## Introducing LifeCurve<sup>TM</sup>

A new perspective on the reablement discussion

Bitesize Skills Development
'Stepping back from stepping in'





## Session objectives

#### Participants will:

Identify

and understand the key elements of LifeCurve™

Use

the LifeCurve<sup>™</sup> to identify two common patterns of age-related functional decline

Recognise

that older adults can have 'more good days' with positive lifestyle choices and timely help

Understand

the value of LifeCurve<sup>™</sup> in promoting reablement to aged care teams & consumers



### Implementing reablement: Client challenges

Your client says:

'I'm too old for that'

'I've done enough cleaning in my lifetime'

'I'm too tired to do all that'

'I'm not strong enough'

#### Your client just wants:

A cleaner and gardener

Someone to cook their meals for them

Someone to do the shopping and put it all away

(while they relax!)

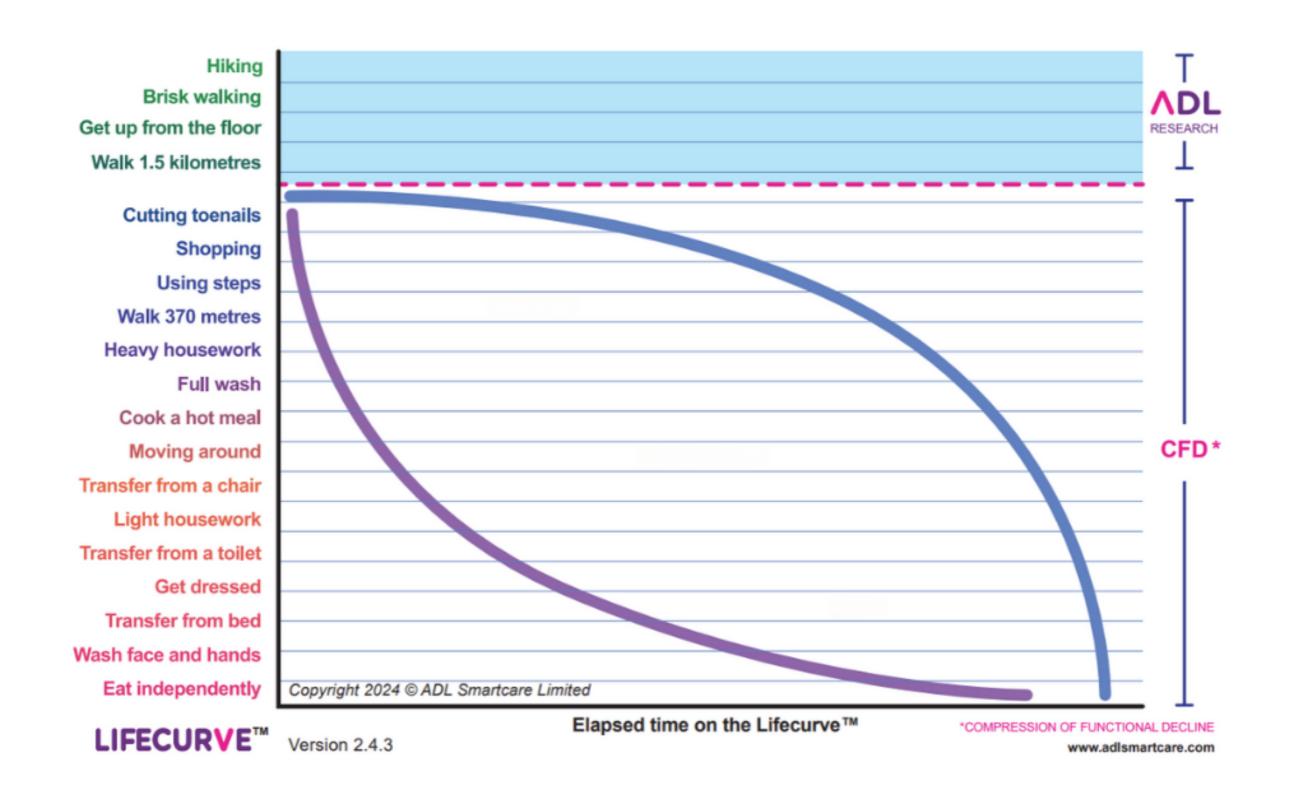
#### Implementing reablement:

Industry/provider challenges

#### 2023 CHSP Wellness and reablement report outcomes

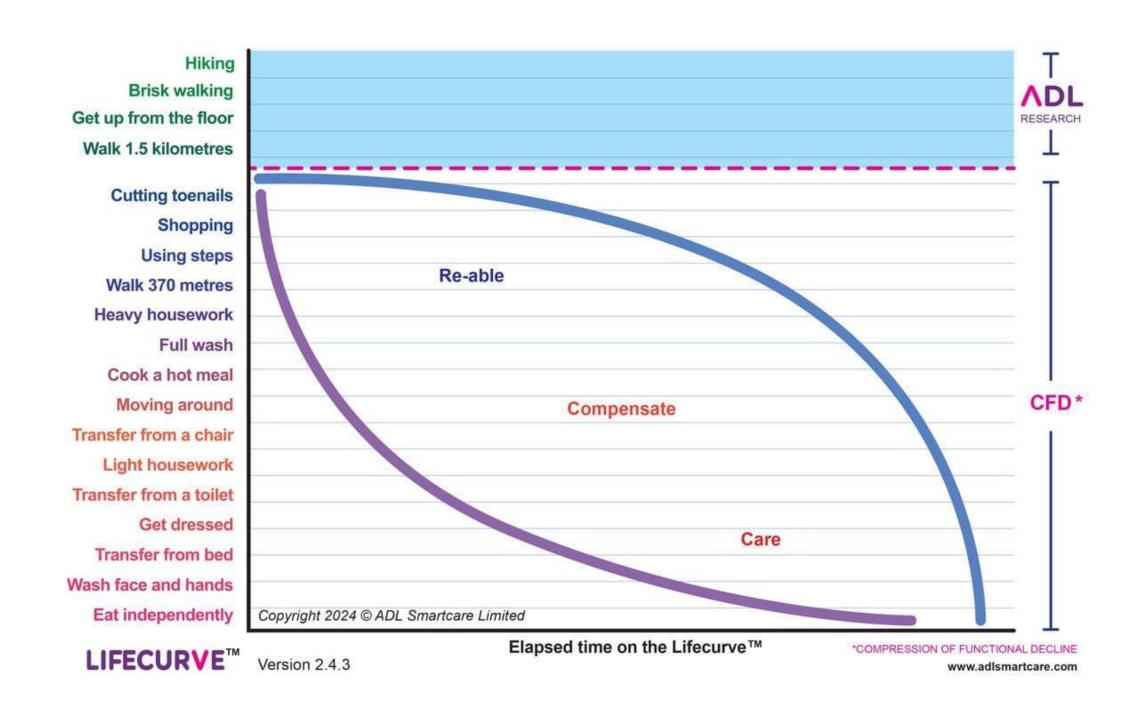
- Clients 'resisting reablement approaches due to fear, skepticism, or a sense of dependency...' (p. 46)
- Consumer mindset the expectation that the provider will 'do for' instead of 'do with' the client
- Difficulty identifying reablement opportunities
- Difficulty accessing specific service types (e.g., allied health services)
- Need for better staff training about wellness and reablement and supporting tools

#### Introducing LifeCurve™



#### Components of LifeCurve™

- 1 The vertical axis
- 2 The horizontal axis
- 3 The red dotted line
- 4 The curves
- 5 Intervention types



#### The vertical axis

This axis features:



4 fitness-related activities at the top



15 Activities of Daily Living (ADL) underneath Brisk walking

Get up from the floor

Walk 1.5 kilometres

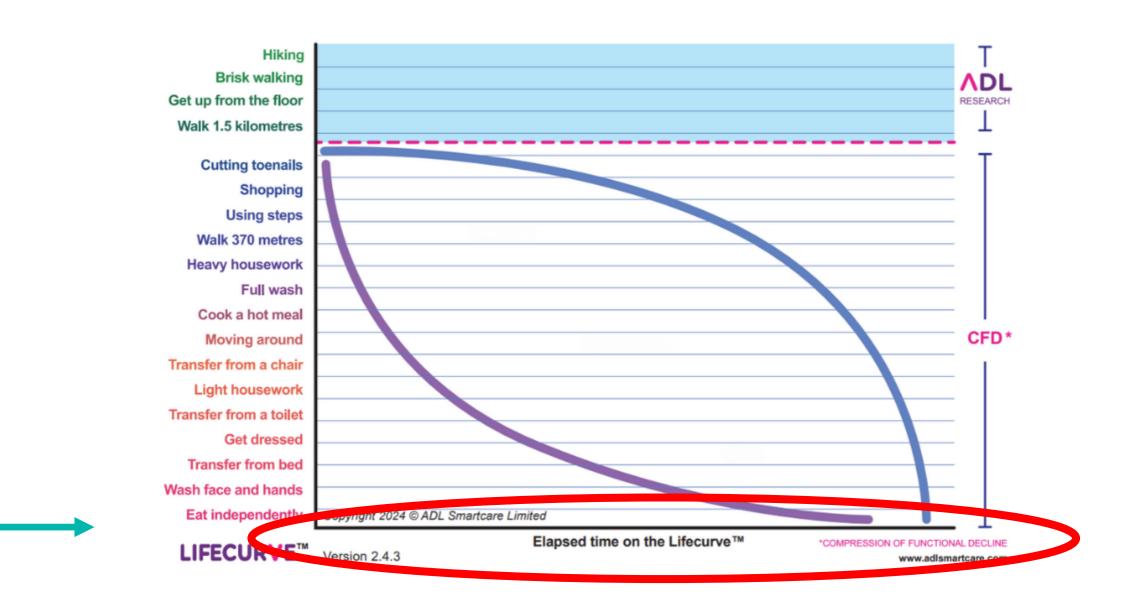
**Cutting toenails Shopping** Using steps Walk 370 metres Heavy housework Full wash Cook a hot meal Moving around Transfer from a chair Light housework Transfer from a toilet Get dressed Transfer from bed Wash face and hands Eat independently

**LIFECURVE™** 

#### The horizontal axis



The horizontal axis represents time elapsed.

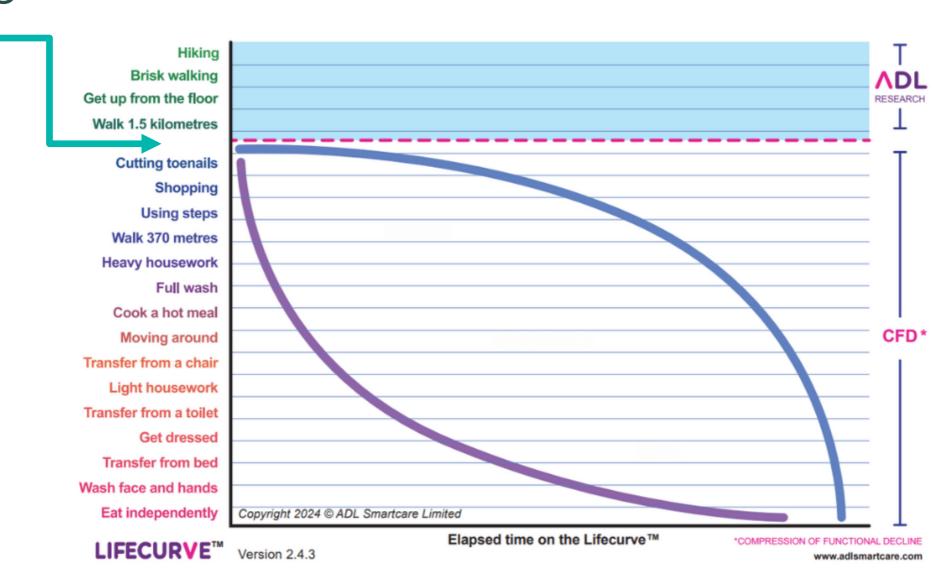




#### The red dotted line



The red dotted line represents the point where a person is commencing concerning functional decline.





#### The curves

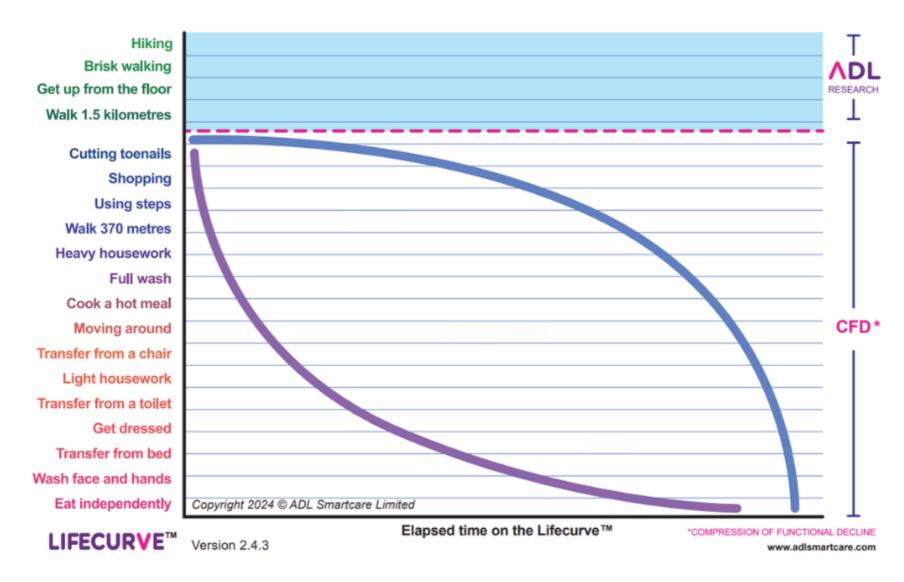
The two curves (**blue** and **purple**) represent possible trajectories of functional losses.



The purple curve represents an early and rapid functional decline



The **blue** curve represents a **delayed** and **slow** functional decline

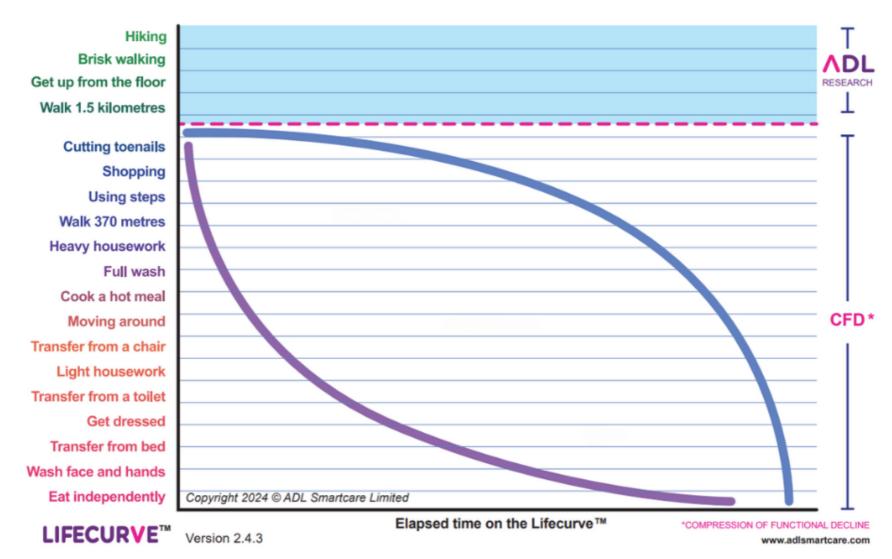


#### Choose a curve

If you were an old older adult, what would be your preferred path?

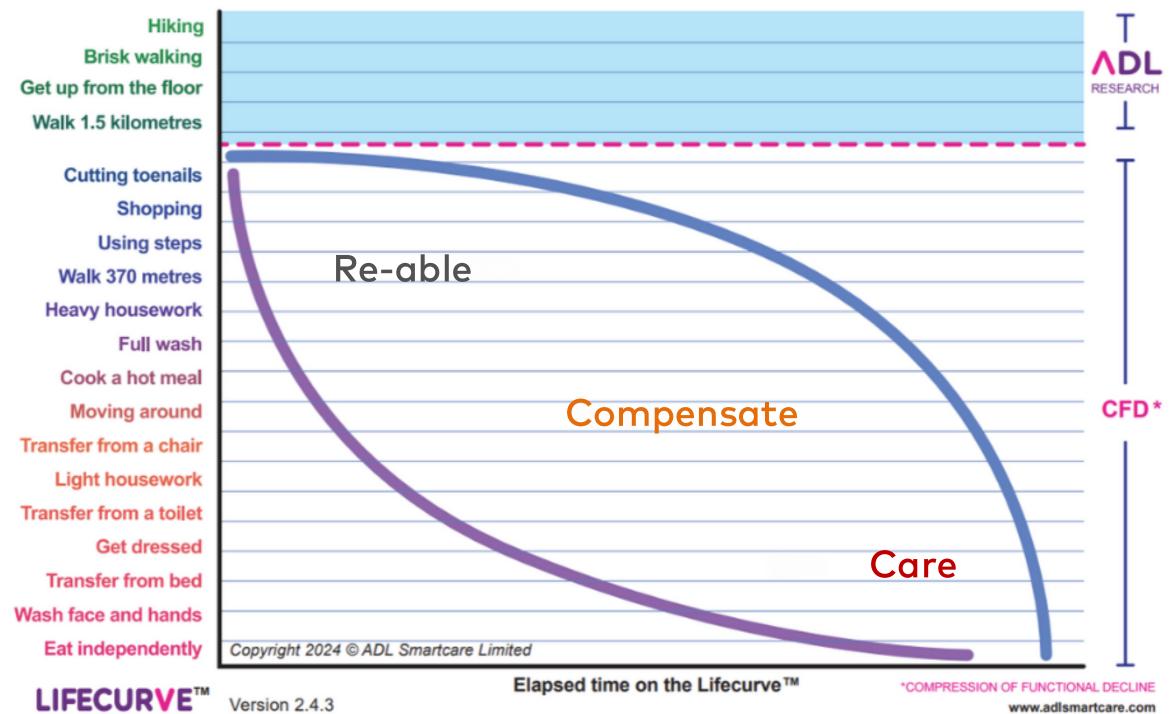








#### Interventions





#### Interventions

"My client broke her arm and is in a cast. Now she can't eat on her own. If she is at the bottom of the LifeCurve, does this mean she isn't suitable for reablement?"





#### Interventions

#### Good question!

These are examples of incidents that are **not** part of the normal ageing process:

- Sickness (e.g., pneumonia)
- Fractures
- Elective surgery (e.g., hip replacement)
- Stroke

Conditions such as Parkinson's Disease and Dementia are also **not** part of the 'normal' ageing process.



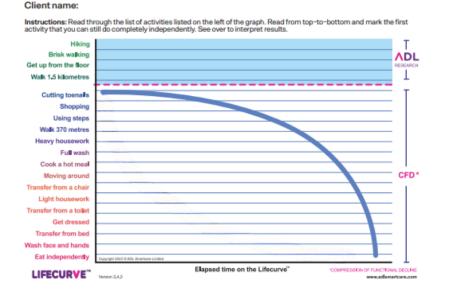


#### Taking control of the ageing journey

Research shows that 70% of our ageing journey is related to factors other than genetics, such as lifestyle.



# Client name: Instructions: Read through the list of activities listed on the left of the graph. Read from top-to-bottom and mark the first activity that you can still do completely independently. See over to interpret results. Hiking Brisk walking Get up from the floor Walk 1,5 kilometres Cutting toenals Shopping Using steps Walk 370 metres Heavy housework Full wash Cook a hot meal Moving around Transfer from a tollet Light housework Transfer from a tollet Get dressed Transfer from a tollet Get dr



#### Staying active supports...



Physical health













Premature help = Premature disability!

#### How LifeCurve™ can help clients

LifeCurve<sup>™</sup> can help share ageing science with older adults.

LifeCurve<sup>™</sup> can help older people:

Think realistically about their current ageing journey

Understand the potential ageing paths

Make informed lifestyle choices to best support their ageing journey

Recognise that wellness and reablement can improve the ageing journey



Be inspired to set goals for improved functional ability and quality of life

#### How LifeCurve™ can help service providers

#### LifeCurve<sup>™</sup> can help service providers:

Identify clients who are suitable for reablement and/or other approaches

Motivate clients to participate in reablement

#### Uphold aged care quality standards by:

- Promoting clients' informed decision making, based on evidence
- Supporting independence
- Promoting collaborative assessment and care planning
- Enhancing staff knowledge to support evidence-based practice







#### Now we will:

- Compare the experiences of Imelda and Tom who have both recently experienced functional decline
- Break into groups of 2-3 and discuss one of the case studies (8 minutes)
- Compare the experiences of Imelda and Tom, and see how LifeCurve™ influences our understanding of these clients' journeys (5 minutes)

#### Summary (Part 1/2)

#### LifeCurve™...

Is an evidence-based framework that shows patterns of **normal** aged-related decline

Shows functional decline is delayed or slowed when people remain active at home & in the community

- Can help motivate clients by sharing positive ageing science
- Can help identify candidates for reablement





#### Summary (Part 2/2)

#### Compressing (delaying or slowing) functional decline...

- Promotes wellbeing by supporting independence and dignity
- Helps older people have 'more good days'
- Supports older people to remain in their home and community of choice





Keep Able

## Thank you

Questions?