometimes	Mostly	Always	Referral for reablement not received	Not funded to deliver this service
Allied Health and Therapy Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assistance with Care and Housing <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centre-based Respite <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage Respite <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Assistance <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible Respite <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Goods, Equipment and Assistive Technology <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Maintenance <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Modifications <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meals <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Food Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal Care <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support – Individual <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Support – Group <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialised Support Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transport <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10 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?

(Select one or more options)

(Required)

Please select all that apply

- Not having the capacity to take on additional clients
- Insufficient funding to deliver reablement services
- Not having enough staff
- Not having staff with the skillsets required
- Time taken to travel between clients
- Not applicable (you sometimes, mostly or always accept referrals, or referrals for reablement were not received for the service types you deliver)
- Other. Please outline below.

Please specify any other reasons (1000 characters or less).

Short-term Reablement CHSP Service Delivery Pt 4

11 If your organisation did not provide reablement services, what are the reasons for this (1000 characters or less)?

In your response outline the reason/s why e.g. you are not receiving reablement referrals through My Aged Care, or other.

(Required)

Proportion of Services Delivered on a Short-term Basis

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

(Select one option)

(Required)

Please select only one item

- Yes
 No

Proportion of Services Delivered on a Short-term Basis Pt 2

15 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?

- Short-term is considered to be for a period of up to 3 months.

(Select one option for each service sub-type. Please select 'Not Provided' if your organisation did not provide that service sub-type in 2023-24)

(Required)	None	1% to 10%	11% to 25%	26% to 50%	51% to 75%	More than 75%	Not Provided
Aboriginal and Torres Strait Islander Health Worker <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accredited Practising Dietitian or Nutritionist <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversional Therapy <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercise Physiology <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hydrotherapy <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapy <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Allied Health and Therapy Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapy <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Podiatry <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychology <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restorative Care Services <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Work <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech Pathology <i>Please select only one item</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

(Select one or more options for each category, and please indicate if your organisation is not funded to deliver a service type)

(Required)	Gaining new skills	Improved physical function e.g. strength and mobility	Greater social engagement/ social connections	Improved emotional wellbeing	Improved cognitive abilities	Improved confidence	Adaptation to functional decline/limitations	Adaptation to cognitive decline	Unsure	Not funded to deliver this service
Allied Health and Therapy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with Care and Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre-based Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goods, Equipment and Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Support – Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Support – Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Response to CHSP Reablement Services

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

(Select one or more options)

(Required)

Please select all that apply

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

Please specify other responses not listed (1000 characters or less).

Challenges with Delivering a Wellness and Reablement Approach

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

(Select one or more options)

(Required)

Please select all that apply

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

20 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?

(Select one or more options for each service type your organisation is funded to deliver, and please indicate if your organisation is not funded to deliver a service type)

<i>(Required)</i>	Current service delivery model	Costs associated with short-term services (reablement only)	Size of organisation	Client/ Carers preference	Workforce issues	Lack of available funding	Funding not allocated where it's needed	Other (explain)	No challenges or barriers	Not funded to deliver this service
Allied Health and Therapy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with Care and Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centre-based Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cottage Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goods, Equipment and Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Support – Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Support – Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialised Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify other reasons for challenges / other barriers (1000 characters or less).

Other Comments & Declaration

21 Please provide any additional comments related to this report below (optional).

This includes but is not limited to any further information or comments relating to your responses to questions in this report, or any other information you would like to provide for the 2024 report (1000 characters or less).

22 I declare that the information provided in this report is complete/true to the best of my knowledge.

I declare that the information provided in this report is complete/true to the best of my knowledge. *(Required)*

Full name *(Required)*

Position/role (e.g. CEO, General Manager, Business Manager, etc.) *(Required)*

Contact number *(Required)*

Email address *(Required)*