

Enabling the use of easy living equipment in everyday activities

A guide for Home and Community Care services in Victoria

August 2014



Preface

Assistive technologies can play a significant role in supporting independence. There are a wide range of items available. Some are relatively inexpensive and can be independently purchased from stores or online. Other items of equipment can be complex and expensive, and require individualised fitting and instruction. There is a lot of interest and development in new technologies to assist in providing care and support to an ageing population. To be effective in improving capacity for independent living, equipment and advice about correct use needs to suit each individual and their circumstances. Given the range of items available, there is also a range of solutions to getting the correct advice.

This project seeks to make it easier for people using HACC services to get information about low cost, readily available items, and when they can be safely used without needing clinical assessment and advice.

In Victoria, advice about and demonstration of a wide range of aids and equipment is available from Yooralla's Independent Living Centre, with display centres in two Melbourne locations and an online service. The State-wide Equipment Program (SWEP) managed by the Department of Human Services through Ballarat Health, provides subsidised aids, equipment and home modifications, based on assessment and referral from credentialed allied health clinicians. Home and Community Care (HACC) program funding has contributed to improving the capacity of this service to meet the demand for lower cost mobility and safety support equipment, such as walking aids, ramps and rails.

HACC funded allied health services (mainly provided by community health services or rural health services) were provided to 111,100 Victorians in the 2012/13 year. This represents over one third of all people using HACC services. It is the most commonly used HACC service. HACC funded home modification services, mainly provided through local councils, install rails and undertake minor home modifications, based on allied health assessment and instructions.

Through the Active Service Model service improvement initiative, the HACC program in Victoria has focused on supporting individuals to improve their capacity for independent living. Strategies have included the increased investment in allied health and assessment services, funding for service improvement projects, and the continued training and skill development of the community care workforce. There is confidence in assessment and referral processes being able to identify people who require clinical advice about aids and equipment, and in the general skills of the community care workforce. Within this context, a number of HACC service providers felt that home care services could improve the level of awareness, information about, and use of simple equipment to support daily living activities. This was already happening around cleaning equipment and techniques.

This project has built on the preliminary work undertaken in two Melbourne metropolitan regions. It seeks to enable HACC service providers to use their existing assessment and community care staff to provide appropriate information about any of the readily available items of equipment that could make daily living activities easier for their HACC clients.

Acknowledgements

This document has been prepared for the Municipal Association of Victoria and the Victorian Department of Health by HDG Consulting Group.

The guide has been informed by the results of two pilot projects conducted in 2012 by:

- a consortium of nine local councils and Mecwacare in the Southern Metropolitan Region
- Western Regional Health Centre, in partnership with the City of Maribyrnong in the North and West Metropolitan Region.

The foundation work of the pilot projects and the valuable contribution of the project workers and participants are gratefully acknowledged.

Likewise, the expertise of the members of the Project Reference Group has been instrumental in developing the content of the guide, and is gratefully acknowledged:

- Municipal Association of Victoria: Derryn Wilson (Chairperson)
- Bayside City Council: Alison Clarke, Joan Andrews
- Occupational Therapy Australia (Victoria): Kim Mestroni, Natasha Layton
- Royal District Nursing Service: Fiona Hearn
- State-wide Equipment Program: Jeni Burton
- Victorian Department of Health: Kath Paine, Caroline Glover
- Western Region Health Centre: Robin Valentine
- Yooralla Independent Living Centre: Francis Vicary.

The project was supported with funding under the Home and Community Care program by the Commonwealth and Victorian Governments.

Terminology

Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.

The **Active Service Model (ASM)** is a quality improvement initiative to promote capacity building and restorative care in relation to physical function and social and psychological wellbeing. The aim of the ASM is to ensure that people strive to gain the greatest level of independence they can and are actively involved in making decisions about their life.

Activities of daily life refers to tasks of daily life such as eating, drinking, dressing, bathing, hygiene, meal preparation, housekeeping and other personal and/or domestic tasks.

Community care worker is a generic job title inclusive of roles such as home support worker and personal carer. Home support worker is now commonly used in Victorian council services to describe this group of workers who have HACC Certificate 111 qualifications, have undertaken additional ASM training, and work flexibly with, and along-side individuals across a range of support tasks to best achieve person centred goals.

Clinical staff or clinician refers to staff members who have a qualification such as nursing or allied health (occupational therapy, physiotherapy, podiatry, speech pathology) and are working in a clinical role. HACC assessors and community care workers are not clinical roles.

Easy living equipment¹ refers to equipment for self-help and personal (not shared) use. The items are simple, easy-to-use, inexpensive, commercially available and can be purchased independently by members of the public. The items do not require an assessment or prescription by a clinician and may be recommended by non-clinical staff for people who use HACC services if they meet specific criteria. (See section 3.3 about when clinical input and/or referral is required)

HACC assessors conduct assessments with Home and Community Care (HACC) service users.

HACC organisation refers to organisations that receive funding through the HACC program, such as local government, community health services, health services and non-government organisations.

Occupational therapists provide expert assessment and advice in relation to the person, task and environment. Occupational therapists are the relevant clinical staff to provide expertise and advice about the easy living equipment referred to in this guide.

The term '**person**' or '**service user**' is generally used throughout this guide and means the person, consumer or client receiving the HACC service.

¹ Multiple phrases are used to refer to aids and equipment, such as assistive equipment, aids to daily living, community equipment, everyday technology and aids and appliances. Contemporary literature uses the term '**assistive technology**,' defined by the World Health Organisation (2004) as '*an umbrella term for any device or system that allows individuals to perform tasks that they would otherwise be unable to do, or increase the ease and safety with which tasks can be performed*'.¹ The term assistive technology is used in the literature and by sectors of the workforce to reflect a broad range of items including voice recognition software, mobility aids, environmental adaptations such as sensors, telehealth, smart technology and other items, however it appears to be less commonly used by the general public when referring to simple, non-complex, low cost aids and equipment to assist in the tasks of daily living. Following discussion by the project Reference Group, and for the purposes of this document, the term 'easy living equipment' is used in this document to mean low cost, non-complex assistive technology.

Contents

1. Introduction	1
1.1 Purpose	1
1.2 Who this document is for	2
1.3 About HACCC	2
1.4 Active Service Model	3
2. About easy living equipment.....	4
2.1 Evidence	4
2.2 Easy living equipment.....	4
2.3 Case studies	7
2.4 Benefits.....	9
3. Model	11
3.1 Overview.....	11
3.2 Guideline: Assessment.....	12
3.3 Guideline: Clinical assessment and input.....	17
3.4 Workforce roles and training.....	19
3.5 Selection and supply of easy living equipment.....	24
3.6 Logic model, evaluation and quality	25
3.7 Further information	30
4. Frequently Asked Questions.....	31

List of tables

Table 1: List of easy living equipment.....	6
Table 2: Benefits	10
Table 3: Roles and responsibilities – implementation status	21
Table 4: Sample tracking list.....	27
Table 5: Evaluation questions – service users.....	27
Table 6: Evaluation questions – HACC organisations	28
Table 7: Quality and risk related questions.....	29

List of figures

Figure 1: Model and components	11
Figure 2: Easy living equipment in assessment and care planning	13
Figure 3: Underlying logic model	25



1. Introduction

1.1 Purpose

The purpose of this document is to promote, explain and encourage the use of **easy living equipment**, also known as non-complex assistive technology, to support people using HACC services to be as independent as possible in their activities of daily living.

The aims of the guidelines are to:

- support a consistent understanding and approach to the use of easy living equipment by HACC organisations in Victoria
- provide a framework against which HACC organisations can refine their policies and procedures
- provide a model and guidelines to enable HACC assessors and community care workers to more easily assist people to consider and use easy living equipment to support and maintain their independence.

The focus of this guide is on easy living equipment in circumstances that do not require assessment and prescription by a clinically trained professional (such as an occupational therapist). These items tend to be readily available to the general public through retail and online outlets.

HACC assessors and community care workers can facilitate the use of easy living equipment in a range of ways. For example, by:

- observing and discussing tasks that a person may find difficult
- identifying tasks for which easy living equipment may be helpful
- providing information and demonstrating the correct use of easy living equipment
- assisting with purchase or supply
- prompting, encouraging, motivating and monitoring the use of easy living equipment.

Whilst low cost aids and equipment is just one aspect of HACC service provision, the use of such can assist to make a positive difference in a person's capacity to perform the tasks of everyday living.

1.2 Who this document is for

This guide has been developed for organisations that receive funding through the HACC program in Victoria.

The guide should be read by:

- managers, team leaders and coordinators – to understand how they can introduce practices and processes to encourage the use of easy living equipment
- assessors – to actively incorporate the consideration of easy living equipment during the assessment, care planning and review process
- community care workers (inclusive of home support workers and personal carers) – to actively support and monitor the use of easy living equipment by the people they support.

After reading the document you should be able to identify ways in which each of these roles can support the implementation of easy living equipment to enhance a person's independence.

1.3 About HACC

The HACC program is designed to provide basic maintenance and support services to eligible people to assist them to remain as independent as possible so they can remain living in the community. HACC services are targeted to older and frail people with moderate, severe or profound disabilities and younger people with moderate, severe or profound disabilities, and their unpaid carers. For further information about the HACC target group refer to the *Victorian HACC program manual, 2013* at <http://www.health.vic.gov.au/hacc/index.htm>

The majority of people who use HACC services, regardless of their age, will experience some level of impairment that impacts their ability to perform everyday tasks. For example:

- as people age they may experience reduced flexibility, strength and dexterity and be at greater risk of falls
- conditions such as Arthritis, or those leading to vision or memory loss, may impact on functional ability
- physical disability may reduce mobility.

Everyday tasks, such as opening a jar or tin of food, drying feet, putting on socks or stockings, or performing cleaning tasks may become increasingly challenging. The reduced ability to undertake domestic and household tasks, maintain personal care, or prepare food is often a catalyst for referral to HACC services. Promoting the use of easy living equipment is about assisting people to overcome challenges and maintain their independence to the greatest extent possible. In some cases it may also reduce the need for services.

1.4 Active Service Model

The Active Service Model (ASM) is a quality improvement initiative to promote capacity building and restorative care in relation to physical function and social and psychological wellbeing. The goal of the ASM is for people in the HACC target group to live in the community as independently, actively, and autonomously for as long as possible. In this context, independence refers to the capacity of people to manage the activities of their daily life. Autonomy refers to making decisions about one's life.

The aim of the ASM is to ensure that people strive to gain the greatest level of independence they can and are actively involved in making decisions about their life. This includes understanding their goals, their decisions about the type of services they receive and their desired outcomes. A person-centred approach is used in conjunction with a focus on 'doing with' rather than 'doing for' a person. For further information about the ASM see http://www.health.vic.gov.au/hacc/projects/asm_project.htm

The use of easy living equipment is one strategy that can be used, along with other strategies, to provide an ASM approach to supporting independence and wellbeing.

The model and guidelines described in this document build on the results of two pilot projects in relation to the use of aids and equipment conducted by local government and other HACC organisations. The evaluation of the pilot projects, including feedback from community care workers and from service users, found that there were positive benefits in promoting and supporting the use of easy living equipment, and that the approach assists with implementation of the ASM.

The following statements from service users illustrate the benefits.

- *"I had a jar the other day that I couldn't open, I would usually have just given up and put it back, but I was able to use the jar opener to get it open – very happy, Thank you."* (Person provided with a jar opener).
- *"Having this equipment has helped me and my husband in managing my personal hygiene. As a result we don't need the council service."* (Person reluctant to accept personal care and provided with a long handled toe washer/dryer, long handled sponge and a shower sandal).
- *"This equipment has been invaluable – Thank you! It has relieved my partner's carer role and now I can do many more tasks – a sense of achievement in being able to do things for self and not rely so much on others. Increased wellbeing for both self and carer."* (Person provided with a long handled sponge and sock applicator).

Encouraging the use of low cost aids and equipment is aligned with the ASM. It provides a practical and capacity building approach to enhance the independence of HACC service users.



2. About easy living equipment

2.1 Evidence

Research studies have demonstrated that the use of aids and equipment can supplement and substitute for the provision of support for some people in some situations, and enhance independence.

Research and literature suggests that:

- the 'ability to do things for myself' is important in how satisfied older people are with their lives
- aids and equipment are most effective when there is early intervention (the earlier the aids and equipment are provided the more likely the person is to use them) and people are provided with assessment, the correct items, home-based training and follow up
- the use of easy living equipment should be 'normalised' and 'mainstreamed', so that it becomes part of normal practice and thus its acceptability is increased by HACC assessor, community care workers and people using HACC services
- older people are more likely to use aids and equipment where the items are straightforward, reliable, and meet a need – they should be easy to use, work properly and align with the person's sense of identity and self-image.

2.2 Easy living equipment

There is a vast range of easy living equipment designed to assist in everyday living and make tasks easier, faster or more enjoyable to perform.

These are simple (non-complex), low cost items that can be purchased by members of the general public from retail outlets, pharmacies, hardware stores, supermarkets, home ware stores and online.

For the purpose of this guide, easy living equipment has been divided into the four main categories of:

- domestic and household cleaning
- kitchen and meal preparation
- bathroom and personal care
- recreational and general household items.

Table 1 below lists the easy living equipment for each of these categories.

(Note: The demonstration basket of easy living equipment provided to HACC organisations does not include all the items listed in Table 1. The demonstration kit includes a sample of popular easy living equipment, however there are other items available, such as those listed, that may be of interest to, and more suitable for, specific people. Cleaning items are not provided in the demonstration kit as these are already well promoted to, and used by HACC service users.)

These items can be facilitated and demonstrated by HACC assessors and community care workers provided the person does not require clinical assessment as described in section 3.3.

HACC assessors should actively include consideration of easy living equipment during the assessment and care planning process.

People using HACC services can also be invited to self-complete a checklist of the easy living equipment they are interested in (see section 3.2).

HACC assessors can demonstrate the easy living equipment to show the person how to use the items correctly.

Where relevant, the person should be encouraged to 'try out' relevant easy living equipment to enhance their independence in tasks of easy living. In some cases the person may require encouragement and prompting to build confidence and competence in the use of the items.

Community care workers, through observation and familiarity with the people they support, may be able to identify opportunities for use of easy living equipment to enhance the person's capacity to perform particular tasks of everyday living.

In accordance with the person's care plan, and/or discussion with their team leader, coordinator or HACC assessor, appropriately trained community care workers may discuss and/or demonstrate particular items to the person. This should be recorded in the person's case file and/or progress notes.

HACC assessors and community care workers can facilitate and encourage people to benefit from the use of these items.

It may also be relevant to use the demonstration basket of easy living equipment to inform the general public about what is available. Events such as health and wellbeing expos, commonly conducted locally during Seniors Week, or other local events with health organisations or the Independent Living Centre, can be used to showcase items as part of a wider range of aids and equipment.



HACC assessors and community care workers have a key role in encouraging and facilitating service users' effective use of low cost aids and equipment.

Table 1: List of easy living equipment

Category	Easy living equipment
Domestic and household cleaning tasks	<ul style="list-style-type: none"> • lightweight / long handled broom, dustpan and brush • light weight vacuum / carpet sweeper • long handled extendable duster • shower and bath cleaner • long handled toilet brush and bowl • lightweight mop and bucket, skirting board mop • laundry trolley
Kitchen related activities and meal preparation	<ul style="list-style-type: none"> • jar, bottle or can opener • tap turner • kettle tilt / pourer • cutlery with large grips, crockery with no-spill lips or high edges • non slip mat, stable table • shopping bag carrier • kitchen timer, oven timer, safety/cut-off switch, stove knob covers
Bathroom and personal care	<ul style="list-style-type: none"> • long handled sponge • long handled toe washer and drier • shower sandal • non-slip mat • long handled shoe horn • sock or stocking puller • easy reach lotion applicator • button hook, zip puller • long handled nail scissors, nail clippers • medication dispenser
Recreation and general household items	<ul style="list-style-type: none"> • reacher / pick up stick • seat belt easy reacher, handy bar, swivel cushion • book reader, stable table • key turner / handle / ring • mobile telephone / large button telephone • hand grips, door knob covers • long handled or easy grip gardening tools

In addition there are aids for memory and vision available through specialist organisations.

Memory	<ul style="list-style-type: none"> • large print clocks, watches, photographs, notebooks, signs • computer, tablet and mobile device applications (apps) • Alzheimer's Australia Help Sheets - Memory Aids in the Home; The kitchen – the environment and dementia. See http://www.fightdementia.org.au/help-sheets-and-update-sheets.aspx
Vision	<ul style="list-style-type: none"> • magnifying glass, page magnifier, screen reader • refer to the Low Vision Clinic for their online shop and for specialist assessment http://www.visionaustralia.org

2.3 Case studies

The following case studies describe a combination of actual and hypothetical situations where the use of easy living equipment can contribute to the independence of people who use HACC services.

HACC managers, coordinators, team leaders, assessors and community care workers may:

- be aware of people similar to those described in the case studies
- use case review and team meetings to discuss and identify people who could benefit from the use of easy living equipment.

Julie – family support

Julie was an 87 year old woman who lived at home with her husband with early stage dementia. Julie had been a keen cook all her life, however due to arthritis and back pain she was finding standing and cooking increasingly challenging. Particular issues were opening jars, carrying heavy groceries and carrying meal-trays between rooms.

Julie's son-in-law took her to a local hardware shop where they viewed a range of kitchen and household items. Of interest, and then purchased over time were:

- a jar opener to more easily open lids on jars of food
- a tap turner that fitted over the tap in the kitchen, to more easily adjust the water flow
- a sharp knife with a built up handle, that was easier to grasp
- non-slip mats for use on a meal-tray.

Whilst these were all relatively minor items that each individually made a small difference, collectively they supported Julie in her ongoing love of cooking and the ease with which she did so and in her care role. When Julie reached 93 years of age, her son requested a HACC assessment at the suggestion of the general practitioner. The assessment included further consideration of easy living equipment and the provision of some additional items in relation to personal care.

Demetrio – information and advice from the HACC assessor

Demetrio was a farmer and at age 90 had a number of physical 'ailments'. He lived alone, was fiercely independent and treated his ailments as challenges that he could adapt to and manage. Whilst he had been referred for HACC services and agreed to an assessment, he felt he was able to 'get by' and 'manage on his own' without people 'fussing' about him.

The HACC assessor determined that he did not have any of the characteristics that indicated that a referral to allied health was required, so took a demonstration kit of easy living equipment to the home-visit to gauge his interest and the suitability of different items. Following the demonstration, Demetrio was particularly interested in:

- a long handled shoe horn to assist in putting on his boots
- a long handled sponge and toe cleaner

- a rubber grip for a pen that allowed him to write and sign cheques more easily
- a key turner for the key on the padlock on his machinery shed.

The HACC assessor assisted him to place a telephone order for the products through his local pharmacy that would bill him directly. The products were not necessarily the identical brand as those demonstrated, however the HACC assessor was familiar with them and that they served the same functional purpose.

Demetrio agreed that the HACC assessor could 'drop by' in three months to see how useful the items were and if there was anything else HACC could do to assist. At the three month visit Demetrio advised the HACC assessor that he was using the products and that they were 'making the little things easier.' Demetrio agreed to contact the HACC assessor if he wanted any other information or assistance in the future.

Isabella – assessment followed by support from a community care worker

Isabella was an 81 year old woman who attended a local church social group and lunched at the bowling club each week. Her friends at the bowling club had been talking about the types of 'gadgets' they found useful at home. Isabella's daughter had made a referral to the local council.

Isabella described herself as 'being in jolly good health' although she struggled to clean her unit to her satisfaction as she could not move furniture or 'bend and stretch like I used to.' Isabella asked the HACC assessor about whether there was equipment that could help her. The HACC assessor used her lap top to show her pictures of various items, and discussed which ones might be helpful. The HACC assessor also suggested some work simplification strategies.

Isabella showed interest in some of the long handled, light weight cleaning items including a vacuum, mop, duster and toilet brush. They agreed on a care plan where the council would assist Isabella to purchase the items (cleaning equipment) and make sure she was confident in their use. The community care worker attended on two occasions to assist Isabella in the use of the new items, and check that she was comfortable in their use and storage. The community care worker then attended every two months for a 'heavier' clean whilst Isabella managed in between times. This approach suited Isabella who felt she was retaining her independence, not being a burden and maintaining her unit to her satisfaction. It also suited the council who provided a less intensive service and monitored the situation.

Gabrielle - referral to an occupational therapist

Gabrielle was an elderly woman who lived alone and had recently had orthopaedic surgery. She had completed her rehabilitation and, with the exception of fortnightly domestic assistance, other services had ceased. Her family was worried that Gabriella was not as confident in moving around her home as she had been prior to the surgery and that she may trip or fall; and that she felt vulnerable in attempting various household tasks. They made contact with HACC and asked for advice and assistance.

The HACC assessor met with Gabriella who asked if it was possible for her to get some equipment for ongoing use at home. The HACC assessor explained that because of the situation (i.e. surgery within the past three months, a possible risk of falls, and other clinical

considerations) that a referral to an occupational therapist was required to ensure the most appropriate and safe advice regarding aids and equipment.

The HACC assessor made a referral to a local HACC occupational therapist who undertook a clinical assessment and prescribed aids and equipment (including safety rails) as part of a new care plan.

William – referral to a low vision clinic

William was a 67 year old man who had worn glasses since he was a young child. He made a self-referral to HACC for assistance at home due to his worsening eyesight and concerns about his ability to manage at home. In conversation with him, the HACC assessor found out that William's eye specialist had recently informed him that glasses could not help him any further.

The HACC assessor referred him to Vision Australia and attended the appointment with him. Vision Australia staff demonstrated items that could help William improve his independence and enjoyment of activities. This included tactile marking and use of contrast, and a liquid level indicator (gadget) so he was able to safely make a hot drink.

William purchased a talking clock to assist with telling the time, a big button telephone, large print playing cards, large print scrabble and some magnifiers. He accessed the Vision Australia online catalogue from his home computer to keep up with new developments in assistive technology and the online library catalogue to access talking books, and joined a low vision support group.

Following this process William felt confident and well supported. He agreed to contact the HACC assessor again if he required any further assistance in future.

2.4 Benefits

Whilst easy living equipment may seem minimal in terms of the time or effort saved, they can:

- enhance a person's sense of independence, self-reliance and self-sufficiency
- contribute to 'growing old gracefully' and support a sense of self dignity
- reduce a person's sense of burdening others to provide assistance and care, and support the care relationship
- overcome challenges and support self-management where possible
- contribute to independence, physical and emotional wellbeing
- provide a sense of accomplishment and empowerment
- potentially reduce the reliance on the formal service system.

As shown below, encouraging and supporting the use of easy living equipment is beneficial for the people who use HACC services, HACC organisations (assessors, community care workers, clinicians) and the service system.

Table 2: Benefits

Who	Benefits
Service users, carers and family	<ul style="list-style-type: none"> • maintains and promotes independence • increases confidence • contributes to functional ability • promotes self reliance and sharing of ideas • promotes problem solving, encourages adaptability and reduces frustration • maintains capacity • reduces dependence on carers
HACC organisations	<ul style="list-style-type: none"> • aligns with the ASM and a holistic person centred approach • may reduce or refocus tasks where support is required • motivates service users to maintain and enhance their independence • provides prompts and items for discussion and encouragement • supports occupational health and safety • encourages people to complete tasks in between the days of service delivery
Service system	<ul style="list-style-type: none"> • contributes to effective use of resources • promotes collaborative working relationships • items tend to be relatively low cost, low risk and readily available • effective use of workforce • ensures allied health practitioners are focussed on people with more complex needs and prescribed aids and equipment • allows local responses within a consistent framework and guidelines



3. Model

3.1 Overview

This model provides for a generic approach to enable HACC organisations in Victoria to promote and encourage the use of easy living equipment.

The key components of the model are as follows.

- **Assessment** – as part of, or complementary to, the usual HACC assessment process, including two checklists: an easy living equipment checklist for self-completion by the consumer; and a checklist of indicators for when a clinical assessment may be required, for use by HACC assessors.
- **Workforce roles and training** – a description of roles and responsibilities as included in these guidelines; and a training presentation and learning exercises to deliver as in-service training for HACC assessors and community care workers.
- **Selection and supply** of easy living equipment – an A4 flip chart with photographs and the indicative cost to assist service users to consider and select items; a basket of items that can be demonstrated by HACC staff to service users and their carers/family; and information about suppliers.
- **Evaluation** – a logic model, evaluation questions and quality considerations.

Together these components provide for a simple and practical approach to encourage and support the use of easy living equipment as part of HACC service delivery. Each component of the model is described in the following sections.

Figure 1: Model and components



3.2 Guideline: Assessment

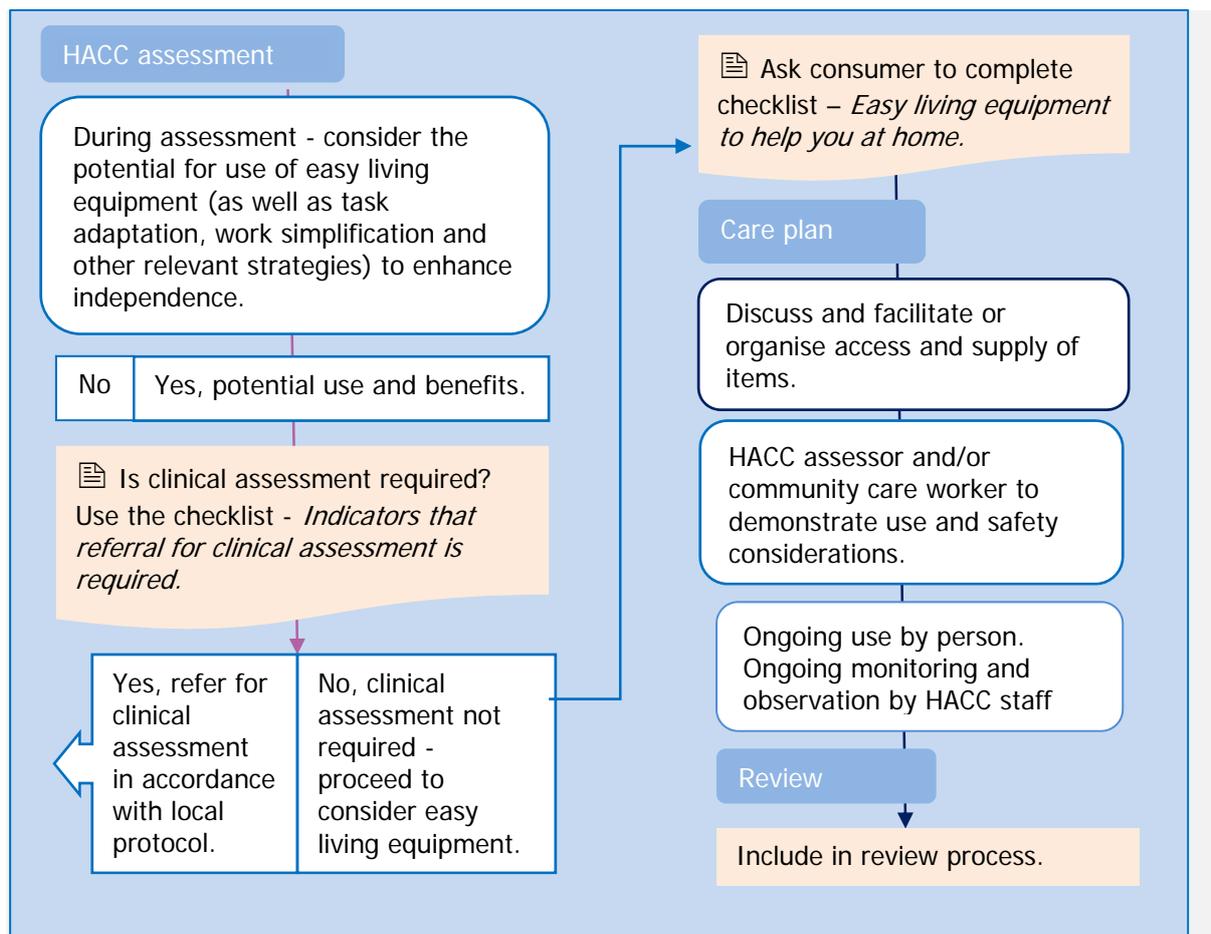
Assessment in the HACC program is provided by HACC assessment services. For detailed information about assessment in the HACC program see

- *Victorian Home and Community Care program manual 2013* at http://www.health.vic.gov.au/hacc/prog_manual/downloads/entire_manual.pdf
- *Strengthening assessment and care planning: A guide for HACC assessment services in Victoria 2010* available at http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf

Consideration of the use of easy living equipment can be integrated into the assessment and service delivery process using the following approach or steps.

- Consider the use of easy living equipment as part of the assessment process, to encourage adaptation, problem solving and self reliance.
- If there appears to be the potential for use for easy living equipment, determine whether a clinical assessment is required. See page 20 for *Checklist – Indicators that referral for clinical assessment is required*.
- If a clinical assessment is not required, assist the person to consider what easy living equipment they may find useful. See page 18 for a consumer completed *Checklist of easy living equipment to help you at home*. (If a clinical assessment is required, refer to the relevant service).
- Discuss items with the person and facilitate the purchase of the items.
- Demonstrate the use of the easy living equipment and ensure the person is confident in using the items.
- Monitor and review use of the items as part of usual care planning and review processes.

Figure 2: Easy living equipment in assessment and care planning



Assessment conversations should include detailed discussion with the person and their carer or family about how daily tasks are performed and, in discussing a range of options and strategies, whether there are opportunities for the use of easy living equipment (as well as other strategies) to support their independence and relieve carers.

Assessment conversations should lead to the identification of solutions and options to enhance independence.

For example:

- as part of the conversation with the person about things that may have changed in their daily lives, their goals or need for support – what has changed / how did you do that previously / how do you manage that now?
- in discussing how the person manages daily tasks around the home, in relation to meal preparation or personal care, or any obstacles and solutions to these tasks
 - how do you manage in your food preparation – for example, opening jars or tins, peeling and cutting up vegetables / have you changed the way you do this / if so, how / are you happy with this approach or solution?

- how do you manage the housework – for example, cleaning the shower and toilet, turning taps on or off, vacuuming / have you changed the way you do this / if so, how / are you happy with this approach or solution?
- do you have any challenges in relation to your personal care – for example, clipping your nails, reaching down to wash your feet or put your shoes and socks on / have you changed the way you do this / if so, how / are you happy with this approach or solution?
- how have you solved these challenges / have you tried or do you currently use any 'gadgets,' devices, or equipment to assist you / if so, what / are you happy with them?
 - whether the person has considered the opportunity for any further use of simple items and equipment specially designed to assist with everyday tasks - are you interested to see some items that you may find helpful with these tasks?

Some people may be overcome by the challenges associated with daily living and think that a family carer or community care worker should perform the tasks for them. However, the ASM approach of 'doing with' rather than 'doing for' can be used to support the person to problem solve and adapt to become more independent and self reliant in various tasks with the use of easy living equipment where relevant. This may require prompting, encouragement and confidence building over time as part of a care plan.

By using their observation skills, community care workers can identify opportunities for the use of easy living equipment. When a community care worker identifies opportunities for such, they should discuss the idea with the person, and with their team leader or HACC assessor.

Checklist – For service users, carers and family

The ASM principle of autonomy and decision making extends to choices about household items such as easy living equipment.

The checklist shown over page is designed to be self-completed by the consumer to indicate the types of items they may be interested in. It is available in a range of community languages and can be downloaded from the Department of Health website at <http://www.health.vic.gov.au/hacc/index.htm>

The checklist can be provided in advance to the person, discussed with them verbally as part of a conversation about what they may have tried in the past or are interested in now, or left with them to consider and complete in their own time.

The completed checklist can inform the staff member about which items to demonstrate to the person and where there is the opportunity to encourage independence and capacity through the use of easy living equipment.

Choice of equipment by the person is important. Research has shown that a lack of choice combined with a poor aesthetic design or unattractive appearance of items may contribute to non-use or abandonment. It is important that the person chooses an item that suits them and their preferences in relation to design, style, colour, cost etc. Products purchased online may be less expensive than those purchased from a retail store, however, some people (or their family members) may prefer to visit a retail store to view and purchase items.

Thus selection and demonstration process should facilitate choice for people to reflect their individual tastes and preferences.

In summary:

- the checklist can be used as a conversation starter to assist in understanding the person's view of what type of assistance and/or strategies (including easy living equipment) they may wish to explore or discuss
- the demonstration basket of easy living equipment provided to HACC organisations does not include solutions to all the items listed – it provides a prompt for discussion about options and strategies, some of which may relate to easy living equipment, and others which may require other strategies or solutions
- HACC services should have an established relationship with allied health clinicians to ensure there is a protocol for when a referral for clinical assessment is required.

Checklist for consumers to complete

Easy living equipment to help you at home

This is a checklist about simple, inexpensive equipment that is available to the general public. You may find some of these useful. Please indicate any of these you may wish to discuss, see or try.

I am interested in items to help me more safely and easily...		Yes ✓
Kitchen	Carry bags of shopping	
	Open jars or tins	
	Turn taps on and off	
	Chop or cut food	
	Pour the kettle	
	Turn stove knobs on and off, or use timers	
Housework	Clean floors – mop or vacuum	
	Clean the bath, shower, toilet	
	Dust	
	Pick up things	
	Change bed linen	
Personal	Shower or reach my feet and toes to wash/dry	
	Dress or put on socks/stockings/shoes	
	Clip my finger or toe nails	
	Manage my medicines	
Laundry / outdoors	Carry laundry or hang out the washing	
	Gardening	
	Get in and out of the car	
Other	Use the telephone or see the numbers	
	Other things that are important to me	

This is not clinical advice - if you require such we can make a referral.

3.3 Guideline: Clinical assessment and input

Some people will require assessment by a clinician (i.e. occupational therapist, physiotherapist, podiatrist, speech pathologist, nurse or low vision clinic) to ensure that the equipment is suitable to the person's needs. The clinician is responsible to develop a care plan in relation to the clinical intervention that may include the use of aids and equipment. For a description of each allied health profession refer to the *Victorian Home and Community Care program manual*
http://www.health.vic.gov.au/hacc/prog_manual/downloads/entire_manual.pdf

The *Framework for Assessment in the Home and Community Care Program in Victoria* (Department of Health, 2007) requires that HACC assessment services have a protocol and collaborative arrangements in place with allied health and nursing services to ensure access to clinical assessment and interventions.

Likewise, in accordance with the *Victorian Home and Community Care program manual* allied health services are required to work in partnership with other HACC services to ensure a coordinated approach, provide secondary consultation and ensure timely clinical input to support the independence of HACC service users.

In relation to easy living equipment, clinical assessment is required if:

- the **person** has unstable health or other characteristics that may impact on their ability to use the items - see checklist on next page
- there are factors in relation to the **environment** that may impact on the person's ability to use the items – see checklist on next page
- there are factors related to the **occupation** (tasks) that may impact on the person's ability to use the items – see checklist on next page.

Note: Clinical assessment is always required for communication aids, continence products, and any items or devices that need to be measured or fitted for the individual such as mobility and safety related items (e.g. a wheelchair, walking frame, scooter, car seat, ramp, hand rail, walking aid, bath seat, shower stool or chair, hand held showers or switch cock, over-toilet aid, bed stick etc.).

Note: See Appendix 1 for indicators for referring to allied health as used in the demonstration project conducted in 2012. This is provided for general information purposes, however, and is not specific to these guidelines.

Checklist - Indicators that referral for clinical assessment is required

HACC assessment practice should occur in accordance with *Strengthening assessment and care planning: A guide for HACC assessment services in Victoria 2010* available at http://www.health.vic.gov.au/hacc/downloads/pdf/assess_guide.pdf)

If the service user has one or more of the following characteristics, a clinical assessment is required (i.e. the HACC assessor should **not** recommend easy living equipment as this requires clinical input).²

Characteristic (tick box if yes)	Yes	No		
<p>Person - unstable health:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> giddiness/falls or falls risk <input type="checkbox"/> loss of bladder or bowel control <input type="checkbox"/> acute or chronic diarrhoea/constipation <input type="checkbox"/> acute or chronic nausea/vomiting <input type="checkbox"/> special dietary requirements or limitations (e.g. PEG feeding regimes) <input type="checkbox"/> pain <input type="checkbox"/> difficulty with breathing/advanced respiratory disease <input type="checkbox"/> terminal or life-threatening illness in the palliative care stage <input type="checkbox"/> recent changes in sensory status such as the deterioration of vision or hearing <input type="checkbox"/> apparent fever or persistent excessive coldness <input type="checkbox"/> wounds, persistent bruising and/or skin integrity breakdown or risks or pressure ulcers <input type="checkbox"/> multiple (> 5) and frequent use of medications (3 times) per day or more </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <input type="checkbox"/> significant recent changes in medications <input type="checkbox"/> several recent hospital or respite admissions, surgery within the past three months <input type="checkbox"/> progressive deteriorating chronic illness <input type="checkbox"/> any procedure requiring insertion into the body (including injections) <input type="checkbox"/> disorientation/confusion/memory loss undiagnosed and/or leading to uncooperative behaviours during personal care <input type="checkbox"/> very limited mobility, for example people who are bed-bound or need assistance with transfers <input type="checkbox"/> vision impairment such as degenerative condition or rapid change <input type="checkbox"/> rapid change in condition or cause of recent deterioration in functional ability is unknown or seems unclear, or untreated </td> </tr> </table>	<ul style="list-style-type: none"> <input type="checkbox"/> giddiness/falls or falls risk <input type="checkbox"/> loss of bladder or bowel control <input type="checkbox"/> acute or chronic diarrhoea/constipation <input type="checkbox"/> acute or chronic nausea/vomiting <input type="checkbox"/> special dietary requirements or limitations (e.g. PEG feeding regimes) <input type="checkbox"/> pain <input type="checkbox"/> difficulty with breathing/advanced respiratory disease <input type="checkbox"/> terminal or life-threatening illness in the palliative care stage <input type="checkbox"/> recent changes in sensory status such as the deterioration of vision or hearing <input type="checkbox"/> apparent fever or persistent excessive coldness <input type="checkbox"/> wounds, persistent bruising and/or skin integrity breakdown or risks or pressure ulcers <input type="checkbox"/> multiple (> 5) and frequent use of medications (3 times) per day or more 	<ul style="list-style-type: none"> <input type="checkbox"/> significant recent changes in medications <input type="checkbox"/> several recent hospital or respite admissions, surgery within the past three months <input type="checkbox"/> progressive deteriorating chronic illness <input type="checkbox"/> any procedure requiring insertion into the body (including injections) <input type="checkbox"/> disorientation/confusion/memory loss undiagnosed and/or leading to uncooperative behaviours during personal care <input type="checkbox"/> very limited mobility, for example people who are bed-bound or need assistance with transfers <input type="checkbox"/> vision impairment such as degenerative condition or rapid change <input type="checkbox"/> rapid change in condition or cause of recent deterioration in functional ability is unknown or seems unclear, or untreated 		
<ul style="list-style-type: none"> <input type="checkbox"/> giddiness/falls or falls risk <input type="checkbox"/> loss of bladder or bowel control <input type="checkbox"/> acute or chronic diarrhoea/constipation <input type="checkbox"/> acute or chronic nausea/vomiting <input type="checkbox"/> special dietary requirements or limitations (e.g. PEG feeding regimes) <input type="checkbox"/> pain <input type="checkbox"/> difficulty with breathing/advanced respiratory disease <input type="checkbox"/> terminal or life-threatening illness in the palliative care stage <input type="checkbox"/> recent changes in sensory status such as the deterioration of vision or hearing <input type="checkbox"/> apparent fever or persistent excessive coldness <input type="checkbox"/> wounds, persistent bruising and/or skin integrity breakdown or risks or pressure ulcers <input type="checkbox"/> multiple (> 5) and frequent use of medications (3 times) per day or more 	<ul style="list-style-type: none"> <input type="checkbox"/> significant recent changes in medications <input type="checkbox"/> several recent hospital or respite admissions, surgery within the past three months <input type="checkbox"/> progressive deteriorating chronic illness <input type="checkbox"/> any procedure requiring insertion into the body (including injections) <input type="checkbox"/> disorientation/confusion/memory loss undiagnosed and/or leading to uncooperative behaviours during personal care <input type="checkbox"/> very limited mobility, for example people who are bed-bound or need assistance with transfers <input type="checkbox"/> vision impairment such as degenerative condition or rapid change <input type="checkbox"/> rapid change in condition or cause of recent deterioration in functional ability is unknown or seems unclear, or untreated 			
<p>Person - cognitive impairment and/or behaviours of concern:</p> <ul style="list-style-type: none"> <input type="checkbox"/> memory loss, dementia, brain injury, anxiety, depression, degenerative neurological condition <input type="checkbox"/> repetitive actions or questions, raised voice, aggression, pacing, sleep disturbance <input type="checkbox"/> behaviours that cause stress, worry or risk of harm 				
<p>Environment</p> <ul style="list-style-type: none"> <input type="checkbox"/> it is a complex or adapted environment - suitability and accessibility of built and physical environment, safety, presence of, or need for modifications, rails, ramps etc. <input type="checkbox"/> a support person is required to use the equipment 				
<p>Occupation / other</p> <ul style="list-style-type: none"> <input type="checkbox"/> the person is unlikely to be able to perform the task even with the equipment or assistance <input type="checkbox"/> the person has tried equipment in the past and it has not been successful <input type="checkbox"/> the general complexity of the person's situation, health condition/s or environment and/or the interactions between these factors <input type="checkbox"/> other factors that may indicate the need for clinical input 				
<p>Action</p> <p>If one or more 'Yes' responses the person should receive a clinical assessment to prior to consideration of suitable aids and equipment. Action ⇒ HACC assessor to refer for clinical assessment in accordance with referral protocol and procedures.</p> <p>If all 'No' responses the HACC assessor should consider and encourage the use of appropriate easy living equipment. Action ⇒ HACC assessor to include consideration of easy living equipment in assessment and care planning.</p>				

² Unstable health as per the Victorian HACC program manual page 120. The list of indicators is used as a guide to determine the existence of unstable health. A single factor does not necessarily indicate unstable health. http://www.health.vic.gov.au/hacc/prog_manual/downloads/entire_manual.pdf . Items in bold have been added to the list for the purpose of this project. The checklist has been adapted from the Western Region Health, 2012, *Proposed Active Service Model Framework for Provision of Small Aids by City of Maribyrnong Home and Community Care Assessment officers, 2012*, (unpublished)

3.4 Workforce roles and training

The HACC program in Victoria funds a range of allied health services. HACC funded allied health staff (primarily occupational therapists) should work in partnership with HACC assessors to provide in-service training about easy living equipment to their local HACC workforce. A training presentation (PowerPoint) with speakers' notes has been developed to enable this to occur.

As HACC assessors and community care workers have the base qualifications³ and competencies to perform their roles, this training has been designed to deliver as in-service training to ensure familiarity with the items and how to discuss and demonstrate them. For community care workers the in-service training will complement the competency based training unit CHCA317 '*Support for older people to maintain independence*'.

The in-service training includes hands-on learning activities and the opportunity for peer discussion and supervision. It has a focus on familiarisation with, and the practical, safe and appropriate use of the easy living equipment as contained in the demonstration kit.

Delivery of the in-service training by occupational therapists in partnership with HACC assessors at a local level will mean it is accessible to the large number of community care workers across Victoria.

Roles and responsibilities

Good practice in relation to encouraging the use of easy living equipment to assist people to remain independent, requires leadership and a clear understanding of roles and responsibilities by the HACC workforce.

The role of **HACC managers and coordinators** is to introduce a model to encourage the use of easy living equipment. This includes to:

- introduce this guide to HACC assessors and community care workers
- ensure relevant policies and procedures are in place (e.g. easy living equipment, referral for clinical assessment)
- ensure workforce training and development in relation to this guide and the use of easy living equipment
- monitor and evaluate the use of easy living equipment in accordance with the program logic described in section 3.5 of this guide
- inform the MAV and/or Department of Health of any issues or concerns, including through narrative reporting as part of the HACC program.

Research has shown that aids and equipment are less effective without human support, demonstration and encouragement. This means that role of HACC assessors and community care workers are especially important in encouraging ongoing use of easy living equipment and resolving practical issues (such as replacing batteries where relevant).

³ In Victoria the HACC assessment framework requires that HACC assessors have relevant higher education qualifications. The minimum standard of qualification required for community care workers is the appropriate Certificate III level qualification.

HACC assessors and community care workers (and case managers) are thus 'change agents' in encouraging the use of easy living equipment by increasing the person's knowledge, assisting with purchase/acquisition, encouraging use, incorporating into routines, monitoring and follow up, including the potential for additional items.

The role of **HACC assessors** is to actively incorporate the consideration of easy living equipment during the assessment, care planning and review process. This includes to:

- identify, through assessment, discussion and observation, potential for the use of easy living equipment
- refer for clinical assessment when appropriate (as per 3.3 checklist)
- gauge the person's interest in, and willingness to use easy living equipment
- provide information and / or demonstration of relevant easy living equipment
- facilitate access and/or purchase of the agreed easy living equipment as part of care planning. For example, a family member may be able to purchase the items, a community care worker may take the person shopping to purchase the items, or the HACC organisation may purchase the items for the person.
- ensure the person is able to use the equipment as intended (this may require hands-on demonstration by the HACC assessor or community care worker), including to allocate time for this in the care plan
- monitor and review the use of the easy living equipment as part of the care planning and review process
- consider effective use of strategies in combination with equipment use
- provide input and feedback to contribute to evaluation and continual improvement.

The role of **community care workers** (inclusive of home support workers and personal carers) is to actively support and monitor the use of easy living equipment by the people they support. This includes to:

- demonstrate the use of easy living equipment in accordance with the person's assessed needs and care plan
- follow-up, prompt, encourage, motivate and encourage the person in their use of easy living equipment
- observe and monitor the person's confidence and use of the items
- identify opportunity for additional items
- provide input and feedback to the team leader and HACC assessors to contribute to evaluation and continual improvement.

Table 3: Roles and responsibilities – implementation status

Role	Responsibilities	Progress	Status
<p>Manager / Coordinator</p>	<p>Introduce and promote the concept and this guide to the HACC workforce. Engage and collaborate with local HACC funded allied health services in relation to in-service training and referral for clinical assessment.</p>		
	<p>Inclusion of easy living equipment in relevant policies and procedures. For example:</p> <ul style="list-style-type: none"> • Assessment - easy living equipment • Referral protocol for clinical assessment • Checklists • Other relevant policies, procedures and practice instructions and documents. 		
	<p>Facilitate workforce training and development. For example:</p> <ul style="list-style-type: none"> • Discussion at team meetings • Outline the framework/model • Ensure in-service training is provided to HACC assessors and community care workers, based on the training presentation and materials provided with the kit • Competency based training, for example, if some staff have not completed the unit CHCA317 ‘Support for older people to maintain independence’, as part of their Certificate III qualifications, then this unit could be made available to them via the Chisholm HACC training • HACC training calendar / other training. 		
	<p>Supply arrangements. For example, in relation to the supply and provision of:</p> <ul style="list-style-type: none"> • A4 flip charts (printing, updating) • Demonstration kits (sourcing, purchasing, updating items) • Identification and documentation of local suppliers and prices. 		
	<p>Monitor and evaluate the use of easy living equipment in accordance with the program logic.</p> <ul style="list-style-type: none"> • Instigate reporting processes and monitor level of use/uptake (see tracking sheet in 3.6) • Include within continual improvement process (see evaluation questions in 3.6) • Inform the MAV and/or Department of Health HACC program of any issues or concerns, for example in relation to assessment, access, supply, suitability of items and so forth • Address challenges / barriers to practice. 		

Role	Responsibilities	Progress	Status
HACC assessors	<p>Promote and include in assessment and care planning process.</p> <ul style="list-style-type: none"> • Implement assessment guidelines, including guideline on referral for clinical assessment • Provide information, use A4 flip chart, invite service users to complete the consumer checklist • Demonstrate correct use of items • Facilitate purchase of items by the person • Advise/inform community care workers in relation to individual care plans. 		
	<p>Monitor and review.</p> <ul style="list-style-type: none"> • Consider level of interest in use of easy living equipment by service users • Respond to and support community care workers in their role • Include in care planning review process for individual service users and seek their feedback • Provide input and feedback to evaluation (see evaluation question sin 3.6) and continual improvement. 		
Community care workers	<p>Implement in accordance with care plan. For example:</p> <ul style="list-style-type: none"> • Provide information to service users • Demonstrate easy living equipment • Prompt, encourage, motivate and encourage people in their use of easy living equipment 		
	<p>Observation and feedback. For example:</p> <ul style="list-style-type: none"> • Observe when easy living equipment may assist a person • Monitor a person's use of their easy living equipment • Provide feedback to Coordinator / Team Leader as relevant. 		
	<p>Provide input and contribute to evaluation and continual improvement.</p>		

Training and development

It is essential that staff members are appropriately trained and have the required knowledge and skills to provide information, demonstrate use and support people in their use of easy living equipment.

It is recommended that in-service training about easy living equipment be provided in partnership by HACC assessors and allied health staff. Training materials comprising a PowerPoint presentation with speaker notes and learning exercises is available for this purpose. A video is also being developed and will be sent separately when completed.

The training presentation has a focus on familiarisation with, and the practical, safe and appropriate use of the easy living equipment, and includes:

- slides pertaining to the guidelines and role of HACC staff
- a hands-on demonstration of easy living equipment and the associated slides
- learning activities to ensure that participants have understood key messages and are confident and informed about the use of each item
- the opportunity for discussion and implementation planning.

Delivery of the in-service training by occupational therapists in partnership with HACC assessors at a local level will mean it is accessible to the large number of community care workers across Victoria.

Additional training options may be available through the:

- HACC training calendar
- Independent Living Centre course (Yooralla) – Assistive Technology Learning – Small Aids to Daily Living <http://www.yooralla.com.au/Resources/Assistive-technology-learning>
- Informal training and learning can also be supported through discussion at team meetings, peer support, care review and reflective learning processes of the HACC organisation
- Involvement of occupational therapists in case reviews and discussions.

3.5 Selection and supply of easy living equipment

A range of options have been considered in relation to the supply and procurement of easy living equipment.

Due to the low cost nature of the items it is not considered financially or administratively effective to contract a single organisation to order, supply and deliver items directly to consumers.

In addition, in the context of the Active Service Model, person centred practice and diversity, it is considered beneficial and normalising for people to choose the items that reflect their personal preferences (e.g. design, style, colour etc.). This can also assist in the acceptance and use of the equipment as normal household items in their activities of daily living.

HACC organisations will need to determine local suppliers and costs. Suppliers and products will change over time.

The Independent Living Centre website lists a wide range of easy living equipment and the suppliers for each item. See <http://ilcaustralia.org.au/> . This website can be used as a source of new and emerging easy living equipment. Suggestions about new items to be included can be provided to the centre for evaluation.

The following types of generic suppliers were used for the demonstration kit:

- Chain stores and supermarkets
- Pharmacies
- Hardware stores
- Rehabilitation on line and retail stores.

Note that these are not recommendations and each HACC service should determine their locally available suppliers. This might be assisted through a student project, or undertaken by staff on light duties as part of return to work, or allocating key shopping locations across the municipality to different staff or even enlisting the support of all staff in the unit or a group of seniors to look out for items as part of their everyday shopping in the local area.

HACC organisations may choose to keep a supply of popular items and then on-sell them to service users, at either a subsidised or full cost. This is a decision for each HACC organisation.

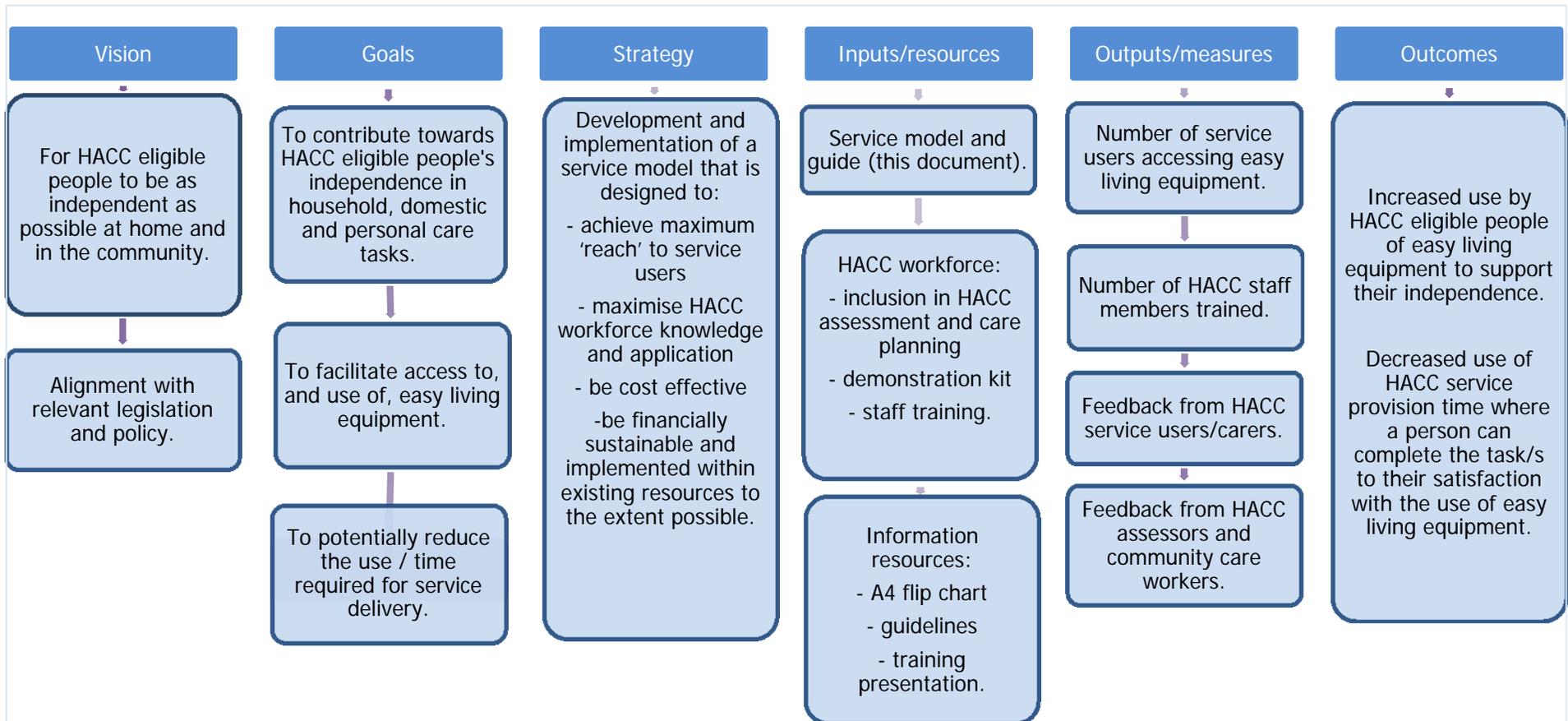
An A4 laminated flip chart with large pictures is included to assist service users to select items. The person can then purchase the items from their preferred supplier, with the assistance of family members and/or community care workers. The charts can also be downloaded from the MAV website , where assessors use lap tops or tablets, and can be added to as councils include different or additional items.

3.6 Logic model, evaluation and quality

Logic model

The underlying logic model for facilitation of the use of easy living equipment by HACC eligible people (as shown below) illustrates the goals and desired outcomes in relation to the facilitation of easy living equipment by HACC organisations.

Figure 3: Underlying logic model



Evaluation, reporting and quality

There have been few research studies in Australia to evaluate and quantify outcomes in relation to the use of equipment, either from a quality of life or an economic perspective. Evaluation is therefore an important aspect of the proposed model.

The capacity for each HACC organisation to collect data and evaluate the outcomes will vary. Each HACC organisation should consider how they might include this in their systems and processes.

Evaluation and data collection is essential to monitor the use and effectiveness of the approach to easy living equipment. Evaluation includes:

- using a 'tracking list' to monitor use of the demonstration kit and the associated outcomes
- HACC organisation data collection, including recording recommendations and take up as part of the individual client record/care plan
- service user feedback and evaluation.

Each of these is described below.

Note: It is acknowledged that HACC organisations will have different levels of capacity to collect data and conduct evaluation. Some HACC organisations may have the capacity to conduct detailed evaluation including impact and outcomes, whilst other HACC organisations may have minimal capacity for evaluation. Therefore, each HACC organisation should evaluate their approach to the extent that they are able to.

The MAV and/or Department of Health will endeavour to periodically review the uptake of, and learnings from, the implementation of these guidelines, in-service training and demonstration kits.

Tracking list

HACC organisations can maintain a simple 'tracking list' or similar, to monitor the frequency and use of the easy living equipment included in the demonstration kit. The list should include the:

- date, name or identification of the service user
- the outcome arising as a result of the demonstration (with more detailed information to be included in case notes on the client record)
- name of staff member and role
- other information as specific to council (e.g. cost and charge to the service user where the equipment is provided by council; review information to note successful usage or any change in need for services).

A sample 'tracking list' is shown below. The purpose of the list is to monitor use of the items and provide easily accessible data for evaluation purposes.

It is acknowledged that councils will adapt this tracking list to suit their purposes. For example, some councils may only use some of these columns and add or delete others.

Table 4: Sample tracking list

Date of demonstration	Client name / ID	Outcome - item purchased or provided	Staff member, role	Other information (specific to council)
12/04/14	J Jones	Daughter to purchase tap turner, jar and bottle opener.	H Rush, Assessor	
12/04/14	D Agosti	Shoe horn, long handled sponge and toe washer/dryer ordered by phone/purchased.	J Citizen, CCW	
14/04/14	B Smith	Not interested at this stage, will consider in future	S Dame, Assessor	

Service user feedback and evaluation

Feedback from service users can be gained from discussion with HACC assessors and with community care workers and through more formal approaches such as annual HACC satisfaction surveys.

The table below lists questions for [service users](#) that can be used for evaluation purposes, linked to the overall program logic.

Table 5: Evaluation questions – service users

Goal	Questions
<i>As per logic model</i>	<i>Simplify or adjust as appropriate provided they reflect the stated goal</i>
To contribute towards HACC service users' independence in household, domestic and personal care tasks.	Do you use any simple (easy living) equipment to assist you in your domestic activities or personal activities around the house? If so what? How have these assisted you? What difference do they make?
To facilitate access to, and use of easy living equipment.	Were you provided with information about easy living equipment to help you manage activities more safely and easily? Were you assisted in purchasing these?
To potentially reduce the use / time required for service delivery.	Do you think that these items help you be more independent (or ask for less help from others)? Do they allow you to do things that you were struggling with / or make tasks easier to perform? What would be the difference if you did not have them? Do you think you would need more help or assistance? If so, who would provide it?
Continual improvement	Do you have any suggestions for other easy living equipment that might be useful to you?

HACC assessor and community care worker feedback and evaluation

Data collection by HACC organisations will assist to determine the extent of use of easy living equipment and their impact on peoples' independence and service provision. The table below lists suggested data items and questions that can be used for evaluation purposes, linked to the overall program logic. Feedback from HACC assessors and community care workers can be gained during informal discussions and through more formal approaches such as annual HACC satisfaction surveys. Where it is not possible to readily modify software to code client records or care plans for reportable items on the advice and take up of easy living equipment, HACC assessors may need to keep a manual tally list from assessments and reviews, or use the common tracking list.

Table 6: Evaluation questions – HACC organisations

Goal	Data	Questions
<i>As per logic model</i>	<i>Suggested data items – pending capacity to collect in systems</i>	<i>For discussion by HACC assessors and other staff</i>
To contribute towards HACC eligible people's independence in daily living tasks.	Number and % of assessments/ care plans that have included the active consideration of easy living equipment (as defined by use of the easy living equipment checklist)	To what extent, and how, is consideration of easy living equipment integrated into normal assessment and care planning practice? To what extent, and how, are community care workers encouraged to identify people who may identify from easy living equipment?
To facilitate access to, and use of, easy living equipment.	Number and % of assessments/ care plans that have resulted in the facilitation, access or supply of easy living equipment (as defined by the person accessing one or more items of equipment), or referral for clinical assessment.	What are processes in place to access easy living equipment? Are they effective? What are the barriers? How can they be improved? Has awareness of equipment led to more referrals for OT or other clinical advice? To what extent are service users continuing to use easy living equipment? To what extent do some people purchase the items and then not use them, and why?
To potentially reduce the use / time required for service delivery.	Number of people for whom service provision has been reduced or delayed through use of easy living equipment (yes/no judgement of the relevant staff)	To what extent is the use of easy living equipment reducing the use / time required for service provision. What are some typical case scenarios? What are the most popular and/or useful items? How can this be further improved?
Continual improvement	What does the data above tell us? What action should we take in response to it?	What improvements can we make / introduce to further encourage and facilitate the use of easy living equipment? How can we keep our knowledge about equipment up-to-date?

Quality

Quality assurance is applicable to the management and delivery of all HACC services.

The framework for quality assurance in the HACC program in Victoria aims at ensuring HACC services are of high quality and people's rights are upheld. It comprises the following:

- Community Care Common Standards Guide
- Statement of Rights and Responsibilities
- Victorian HACC Program Complaints Policy

For further information see the Victorian HACC program manual at http://www.health.vic.gov.au/hacc/prog_manual/.

In addition to the evaluation questions outlined above, the following questions focus on quality systems and risk management.

Table 7: Quality and risk related questions

Item	Questions – quality and risk	Yes / Partially / No
Policies and practice	Is the use of easy living equipment covered in our policies and procedures? For example, in relation to assessment, care planning and review? Is it embedded in practice? For example, do HACC assessors confirm that it is regularly discussed with service users? Is the demonstration kit being used?	
Workforce	Is our workforce adequately trained? Do we have systems in place to ensure trained staff have the required skills? Do we have systems in place to access training, including for new staff, and ensure only trained staff can provide this service?	
OHS	Do our OHS policies and procedures cover OHS in relation to easy living equipment?	
Risk management	Have we included easy living equipment in our risk management framework and plan, for example: <ul style="list-style-type: none"> • the risk of an incident or injury to a service user as a result of inappropriate use of equipment • the risk of an incident or injury to a staff member as a result of inappropriate use of equipment. 	
Continual improvement	What actions can we take to further improve the quality of our approach and minimise risk in relation to this component of our service?	

3.7 Further information

Alzheimer's Australia	Help Sheets provide advice, common sense approaches and practical strategies on the issues most commonly raised about dementia. http://www.fightdementia.org.au/understanding-dementia/help-sheets-and-update-sheets.aspx
Arthritis Victoria	There are many items available to people who have problems with daily living skills due to arthritis. Because the disabilities are different for each person, the appropriate items for each person will vary. http://www.arthritisvic.org.au/Living-Well-with-Arthritis/Aids-and-Equipment
Department of Health	Information about the HACC program in Victoria. http://www.health.vic.gov.au/hacc/index.htm
Department of Veterans Affairs	The Veterans' Home Care program provides low level home care services to eligible veterans and war widows and widowers. http://www.dva.gov.au/service_providers/veterans_homecare/Pages/index.aspx The Rehabilitation Appliances Program assists eligible persons to be as independent and self-reliant as possible in their own homes. The provision of aids and appliances is intended to minimise the impact of disabilities and maximise quality of life and independence. http://www.dva.gov.au/service_providers/rap/Pages/index.aspx
Municipal Association of Victoria	Information in relation to the provision of HACC services by local government. http://www.mav.asn.au/policy-services/social-community/ageing/home-community-care/Pages/default.aspx
Statewide Equipment Program (SWEP)	SWEP provides Victorian people who either have a permanent or long-term disability or are frail aged with subsidised aids, equipment and home and vehicle modifications to enhance their independence. http://swep.bhs.org.au/
Vision Australia	The Low Vision Clinic Service assists adults to maximise the use of their remaining vision through the recommendation and provision of optical aids, supply of specialty equipment, and demonstration of practical techniques to use in the home and community. http://www.visionaustralia.org/living-with-low-vision/our-low-vision-clinics
Yooralla Independent Living Centre	Yooralla Independent Living Centres (ILC) provide information about a large range of assistive and communication technologies that can also be viewed. Therapists are available to provide information and advice. http://www.yooralla.com.au/services/assistive-technology-and-equipment/independent-living-centres
Commercial suppliers	Easy living equipment is available through a range of retail outlets and online stores.



4. Frequently Asked Questions

1 What is easy living equipment?

In this document, the term **easy living equipment** refers to simple aids or equipment (non-complex assistive technology) designed to support independence in the home. Examples include jar openers, tap turners, long handled sponges, lightweight mops, key turners and so forth. (See Table 1, page 6)

These items are used in everyday living to make personal and domestic tasks easier, faster or more enjoyable to perform. The items can be purchased by members of the general public from retail outlets, pharmacies, hardware stores, supermarkets, home ware stores and online.

For the general public, such items do not require an assessment or prescription by a clinician. For people using HACC services these items may be suggested and demonstrated by non-clinical staff if the person meets specific criteria and clinical assessment is not indicated. (See section 3.3)

However, many commonly used items are excluded because they require assessment by a clinician, usually an occupational therapist. These are mobility aids and equipment, safety related items, communication aids and continence products. Examples of excluded items include ramps, hand rails, walking aids, bath seats, shower stools, over-toilet aids. Where these items may be required the person should be referred for a clinical assessment.

2 Which easy living equipment is most frequently used?

Pilot projects conducted in 2012 found that the most commonly requested and popular items in each category were:

- domestic and household cleaning: long handled dust pan and brush, long handled shower and bath scrubber, light weight mop
- kitchen and meal preparation: tap turner, jar opener, can opener
- bathroom and personal care: long handled sponge, long handled toe washer, sock/stocking aid
- recreation / other general household items: key turner, reacher, garden items.

3 Why is easy living equipment being promoted and encouraged?

Easy living equipment can assist people to retain their independence and better manage many of the small tasks associated with daily life. Supporting independence is a core goal of the HACC program and contributes to good health and wellbeing.

Encouraging and facilitating the use of easy living equipment is one of many strategies that may be suitable for supporting a person to gain the greatest level of independence they can.

Two pilot studies conducted in 2012 by HACC organisations in two metropolitan regions demonstrated that the facilitation and provision of easy living equipment both reduced the need of some people for in-home assistance and support in relation to house cleaning, meal preparation or personal care; and enhanced the person's independence.

4 Can a HACC staff member who is not a clinician encourage and facilitate the use of easy living equipment?

Yes, depending on the person and their assessed needs, non-clinical staff may recommend the use of some easy living equipment, in accordance with the guidelines outlined in this document.

HACC assessors and community care workers can actively facilitate the use of easy living equipment where appropriate.

For example, by:

- providing information such as a brochure, flip chart or list of items for the person to consider
- discussing the benefits with the person and demonstrating correct use of items
- assisting the person to purchase the item where relevant.

If the HACC assessor or community care worker identifies the need for aids and equipment beyond these easy living items, a referral for clinical assessment should be made. (See section 3.3)

5 In what circumstances is easy living equipment beyond the role of a HACC assessor or community care worker?

Clinical input from an occupational therapist is required in relation to easy living equipment when an assessment has indicated that:

- the person or their situation is complex – complexity may arise from the person's functional ability, their living environment, or the task to be performed
- the person has unstable health as defined by the *Victorian Home and Community Care program manual 2013*
- the HACC assessor is unsure about matching the items to the person, or if they can be used safely.
- the person has previously been unsuccessful in their use of easy living equipment, so that further analysis and expertise is required.

6 Is easy living equipment subsidised so that people do not have to pay full cost?

Most easy living equipment referred to in this guide costs between \$10 and \$75. The Victorian HACC program does not provide a subsidy, however individual HACC organisations may decide to subsidise these items.

7 What are the risks associated with lack of timely and appropriate provision of easy living equipment?

The provision of easy living equipment to people without complex needs (in accordance with these guidelines) is generally considered low risk, given the low likelihood of adverse events. Risks to consider include:

- OH&S risk for carers, for example through a lack of access to equipment
- risk of use or misuse of equipment that could lead to unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.
- abandonment or non-use of equipment (for example, through a lack of confidence in how to use the item)
- lack of a holistic approach, for example if equipment is provided in isolation rather than as one strategy of an enabling approach.

8 What are the relevant HACC policy and practice documents?

- *Victorian HACC program manual, 2013*
- *Framework for assessment in the HACC program in Victoria, 2007*
- *Strengthening assessment and care planning: A guide for HACC assessment services in Victoria, 2010*

These are available on the Department of Health HACC website at <http://www.health.vic.gov.au/hacc/index.htm>

9 Where can I access further information or assistance?

Advice and information to support the implementation of these guidelines can be sought from the relevant regional office of the Victorian Department of Health.

Appendix 1

Indicators for referring to allied health

As used by a consortium of nine local councils and Mecwacare in the Southern Metropolitan Region pilot project in 2012.

The following may help to identify clients who would benefit from a referral to an allied health professional.

Occupational therapy

- Clients who are a high falls risk should be directed to the GP in the first instance as health conditions and medications need to be reviewed before allied health can respond. (High falls risk – frailty, history of recent falls, poor mobility)
- Equipment or modifications to the environment are required for the safety of client and/or carer and/or care worker for ADL e.g. rails at entrance, shower chair, over toilet frame, bath board, and bed pole.
- Client's independence will be maximised by task simplification or task modification in relation to ADL. E.g. OT can show a client how to manage a task/s with appropriate equipment to make the task easier.
- Client's health is deteriorating and they are now struggling to cope with some or all aspects of ADL.
- Advice on task management is required to ensure it is safe for services to be reduced or withdrawn (e.g. short term home care)
- Clients requiring pressure care usually require extensive assessment; referrals should be activated to OT and RDNS.
- Clients that require extensive modifications to their house e.g. ramp, bathroom modifications or specialised equipment such as electric scooter, electric beds and wheel chairs require an OT assessment as a Statewide Equipment Program (SWEP) application is generally required.

Physiotherapy

- Clients who require advice on mobility/gait issues and mobility aids e.g. walking stick, wheelie frame.
- Clients who are a high falls risk should be directed to the GP in the first instance as health conditions and medications need to be reviewed before allied health can respond. (High falls risk – frailty, history of recent falls, poor mobility).
- Clients who have reduced endurance with walking and activities of daily living.

Podiatry

- Clients who require advice on appropriate footwear or have medical conditions that may affect their feet e.g. Diabetes.
- If there is concern about routine nail management then clients should be referred to a podiatrist.