Contents

1B Respect social, cultural and spiritual differences

Services must provide support to a variety of people with different views and from different backgrounds, races, religions and cultures. The care you give must always be of the same standard. It should not be better or worse for one person compared with another. The support you give must change to allow for different needs but this does not mean giving a different standard of care.
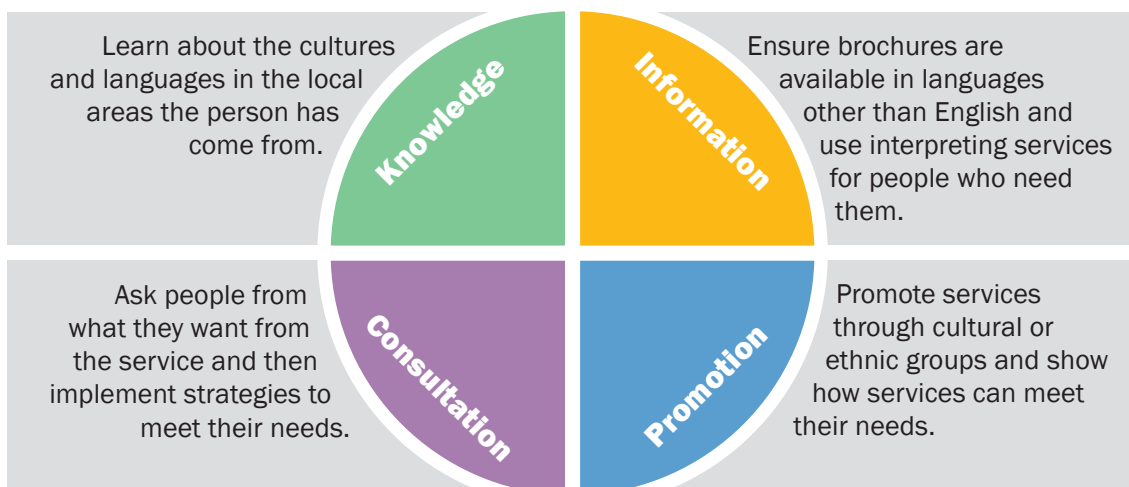
Values, attitudes and beliefs

How you demonstrate respect for others is often based on the values, attitudes and beliefs you hold. How often do you stop to really think about how you formed your values, attitudes and beliefs? Why do you believe what you believe? Are your beliefs still true for you today as they were some years ago? Obviously family, culture, religious groups, peers, colleagues and so forth have helped you to develop your thoughts about things. However, we don't all share the same values and, as a support worker, you are required to ensure your values and beliefs do not impact negatively on the way you provide support.

Individual differences

The people you support will differ in terms of their financial status, social background, sexual preference, religion and ethnicity; for example, Australian, Fijian, Croatian or Pakistani.

You may provide support to people who speak languages other than English. These people are often referred to as culturally and linguistically diverse (CALD). Australia also has Aboriginal or Torres Strait Islander people. These people are indigenous to Australia and may also speak a language other than English. Services should meet the cultural needs of both CALD people and Indigenous Australians.

Here is an example of strategies you can use to support people from CALD and Aboriginal or Torres Strait Islander backgrounds.

Learn about the cultures and languages in the local areas the person has come from.

Knowledge

Ensure brochures are available in languages other than English and use interpreting services for people who need them.

Information

Ask people from what they want from the service and then implement strategies to meet their needs.

Consultation

Promote services through cultural or ethnic groups and show how services can meet their needs.

Promotion

1D Identify physical and social enablers and disablers

As people age, or acquire limiting conditions, physical changes can result in the person either reducing or eliminating the activities they once enjoyed. Reduced social activity can result in a loss of confidence. Once people limit their interactive activities, they can become socially isolated and their physical health can decrease. Services have a legal responsibility to develop plans in conjunction with the person with care needs and, where relevant, family members and/or their advocate. These plans focus on the person's holistic needs (social, spiritual, physical, cognitive and emotional) and how the organisation will meet these needs.

Reablement

The term reablement refers to processes put in place to reduce the risk of unnecessary decline. The aim of reablement is to encourage, promote and assist people to continue to be socially, physically and recreationally active, thus reducing or removing the need for long-term ongoing or premature support. Your role is to ensure you do not unnecessarily set up further dependencies by doing tasks the person is still able to do. For example, you may be very busy and trying to get through all the support tasks. Instead of allowing time for the person to complete the tasks they can do for themselves, you do the task for them – to save time. What you are actually doing is setting up a dependency. This is very disempowering and can lead to a higher level of care than would otherwise be needed. Your role is to look at how you (and other parts of the service system) can work to support people to remain as independent as possible.

Advocacy support

Advocates can support a person with care needs to address barriers or disablers to remaining actively involved in the community. Individuals who act on behalf of the person in an advocacy role can be a family member, a friend or a concerned community member such as a neighbour. You, as a support worker, may also advocate on behalf of a person with care needs to address barriers impeding their access to social and recreational networks. Confidential, free advocacy services are available specifically for people in receipt of services.

You can read more about advocacy services at the following sites:

▶ www.myagedcare.gov.au/how-make-complaint/advocacy-services

▶ http://vcoss.org.au/social-justice/disability/

Here are some ways you can find out what options, networks and services are available.

Accessing social networks

Team meetings

Often other team members will have ideas that can help you.

Ask questions and keep notes.

Discuss team members' experiences with various networks.

Subscriptions

You can subscribe to agency mailing lists.

Industry publications can provide information on coming events.

Websites

State and local government departments often have calendars of events that may be accessed online.

Conferences and seminars

Aged care has industry-specific conferences that are well worth attending annually. These conferences showcase a range of initiatives around social programs for older people.

Industry networks

Some services are involved with like services in a geographic area and meet regularly. These networks can also provide further information on social networks in the area.

Other services

Organisations such as the local neighbourhood centres, community health centres, churches and spiritual centres.

Advocacy groups

Depending on which state you are in, there are advocacy or aged care interest groups that focus on getting better outcomes for older people. Some of these will have information on social networks and research the benefits to older people.

Protect people's rights

Support workers are in a good position to notice when a person's rights are not protected because they are in direct contact with them. As a support worker, you can see when things have changed or if the person is sad or upset. These things may be clues that something is not right.

Watch for changes

▶ Listen to the person. Ask questions and be willing to fix problems. By doing this, you may notice when something is wrong. Workers who rush may miss things. All workplaces get busy and you may not always have the time for long talks. However, being busy does not excuse poor-quality care.

Deal with issues

▶ Make the most of your time with each person. If there is an issue that you do not have time to deal with straight away, make a plan to talk about it next time you see the person. If you do not have time to talk about the issue at all, make sure you report it to your supervisor, the person's family or a colleague. Do not ignore the problem.

Uphold rights

Sometimes people's rights are not upheld, which is a very disempowering situation. It is your responsibility, as part of your work role, to uphold people's rights.

Examples of when people's rights are not upheld

▶ They may not have been given all the information they need to make choices about their lives.

▶ They may have had their personal information given out without their permission.

▶ They may have been refused support because of their race, religion or sexual preference.

▶ They may have had support withdrawn because they made a complaint.

▶ They may be dressed in their room without the door being closed.

Report breaches of rights

If a person's rights are not upheld, it is your job to report this. There are a number of people you can call on for assistance. Who you choose to report to may depend on how serious the situation is.

Summary

1. How you interact with people with support needs has an impact on their health and wellbeing, as well as their overall quality of life. Developing trusting relationships with the individual is an important part of providing quality care.

2. We all have our own views and values. They affect how we behave, how we get along with others and our work. It's important to be aware of our own views and values and how these may impact on provision of quality services.

3. Everyone is different. You need to have a positive attitude that helps you treat each person as an individual. Help other workers who hold stereotypes about people with care needs to change their attitude.

4. Interests and activities are important for all people. Support workers should encourage and help people in receipt of services to continue with their hobbies and interests.

5. People who use the service can change the way it runs. They do this by making choices. Your role is to ensure the individual has all the necessary information to enable them to make informed decisions.

6. People all age differently. Some will remain physically active. Others need medical care for a long time. It is important to think about the different needs people have when you are supporting them.

7. A support worker must ensure the person with care needs has every possible chance to develop their social and recreational networks. To do this you must firstly assist the person to identify their interests, abilities and requirements, then plan and implement the various activities.

Topic 2

In this topic you will learn how to:

2A Identify and discuss services that empower the person

2B Support the person to express their own identity and preferences

2C Adjust services to meet specific needs

2D Provide services according to organisation policies, procedures and duty of care

Provide services

Many Australians receive support services. These services allow people to live as independently as possible. Some services are provided in the community, either in the person's own home or shared residences and supported accommodation, while others are supported in congregate care such as aged care homes. If you are working in the community sector, you must be familiar with services and programs that can support people with care needs. It is important that you understand what these programs are, why they are provided, what they do and who they are for. It helps to know how the program you work in is similar to or different from other programs.

Maintain positive and respectful relationships

Sometimes your views will differ from the person you are supporting. You may not get along with them because your values are very different. You may not think their values are right. You may think they should change their views. If this happens you need to discuss your feelings with your supervisor and discuss strategies for how you can deal with the differences so they do not impact on the quality of care. You need to develop and maintain positive relationships with the people you are supporting. Here are some strategies to help you manage differing values.

Working with people whose views differ from yours

Make a plan that includes some safe topics or things you can talk about that won't upset you or the person with care needs.

Where possible, work in pairs. Another worker can help you talk to the person. They may help you to get along with the person and get your job done.

You could practise what to say and do with the person to prevent conflict.

Learn about the views and values of the people you work with. Find out what they are interested in and try to do things to suit the person with care needs where possible.

Avoid making small unnecessary changes that may potentially upset the person you are supporting.

Discuss any changes you want to make with the individual before making them.

Views and values of older people

Many views and values have to do with where and when someone grew up. Some older people grew up during the war years. They may have strong views on war. They may believe family is very important. They may value being careful with food or money.

Some older people have lived in other countries. Some of their views and values will be influenced by those countries. They may also value a particular religion.

However, not all older people think the same way. Their life experiences will determine what is important to them now. Remember that you are supporting an individual whose views and values may be very different from others you support.

Points to consider about values and views

▶ Understand that religion and family background may influence views.

▶ Don't try to change the views and values of older people.

▶ Accept that older people may have differing views from you.

▶ Try to learn about and understand the older person's views.

▶ Ask what the older person thinks about a topic.

2C Adjust services to meet specific needs

Services evolve and adjust to meet people's identified needs. Governments fund services based on legislation, which in turn is based on the philosophies of the day. One philosophy that has moulded service provision and funding is 'ageing in place'.

This assumes that people should be able to remain living in their residence and have the required support to assist them to remain there. Services are required to constantly check on changes to people's needs and if a person's needs increase, services need to look at how they can meet those needs.

Of course there are situations where people's needs may increase beyond the types of support available through their current service and they may then seek other services such as accommodation in congregate care.

Freedom to choose another service or ask for change

Workers in specific services need to listen to the views of people who receive support from them. The workers are required to ask people with care needs about their individual preferences and understand that meeting individual needs is important. When people are unhappy with the support they receive, they can choose to go to another service. Here are some ways to seek feedback so services can make it easy for people to ask for change.

Getting feedback
Informal discussions with the person about how or whether the service is meeting their needs
Questionnaires or surveys to ask people's opinions on services
Meetings with groups of people to ask for feedback
Formal feedback or complaints methods such as forms to complete and follow-up processes by staff

Provide services based on the person's preferences

All people in receipt of services undergo an assessment of needs. The assessment usually identifies and prioritises a person's needs and then transfers them to a plan. This assessment and planning process always includes the person with support needs. Planning around how to meet a person's support needs must be based on the person's preferences.

Some health and community professionals assume they know what is best for the person with care needs. It is important that you always check with the person to ensure the services are actually what they want.

Example

Example: adjust services to meet need

Simon visits Jack twice a week to help him with his shopping and laundry. He has just returned from two weeks' leave. Jack has always seemed very capable of keeping his house and garden tidy, doing his cooking and caring for his little dog, Buddy.

At the end of his first week back from holidays, Simon notices that the same dirty dishes are in the sink two visits in a row. He sees that some of the meat Jack bought on their shopping trips hasn't been cooked. He notices that Buddy hasn't been washed or brushed for a while.

Simon asks Jack, 'Do you need some help with washing Buddy?' Jack responds that he is finding it hard to turn on the taps due to his arthritis.

Simon asks Jack about the activities he can do well. Simon checks the last entries in the communication book in which the other carer had begun to help more with Jack's activities. He makes notes in Jack's communication book regarding current needs and tells Jack he will discuss some options for amending the care plan with his supervisor.

Practice task 8

1. How can you ensure you are providing support based on the person's preferences?

2. Why is it important to adjust services for people with support needs?

3. What tools can help you know what support is required?

4. What are three current best practice models used in aged care?

cognitive processes are intact and they still decide to undertake a risky activity, they have done so by making an informed decision.

Understand policy and programs

Many factors influence how the government makes policies and allocates funding for services that support people with care needs in the community, as well as their families and/or carers. Much depends on the philosophical and policy directions of the government. When governments change, often funding directions will alter.

Here is some information about factors that influence government policies and funding.

Factors that influence policy and funding
Ageing population, which means the government has to plan for future support requirements
Economic factors; for example, funding may be directed to community care rather than residential care because it is less expensive
Greater life expectancy due to advances in medical treatments and research, resulting in people surviving accidents and illnesses and therefore requiring support
Availability of family and carer support for people living in their own homes – where carer support is not available more government funding is needed
Policy directions, such as ageing in place, which means certain programs and supported accommodation options are partially or fully funded by governments
Funding changes, such as individual support packages that empower people with care needs to purchase their preferred service – which then affects direct service funding

Legal considerations and human rights

The Australian Human Rights Commission was established in 1986 to oversee the various pieces of legislation aiming to protect human rights and relating to anti-discrimination, social justice and privacy. Here is more information on protecting human rights.

Protecting human rights

Privacy

The *Privacy Act 1988* (Cth) outlines the legal rights of people to access their own records. Each state and territory has laws and regulations regarding the collection, content, storage and availability of these records. Documentation about a person, such as progress notes or an incident report, are legal documents and must be collected and archived according to your workplace's policies and procedures. These documents should only be shared on a 'need to know' basis for effective service provision.

3A Assist the person to understand their rights and the complaints mechanisms

Everyone has rights that are part of living in our society. Infringing someone's rights means stopping them doing things that are their right to do, such as stopping them from leaving their home or from seeing their friends and joining in activities.

In community services, people in receipt of services have a set of rights and responsibilities. Here is further information about rights.

Residential aged care

▶ People who receive support through aged care homes have rights and responsibilities outlined in the Charter of Care Recipient's Rights and Responsibilities. These rights are mandated under the *Aged Care Act 1997* (Cth).

Home care

▶ People who receive support in the community have rights and responsibilities outlined in the Charter of Care Recipient's Rights and Responsibilities – Home Care.

▶ These rights are mandated under the *Aged Care Act 1997* (Cth).

Disability services

▶ People who receive support through disability and community services have rights and responsibilities outlined in the Convention on the Rights of Persons with Disabilities.

▶ These rights are set out under the core international human rights treaties. People protected by these rights meet the eligibility criteria of 'disability' as per the *Disability Discrimination Act 1992* (Cth).

United Nations principles

Australia is a member of the United Nations (UN) and as such, accepts the obligations outlined in its charter. The Australian Human Rights Commission promotes the protection of human rights based on the UN principles. Regardless of whether a person receives support through aged care or disability services, they are entitled to the following.

United Nations principles
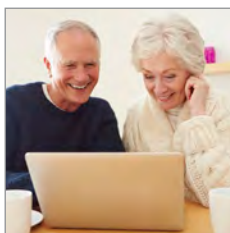
Independence

Access to:

▶ food, water, shelter, clothing and health care

▶ education

▶ a safe environment.

The opportunity to:

▶ earn an income and to decide the age they will stop working

▶ remain living at home as long as possible.

3B Deliver services ensuring the rights of the person are upheld

Following the policies and procedures of your organisation, and working in a dignified and respectful manner, make up only part of your responsibilities. You must always ensure that the support you provide upholds people's rights.

In aged care, both facility and community-based services use service models aimed at protecting and enhancing people's rights.

Rights-based approach

As services evolve to provide support to people with care needs, their models of service delivery continue to strengthen support for people's rights and quality of life. The rights-based approach was initiated in the disability sector in the late 1970s and is based on social role valorisation (SRV) or normalisation.

The rights-based approach focuses on people being able to access and enjoy the same rights as other people in the community.

Here are some examples of how a rights-based approach applies in practice.

Rights in practice
Opportunities to participate in elections; that is, assistance to get to the voting booth
Not being woken early to accommodate staff working schedules; that is, sleeping in to a time that suits the person
Having meals routines that suit the person and not according to staff work schedules
Opportunities to celebrate milestones such as birthdays
The right to develop relationships and express sexuality

Person-centred practice

Person-centred practice (PCP) is a service model that places the person at the centre of their own care. The service responds to the whole person and focuses on a social model of care rather than a medical model of care. A social model of care considers all factors that affect or influence a person's life (social, psychological, physical, cognitive, cultural, etc.), whereas a medical model focuses on an issue or illness.

PCP philosophy embraces a process that sees the person making decisions about their own care needs, which forms part of their human rights. PCP relies on person-centred planning. This is where the person, or in instances where the person cannot make sound judgments, their advocate, family and/or primary carer, state what they want their plans to focus on. The plans are driven by the person's goals and aspirations. For example, the person can choose what service they want, the time the service is given to them and how long they receive it for.

Information can be sourced from:

▶ your organisation's policy and procedure documents

▶ your organisation's charter of residents' rights and responsibilities

▶ legislation, regulations, standards and guidelines that govern specific issues

▶ the Australian Human Rights Commission

▶ the Office of the Public Advocate

▶ the National Aged Care Advocacy Program (NACAP)

▶ legal advice services

▶ consumer rights services.

Example

Deliver services to uphold rights

Sean is 65, non-ambulant and has a mild acquired brain injury as a result of a bad car accident some years ago. Sean receives daily support at home to get in and out of bed, shower and dress. The service also supports Sean to get to a couple of activities in the community each week. At one activity, Sean starts flirting with a woman who is also attending, and the woman responds by flirting back. Later, as Sean is leaving, he and his worker are told by one of the activity organisers that Sean will not be allowed to return to the activity because of his behaviour. The organiser states that it is obvious that Sean is in no position to have a relationship with the woman, and he doesn't want those 'shenanigans' upsetting other group members.

Sean's support worker discusses the situation with Sean and reminds him of his rights. Sean has every right to develop a relationship with someone who wants to have a relationship with him. Sean's support worker gathers information for Sean so that the following week, when they go to the activity, Sean can let the activity organiser know that it is his right to participate in the activity; to develop meaningful relationships; and to be treated fairly and respectfully.

Practice task 11

1. What is a rights-based approach?

2. What is person-centred practice (PCP) and how does it enhance the person's rights?

3. What is consumer directed care?

Physical abuse

Physical abuse is when a person is being physically assaulted. This can occur through physical acts of violence. Indicators may include physical pain or injuries. Physical acts of violence include hitting, slapping, punching, pulling hair, spitting at the person, pinching, biting, twisting an arm or wrist, physical restraint such as tying a person to a bed or chair, confining a person to a room or using objects to hurt a person (throwing rocks, using a strap). This abuse needs to be reported.

Indicators of physical abuse can include:

▶ bruises, cuts, scabs and scars

▶ abrasions, welts, rashes

▶ swelling, burn blisters

▶ agitation, cowering

▶ tenderness, pain, restricted movement

▶ broken or healing bones

▶ drowsiness, unexplained weight loss, unexplained hair loss.

Sexual abuse

Unwanted or uninvited sexual contact, language or exploitative behaviour by another person is sexual abuse. Sexual abuse includes sexual harassment, indecent assault and rape. This abuse needs to be reported.

Here are examples of indicators of sexual abuse.

Sexual abuse indicators
Withdrawal, disturbed sleep patterns, nightmares, agitation, fear
Unexplained difficulty sitting or walking
Bruising of genital areas or thighs
Unexplained sexually transmitted diseases
Unexplained bleeding from the genital areas

Financial abuse

Financial abuse is a form of abuse is not always easy to spot. It can include a person's money, property or assets being mishandled or taken and used without their consent. It can also include situations when a person with impaired cognitive abilities has given consent without truly understanding what their consent means. This abuse needs to be reported.

Financial abuse includes:

▶ embezzlement, fraud, forgery and stealing

▶ withholding money from the person or not paying accounts or debts

▶ forcing a person to change their will

▶ the enduring power of attorney refusing to provide enough money for the person to be able to live

Examples of other services that may be of benefit

▶ Services and supports through the Department of Veterans' Affairs

▶ Counselling services

▶ Allied health services

▶ Physiotherapists – support older people to maintain movement especially if they are injured

▶ Occupational therapists – support older people to remain involved and active

▶ Counsellors – can provide support and guidance for people trying to deal with specific emotional issues such as grief and loss

▶ Aged care home chaplains – for people who may want religious or spiritual guidance

Support people to make complaints

Sometimes people may not be happy with the services they receive. They may want to make a complaint. You need to know how a complaint can be made and what happens after it is made.

The right to complain about a service is protected by Australian law. All community services must have complaints policies and procedures that outline how to make a complaint and what will happen when a complaint is made.

How complaints can be made:

▶ There may be a form that needs to be completed regarding the complaint.

▶ The person may complete the form on their own.

▶ You may have to help the person complete the form.

▶ A person may tell you what they want to complain about and then you complete the form on their behalf.

▶ There may be a main contact person at the service who needs to be involved, such as a human resource person.

▶ A complaint may be made through a resident meeting and then you may have to record it.

▶ If the complaint is not addressed, the person can lodge a complaint with the Aged Care Complaints Scheme.

The complaints process

Services are legally obliged to tell people how they can make a complaint. When services start, the person and/or their advocate must receive information from the service on how to make a complaint. They must be told what action the service will take about the complaint. They must be told what to do if they are not happy with the outcome of their complaint.

Some people are scared of complaining for fear of retribution. People and/or their advocates need to be sure that services will not be stopped because they have made a complaint. People need to be sure the standard of care will only improve after making a complaint.

4A Encourage the older person to engage as actively as possible in all living activities

To work effectively with people, we need to have an understanding of needs. American psychologist Abraham Maslow's hierarchy of need outlines the basic needs that all people have. Maslow suggested that if the most basic of needs (food, water, safety etc.) were not met, then higher needs (self-esteem and self-actualisation) were not attainable.

Self actualisation: achieving one's full potential, including creative activities

Esteem needs: prestige and feeling of accomplishment

Belongingness and love needs: intimate relationships, friends

Safety needs: security, safety

Physiological needs: food, water, warmth, rest

Self fulfillment needs

Psychological needs

Basic needs
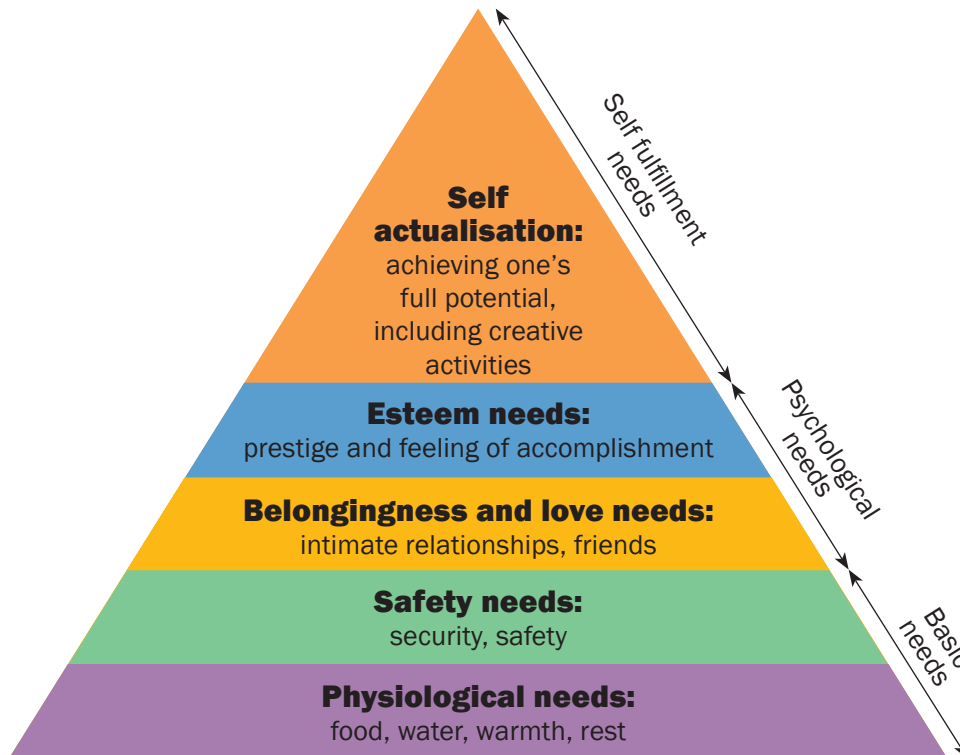
Holistic approach

Taking a holistic approach, that is, viewing the person as a whole and taking into account all aspects of their health and wellbeing, will help you tailor supports and daily activities around their needs. Here is further information on the main areas of health.

Physical health

Physical health includes mobility, and whether mobility aids are required; vision, and whether visual aids are required; hearing, and whether hearing aids are required; illness or disease, and whether medication is required; and allergies or digestive system issues such as appetite, special dietary requirements and bowel movements. Maintaining physical activities helps the person to remain living independently for as long as possible.

Dementia

One of the most common changes to health experienced by many people as they age is dementia. Dementia is an umbrella term used to cover a range of conditions affecting the brain. The most common type of dementia is Alzheimer's disease and it is not known what causes it. Older people have a greater chance of developing dementia.

Dementia first affects short-term memory, then long-term memory. It also affects the ability to reason. The condition gets progressively worse and eventually people with dementia are often unable to care for themselves. A number of aged care homes have memory support units specifically to cater for people with varying degrees of dementia. People with memory support needs (dementia) should always be consulted about their needs and supported to make their own decisions.

You can read more about dementia at:

▶   https://fightdementia.org.au/about-dementia/what-is-dementia

Physiological ageing

You may come across a person in their forties who appears to be much older than a person in their mid-sixties. We all age differently. Some of us will age quicker because of our genes, lifestyle or because of the impact of disease. However, for the purposes of understanding what happens as we age, we can generalise about the usual ageing processes. Here is an explanation of what happens to our organs as we age.

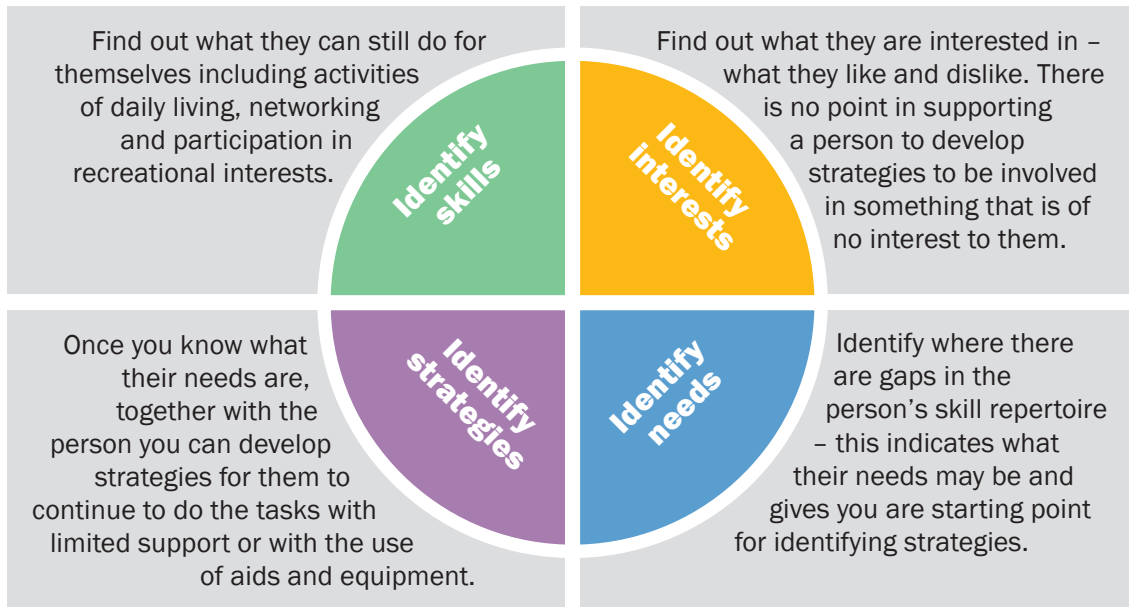| Internal ageing |
| --- |
| Arteries can become stiff and blockages can reduce blood flow, resulting in reduced nourishment of vital organs. |
| The bladder may become weakened requiring more frequency of urination. |
| Bones begin to lose minerals faster and begin to shrink. This may lead to a person being more susceptible to falls and breakages. |
| The brain can be affected by losses of connective tissue, resulting in cells diminishing. |
| The heart becomes thicker, reducing the pumping rate and affecting the body's ability to extract oxygen as efficiently as it used to. |
| Kidneys can become smaller and less efficient. |
| Lungs lose elasticity, which can affect the person's breathing capacity. |

Physical changes that affect personal care services

People experiencing different physical changes need different levels of support. It does not matter whether they are living in their own home, in an aged care home or attending a community program. Here are some examples of common physical changes that may affect personal care services.

4C Identify strategies and opportunities that maximise engagement

People feel more independent and in control of their own lives when they are able to decide what to do and how to do it. When a person's skills and abilities reduce through ageing, disability or illness, it is vital that you support them to identify strategies for remaining as active as possible. Here are some ways to identify strategies to maximise engagement.

Find out what they can still do for themselves including activities of daily living, networking and participation in recreational interests.

Identify skills

Find out what they are interested in – what they like and dislike. There is no point in supporting a person to develop strategies to be involved in something that is of no interest to them.

Identify interests

Once you know what their needs are, together with the person you can develop strategies for them to continue to do the tasks with limited support or with the use of aids and equipment.

Identify strategies

Identify needs

Identify where there are gaps in the person's skill repertoire – this indicates what their needs may be and gives you are starting point for identifying strategies.

Strategies to maximise opportunities

To support people to assess and manage their own ability to carry out their daily living requirements, you should discuss the impacts that ageing and its associated health issues may have on them. This includes providing information about ways to continue to do specific tasks themselves with the use of aids and equipment or with support from others.

For example, identifying needs may indicate that the person has fewer social contacts than they once did because most of their family members and friends have died. Preventing social isolation is important, so developing strategies to outline ways the person can participate in social activities will be beneficial to their health and wellbeing. Depending on the person's preferences and needs (likes, dislikes, strengths and skills) this may include joining interest groups or attending day centres and other programs. Here is an example of how to select strategies.

Aids and modifications

Some aids and modifications can be more costly and/or may require assessment by a doctor, physiotherapist or occupational therapist to ensure they are suitable for the person. Each state and territory has programs to support people needing specific aids and modifications.

Australian Capital Territory	You can read more about the aids and equipment program at: ▶ www.health.act.gov.au/our-services/rehabilitation-aged-and-community-care/oxygen-and-equipment-services
New South Wales	You can read more about the aids and equipment program at: ▶ www.enable.health.nsw.gov.au/home/services/aep
Northern Territory	You can read more about the aids and equipment program at: ▶ www.health.nt.gov.au/Aged_and_Disability/Aged_Care/HACC_Aged_Care_Equipment/index.aspx
Queensland	You can read more about the aids and equipment program at: ▶ www.qld.gov.au/disability/families-carers-friends/aids-equipment/
South Australia	You can read more about the aids and equipment program at: ▶ www.sa.gov.au/topics/community-support/in-home-care/domiciliary-care/equipment-program/
Tasmania	You can read more about the aids and equipment program at: ▶ www.dhhs.tas.gov.au/service_information/services_files/RHH/treatments_and_services/community_equipment_scheme
Victoria	You can read more about the aids and equipment program at: ▶ www.betterhealth.vic.gov.au/health/servicesandsupport/aids-and-equipment-at-home
Western Australia	You can read more about the aids and equipment program at: ▶ www.disability.wa.gov.au/services-support-and-eligiblity/services-supports-and-eligibility-new/services/services-provided-by-the-commission/equipment-and-technology/community-aids-and-equipment-program-caep-/