

## Ageing in Place – A Case Study

Rosemary Harris, MPhil (Rehab) and Sharon Macpherson, NZBN, RN  
Enliven Waikato

*Enliven Waikato was set up in October 2002 in a partnership between the Ministry of Health, Disability Support Link and Presbyterian Support Northern. The objective was to support older people over the age of sixty five years with high and complex needs to remain in their own home. A case study will be presented of an eighty seven year old gentleman and his eighty five year old wife. The wife was referred to Enliven in April 2005. Her husband subsequently became gravely ill with septicaemia and went into hospital. He was not expected to live and his wife was placed in a rest home in August 2005. However the husband made a slow recovery and was referred to Enliven for home supports in May 2006. In January this year, after three and a half years, the wife came out of the rest home and the couple were reunited at home in time for their sixtieth wedding anniversary. This presentation will focus on the role of Enliven in supporting this couple to remain in their own home.*

### Introduction

The New Zealand Positive Ageing Strategy, 2001, has a health goal of “equitable, timely, affordable and accessible health services for older people” (Minister for Senior Citizens, 2001). The Ministry of Health's policy framework for health sector action to 2010 is set out in the Health of Older People Strategy (2002), which supports the health and independence goals of the New Zealand Positive Ageing Strategy. Together, these strategies provide the vision and policy framework for developing an environment where older people receive support services so they can age in place as long as possible, and have access to higher-level supportive care if and when it becomes needed.

Presbyterian Support Northern (PSN) was founded in 1884 and is one of seven autonomous, not-for-profit organisations that come under the Presbyterian Support banner and collectively form one of the largest Non-Government social service providers in New Zealand. PSN's current focus is on providing innovative and effective services that support children and their families, older people and disabled people. The Enliven Positive Ageing Services, which come under the PSN umbrella, support in total more than 2,300 older New Zealanders each year.

Enliven Waikato was originally named Community First (Flexible Integrated Rehabilitation Support Team) and was established in 2002 by PSN, the Waikato District Health Board and the Ministry of Health. It offered a different approach in the form of restorative home support, which usually involves the integration of physical activity into the routine delivery of services. It uses a multidisciplinary team (primarily registered nurse, physiotherapist, and occupational therapist) and service delivery is based on several levels of support depending upon the needs of the older person. The model aims to improve functional status and to enable people to remain in their own homes.

Enliven's services are based on the 'positive ageing' philosophy which includes valuing a positive attitude to older people; promoting well-being and a sense of personal control over life and being involved and participating in the community (Minister for Senior Citizens, 2001). Enliven is not about 'helping' clients or doing things for them. It is about a partnership and working towards specific goals, using those goals and an individual's own determination to keep them in control of their own destiny. A Service Coordinator develops a personal support programme (care plan) with the client and their family/whanau, and Key Support Workers help deliver the programme. There is no fixed list of services with Enliven. Enliven staff work with clients to develop and deliver a service package based on their changing needs and what is important to them, with support available up to three times a day, seven days a week.

A case study of an eighty seven year old gentleman and his eighty five year old wife has been chosen for this presentation, with their permission. The presentation will focus on the role of Enliven in supporting the couple to remain in their own home.

## The Journey

### *Sam and Mary together*

Retiring in their own home and growing old together was Sam and Mary's dream, but the path ahead of them was one of heartbreak, shared determination and love that allowed them to keep their dream alive. They were married in 1959 and moved to New Zealand from Holland to make a new life after World War Two and to raise their children. After retiring, Sam continued with his passion for woodwork, furniture making and stamp collecting. Mary was the main household manager. They both functioned independently until their health started to deteriorate.

In April 2005 Mary's declining functioning including memory loss and decreased mobility from Meniere's disease, resulted in a referral from Disability Support Link to Enliven Waikato for personal cares and some carer support for Sam. After assessment by an Enliven Service Coordinator, Enliven provided visits from a Key Support Worker three times a week to assist Mary with showering and dressing. Sam was later referred to Enliven in May 2005 for personal cares and home help alongside Mary. Sam's health had also declined due to vascular disease, COPD, arthritis, osteoporosis and recurrent chest infections.

Life took a dramatic turn for the couple in August 2005 when Sam was hospitalised with septicaemia from leg ulcers and spent eight months gravely ill. Mary was not able to remain at home alone safely and the decision was made by her family to place her in a resthome as Sam was not expected to survive. However Sam recovered slowly and was referred to Enliven on his return home in May 2006.

### *Sam and Mary apart*

On returning home from hospital Sam was visited by an Enliven Service Coordinator and a detailed assessment was undertaken. This assessment included the Nottingham EADL, the Barthels Index and the EuroQol Score (see Table 1). These scales provide a baseline of functional level and assist in identifying areas of an individual's life that they want to improve. In consultation with the client, the type of support to be provided and the number and times of visits is also determined. Goals for the client are set with a timeline for achieving them, and the Enliven team work alongside clients to assist them to reach their goals.

Table 1: Towards Achieving Realistic Goals in Elders Tool (TARGET Tool)

Assessment Tool	Year	Score	Year	Score
Nottingham EADL	2005	48/66	2009	52/66
Barthels Index	2005	20/20	2009	19/20
EuroQOL	2005	11/80%	2009	9/95%

Sam identified his goals as: to remain at home, to look into joining a group for socialisation, to return to work in his shed and to explore the options of bringing Mary back home to live with him. The goal of bringing Mary home was at the forefront of Sam's mind at all times. Sam received three visits a week from Key Support Workers for personal cares, exercises, home help and support for social integration back in the community. He was seen by the Enliven Physiotherapist for an exercise programme to help with mobility. Sam has a very supportive family who played a vital role in supporting him to remain at home. His son moved back into the family home to help with meal preparation and his daughter assisted with the weekly

grocery shopping. Shortly after returning home Sam began the daily ritual of driving to the resthome to spend time with Mary.

While in the resthome, Mary had been prescribed the medication Lorazepam for depression, which had unfortunately increased her memory loss to the point that when Sam visited she did not recognise him as her husband. This was emotionally difficult for Sam and he often spoke about how he was feeling with his Key Support Workers. His shower became a place for confession of his feelings and troubles. However Sam remained strong and continued to visit Mary daily, attending chapel three times a week with her at the resthome. Sam's love and concern for Mary prompted him to request a second opinion from another General Practitioner and the Lorazepam was discontinued. Mary's memory started to improve and it wasn't long before she recognised that it was Sam visiting daily. Mary started coming home on Monday afternoons to visit Sam and then overnight as a trial. After nearly three and a half years, Sam's main goal of Mary returning home was not just a goal but a reality.

### ***Sam and Mary together***

In January 2009 Enliven Waikato received a referral for Mary to provide support for her at home. A joint assessment for Sam and Mary was undertaken by the Enliven Service Coordinator and a care plan formulated. Mary had worked hard with the assistance of staff in the resthome to give herself the best chance of remaining at home. Her functional assessment scores can be seen in Table 2. It was now the aim of the Enliven team to support them as a couple and help reintegrate Mary back into home life.

Table 2: Towards Achieving Realistic Goals in Elders Tool (TARGET Tool)

Assessment Tool	Date	Score	Date	Score
Nottingham EADL	Jan 2009	39/66	Sept 2009	46/66
Barthels Index	Jan 2009	19/20	Sept 2009	19/20
EuroQOL	Jan 2009	9/80%	Sept 2009	6/100%

Visits from Key Support Workers were organised six days a week to assist with personal cares, household tasks and exercises. Both Sam and Mary were referred to the Otago Exercise Programme to aid in falls prevention and to the Occupational Therapist for a shopping and kitchen assessment. The Enliven team saw the couple rebuilding and establishing their roles within the relationship. Sam and Mary described themselves as 'great friends' which enabled a smooth transition for them to live together again as a couple.

The Occupational Therapist played a large role in facilitating the independence of Sam and Mary. From her assessment it was identified that Mary had not cooked in three and a half years and this role in the marriage had changed. When Mary returned home their son moved out of the family home to allow them both the privacy and time they needed. This meant, however, that the role of meal preparation was left vacant. The Occupational Therapist worked alongside Mary to teach her how to cook again, however she was not as keen as Sam and it was Sam who took on the lead role as the main cook. The Occupational Therapist visited them once a fortnight at 5pm for three months to teach Sam a new recipe. Initially she planned the menu from one visit to the next and they would prepare the meal together. Sam now cooks independently each night and has bought several cookbooks to try new dishes.

The physiotherapist has noted a decline in physical function over the years, but both Sam and Mary are doing well (see table 3). They complete the Otago Exercise Programme most days alongside their Key Support Worker. Sam's osteoarthritis limits the length of time and speed of his mobilisation, so while he is in his garage making furniture or toys for the family, Mary completes a daily walk to maintain her mobility.

Table 3: Elderly Mobility Scale

	Date	Score	Date	Score
Sam	2005	17/20	2009	18/20
Mary	2005	20/20	2009	17/20

The Enliven Service Coordinator has recently completed a reassessment for both Sam and Mary (see Tables 1 & 2). While they have both improved functionally, the more noticeable score is their quality of life rating. Sam rated his quality of life at 95% due to some muscle spasms he was experiencing, while Mary rated her quality of life as over 100% now. They are both grateful to be able to remain at home with support, and report their relationship remains strong.

One of the keys to Sam and Mary's self-rated quality of life being so high is that they are socially active and have a network of relationships in the community. Family is very important to them and as Sam is able to drive, they regularly visit family and friends. Their grandson visits every Tuesday after school and helps Sam with any heavy lifting in the workshop, which they both enjoy. On Thursdays their daughter takes them shopping and each Sunday they attend church at the resthome Mary returned home from earlier in the year - Sam also visits one of the residents and Mary continues to get her hair done there. Sam likes to visit hardware stores and go to stamp fairs and Mary talks to the neighbours when she does her daily walk around the block.

Sam and Mary are currently planning their goal of celebrating their sixtieth wedding anniversary in September 2009. With help from their family they have organised and booked a venue, ordered the food and have been stock piling wine for the celebration. Sam has picked out Mary's dress to wear – he says he likes to choose her clothes, because after all, he is the one who has to look at her!

## Discussion

Sam and Mary' self-rated quality of life is high (Sam, 95% high and Mary 100%) and can be attributed to several factors. Firstly the individual characteristics of the couple, including Sam's determination and perseverance to get Mary home, her hard work to get home and their love for each other. The strength of their relationship is based on love and mutual support; they communicate easily with each other and have had the ability to adapt to major changes in their circumstances.

Wellbeing is a social construct incorporating a sense of satisfaction, contentment and personal fulfilment (King, 2007). Sam and Mary's sense of wellbeing can be attributed to their network of relationships and the fact that they are socially active. Sam and Mary value and use the resources available to them: family, friends, community services and health services. The notion of social connectedness contributing to wellbeing is linked to the New Zealand framework on positive ageing, specifically the importance of participation in and contribution to family, whanau and community (Hillcoat-Nalletamby, 2006).

Mary and Sam live interdependently, as together they feel more secure and are able to support and advocate for each other. Sam is less physically active, so Mary carries out tasks which need a greater deal of movement; while Mary has some cognitive decline and needs prompting by Sam. Although Mary was previously responsible for meal preparation, her declining memory/cognition and limited concentration span meant that Sam stepped up and took over this role. The ability for couples to live interdependently is related to their ability to adapt together as a unit as well as receiving support from outside factors such as family and support agencies (Racher, 2002).

Living in their own home together allows Sam and Mary to have freedom and independence, something which is often seen as the main goal in modern western society (Harrefours, Savenstedt & Axelsson, 2009). The Enliven service makes this possible, which also contributes to Sam and Mary's quality of life and sense of wellbeing. Key Support Workers assist daily with personal cares, household tasks and exercises. Regular three monthly assessments by the Service Coordinator, who is a registered Nurse, as well as access to the Physiotherapist and Occupational Therapist, are preventative measures. Any health issues can be picked up and the appropriate referrals made quickly. Assessment tools enable the Service Coordinator to keep an eye on progress, and shared goals keep the whole team focused. Sam's goal for Mary to come home so the couple could spend their sixtieth wedding anniversary together is now a shared goal for the couple to spend their seventieth wedding anniversary at home together.

## Conclusion

The philosophy of positive ageing underpins Enliven service delivery. Clients are given the opportunity to remain at home with support that enables them to remain as independent as possible. Clients are valued and staff have a positive attitude toward them. A client's wellbeing is important and they are actively encouraged to maintain their social networks and participate in the community.

Sam and Mary have a partnership with Enliven and this is a good example of the restorative care model. That they are successfully ageing in place is a team effort, with Enliven supporting the couple to achieve goals that are important to them. Staff respect the couple's personal relationship and individual strengths and do not detract from their sense of personal control over their lives. In this way, Enliven can add value to their lives.

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