It is possible to help residents become more independent by altering the way everyday activities are undertaken. This article introduces an approach based upon encouragement and facilitation, rather than direct caregiving or the provision of equipment and adaptations. An enabling approach results in residents maximizing their abilities and becoming more able to manage activities of daily living.

Doing ‘with’…not ‘for’
When people are recovering from illness or becoming frailer, it is hard to watch them struggle with simple tasks. It is tempting to provide assistance or a piece of equipment to help minimize difficulties encountered in their everyday life.

While in many circumstances this may be appropriate, it can be counterproductive - causing the unintended consequence of creating greater dependency. This may generate the need for additional help or more reliance on equipment and adaptations to undertake everyday activities.

A reduction in independence for residents generates additional direct care responsibilities for staff. This is avoidable for some residents who are given a positive approach to care. To understand how to break this cycle of increasing dependency, it is important to appreciate how the body functions.

The amazing human machine
The human body is incredibly complex and is distinguished from mechanical machines by its amazing capacity to restore its own function and to overcome problems, even when a ‘breakdown’ occurs. By concentrating on building up stamina, strength and coordination, the body’s restorative abilities improve.

The ‘best care’ uses the inner strength of every individual to maximum effect. By focusing on improving the body’s functions, we can help individuals to maximize their abilities, leading to an improved capacity to undertake a wider range of tasks.

This results in greater independence and enhanced self-confidence. A culture of care that focuses on the spiral of dependency can be translated into a care programme aimed at achievement, reward and satisfaction.

The first step: Ergonomics and anthropometrics
The starting point of adopting this type of programme is observing and assessing how individuals cope with their environment. This gives a greater understanding of individual needs.

Ergonomics and anthropometrics are based on the average measurements of populations. Data provide us with an understanding of how individuals manage everyday activities.

The International Ergonomics Association Executive Council (2000) defines ergonomics as:

‘...the scientific discipline concerned with the understanding of the interactions among human and other elements of a system, and the profession that applies theory, principles, data and methods to design in order to optimize human wellbeing and overall system performance.’

Anthropometrics is defined as:

‘...the measurement of the dimensions of the body and other physical characteristics.’

Anthropometrics applies to every aspect of daily life, for example: accommodation, product designs and even the positioning...
of a finished item. Data on the dimensions of a population remove guess-work from this aspect of design.

However, we are all different in shape and size and as the body ages or develops physical restriction, our abilities to cope with our environment are affected. Although ergonomics and anthropometrics provide a benchmark, we are individuals – and the ideal height or method of doing a task for one person may not be easy for another person.

Assessment
Swann (2004) discusses methods of formal and informal assessments. The assessment should include observation of at least the following:
- Physical and mental capabilities
- Limitations owing to physical or cognitive problems
- Methods of approaching tasks
- Use of assistive equipment and adaptations
- Ability to cope with the environment

When observing people undertaking tasks like personal care or domestic activities, we can identify the blockages that prevent completion of a task. These could be resulting from physical problems or deficits of mental functioning.

When you find out where the blockage is, concentrate on ways of overcoming this particular problem area. With experience, staff can analyse problem areas and come up with creative solutions.

Techniques of support
Failure to complete a task independently is often simply a result of only part of the task no longer being possible, not necessarily the whole of the task. Often, by simply altering the way a task is carried out, greater independence can be achieved.

Some examples of what to look out for and techniques of support include:
- See how far the individual can manage before assistance is needed
- Analyse why that part of the activity is no longer possible
- Check that all essential items are within his or her reach
- Try adopting a different technique, for example:
  - Encourage the person to sit when he/she is washing the face and hands
  - Encourage him/her to slide items rather than lift
  - Encourage him/her to push up on the arms of the chair
- Supply only the minimum equipment necessary for the particular aspect of the task being undertaken
- Look for any physical obstacles in the environment that are hindering the task
- Analyse if the tasks can be simplified or carried out in stages, particularly if fatigue is a problem.

Activities involving complex sequences of actions can be simplified by breaking the task into stages, perhaps concentrating on the last stage first. When dressing, an individual may have difficulties managing cardigan fastenings. Instead of putting it on for him or her, staff should just help with the fastenings that the person has difficulty with.

Problem areas are often interlinked. If someone has problems manipulating clothing when he or she is getting dressed, he/she is likely to have problems managing clothing and cleansing when toileting. Rather than concentrate on the activity, look at the interrelated physical problem. For example, if a resident has problems with fine finger movements or has a weak grip, then work on this aspect in a recreational programme by designing activities with an emphasis on hand movements.

Sometimes, a combination of different techniques and small assistive devices may be required. The following two examples illustrate this.

Moving in bed and getting out of bed
Find out which aspect of moving from lying to sitting with legs over the side of the bed is difficult.
- Try the other side of the bed, as it may be easier
- Encourage the resident to use body momentum to assist with rising
- Is the bed high enough to rise easily from?
- Would a leg lifter, a mattress lifter or a chair help? (Figure 1).

Sitting to standing
Encourage the resident to move forward slightly and place his or her arms on the armrests in preparation for standing (Figure 2). He or she should push up from the arms of the chair.
particularly those with no fastenings. Imagine suffering from a stroke that affects your left side, and also having difficulty identifying items of clothing because of perceptual problems. The example shown in Box 1 shows the types of problems and solutions that can be used.

What is a suitable solution for one person may be unacceptable for another. We are all individuals and wherever possible, multiple choices should be provided.

**Summary**

It is important to ensure that people function at the maximum level possible in every area of their lives, and to understand that we are all individuals. By allowing people to attempt as much of an activity as possible, we are helping them to use their body to the full.

Providing effective help mainly involves facilitation and use of the skills and strengths that individuals have, rather than doing things for people. There is no ‘best’ way of coping with a problem, so explore the options with your residents. Often, the simplest solution is the most effective and the most difficult to find. Sometimes, just by exercising creativity and flexibility, problems can be overcome.


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**Box 1. HELPING A RESIDENT WITH LEFT-SIDED HEMIPARESIS**

A resident puts items on in the wrong order and often on the wrong part of the body. The physical aspect of dressing is difficult because of left-sided hemiparesis (partial loss of function down one side of the body).

**Solution**

Analyse where the problem is. Work in partnership with any visiting therapist to help overcome problem areas.

Try a plain coloured bedspread, so that clothing is contrasted against the background. Use a minimum number of items. Perhaps start with nightwear and providing assistance with day wear.

Place garments within reach on the bed in ‘put-on’ order. Verbally encourage and help the resident to identify the garments. Concentrate on garments with similar ‘take off/put on’ techniques, such as vests/t-shirts and cardigans/shirts.

For example:

- **Undressing:** The resident should pull the garment over his or her head, remove the affected (left) arm, and then remove the unaffected (right) arm – perhaps using knees to grip the item before removing the right arm from the garment.

- **Dressing:** He/she should be encouraged to place the affected arm in the garment first, then pull the garment up above the elbow to the armpit, before inserting the other arm. The garment can then be lifted over the head.

- **Provide assistance only if needed and gradually decrease the amount of support provided.**

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**KEY POINTS**

- **Find out which part of the activity is the problem.**

- **Try to find an alternative way of achieving the activity.**

- **Work on the problem area in the activities programme.**

- **Provide assistive devices if these will achieve independence in a task.**

- **Continuously assess and review the activity.**