



2024 CHSP WELLNESS AND REABLEMENT REPORT: Provider Guidance

June 2024

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Overview

This guidance is to help providers complete the 2024 Wellness and Reablement Report, which covers the 2023-24 financial year.

Definitions of Wellness and Reablement

Definition of Wellness and Reablement

The Department of Health and Aged Care (the Department) has received feedback on the differing interpretations of how service providers define wellness and reablement. To assist respondents to answer the questions throughout the report, each approach is described below.

Wellness

A wellness approach involves assessment, planning and delivery of support that builds on individuals' strengths, capacity, and goals and encourages actions that promote independence in daily living tasks, as well as reducing risks to living safely at home.

A wellness approach avoids 'doing for' when a 'doing with' approach can assist the client in undertaking a task or activity themselves or with less assistance. This acknowledges what the client can do and builds on their strengths and skills.

Wellness approaches underpin the service for every client, and aim to empower individuals to take charge of, and participate in, informed decision-making about the care and services they receive. This involves listening to what the client wants to do, looking at what they can do (their abilities) and focusing on regaining or retaining their level of function and minimising the impact of any functional loss so that they can continue to manage their day-to-day life.

Wellness as an approach is applicable to all service types, even where services provided are limited. For example, service providers delivering transport may increase a client's level of independence in daily living tasks.

Reablement

Reablement services involve short-term or time-limited interventions that target a person's specific goal or desired outcome to adapt to some functional loss or regain confidence and capacity to resume activities.

Reablement also avoids 'doing for' when a 'doing with' approach can assist the client in undertaking a task or activity themselves or with less assistance. This acknowledges what the client can do and builds on their strengths and skills.

Reablement aims to empower individuals to take charge of, and participate in, informed decision-making about the care and services they receive. Reablement also aims to get a client 'back on their feet' and able to resume previous activities without needing on-going service delivery or with a reduced need for services.

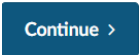
Further information about wellness and reablement approaches and CHSP funded service provider responsibilities can be found in Chapter 2 of the [2023-2024 CHSP Program Manual](#) and the [Wellness and Reablement Resources](#).

How to complete the report

Filling out the report

The report must be completed online and consists of 22 unique questions.

When you have completed every question on the page, click the continue button on the bottom right of the page to proceed to the next set of questions:

A dark blue rectangular button with the text "Continue >" in white.

To assist completion, the Department has provided a MS Word copy of the questions that can be filled out before the report is submitted online. This copy is for your reference only, and does not need to be sent to the Department. This is available on the homepage of the report under 'Related'.

Navigating the report

The report is split into 10 sections:

- Details of your organisation.
- Dementia and cognitive impairment.
- Client care plans.
- Clients participating in tasks with the service provider (staff).
- Short-term Reablement CHSP Delivery.
- Proportion of services delivered on a short-term basis.
- Client outcomes from the reablement period.
- Response to CHSP Reablement Services.
- Challenges with delivering a wellness and reablement approach.
- Other Comments & Declaration.

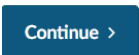
The report will take you through each section and question. The report has been structured to automatically 'skip' any questions you do not need to complete, based on your answers. This is applicable to the following for the 2023-24 reporting period:

- Providers that did not provide Allied Health and Therapy Services (Question 14).
- Providers that did not deliver reablement (Question 8 and 11).

The report does not allow you to go back and forth between pages. If you need to go back to an earlier question to revise your answer, click the following button on the bottom left of the screen:

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After this click:

A dark blue rectangular button with the text "Continue >" in white.

until you get to the question you were looking for.

Save and return feature

The report has a 'save and return' feature which allows you to save your responses and return later to complete. You will need to complete all required fields for each question on that page, with no errors before you can save or go back/forward a page.

To use this function, finish answering all the questions on the page and then click the following button on the bottom left of the page:

Save and come back later...

You will need to enter your email address. Ensure this is entered correctly to receive a link to restart the report with all your answers saved. If the completion email does not appear in your inbox, it can often be in your spam or junk folder, and should be from [no-reply@mail1.citizenspace.com](mailto:reply@mail1.citizenspace.com) with the subject line 'Your return code' with your unique response ID number. The email will include two links you can use to come back, edit and submit your report.

Estimating your answers

Questions will use one of the following answer formats:

- **Percentage scale:** none, 1% to 10%, 11% to 25%, 26% to 50%, 51% to 75%, or more than 75%. Some questions will have additional options such as 'unsure' or 'referral for reablement not received', where this is applicable.
- **Frequency scale:** never, rarely, sometimes, mostly, always.
- **Yes or no** answers.
- **Checkboxes** (select one or more options).
- **Written responses** (1000 characters or less).

For questions that are not applicable to your organisation, select the appropriate option i.e. 'Not funded to deliver this service' if you do not receive funding to provide this service.

Providers should give their best estimate when answering each question based on the information they have available (either through their systems, or feedback from staff).

When answering questions that have a percentage scale, work out the answer based on any data/feedback available within your organisation, and select from the appropriate range:

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

When answering questions that have frequency, use the following guide:

- **None/Never:** your organisation did not deliver the service in the reporting period.
- **Rarely:** this did not occur often this reporting period.
- **Sometimes:** this occasionally occurred this reporting period.
- **Mostly:** this usually occurred this reporting period.
- **Always:** this occurred with all of your CHSP clients this reporting period.
- **Not funded to deliver this service:** your organisation does not receive CHSP funding to deliver this service type.

- Referral for reablement not received: your organisation did not receive any referrals for reablement through My Aged Care this reporting period

Answering each section

Details of your organisation

The questions in this section are for administrative purposes only.

Question	How to Answer
1. Organisation Name	Enter your organisation name.
2. ABN	Enter your ABN with no spaces. This will be validated by the report. If your ABN is not found a message will appear, and you will need to instead enter the following: abn in final comments Then include your ABN in question 21.
3. Program Schedule ID	Enter the ID located at the top of page 4 of your CHSP Grant Agreement.

Dementia and Cognitive Impairment

Cognitive impairment includes:

- Mild cognitive impairment.
- A diagnosis of dementia.
- Suspected dementia.

Question	How to Answer
4. Provide your best estimate of the proportion (%) of your CHSP clients that have cognitive impairment.	Estimate the percentage and tick the relevant option. If, to the best of your knowledge, your organisation has not provided services to any CHSP clients with cognitive impairment select 'none'. If your organisation does have CHSP clients with cognitive impairment but you cannot make an estimate, select 'unsure'.

Client Care Plans

Care planning involves working with your client to develop and document the approach to support the client achieve their goals outlined in the client's My Aged Care support plan. Support plans are created by the Regional Assessment Service (RAS) or Aged Care Assessment Team (ACAT) based on a client's needs, including care arrangements agreed to with the assessor. The care plan should outline the wellness and reablement strategies that the provider/staff will undertake with the client to help them maximise outcomes that improve their overall wellbeing and maintain/regain their independence and autonomy.

For further information on what to include in Care Plans, refer to the [Care Planning Checklist](#) in the Wellness and Reablement resources.

Question	How to Answer
5. Does your organisation develop a care plan for each CHSP client?	Estimate the frequency your organisation completes care plans (never, rarely, sometimes, mostly or always) for each service type, and select 'not funded to deliver this service' for all services you did not receive funding for in 2023-24.
6. Do your CHSP clients care plans identify the following? <ul style="list-style-type: none"> • The client's circumstances/situation? • The client's goals? • Specific actions/strategies to be undertaken, and by who (provider/staff, client, family member etc)? • Dates and frequency of activities? • Is the care plan shared with the client? • Is the care plan regularly reviewed? 	Select yes or no for each sub-question. If you 'never' complete care plans in the previous question, select 'no'.

Clients participating in tasks with the service provider (staff)

Client participation where possible is one of the underlying principles of wellness and reablement, as it is about 'doing with' the client not 'doing for'. This question helps to gauge nationally how many CHSP clients participate alongside staff as part of the delivery of ongoing services and including periods of reablement. The Department recognises that it may not be appropriate or safe for some clients to participate in certain tasks e.g. major home maintenance, repairs or modifications, or certain clinical activities.

Question	How to Answer
7. For each service type your organisation was funded to deliver in 2023-2024, approximately how often do your CHSP clients participate in tasks with or alongside the service provider (staff)?	Estimate the percentage of client participation (select none, 1% to 10%, 11% to 25%, 26% to 50%, 51% to 75%, or more than 75%) for each service type, and select 'not funded to deliver this service' for all services you did not receive funding for in 2023-24. When answering this question estimate how often this is occurring across all of your CHSP clients.

Short-term Reablement CHSP Delivery

Reablement services involve short-term or time-limited interventions that target a person's specific goal or desired outcome to adapt to some functional loss or regain confidence and capacity to resume activities. The aims of reablement include helping the client learn or re-learn skills, abilities, functions or behaviours, regain independence and quality of life, and improve their confidence, motivation and increase their autonomy. A period of reablement is considered such whether a client met or did not meet their reablement goals, or received ongoing services following this period.

Referrals from My Aged Care assessors are received through the My Aged Care Service and Support Portal. This enables providers to view the client record and support plan from their RAS or ACAT assessment and allows CHSP Providers to accept referrals and start organising services for the client. The support plan includes client goals and recommended start, end and review dates for the period of reablement. As part of the wellness and reablement approach, assessors are required to include review dates on the client’s support plan so that goals and services can be monitored.

Question	How to Answer
<p>8. Did your organisation deliver periods of reablement to your CHSP clients in the 2023-24 reporting period?</p>	<p>When answering this question, this refers to reablement offered either through a referral from My Aged Care assessors, or a period of reablement offered to your CHSP clients as part of ongoing service delivery.</p> <p>Answer yes if your organisation delivered reablement services in 2023-24. This will take you through the remainder of the report with all reablement-related and wellness questions.</p> <p>Answer no if your organisation did not deliver reablement services in 2023-24. This will then take you through the remaining questions in the report, and allow you to skip all other reablement questions.</p>
<p>9. How often are you accepting referrals from My Aged Care for short-term reablement?</p>	<p>Estimate the frequency your organisation accepts referrals (select never, rarely, sometimes, mostly or always) from My Aged Care for each service type. If you did not receive any referrals for reablement in 2023-24 for a service type through My Aged Care, select 'referral for reablement not received'. Select 'not funded to deliver this service' for all services you did not receive funding for in 2023-24. This question only relates to My Aged Care referrals for CHSP services, not any referrals you have received for your client from health providers or services.</p>
<p>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?</p> <ul style="list-style-type: none"> • 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 	<p>If you mostly answered 'never' or 'rarely' to the previous question, use the checkboxes to select all the reasons for this. If the reason is not on the list, tick 'Other', and use the text box to write the reason.</p> <p>If you mostly answered 'sometimes', 'mostly' or 'always' for the previous question, tick 'not applicable' and proceed to the next question.</p> <p>This question only relates to My Aged Care referrals for CHSP services, not any referrals you have received for your client from health providers or services.</p>

Question	How to Answer
<p>for reablement were not received for the service types you deliver).</p> <ul style="list-style-type: none"> • Other. Please outline below. 	
<p>11. If your organisation did not provide reablement services, what are the reasons for this (1000 characters or less)?</p>	<p>Respondents will only need to answer this question if they selected 'no' to question 8. If you answered 'yes' to question 8, you do not need to answer this, and the report will automatically skip this question for you. Write a short response outlining the reasons why your organisation did not provide reablement services. In your response outline the reason/s why e.g. you are not receiving reablement referrals through My Aged Care, or other. The report will then take you to 'Challenges with delivering a wellness and reablement approach' as all other questions relate specifically to reablement.</p>

Proportion of services delivered on a short-term basis

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

A reablement focus refers to all clients for whom reablement services were delivered. This includes short-term reablement offered through either (i) acceptance of a referral for reablement from My Aged Care assessors, or (ii) as a period of reablement offered (where needed) to your ongoing CHSP clients.

Question	How to Answer
<p>12. 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?</p>	<p>This is an estimate of the overall percentage of CHSP clients your organisation delivers reablement services to. Estimate the percentage of services delivered on a short-term basis (select none, 1% to 10%, 11% to 25%, 26% to 50%, 51% to 75%, or more than 75%) for each service type, and select 'not funded to deliver this service' for all services you did not receive funding for in 2023-24.</p>
<p>13. How often are reablement services delivered to CHSP clients without a specific recommendation from a My Aged Care assessor?</p>	<p>This is an estimate of the frequency that CHSP clients receive reablement services outside any MAC-initiated activities. Estimate the frequency your organisation delivers reablement services to CHSP clients without the MAC recommendation (never, rarely, sometimes, mostly or always) for each service type, and select 'not funded to deliver this service' for all services you did not receive funding for in 2023-24.</p>
<p>14. Was your organisation funded to deliver Allied Health and Therapy Services in 2023-24?</p>	<p>Answer yes if your organisation was funded to deliver Allied Health and Therapy Services in 2023-24. This will take you to the next</p>

Question	How to Answer
	<p>question which asks for details on the sub-types of Allied Health and Therapy Services.</p> <p>Answer no if your organisation was not funded to deliver Allied Health and Therapy Services in 2023-24. This will then take you through to 'Client outcomes from the reablement period' and you will not be required to answer the next question.</p>
<p>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?</p> <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Health Worker. • Accredited Practising Dietitian or Nutritionist. • Diversional Therapy. • Exercise Physiology. • Hydrotherapy. • Occupational Therapy. • Other Allied Health and Therapy Services. • Physiotherapy. • Podiatry. • Psychology. • Restorative Care Services. • Social Work. • Speech Pathology. 	<p>This question only applies to organisations funded to deliver Allied Health and Therapy Services. The sub-service type 'Ongoing Allied Health and Therapy Services' is removed as this is not delivered on a short-term basis.</p> <p>If your organisation does not provide the service sub-type at all, select 'not provided'.</p> <p>For the remaining service sub-types, estimate the percentage your organisation delivers each Allied Health service sub-type to CHSP clients (select none, 1% to 10%, 11% to 25%, 26% to 50%, 51% to 75%, or more than 75%) with a reablement focus.</p>

Client outcomes from the reablement period

Client reablement goals are outlined in the care plan developed with the client. Reablement clients are any of your clients who you are delivering a period of reablement to.

Question	How to Answer
<p>16. 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 full or part)?</p>	<p>Estimate the frequency your CHSP reablement clients meet their reablement goals (select never, rarely, sometimes, mostly or always) for each service type, and select 'not funded to deliver this service' for all services you did not receive funding for in 2023-24.</p>
<p>17. Which of the following aspects of your CHSP clients situation improved as a result of their reablement period?</p> <ul style="list-style-type: none"> • Gaining new skills. 	<p>Use checkboxes to select the aspects your CHSP clients have improved in for each service type. This question allows you to select multiple answers.</p>

Question	How to Answer
<ul style="list-style-type: none"> • 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. 	

Response to CHSP Reablement Services

Question	How to Answer
<p>18. Where CHSP reablement services are unable to meet CHSP clients' needs, how does your organisation respond? (Required)</p> <ul style="list-style-type: none"> • 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). 	<p>This question refers to a period of time limited reablement referred by a RAS. Use checkboxes to select all the responses your organisation undertakes if your reablement services are unable to meet client needs. If your organisation does not have this issue, select 'N/A – All our reablement clients' needs are being met'.</p> <p>If you select 'Other (explain)', provide a written response in the text box provided (1000 characters or less).</p>

Challenges with delivering a wellness and reablement approach

Question	How to Answer
<p>19. If your CHSP clients' wellness or reablement goals weren't met, what was the reason for this?</p> <ul style="list-style-type: none"> • Client/carer resistance. • Client goals required 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. 	<p>Use checkboxes to select all the reasons your CHSP client's wellness or reablement goals were not met in the 2023-24 reporting period. Select 'Unknown/not clear' if you do not have this information.</p>
<p>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?</p> <ul style="list-style-type: none"> • Current service delivery model. • Costs associated with short-term services (reablement only). • Size of organisation. • Client/ Carers preference. • Workforce issues. • Lack of available funding. 	<p>Use checkboxes to select all the applicable reasons. If your organisation did not experience any challenges, select 'no challenges or barriers'. If the challenges/barriers impacting your organisation are not listed, tick 'Other (explain)' and provide a short written answer in the text box provided (1000 characters or less).</p>

Question	How to Answer
<ul style="list-style-type: none"> Funding not allocated where it's needed. Other (explain). No challenges or barriers. Not funded to deliver this service. 	

Other Comments & Declaration

Question	How to Answer
21. Please provide any additional comments related to this report below.	This question is optional. If you answer this question, your answer should include 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.	Tick the declaration box and enter your full name, position/role, contact number and email in the boxes provided. These are for administrative purposes only.

Submitting the Report

Following completion of question 22 you will be taken to a page with the following:

You are about to submit your response. By clicking 'Submit Response' you give us permission to analyse and include your response in our results. After you click Submit, you will no longer be able to go back and change any of your answers.

If you provide an email address you will be sent a receipt and a link to a PDF copy of your response.

You will need to enter your email address. Ensure this is entered correctly to receive a copy of the report. If the completion email does not appear in your inbox, it can often be in your spam or junk folder, and should be from no-reply@mail1.citizenspace.com with the subject line 'Response received - Response ID' with your unique response ID number.

The email includes a link that will allow you to save a PDF copy of your report submission.

Further Support

If you require further support completing your 2024 Wellness and Reablement Report, first contact your Funding Arrangement Manager (FAM).

If you have any questions regarding the report, please email wellnessandreablement@health.gov.au.