



LASA

**LEADING AGE SERVICES
AUSTRALIA**

The voice of aged care

Wellness and Reablement

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Setting the Scene

Setting the scene

- \$2.1 billion - CHSP
(925,000 places annually)
- \$1.5 billion - HCP
(89,000 places annually)
- \$160 million - Consumer contributions
- Unmet demand - National queue for HCP
- Increasing financial demand with ageing



Setting the scene

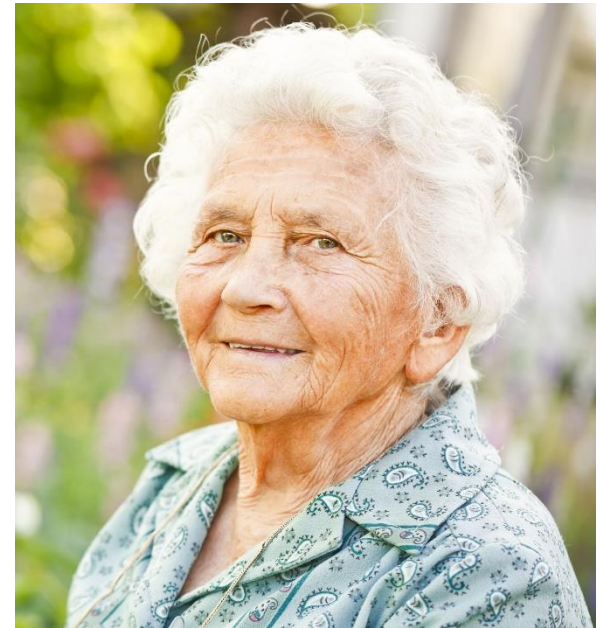
- 2.6 million people aged 70 years and over
- Additional 1 million in next decade (60-70yrs)
- Another 1 million subsequent decade (50 -60yrs)





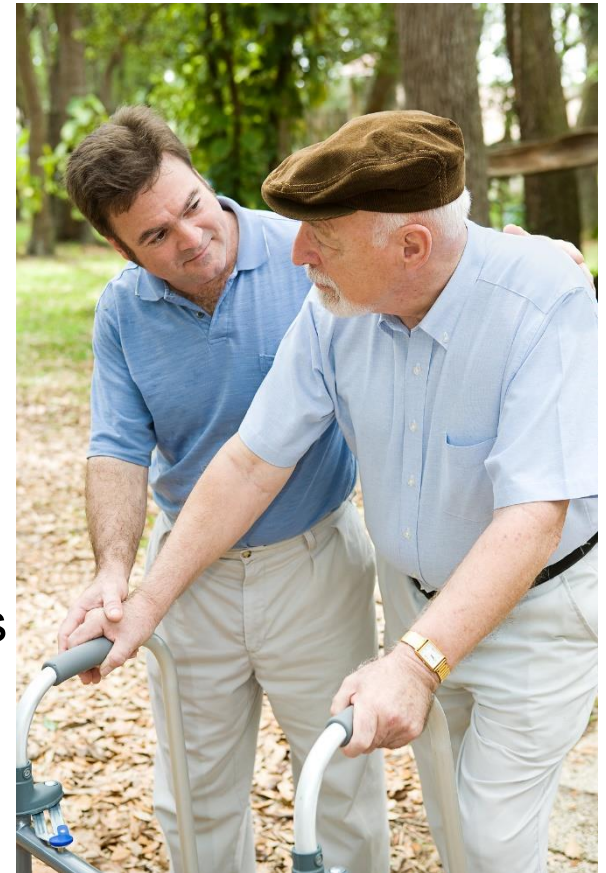
Wellness

- Supports clients to build on their strengths, capacity and goals identified through assessment and planning for delivery of supports.
- Encourage actions that promote a level of independence in daily living tasks, as well as reducing risks to living safely at home.
- Supports gains in physical, social and emotional wellbeing.
- Creatively addressing barriers to independence and autonomy
- Differs from the traditional dependency approach of doing things for your clients.



Reablement

- Term used interchangeably with restoration/restorative care
- Time-limited intervention targeted towards specific goals or outcomes to adapt some functional loss, or regain confidence and capacity to resume activities.
- It could be providing personal care, help with ADLs and other practical tasks, usually for between 6-12 weeks, assisting the client to do these things rather than doing it for them.
- It encourages clients to develop the confidence and skills to carry out these activities themselves and continue to live at home.
- It tends to be provided to people who have just been discharged from hospital or are otherwise entering the care system following a crisis (self or GP referral).

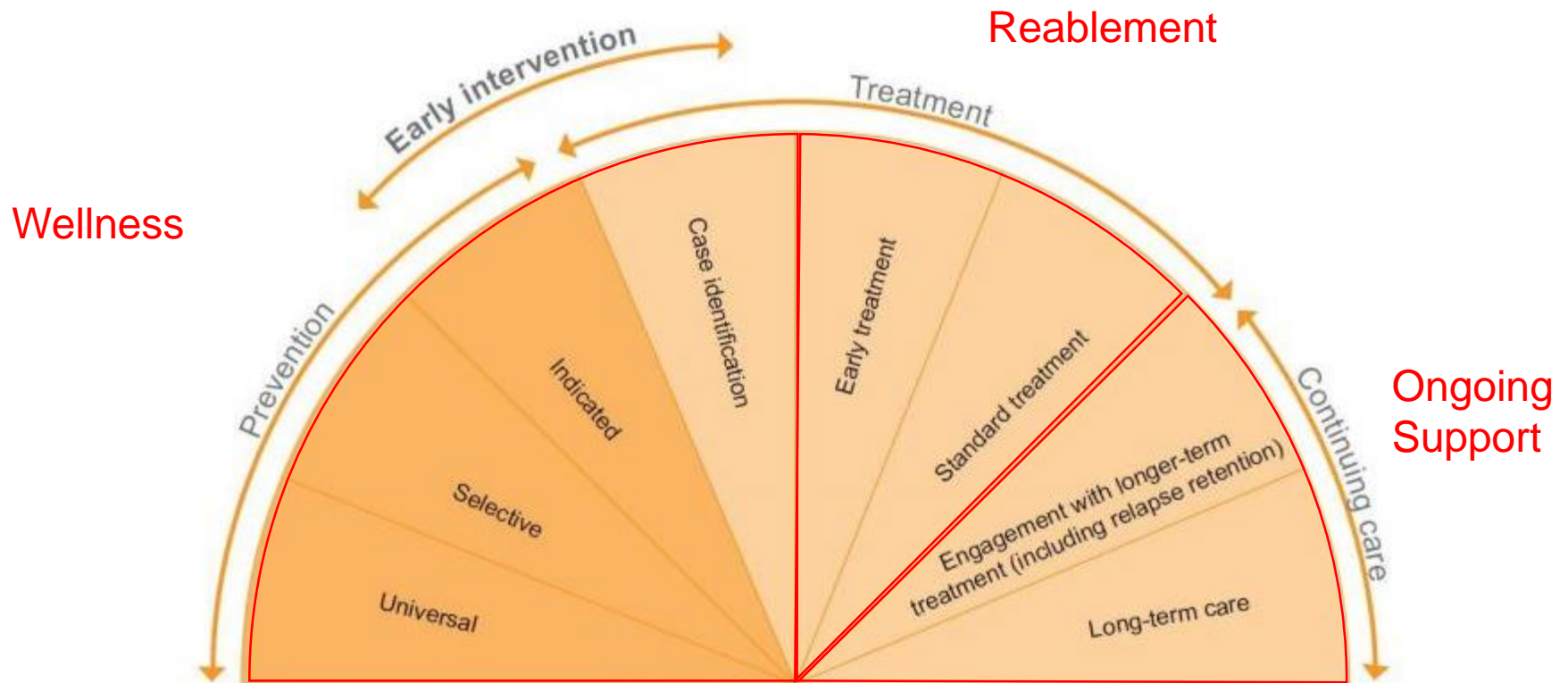


Ongoing Support

- Intervention and care targeted towards doing things for a client that they are unable to do for themselves
- It takes over the role of the client and removes any capacity for the client to engage in a particular role for which support is provided.
- Focused on supporting declining capacity of the client. It could be providing personal care, help with ADLs and other practical tasks.
- Traditionally focuses providing support in the context of physical and cognitive decline.
- Reinforces passive recipient of care/dependency cycles.



The Spectrum of Care



What is the status of evidence?



Physical Activity

- Loss of muscle power due to normal ageing (sarcopenia) has greater functional impact than loss of strength alone
- Muscle resistance training shown to be more effective than gentle exercise (Henwood et al, 2008)
- Older people receiving home care services are more likely to fall than those not receiving services (Smith & Lewin, 2008)
- 1,991 clients of 10 WA home care providers reported motivation as key issue to engage in falls prevention program (Burton, 2018)
- Muscle soreness and uninviting environments as deterrents to exercise participation among older adults.
- Fear of injury, current health status, illness, time, physician advice and knowledge as deterrents to exercise participation among older adults.
- Awareness of the benefits of resistance training, physical activity and exercise are noted among older adults as motivators to engage in a resistance training intervention.
- The importance of the training environment and programme structure to support motivation has been stressed by older adults who had previously/presently engaged in exercise.

Active at Home Program



- Brisbane Primary Health Network
- 18 week, in-home, strength and balance exercise program, with increasing sets and repetitions at the participants pace
- Exercise program delivered by trained personal care workers (PCWs) during regular domestic assistance and personal care service types under the Commonwealth Home Support Program
- 5 weight bearing exercises (3 x repetitive sets for each), 3 balancing exercises
- Involved 37 participants – consents, pre-entry health questionnaire and GP ‘green light’ required to enter the program
- 39 PCWs trained, 19% improvement in physical performance, 19% reduction in people classified as frail, 47% reduction in health service utilisation

Cognitive Function

Physical Activity

- In a study involving people aged 65 and over, exercising at least 3 times per week was associated with a 38% reduced risk of developing dementia (Larson, 2006)
- In a recent Australian trial involving people aged 50 and over who complained of memory problems, a 6 month program of physical activity resulted in improved memory and thinking at the end of the trial and 18 months later (Lautenschlager, 2008)

Smoking

- Not smoking or quitting smoking can reduce the risk of dementia.
- Smokers have nearly an 80% higher dementia risk. Former smokers do not have an increased risk of dementia compared to those who have never smoked. (Anstey, et al. 2007)

Cognitive Function

Mental Stimulation

- Challenging the brain with mentally stimulating activities is associated with better brain function and reduced cognitive decline
- Combined data from 22 studies and over 29,000 participants found a 46% reduction in risk of dementia for those with high levels of mental activity (Valenzuela & Sachdev, 2006)
- With many mentally stimulating activities, start your client at an easier level and move to more challenging levels with practice. This also helps include new learning in routines, which is important for building brain reserve.

Heart Health

- The risk of developing dementia appears to increase as a result of conditions that affect the heart or blood vessels, particularly when these **occur at mid-life**.
- Factors include cholesterol levels, body weight, blood pressure, Type 2 diabetes, diet and alcohol consumption.

Social Connection

- Social relations often becomes more difficult in later life due to retirement, chronic disease, and the death of spouses and friends.

Leisure activities

- Leisure provides occasions for older adults to experience joy, pleasure, laughter, and play (Yarnal 2006; Yarnal, Chick, and Kerstetter 2008)
- Leisure provides an opportunity for older adults to develop friendships and social support networks (Son et al. 2007) as a secondary benefit

Volunteer Programs

- Volunteer programs provide a low cost method through which to support older adults to engage in leisure and recreational activities, reducing social isolation.
- The personal benefits of volunteering also need to be recognised and fostered. It fosters an enhanced sense of belonging and community wellbeing that helps to build resilience, meaning and purpose in the lives of volunteers.

Social Connection

Social Media

- Social media platforms, such as Facebook and Twitter, are accessible and relatively low cost communication technologies that enhance feelings of social connection and reduce loneliness.
- Age-related declines in physical and cognitive abilities and reduced perceptions of benefit inhibit the use of these media, especially when using the small mobile devices for which they are designed.
- The benefits of social media use at older ages extend beyond mere social engagement, and into other domains of everyday well-being given the new learning and attentional processing skills being applied (Quinn, 2017)

Environmental Enhancements

Home Modification and Maintenance

- Home Modification and Maintenance (HMM) services are designed to maintain or modify the dwellings of people in later life in order to enhance their safety, independence, identity and lifestyle
- HMM offer four main types of service: structural modifications, non-structural modifications, repairs and improvements, and ongoing maintenance
- HMM services have been reported by consumers as providing a greater independence, improved ease of undertaking tasks, heightened confidence and sense of safety, greater security, prevention of accidents and increased sense of wellbeing (Jones et. al., 2008)

Environmental Enhancements

Home Modification and Maintenance

- Home modifications, in combination with a comprehensive home visit, significantly reduced the risk of falling for frail older people who have previously fallen (Close et al. 1999; Cumming et al. 1999)
- The need to retain or restore dignity, to have their values recognised, to be afforded choice and to take an active part in society are important aspects of the home environment and require due consideration by those providing HMM services (Heywood 2004)
- Across 157 HACCC clients having received HMM services there was an average 40% increase in Health-Related quality of Life levels as a result of service (Carnemolla & Bridge, 2016).
- Six themes: increased safety and confidence, improved mobility at home, increased independence, supported caregiving role, increased social participation, and ability to return home from hospital

Emotional Wellbeing

Anxiety

- Fear of loss of function and control, influencing poor health perceptions are strong predictors of anxiety among older people (Frazier & Waid, 2010)
- A persons response to anxiety is important – observation of default coping behaviours.
- Some people use anxiety as a motivator for action (to resolve/alleviate anxiety)
- Others are avoidant (to distract with persistence of fearful thinking)
- Others respond with helplessness and are at risk of depression (increasing disability)
- Slow breathing and relaxation are helpful behaviours to reduce tension
- Task feedback is critical in dispelling fearful assumptions building client motivation to conquer fears

Emotional Wellbeing

Depression

- 8 week problem solving intervention for older people with age-related macular degeneration showed reduced depressive symptoms and likelihood to relinquish valued activities relative to usual care (Rovner & Casten, 2008). *Care planning as a problem solving tool?*
- Moderate levels of physical activity reduce vulnerability to decreased late-life depression relative to mild or no physical activity (Park et. al., 2014)
- In depressed older people, aerobic physical activity with antidepressants showed improvements in mood and cognition relative to those with antidepressants alone or gentle exercise and antidepressants (Neviani et. al., 2017)
- Given the relatively modest effects of interventions in averting years lived with disability, preventing late-life depression at the primary care level should be highly prioritized as a matter of health policy (Hall & Reynolds, 2014)

The Care Relationship



Care Plan

- Care plans provide direction for individualised care of a client
- Various care planning tools used to map care delivery and monitor client impacts as a function of care delivered
- Care plans can also be used as an information tool to improve client motivation for goal progression relative to need
- Need, goal, tasks, responsibility, timeframe, measurement

| What is the problem? | What is it you would like to achieve? | What steps are required to make it happen? | Who is responsible? | When will this be done? | How will you know its achieved? |
|----------------------|---------------------------------------|--|---------------------|-------------------------|---------------------------------|
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CHSP provider responsibilities

Wellness and Reablement

- Work towards embedding a wellness approach into service delivery practices
- Review assessments and support plans to ensure service provision is targeted towards agreed goals consistent with CDC principles.
- Offer choice to clients, where practical, on their service delivery preferences
- Accept referrals to deliver short-term as well as ongoing services
- Comply with wellness reporting requirements – likely to be annual report.
- Providers should look to develop an implementation plan for embedding and extending wellness/reablement practices into service delivery. This will provide structure to assist with complying with reporting requirements.

Concluding Remarks

- Care delivery that includes wellness/reablement goals focus on improved independence and function although evidence on user and carer views needs to be strengthened (Focus on client/carer feedback)
- Wellness and reablement approaches achieve cost savings through reducing or removing the need for ongoing support. Limited evidence on reduced health care costs.
- Occupational therapy skills are central to reablement. Can be accessed by training reablement staff rather than having an occupational therapist as a direct team member. Triage, consultation, training and ongoing supervision structures?
- Complaints relating to reablement mainly relate to handover. Important to have suitably trained care workers with specific training application of wellness and reablement approaches detailed in care plans. Transition to other services and reablement ethos?

Francis, Fisher & Rutter (2014)



Leading Age Services Australia (LASA)
is the national peak body representing all providers of age services
across residential care, home care and retirement living.