

Case Studies of Wellness and Reablement

Allied Health and Therapy Services

The client is a 77-year-old lady who has been experiencing a decline in mobility and balance over the last 12 months. The client has become fearful of using bus services due to difficulties with steps and previous falls history, rating her current ability to navigate steps safely as 5/10 and her satisfaction with this ability as 3/10. Upon Physiotherapy assessment, client was found to have reduced static and dynamic balance responses and reduced functional lower limb strength with specific outcome measures indicating client as being a high falls risk. Initial intervention included evidence based falls prevention education relevant to the client including the importance of supportive footwear, the recommendation of an optometry review for single lens glasses prescription, getting up off the floor strategies and the role of specific balance and strength exercises.

A home exercise program was established reflective of the impairments indicated during the assessment and incorporated into the client's daily routine to aid with compliance.

The client's program was reviewed and progressed twice over a seven week period with a focus on functional activities to suitably challenge her balance. Upon discharge the client had significant improvements in all balance and strength outcome measures.

Education was provided to the client regarding the importance of long term compliance to ensure maintenance of improvements. Crucially, alongside the outcome measures indicating a reduced risk of falling, the client now rated her ability to navigate steps safely as an 8/10 with her satisfaction with this ability as 10/10. She felt more confident in accessing her local bus service and was excited at the prospect of being able to visit her family in the UK thanks to the improvements in her strength, balance and confidence.

Social Support Group

Evoking memories through art

Each week, the art therapist gives the participants a task to complete individually. The activities have included painting postcard memories using watercolours, creating flower mandalas using petals, leaves and other items from nature and creating marble paper and collages. After the participants have completed the activity, each client is encouraged to share their work and reflections with the group. Each week's activities are then pasted into a journal that the participants can take home at the end of the 12-week program.

"Art therapy is non-verbal and a way of finding deeper meaning and reconnecting to memories," explains the art therapist. "It's a way of breaking down language barriers and connecting participants to the outside world and their memories."

The program is proving to be a popular activity. Regulars who attend this social group are people from the communities of the Former Yugoslav Republics. "The regulars are enjoying it. It's a way to mingle and interact with others."

Client A: "I'm enjoying this. I'm happy to come. I enjoy the group and talking. It's making me remember about going to school, and it's good for the brain. Thank you for bringing this opportunity to help older people".

Client B: "I enjoy everything we do here. Every week I am here. It's something I look forward to. Being with our community, chatting and talking about memories and our culture. I'm looking forward to showing my grandchildren and my children my journal at Christmas."

Domestic assistance

This client is a 70 year old man who lives alone. After contacting My Aged Care, a face-to-face RAS assessment was undertaken which identified that the client needed some assistance with clothes-washing and cooking. At first the CHSP service provider visited the client's home three times a week to wash and hang out the clothes for him and cook basic meals for him.

After applying a wellness approach to the client's situation, the provider worked with the client to identify what he could do for himself and what he needed assistance with. The support worker encouraged the client to continue to wash and hang out smaller items by using a trolley and an easy-to-reach drying rack inside, whilst they continued to come once a week to help hang out his bigger, heavier items.

At the same time, the support worker identified that the client loved cooking, but had lost his confidence after his wife passed away. For a number of weeks the provider stayed and cooked with the client to help him to prepare several meals to last over the week. With his confidence back, the client has continued to do things for himself and has remained independent in his own home.

Allied Health

The client is an 81 year old man who was referred to My Aged Care following a fall he had two weeks earlier. Although he had sustained no specific injuries, the client was pretty shaken up from the fall and was now lacking the confidence to shower himself independently.

Following his initial screening process through the My Aged Care contact centre, the client was referred to the RAS for an assessment. The assessment identified that the client was previously independent and was motivated to regain his independence. The assessor also identified that the client was still independent in many daily activities but was struggling with his personal care.

Based on the RAS assessment, a support plan was developed with the client, which identified his goal of being able to maintain his personal care independently. The support plan provided information on the client's strengths and abilities as well as his areas of difficulty and recommendations to achieve his goals, including a referral to a CHSP service provider for an occupational therapy assessment and the delivery of time limited personal care services.

The occupational therapist then worked with the client and his personal carer to devise a plan to achieve his goals. Initially personal care services were provided to the client three times a week to assist him with showering. Over a four week period, the CHSP service provider worked with the client to develop specific strategies such as how to step in and out of the shower safely, to help him to build his capacity and regain confidence in showering.

After four weeks of service the client was confident to shower independently again and the services were withdrawn.

Meals and Transport & individual social support

The client is a 91 year old lady who lives in a small rural village located approximately 75 kilometres from the nearest larger town.

In recent times, the client's health has declined thus increasing her anxiety levels. The client also has suffered a decreased memory and is no longer able to use the stove to cook because of the risk of forgetting to turn it off when she has finished, which in turn has affected her diet. The client's mobility and fitness levels have also suffered. She finds it very difficult to walk even for short distances as she becomes breathless and gets tired easily.

The client's children work full time or live away from the area, and it has become very difficult for the client to attend much needed medical appointments or access the community for shopping and other purposes. After a hospital stay, the client increased her services with GoCo to include meals on wheels, transport and individual social support.

Since commencing the increased services, the client has full access to her medical appointments. There are various drivers who are available to pick up the client for her medical and social trips with whom she has become quite friendly with. The client is not fond of social groups or events but she really enjoys her morning tea/ lunch with the volunteers. The client is now also able to do her shopping and attend non-medical appointments which she tells staff is wonderful and that she would not be able to stay at home if it were not for these services. The client has also told staff that she feels less anxious knowing that assistance is available for her to access and that she can call on such wonderful people.

The client is also receiving Meals on Wheels 6 days per week which has greatly improved her diet and nutritional needs. The meals are cooked fresh at the local contracted hotel, due to the distance the client lives from the nearest Meals on Wheels office. A Transport driver delivers the meals to the client, and spends some time with her whilst she eats her meals. The client tells the staff that this is an added blessing as she does not have to eat alone all the time.

On many occasions the client has told drivers and staff members that the services she receives has taken a huge load off her mind, she now feels more independent, can remain at home for longer and her anxiety levels have decreased hugely because of the assistance she has received.