

Scottish Care Lifecurve™ Survey

Frequently Asked Questions

Scottish Care Lifecurve™ Survey - FAQs

Q.	How do I record the length of time a person hasn't been able to do an activity when they have never been able to do it?
A.	You can record the length of time they have been unable to do the activity unaided as their actual age.
Q.	What do I do if someone cannot do one of the activities and is asking for help/advice for them? Or about any of the other additional questions? What action should I take?
A.	Where you identify or a concern is raised or noted that requires immediate/urgent actions (e.g. Adult Support and Protection, Child Protection, serious mental health concern), as in standard practice- discuss the matter with your line manager.
Q.	What do I do if I think someone is over or under estimating whether they can or cannot do an activity e.g they say they can still cook a hot meal and I know they can't?
A.	Where you know the person you have asked to complete a Lifecurve™ Survey is likely to over-estimate or under-estimate their abilities then you need to use your judgement and knowledge of them to help the person complete the Survey questions. You could also complete the Survey with the person in a collaborative/discursive manner to agree what activities the person can and can't do. You could also ask the person to complete the Survey with a family member.

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Frequently Asked Questions

Q.	What do I do if someone I am doing the Survey with needs it produced in alternative format/language?
A.	Please speak to your line manager to arrange this.
Q.	Why are there additional questions in the Lifecurve™ Survey?
A.	To get as broad an understanding of people who use our services as possible. These are key areas which impact on health and wellbeing and are priority areas for health and social care services.
Q.	Is the Lifecurve™ a research project?
A.	No. The Lifecurve Survey is just that – a Survey where we are collecting information about people who use care services.
Q.	Do I have to do the Survey on a specific date?
A.	You can undertake the Survey with individuals at any date or time up to 31 st October 2017.
Q.	Can I do more than Surveys?
A.	Yes! We are asking all staff to do the Survey with a MINIMUM of 2 people. If you are able to do more than this we are happy to receive as many Surveys as you are able to complete.

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Frequently Asked Questions

Q.	I don't have access to the persons' CHI number what do I do?
A.	If you do not have access to the persons' CHI number please record their date of birth and postcode. This will allow us to capture the CHI number.
Q.	Is there any guidance on how to answer the activities of daily living questions? For example – does walking 400 yards mean with a walking stick or not?
A.	Yes. Please see Appendix 1 in the Lifecurve™ Staff Checklist which gives more detail about how to answer each activity of daily living question. For example if the person doesn't cut their own toenails but could still manage to do this they should answer that they can do the activity unaided. So where a person uses a walking aid to walk 400 yards they are deemed unable to do this activity unaided (this includes where a person has purchased their own equipment and uses it).
Q.	Does it make a difference in walking 400 yards whether the person can do this on a level environment or on a hill/slope?
A.	No. The Lifecurve™ research identifies whether the person is able to do this at all whether on the flat, with stops or up a gradient. Just - can they do it.
Q.	What about using a rail or bannister for steps and stairs – what if someone doesn't always use a rail/bannister?
A.	Using rails/bannisters is something we all do from time to time – so for the purposes of answering the Survey question – it doesn't matter whether someone uses a

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Frequently Asked Questions

	<p>rail/bannister to go up/down stairs or not.</p>
Q.	If someone can ‘prepare a meal’ by using a microwave for a ready made meal are does this mean they can do the activity ‘cook a hot meal’ unaided?
A.	<p>No. The Lifecurve™ research identifies ‘cook a hot meal’ as part of the impairment group 'Upper limb control and standing balance'. Therefore, from the evidence this includes being able to stand for a period of time, cut/peel and prepare food as important parts of the task.</p>
Q.	For the ‘moving around’ activity does this include where someone can get around using a mobile device e.g wheelchair or scooter?
A.	<p>No. Lifecurve™ research identifies ‘moving around’ by walking. Remember for all the activities of daily living – we are not looking at independence, we are looking at their ageing journey and the underlying impairments they are experiencing. So a person may be independent by using equipment and adaptations or by using a microwave – which is great for the person, but for the purposes of the Survey we need to record whether they can do the activity unaided i.e. without the help of equipment or another person.</p>
Q.	If I am seeing a person who I know will have an improved ability to carry out activities of daily living in a short time after intervention (e.g hip replacement), how should they complete the Survey questions?
A.	<p>The Lifecurve™ Survey is about a person’s ability on the actual day you are seeing them and asking them the Survey questions. They should answer the questions based on</p>

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Frequently Asked Questions

	their ability on the actual day they are completing the Survey questions.
Q.	Where someone is able to manage peg feeding independently, or have other forms of nutrition (and they don't eat or cook a hot meal) – how does this get recorded on the Survey?
A.	Remember, the activities of daily living are a 'proxy' for a series of underlying impairments – thus cooking a hot meal involves being able to stand, manipulate food and implements etc – so if the person cannot do this unaided, then this is how the activity is recorded.

If you have any other questions, please contact
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