

## PART SIX

# PRACTICAL HELP

**M**ost people prefer to remain in their own homes when they are older, but this can prove a challenge if they develop conditions which give rise to difficulties in everyday living. If osteoarthritis prevents you from climbing stairs, if a stroke has left you in a wheelchair or if frailty means you lack the energy to do your housework, what can you do to get round the difficulties presented by living in your own home?

The solutions lie in two distinct areas, each of which can be pursued on its own or in combination with the other.

You could obtain equipment to help, from long-handled pincers to pick things off the floor if you cannot bend to flashing lights to show that somebody is calling if you cannot hear the doorbell. A new range of equipment known as 'telecare' is helping keep people safe in their homes by alerting a control room should they have a fall or leave the gas on.

As well as obtaining equipment, you could hire people to help you. This could range from assistance for a few hours a week to live-in care. You could hire helpers direct or enter into a contract with a care agency to provide them. I explore both avenues and consider the pros and cons of each.

This part is not intended only for people who live alone. Having a partner, relative or friend living with you does not mean that you may not benefit from help brought in from outside. Your house-mate may not be capable of providing the help you need, or they may not wish to do so, perhaps fearing that helping with personal care would damage your relationship.

Whether you are rich or poor, using social services or acting independently, the most straightforward source of additional revenue to help cover the costs of practical help in the home is Attendance Allowance.

Many relatively wealthy people do not apply for Attendance Allowance because they assume that it is given only to people of modest financial means. They are wrong – the applicant's income and savings are irrelevant. The sole grounds on which Attendance Allowance is paid is disability. To qualify, you need to be experiencing a certain basic level of difficulty in performing ordinary daily living tasks or you must have a need to be supervised to some extent, perhaps because you have dementia. I discuss this benefit and how to get it in the chapter on state benefits (*see pages 835–40*). Recipients are free to spend their Attendance Allowance as they like. Other possible sources of funding for help in the home are discussed in this part.

Part Six therefore covers:

- ▶ equipment to make life easier and where to find it
- ▶ telecare equipment
- ▶ obtaining help in the home through a care agency
- ▶ hiring care staff direct
- ▶ live-in care
- ▶ paying for care

## Chapter 21

# Equipment

**O**ne aspect of our lives which has changed dramatically over the last 50 years is the range of gadgets which enable people with some disability to remain independent and make the most of life. A host of inventors, largely unsung, have come up with ingenious practical solutions to everyday problems such as washing your feet if you cannot bend to pouring from a kettle if your hand shakes. Such aids can be tremendously empowering.

However, these are areas in which you can spend a lot of money and, without sound impartial advice, not very effectively. Whether what you are looking for is a large-digit keyboard or an electric scooter, it is important that you investigate a range of possibilities before anything is bought.

Using disability equipment is a sensitive area for many people: gadgets from hearing aids to walkers can seem to some to proclaim inadequacy. In view of this, I offer reflections on ways in which family and friends can adjust their behaviour to provide support.

This chapter examines the following areas:

- ▶ viewing and trying out equipment
- ▶ gadgets for use in the home
- ▶ gadgets to help mobility
- ▶ gadgets to help hearing
- ▶ buying equipment privately
- ▶ obtaining equipment through the health service or social services
- ▶ inclusive design
- ▶ adjusting to life with disability equipment

Certain related matters are discussed elsewhere in this book:

- structures which are permanently fixed to a property, such as stairlifts and ramps, in Chapter 8: Staying put
- equipment to help with continence problems in Chapter 19: Continence
- state benefits awarded on grounds of disability and unrelated to income in Chapter 35: Universal state benefits.

## Viewing equipment and trying it out

It is easy to assume that the best way of selecting disability equipment is to go to a local shop or order catalogues from providers found on the internet. Not so – for many reasons. The suppliers might not offer the full range of what is available. The items might be more expensive than you would find elsewhere. You might not obtain impartial advice on what would suit you or the difficulties that might arise with it. For example, might the power on a stairlift fail, leaving you stranded halfway up the stairs?

For many types of equipment, not least mobility aids, it is also vital to see and handle before you buy: various aspects might not be right for you, and you might have difficulty operating the equipment or getting it repaired. Some types of equipment, not least the telecare devices explored in the next chapter, are unfamiliar to most of us, so there is a special need for explanation and demonstration by impartial advisors.

Dotted across the UK are about 40 Disabled Living Centres. There, a large range of equipment from different manufacturers is on display (not for sale). Trained staff provide impartial advice, with the help of a 16,000-item database. Many centres have their own resident occupational therapist to give more specialist advice. (You may need to telephone ahead to make an appointment to see the OT.) Although it is best to see and handle equipment and discuss its usefulness face to face, you can phone for advice if you cannot visit.

All the items at Disabled Living Centres are priced, so you can easily make comparisons, and centres give information about local suppliers. (Those in remote locations act as vendors too.) It is extremely important to buy from a reputable supplier who will also provide or arrange ongoing maintenance, for instance for electric scooters or wheelchairs. Many centres also hold information about obtaining second-hand equipment. Information about all the centres is provided by the Disabled Living Foundation (*see below and Useful Contacts*).

Once you know what sort of equipment would best suit you, also look at commercial catalogues and compare quality, suitability and price. Catalogues can be especially useful in fields in which technology is developing very fast, such as telecare.

Some voluntary organisations, such as the Stroke Association, the Royal National Institute of Blind People (RNIB) and Action on Hearing Loss (formerly the Royal National Institute for Deaf People or RNID), have online shops and also provide information about equipment.

The Disabled Living Foundation, based in London, collates information about the location and hours of opening of all the Disabled Living Centres in the UK. Its website displays a huge number of pieces of equipment, and the Foundation also publishes factsheets and provides a helpline as well as an online advice tool from which you can obtain the answers to a wide variety of questions, such as what types of equipment can minimise bending in the garden and how to prevent garden paths from becoming slippery.

Rica (standing for Research Institute for Consumer Affairs) is an independent consumer research organisation publishing reports which evaluate equipment for its suitability for people with disability and for older people in general. So not only are textphones, electric scooters and adaptations to cars, for example, examined, but also digital televisions and set-top boxes and domestic appliances such as toasters and electric kettles. Many of Rica's publications are available at Disabled Living Centres.

Some readers will be offered equipment through the health service or through the social services department of their local authority (*see pages 480–1*). They should nonetheless have a look at the full range of what is available. They may prefer equipment of a different colour, style or capability. Viewing the full range, as one can in a Disabled Living Centre, provides the basic knowledge needed to ask for something different or for a voucher covering the cost of the equipment the state would provide. People can then go and make their own choice, perhaps adding to the voucher any cash they can afford. Viewing the full range also offers the opportunity for them to see items for which they would definitely not be deemed eligible by the state but which they might care to buy from their own resources.

## The home

First let us get a flavour of the range of equipment that is available to help us in our homes.

## The living room

Most people will be familiar with armchairs with a side lever which raises a support for legs in the front and another lever which lowers the back, enabling us to recline or even lie flat. Perhaps less familiar are armchairs whose seat can be made to tilt forwards at the push of a button to help rise, or to lower to help with sitting down.

If you think such a chair would help you, look for one which is comfortable, provides firm support for your back, which you can handle confidently and which, if it is lifting you up, will do so without making you topple over.

From the comfort of a chair you can now, thanks to remote control equipment, open and close curtains, windows and doors, control lighting and even operate domestic appliances such as hoovers.

Reading stands are helpful if your hands tremble or are easily tired. If reading small characters is difficult, plenty of magnifiers can be found. Some contain an in-built light; some will hang around your neck; some are mounted on a stand; some are adjustable. Don a pair of prism glasses if you want to read while you are lying flat – the glasses will change the angle, so you can rest an open book on your stomach and still read it.

Arthritis may stop you holding a pen easily. Fortunately, a range of ingenious and sophisticated pen grips is available.

Changing a light bulb is exactly the kind of simple task that can become impossible if you cannot climb onto a stool or ladder or fear that you will fall off. So why not obtain a light which hangs on a long cord from the ceiling so it can be easily reached when the bulb needs changing?

There are large wall clocks which also show the date, and talking clocks for people with impaired eyesight.

Telephones with large numbers are widely available. Those which store your most frequently used numbers save a lot of dialling. If you have difficulty remembering which button dials whom and the labels are too tiny to read, look for a phone which has space for a photograph alongside each of the memory buttons. There are also phones which have a voice-activated dialling facility.

## Phones, TVs, keyboards and books

Mobile phones and cordless phones can of course be a great help, but for older people miniaturisation is not necessarily a boon. Fortunately, however, inventors have been developing mobile phones (and many other gadgets) for people who find it hard to read small digits. Thus there are now mobile phones with large numbers, mobiles equipped with mag-

nifiers, and talking mobiles which require no reading, as everything is spoken.

Computer keyboards adapted for various degrees of sight impairment are available. There are keyboards on which the letters and numbers are imprinted in bolder print than usual and others furnished with 'monster keys', or keys in different colours. E-books can be easier to read than print books because you can adjust the size of the font and the colour contrast.

Remote controls for television also come in large-digit forms. If you have sight problems, you might also benefit from 'audio description', a free service where, as you watch, a narrator fills you in on the movements, expressions and body language depicted on screen.

Not only books, playing cards and Scrabble, but also the weekly TV and radio schedules now come in large-print format. A sophisticated, though expensive, device, called a video magnifier, can enlarge by up to 80 times on a screen newspaper print, crosswords, photographs, pages from books and so on.

Audiotapes of books have long been of great value to people who cannot read the printed page. A more sophisticated version is the DAISY talking book (the acronym stands for Digital Accessible Information System). The DAISY CD player's 'jump' function allows you to begin either at the start of a chapter of a book or halfway through it. The function buttons are large and are picked out in a colour that contrasts with the background. A compact, portable DAISY player has also come on-stream. Another array of gadgets convert printed material into speech: devices will scan a newspaper, for example, and then read the content aloud.

Disabled Living Centres display gadgets for helping visually impaired people. But phones, scanners, keyboards, video magnifiers and audio devices are probably best viewed at the headquarters of the Royal National Institute of Blind People in London, situated only a short distance from King's Cross and St Pancras stations. Helpful staff are on hand to explain what is available and how the items work. The RNIB has other resource centres around the country, but they tend to show a smaller range. The RNIB publishes a comprehensive catalogue of equipment. Look out for Sight Village exhibitions too. Local authorities' sensory teams (*page 559*) also hold equipment. *See also Chapter 11: Computers and the internet.*

## The kitchen

Various types of kitchen furniture and gadgets have been devised for different kinds of disability. Or you may be able to adapt your existing kitchen surroundings.

Many older people suffer from tremor, particularly if they have Parkinson's disease. There is a variety of equipment to help cope with tremor. A cup is available which is almost impossible to knock over, however much your hand shakes. It sits on a wide base with rubber underneath to stop it sliding, narrows at the waist and has handles either side of the upper part. Non-slip placemats prevent a plate from sliding on a table. These can also be invaluable for people who have had a stroke and are trying to recover their skills with crockery and cutlery. Useful too is cutlery with a large grip, and a fork with a cutting edge which enables somebody to feed themselves using one hand.

Clamps, too, can be invaluable if you can use only one hand: they can enable you to do anything from prepare food to file your nails. A useful work station for the kitchen consists of a slab of hard plastic with spikes coming out of it on which you can place a potato which you can then peel with one hand, or a piece of meat which you can carve.

For weak hands and wrists, there are scissors which need no force to be applied as they rely on a spring mechanism. Various simple jar and bottle-openers are available. However, for people who do not have the strength or dexterity to use these openers, the answer could be a robotic jar-opener, powered by a battery. You place it on the jar and press a button; the opener grips both jar and lid before rotating the lid to loosen it.

Perhaps you find a kettle of hot water heavy or difficult to control? If so, have a look at a kettle-tipper. The kettle rests on a stand with a spring, which allows it to tilt over only one way and to bounce back. You keep the kettle on its stand so that it faces into the sink. When you pour, you don't need to lift the kettle but simply hold its handle; it is kept in place with special guides.

If your eyesight is poor, try picking out the edge of work surfaces and the edges of cupboards, the sink and other features in a contrasting colour to improve their visibility. Work surfaces are available with a raised outer edge to prevent liquids falling on the floor – a slip hazard. People who cannot see well need a lot of light; you can obtain cupboards which light up when opened, like a fridge. Inside the cupboard, a 'penfriend' is a device for labelling tins and bottles, as well as CDs and tapes, by recording an audio label through the pen.

If you cannot see the divisions on your kitchen scales, you could place pieces of hard red rubber on them to emphasise the fine lines, or you could buy talking scales. You can even buy a talking thermometer, a talking measuring jug and a talking microwave. If you cannot see easily when a cup is full, you can buy a simple and cheap device – a 'liquid level indicator' – that will hang over the edge and make a noise when it is covered.

Various safety devices are available. An inexpensive 'magic plug' can be placed in the sink (or bath) before filling it. If the weight of the water exceeds a particular threshold, indicating that the sink or bath is too full, the pressure of the water forces the plug up and out.

Many safety devices, such as a gas safety system which can detect natural gas or carbon monoxide emit an alarm if gas is at a dangerous level. They cut off the gas supply through a special valve. Another device, a flood detector placed by the sink or bath, provides an audible alarm and alerts a call centre if it detects too much water. These types of 'telecare equipment' are discussed in the next chapter.

## The bedroom

There are many different gadgets available to aid dressing and undressing, such as devices to help put on socks or stockings without bending far. Some Disabled Living Centres contain a clothing department, in addition to providing free factsheets and advice booklets on clothing. There are five different factsheets on footwear alone, for example, as swollen feet call for different considerations from corns and bunions. Centres also provide catalogues, for example for Cosyfeet, a company offering shoes and other footwear for swollen, painful or wide feet.

If you find difficulty in getting yourself up from lying down in bed, look for a bed with a lever similar to those on some armchairs and hospital beds. Another clever gadget is a rope-ladder bed hoist. It is tethered by strings to the bed posts and you pull yourself up by putting hand over hand up the small ladder. You can also obtain a foot-rest to stop yourself slipping down the bed when you are sitting up as well as an adjustable back-rest and a device for raising part of the mattress.

If you have difficulty getting in and out of bed, it is often a good idea to raise the bed itself so you have less distance to move; this can be done with steel brackets on which the bed sits and which are fixed to vertical tubes on castors. If you are hard of hearing, you can be woken by an alarm clock with a flashing light or a vibrating pad under your pillow.

Problems with erectile function are a notorious bugbear of old age (*see page 15*). Gadgets can play a useful part here too. But for the full range of options from drugs to psychological therapy or other treatment in what is a rapidly developing field, talk to your GP.

## The bathroom

A broad board is the most basic device to help you get in and out of the bath. You place it across the bath, sit on it and then swing your legs over and into the bath. However, with a board you cannot sit under the water

and enjoy a proper soak: instead, you have to ladle water over yourself, or get a helper to do so.

A bath lift is more sophisticated and helpful. Battery operated, it consists of a little plastic chair which you place in the bath (or leave there). You turn it towards you, sit on it, swivel round, then press a button and find yourself lowered down. You sit on the seat while you wash, then press another button to be lifted back to bathtop height. The whole apparatus can be installed in an existing bath, with the control unit screwed to the wall just above it.

Body dryers help people who find drying themselves difficult. Warm air is blown out of a tall unit and dries someone from top to toe without the need for towels.

For somebody who has trouble getting on and off the lavatory seat, a raised toilet seat can be clamped onto the existing one, raising the height by 6 inches (15 cm). A more sophisticated aid is a lavatory seat which tilts backwards and down to help a person sit on it and forwards to help them get off; this is operated with a press button. To help somebody lower and raise themselves, grab-rails can be installed either side, or support bars which are pushed up against the wall when not in use.

A more sophisticated toilet can incorporate a heated seat, a bidet system of warm-water washes and warm-air drier, and a seat that can push up to aid standing after use.

If you will be taking tablets in the bathroom, you may have seen a pill dispenser with separate compartments indicating the times each day when the pills they contain must be taken. These are helpful for people with limited dexterity and those who find it difficult to remember whether they have taken their medication. Another device is available which announces at a pre-set time that somebody should take a tablet and sends a signal to a telecare call centre (*page 486*) if they fail to do so.

## The garden

A range of light gardening tools, from trowels to spades, made from materials such as aluminium and plastic, has been devised for people who can no longer manage heavy versions. Another range offers tools which are especially heavy, to counteract tremor. One handy device is a padded stool on which you can kneel, with a firm handle on either side to push on when you want to stand up. Turned over, the 'garden kneeler' becomes a seat for resting or doing waist-high tasks. All ideal birthday presents!

Thrive and Gardening for the Disabled provide advice in this area, in addition to that provided by the Disabled Living Foundation.

## Walking aids

Walking problems are some of the most common disabilities of later life, affecting as many as 25 per cent of women and 14 per cent of men over 65. The most common cause is osteoarthritis.<sup>1</sup>

Some people prefer a four-wheeled shopping trolley to a walking aid, which they feel proclaims their infirmity. Beware! An ordinary shopping trolley is not designed to provide support to the user, does not usually have a brake and is not adjustable in terms of height, so if it isn't right for you, it could give you backache. Also, if you are unsteady and intend to rely on a shopping trolley for support, you could be putting yourself in danger. Should you start to fall and catch the handle, the trolley will go flying.

You can obtain a shopping trolley with a brake, and a hard top and sides on which you can sit. But again, its purpose is to carry shopping, not to support somebody who cannot walk easily.

There is, however, a wide range of equipment designed specifically to help with walking. The reason(s) why you might find a walking aid helpful include:

- to distribute your weight and thereby lessen pain from particular joints, muscles or ligaments
- to provide stability and balance
- to help you move around more quickly
- to improve your posture and help you stand upright
- to increase your confidence in your own walking ability, perhaps after being frightened by a fall

It is important to obtain specialist advice on which piece of equipment would best suit your particular needs. There is also the environment to consider: indoors or out, in confined spaces, up and down steps, and so on. More than one type of aid may be called for. Does the aid need to be lightweight and collapsible because you want to take it with you in the boot of a car, or does it need above all to provide a stable support for movement indoors? You also need to consider hands and forearms. It is possible to find an aid with arm-rests, which allows weight to be borne through the forearms rather than the hands, and with contoured hand grips which spread pressure more evenly through the palms. Other physical considerations may be relevant; for example, arthritic fingers may make the manipulation of fiddly equipment difficult.

The best approach is to get your GP to refer you to a physiotherapist or occupational therapist or to see an OT at a Disabled Living Centre. They can work out exactly which of the many different models available would best suit you. They will ensure that the one selected fits you in terms of height, weight and type of hand grip, and will show you the correct way to use it and how to maintain it. Even an ordinary walking stick needs regular checking to see that the rubber ferrule on its base – which should be slip-resistant – is not worn, cracked or loose, and that the stick itself has not cracked.

Measure significant dimensions before you choose your aid: your doorways may be too narrow for some types of equipment.

Once you acquire a mobility aid, it is important that you use it safely (*see page 470*).

The main types of walking aid are:

### Zimmer frames

These are waist-height frames with four feet in contact with the ground, about 12 inches (30 cm) deep, slightly wider than the user and widening by four inches from front to back. Zimmers provide safe support for walking indoors and are usually provided by the NHS. Their width and four feet make them especially helpful for people who are unsteady.

The main disadvantage of a Zimmer is you cannot get into small spaces, nor walk in the normal flowing manner, as you have to keep stopping and starting in order to pick up the frame, and then move it forwards and step into it.

To improve manoeuvrability around the home, narrower frame Zimmers have been developed. However, they are less stable than the wide version and unsuitable for anyone who puts much of their weight on one side of their body. In some models of Zimmer, the front two legs have wheels attached, and there may be castor wheels or glides on the back legs. But the front wheels do not swivel and so do not manage corners easily.

The Zimmer should be at a height which is comfortable for you and allow you to maintain a slight bend in your arms. In most models, the height is adjustable – you choose a model in one of three or four height ranges and can then adjust it by one inch increments. Some models can be folded. The type of hand grip can be varied too.

### Rollators

These are substantial two- or four-wheeled walking aids with largish wheels which are used outdoors. There is often a shopping basket or

string bag on them, and perhaps even a little seat on which you can sit and rest. You can choose the type of brake and hand grip.

Rollators can be enormously useful but they tend to be heavy, so if you have steps up to your front door you need to think about where you would leave one or who could carry it into your house. It is important to feel confident that you can control the equipment easily so that it does not run away with you.

## Triangular outdoor frames

Triangular frames with large wheels suitable for outdoor use are versatile and popular. They have the advantage over the four-wheeled type in that they can be folded and thus stored more compactly and manoeuvred through narrow spaces. Again, you can choose between different types of braking system, hand grip, basket and bag. If you opt for a frame with a shopping basket attached (perhaps with a hard lid for sitting on), you will not be able to fold it. Instead, you could hang a folded shooting seat from the handlebar; indeed, you could add a walking stick there too, if necessary.

Like rollators, triangular frames tend to be quite heavy (in order to provide stable support). The control to keep the brake on and the bar to secure the frame in the open position may be difficult to manipulate if you have arthritic fingers.

## Tripods and quadrupods

These are walking sticks which divide at the base into three or four legs; they are more stable than a single pole and are particularly helpful for people with poor balance. Also, unlike a stick, they do not fall over when you let go of them, perhaps to open a door.

Tripods and quadrupods will enable you to get into spaces which would be too small for a Zimmer frame. However, you have to be careful that you don't trip over one of the legs.

## Sticks

Sticks are much easier to use than tripods and quadrupods if you are walking any distance. It is important that you get one which is the correct height, but the height of metal sticks can be adjusted, and they tend to be stronger than wooden sticks.

It is important to be aware that if you are using a stick to reduce the weight on one side of your body, perhaps because you have a painful knee, then the stick should be used in the opposite hand; the leg with the painful knee and the stick should move forwards together.

Walking sticks have a different structure from canes for blind and partially sighted people. Such canes are never used for support: you hold them across the lower part of your body to protect it and to check the existence and height of obstructions such as steps. Attend a training course before acquiring one. Blind or visually impaired people who need the support of an ordinary walking stick can obtain a white one. A piece of red tape around the stick indicates that the person using it is also deaf.

## Electric scooters

Battery-powered scooters provide transport rather than an aid to walking. Social services departments and health organisations do not fund the acquisition of scooters – unlike most of the other types of walking equipment described here, including wheelchairs. So you should select one with care, as you will be paying for it yourself and you could waste a lot of money if you later find you cannot use it.

The vast majority of electric scooters seen out and about in the UK come in two main types, differentiated mainly by size and whether or not they can be dismantled. The smaller ones can be taken apart, move more slowly than the larger scooters (maximum speed of 4 as opposed to 8 miles per hour) and are often called boot-scooters, as they will fit into the boot of most cars.

Only the larger scooters (officially called class 3 vehicles, as opposed to the smaller class 2) are allowed to go along roads and, because of this, they must be fitted with lights, indicators, a horn, rear-view mirrors and rear reflectors. Although exempt from road tax, scooters that go on the road must be registered with the DVLA. They are not allowed on motorways, bus lanes or cycle lanes. If driven on footpaths, the speed must not exceed 4 mph (6 kph).

The type you choose (and there are many different varieties within these two broad groups) depends mainly on where you most wish to use the vehicle. Clearly, the large scooter is more appropriate if you need to drive along the road and the boot-scooter if you think you are more likely to take it with you in a car. Thus, on holiday, you could leave a boot-scooter in a car boot, lift out the battery only and take it to your hotel room for overnight recharging.

All scooters need to be recharged regularly. The distance they will run before recharging varies with such factors as the weight they must carry and the number of hills to be negotiated, but they are unlikely to go for more than 25 miles (40 kilometres). Recharging takes eight hours; users often remind themselves to recharge when the evening news comes on television. If the battery is run down too much, it can never be recharged.

If you are considering purchasing a scooter, think about where you will store it: you need to find a secure waterproof space near to the power point you will use for recharging. (If you do not have sufficient space, consider getting a folding self-drive electric wheelchair instead, *as explained below*.) Consider whether the dimensions and turning circle will allow you to drive the scooter into your home, your favourite supermarket, or wherever. Both types of scooter can theoretically be driven indoors, but some will work better in some situations than others. Three-wheel scooters tend to be more agile, with smaller turning circles, but they are more unstable than four-wheelers. Stability is especially important not only if you are proposing to cover rough, rural terrain, but also if you will need to negotiate kerbs which have not been lowered. (*See page 675 for advice on getting kerbs lowered.*)

A combination of scooter and train can be a very successful means of getting around. Staff on stations and on trains ought to give you help with ramps to get you on and off the train (*see page 706*). But as scooters come in different sizes and weights, check with the train-operating company beforehand that your scooter could fit in the train and would not be too heavy for the ramp. National Rail Enquiries lists contact information for these companies on its website. Or you could phone National Rail Enquiries or ask at a station. You can take a boot-scooter on a plane.

If possible, visit a Disabled Living Centre (*see page 458 above*) to try out different scooters and obtain information about local suppliers. (You may qualify for advice and help with obtaining a scooter through Motability, *as explained on page 701*.) Don't go first to the manufacturer or a salesperson: they may try to sell you the model they are trying to get rid of or on which they will get the most commission, and it may not be the best type for your needs.

Before you buy a scooter, make absolutely sure you understand:

- ✓ how to maintain the vehicle
- ✓ what you should do if it breaks down
- ✓ how you are going to get it repaired and the likely cost of repairs
- ✓ whether a replacement will be loaned if it has to be taken away

If you are planning to buy second hand, look at the range of new scooters first, so you know which kind would suit you best. And have the scooter checked thoroughly before you spend your money: it may not have been serviced for years and break down soon after you have bought it.

Tuition on how to drive is crucially important. One user explained to me that although she considered herself *au fait* with vehicles generally (she had driven for 60 years and cycled until she was 80), she had experienced difficulty in understanding how to operate her scooter when she first bought it. Instruction had been given in the shop, but she wished she had been shown how to operate it in the environment in which she was going to use it. So, insist not only on adequate tuition but also on trying out the vehicle, ideally in your home environment. Not all manufacturers offer this last facility, but some do, and it can be extremely useful in revealing unexpected problems.

Although scooters can be tremendously liberating, they can also be dangerous. They offer little protection if you collide with a car or lorry, whether you are driving your scooter along a road or crossing one. In 2014, there were 209 road crashes involving mobility scooters in England and Wales in which nine people were killed.<sup>2</sup> Some deaths and injuries also arise from the unsafe driving of scooters in pedestrian areas and even within buildings.

Some local police forces offer training in driving electric scooters and, as we see in a moment, Shopmobility centres (*see below*) may offer training. Plainly, when you go out on a scooter, you should obey the Highway Code. If on a footpath or pavement, drive slowly and give way to pedestrians. Use lowered kerbs wherever possible and reduce your speed when going up and down kerbs and round corners. The organisation Help My Mobility advises people to practise using their scooter in a safe area before taking it out on the pavement. It also suggests trying out a new scooter in fine weather before going out in the rain and increasing the length of trips gradually, both to build up confidence and to test the battery range of the vehicle.

At the time of writing, it was not a legal requirement to obtain insurance for driving a mobility scooter, but this may change. If you have an accident and cause damage – say, knocking a ladder standing on a pavement and causing a window-cleaner to fall off and hurt himself – you could be sued. You should therefore obtain third party insurance and public liability cover. A company called Mark Bates Limited, based in Grantham, specialises in this type of insurance.

Motability allows people either to buy through hire purchase or to hire a powered wheelchair or scooter. However, the qualifying conditions to enter the scheme are very tight (*as explained on page 701*).

The world of scooters is developing rapidly so if you are contemplating buying one, it is worth doing research on new types of scooter that may be developed. For instance, the TravelScoot is lighter than the tradition-

al electric scooter. It has three rather than four wheels, with a platform on which to rest your feet and place luggage. The Tramper, in contrast, is a much heavier vehicle that can cover rough terrain, ideal for people who wish to explore the countryside. Trampers are sometimes offered for hire or loan at local authority country parks and the like, as well as being available to buy. An organisation called Countryside Mobility offers trampers (and sometimes also wheelchair-accessible boats) for hire at outdoor attractions in south-west England.

## Wheelchairs

Wheelchairs come in two forms: one has to be pushed and the other can be propelled by the user. While some (pushed or self-propelled) rely on human power, others have a battery-powered motor.

Unlike scooters, wheelchairs are often provided for free, through referral from a GP or other health professional, on long-term loan from the NHS. You have to be assessed as needing a chair, and health authorities vary in the eligibility criteria they use to decide what type of wheelchair to provide and how soon to provide it. You may not need to be unable to walk to qualify – my mother, for example, was given a new, sophisticated chair at a time when she was still able to walk but found walking more than a few hundred yards painful. The chair enabled her to cover much greater distances when family and friends went for walks with her along the promenade at Broadstairs.

The NHS Wheelchair Service, to which doctors refer patients who need wheelchairs, has centres throughout the UK at which people who have permanent difficulties with walking are assessed and provided with chairs. They are usually evaluated individually by a physiotherapist for their own chair, and their precise requirements in terms of size of wheel, height and type of cushions are taken into consideration. All this is very important and many factors need to be borne in mind (*many of them are similar to those outlined above for scooters*).

Even the cushions of the wheelchair have to be considered: they are important not only for comfort but also in reducing the risk of pressure sores in vulnerable individuals. They come in many varieties, including gel cushions for people at high risk of developing sores, and one-way-slide cushions, so that the sitter does not slide out.

Although an NHS wheelchair should be of high quality, it will not necessarily be top of the range. If you want to buy a more expensive chair than your health authority will provide, it should give you a wheelchair voucher representing the value of the chair it is prepared to provide, so you can top it up. It is even possible to buy a wheelchair which climbs

and descends flights of steps or enables the user to stand upright to reach high items, perhaps on supermarket shelves. And of course if you are not offered a chair by the NHS or prefer to go private, you will want to see the full range of what is available.

Somebody proposing to push a wheelchair should get advice on matters such as the height and weight of the chair, as pushing can damage the back. Indeed, it is a good idea if both the pusher and the person to be pushed are assessed for the most appropriate chair. One factor to take into account is the weight of the chair, particularly if the pusher is likely to be lifting it, perhaps in and out of a car boot. Chairs with a motor are especially heavy. Some cars have been adapted to allow a wheelchair to be pushed up a ramp through the back door and affixed to the floor, so that its occupant can sit in it throughout a journey. Information on such vehicles, on ways in which cars can be adapted for disability in general and on related equipment such as that used to lift heavy items into car boots is available from Rica (*see page 698*).

People going into a care home should take their NHS wheelchair with them, as it may well be a much better vehicle than any provided by the home. In any case it should have been designed specifically for them.

It is important to sort out who is going to take responsibility for ongoing maintenance in a care home: you don't want your wheelchair sitting unused for weeks on end with flat tyres or a missing foot-rest. Make sure you are shown how to keep your chair, or any mobility aid, in working order, and if you will be pushing a wheelchair, be certain the supplier shows you how to minimise the strain on your back and how to ease the chair up and down kerbs smoothly.

Wheelchairs can also be borrowed from the Red Cross (as can other items, such as commodes). You might borrow one when a relative is coming to stay, for example, or when you are on holiday with somebody who cannot walk far. As explained above, manual and electric wheelchairs can be borrowed or hired from Shopmobility centres for the day or half-day.

In recent years, a type of self-propelled electric wheelchair has come onto the market that can be folded. This makes it easier to store and may be the solution for people who would like to have an electric scooter but lack anywhere sufficiently large to store it safely overnight. An electric wheelchair has a joystick, so you can drive it just as you can a scooter.

## Shopmobility

Shopmobility is the name of a group of independent organisations which provide mobility aids for hire or loan, typically electric scooters and wheelchairs, both manual and powered. The organisations are based in

town centres, often in malls. At any typical centre, you telephone beforehand and say that you would like to borrow a piece of mobility equipment on a particular occasion. When you ring, you will usually be asked your weight (as this affects the type of vehicle offered) and told what you need to bring with you – usually some form of identification, such as a household utility bill. The service is intended for people who have temporary or permanent mobility problems, so you should not need to be registered as disabled (say, for a Blue Badge parking permit). Nor is the service likely to be confined to local residents. Some centres loan out equipment for free, others make a small charge. If provision is free, you will be encouraged to make a donation when you return the equipment.

The centre will hire or loan its equipment only if it is satisfied that it is appropriate for you (in terms of size and type) and that you can manoeuvre it safely. The first time you borrow you are likely to have to make an appointment for an assessment and, if necessary, tuition. If all is well, you will be given a number.

As the centres have to meet their own safety and insurance requirements, the equipment is likely to be of high quality. Push-wheelchairs will probably have brakes which occupants can apply as well as those on the handlebars. The equipment is likely to be frequently serviced. The scooters may well have shopping baskets and facilities for carrying walking sticks or crutches.

Once you go out, you will be given a phone number to ring in case of breakdown or, say, a puncture. If this happens, staff from the centre will usually go out to you with replacement equipment which can be swapped for the damaged vehicle.

You borrow or hire vehicles for a day or half a day. There is nothing to stop you hiring frequently. The vehicles are not intended for use on roads, but you can use them on pavements (for instance to get to a hospital appointment) and in shopping centres or parks. There will usually be provision for disabled parking places close to the centre; these may or may not be free of charge.

## Helping hearing

Hearing aids are programmed precisely to the audio impairment of a particular individual. Many other devices to help hearing are not. This means that they are much cheaper to buy and more straightforward to use and maintain. Some can be used with a hearing aid, some without. Let us look at these first.

Often we wish to focus on particular sounds. Inexpensive headphone systems can connect to a TV or radio; there are models for people who

wear hearing aids and people who do not. If you want to amplify sound and focus on a particular sound while also reducing background noise, say in a group discussion or a lecture hall, you could look for a 'conversor'. The person whose voice you wish to hear speaks into a small discreet microphone which transmits sound to a device connected to your hearing aid and worn round your neck. If you do not use a hearing aid, the sound can be sent to a special receiver to which you can listen.

There is an impressive range of devices to facilitate telephone conversation for people who are hard of hearing. A simple portable amplifier suitable for use with or without a hearing aid could be taken to work or on holiday. Other devices amplify the sound received down the phone (landline or mobile) and transmit it to a hearing aid.

How can people who are hard of hearing know that the phone is ringing or a fire alarm is sounding? If a phone with a loud ring is insufficient, you could look for a flashing-light device that indicates that the phone is ringing. Fire alarms for people who are hard of hearing include a device placed under the pillow which vibrates in the event of a fire.

Disabled Living Centres do not usually display hearing equipment such as phone amplifiers, conversors and hearing aids, though some do. Sometimes the regional information officers of Action on Hearing Loss stage demonstrations, so you could telephone to find out whether one is planned in your area. If you cannot manage to view equipment, look at the range of possibilities in a catalogue. You can select a product from Action on Hearing Loss's catalogue and try it at home. If it does not suit, there is a money-back guarantee. Action on Hearing Loss also sells devices to help people cope with tinnitus, publishes factsheets and provides a helpline.

The Next Generation Text (NGT) is an impressive service which helps people with hearing loss to communicate by telephone with people who can hear. The hearing-impaired person speaks down the phone but the reply from the hearing person comes back on screen; an intermediary transcribes the voice message. Or the hearing impaired person can type a message which is read out to the hearing person.

NGT replaces Type Talk, a similar service in which the hearing-impaired person needed to have a textphone, which is a device for communicating down the phone by text. But NGT can also be accessed by a smartphone, tablet, laptop or computer with an internet connection.

## Hearing aids

If your hearing loss is significant, you should seriously consider a hearing aid. The problem will almost certainly not go away, and will probably

worsen. As it does so, you will not only miss out on information which could be important but are likely to become more and more isolated and even withdrawn. (*The causes of hearing loss are examined on page 14 and some of the psychological effects to which it can give rise on pages 254–5.*) However, in contrast to spectacles, obtaining, operating and maintaining a hearing aid in later life can be daunting.

To begin with, how do you know whether you have hearing loss? You could ask your GP, who will do a simple screening test to work out whether there might be a problem that should be examined further through a more sophisticated test. Or you could telephone Action on Hearing Loss' telephone hearing check service. It will carry out a test over the phone and let you know the result.

Hearing aids are available privately or on the NHS. The advantages of going private have largely disappeared: waiting times for NHS aids are relatively short in most areas and high-quality aids are provided. These can be programmed to amplify (or play down) sound at particular frequencies. If your ear has lost the ability to detect a particular frequency, nothing can be done: a hearing aid cannot create sound. But if your ear is simply weak at picking up particular frequencies, for example the frequencies at which we utter consonants (the key to understanding speech: *see page 14*), a digital aid can amplify them.

Both the aids and the batteries needed to power them are free on the NHS. To obtain a hearing aid, you need to be referred by your GP to an audiologist in a hospital. They can diagnose hearing loss, recommend the most useful type of aid and show you how to use one. In addition, they train people, such as staff in care homes, on how best to help people with hearing loss.

The first time you put in a hearing aid the world can seem very strange and the aid distracting, with lots of noises louder than hitherto. If you find it tiring to get used to your aid, try to build up use, wearing the aid a little longer each day. If you persevere with it over a fortnight or so and continue to find it troubling, go back to your audiologist, who may need to adjust it. When we obtain spectacles, we rarely need to go back to the optometrist to ask for a change to the lens. But programming a hearing aid is a sophisticated process and not infrequently the new user needs to return and ask the audiologist to reprogram it.

All this means that it is important that you should be able to pay a return visit to your audiologist relatively easily. If you decide to go private, discuss with the dispenser the ease and cost of return visits.

Some people have a hearing aid yet find that communication remains very difficult. Perhaps their hearing aid has not been checked or adjusted.

Hearing is likely to change, whether a hearing aid is worn or not, so it should be reassessed every three years. However, some unscrupulous private dispensers make money by telling their clients that they need a new hearing aid when in fact the old aid could be reprogrammed successfully.

Hearing aids are easily lost, so if you have one, insure it and label it. If you live in a care home, this is especially important, but it is also true in other circumstances: your aid might be mislaid and inadvertently mixed with that of another patient during a hospital stay, for example.

Hearing aids need to be cleaned and maintained, so make sure that your NHS audiology department or your private dispenser will carry out any work you cannot manage yourself. If you are moving into a care home, ask whether any members of staff know how to maintain hearing aids and whether hearing specialists such as audiologists from the local hospital make visits to the home. Some audiologists make home visits, but by no means all.

A hearing loop consists of a microphone to pick up speech, for instance from a post-office counter assistant, an amplifier which processes the signal and then sends it through a wire placed around the perimeter of a particular space, such as a service counter or a meeting room. This radiates a magnetic signal into any hearing aid or aids which are switched on to the T or telecoil setting to receive it. Hearing loops not only magnify sounds but they also cut out background noise.

## Buying equipment privately

Equipment of the kinds I have described can be bought privately or obtained through the health and social care systems. However, equipment is provided by the state only if the prospective user has a sufficiently serious need for it and thus meets the eligibility criteria all health and social care state organisations use to allocate resources from their limited budgets.

Some people pay for disability equipment (and home adaptations, such as ramps and lifts between floors, to cope with disability) themselves for various reasons. Perhaps the equipment involved is of a type which neither the NHS nor social services normally provides or subsidises – such as electric scooters or boats specially designed or adapted for disabled people. In other cases, a local authority has deemed that somebody's need for equipment is not sufficiently high to meet the threshold for provision in its care needs assessment (*explained in Chapter 26*). In other cases, a local authority or the health service says it will provide equipment but there is a long delay before it arrives.

## Buying at home

Despite the advantages of viewing and trying out equipment in Disabled Living Centres, some people buy disability equipment from salespeople who call on them in their own homes. Doorstep selling certainly has the advantage of convenience for the purchaser, and people who are housebound are often tempted to buy from a door-to-door salesperson. But there are many possible pitfalls.

Door-to-door salespersons can play on the vulnerability of older people who are perhaps unable to get out to the shops or to log on to the internet to compare prices. On their own in their living room with the salesperson, they will lack the advice of an impartial professional occupational therapist on the range the market offers and the suitability of particular items for them. The mobility aid the salesperson seeks to convince them will be invaluable might actually cause back problems or fail to give the stability they need. It might be equipment the salesperson is trying to get rid of or on which they will earn the highest commission.

Complaining about goods which do not work as advertised or in the way that was described and getting a refund or a replacement at a later date can be both difficult and time-consuming. If the mobility scooter for which you have paid hundreds of pounds will not go up kerbs in the way the salesperson told you it would, you may have to spend a lot of time getting a refund or a different model.

If you do nonetheless buy disability equipment from home, plainly you need to be absolutely clear about whether the product is good value, whether you really will use it, whether you can afford it and whether it best suits your needs. On the last point, a reputable seller of disability equipment will carry out an assessment of your needs. But this is unlikely to be as objective and wide-ranging as one you would obtain at a Disabled Living Centre (*see page 458*).

Here are a few questions you may wish to put to a doorstep salesperson:

- ✓ Could I have details of at least two previous customers with whom I can discuss the service and the reliability of the goods and your company?
- ✓ Does the company charge extra for delivery and installation?
- ✓ Does the price include VAT? (Much disability equipment is exempt for people who need it, as outlined below.)
- ✓ How can I get the product repaired? Do I have to use an approved supplier of replacement parts?

- ✓ Are there any possible future trade-ins after the product has outlived its use?
- ✓ What happens if it breaks down?
- ✓ How can I contact you again?
- ✓ Does the contract of sale include a cancellation notice?

A cooling-off period is vital and is provided for by law.<sup>3</sup> Traders selling goods or services worth £35 or more to people in their own homes, their workplaces or in the home of another individual are legally required to give the consumer a written notice of their right to cancel the contract; this notice must be given at the time the contract of sale is made. The cancellation notice must provide for a seven-day cooling-off period, starting from the day the consumer signs the contract. If no cancellation notice is given, then the contract of sale can be seen as not enforceable.

The effect of the cancellation notice provision is that if goods or services cost more than £35, a consumer has seven days to change their mind (for any reason) and cancel the order (this must be in writing), without having to pay anything. This is in addition to the usual rights consumers possess when an item is bought from a shop.

Beware of a salesperson offering you a discount for, say, an electric scooter so long as you sign to allow the contract to come into effect immediately. If you agree, you lose the cooling-off period and cancellation notice facility.

If you cancel, do so by recorded delivery letter.

Citizens Advice provides advice on consumers' rights in the purchase of goods and services at its own centres and also through its Adviceguide service of free leaflets, online information and a consumer helpline (*see Useful Contacts*). The trading standards departments of local authorities enforce consumers' rights on the ground.

## VAT relief

Much disability equipment should be free of charge, as explained below. Thus continence clothing, pads and equipment such as hand-held urinals can be obtained free on the NHS, so long as you are assessed as needing them. Social care authorities also provide many types of disability equipment free to people they assess as needing them. However, delays in assessment may mean you end up buying your own. Or you may have only a relatively minor difficulty so would not qualify for state help. The good news for people buying privately is that there is a long list of types of disability equipment for which the purchaser should not be charged

any VAT. In some cases, such as a yacht designed or adapted for someone in a wheelchair, this relief can be worth a lot of money.

The VAT rules (promulgated by H M Revenue and Customs) state that equipment designed exclusively for disabled people should be zero-rated for VAT purposes. This includes wheelchairs, textphones, long-handled pick-up sticks and vibrating pillows to alert deaf people of danger. The exemption does not apply to equipment which may be used by disabled people but is not specifically designed for them, such as reclining armchairs or air-conditioner units. But if you go into a shop or buy equipment over the internet or by mail order that a manufacturer has designed for disabled people, you should not have to pay any VAT on it.

Although this exemption applies to continence equipment and clothing, you will have to sign to confirm that the products are for your own personal use if you buy more than 200 disposable continence pads, ten-pairs of leak-proof underwear, five collecting devices or 50 washable pads.

The VAT rules also say that a wide range of products and home adaptations can be zero-rated so long as they are sold to an eligible customer. Anybody who has a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out everyday activities, or have a condition which the medical profession treats as a chronic illness, such as diabetes, or are terminally ill, qualifies for this relief. The item has to be bought or the adaptation to existing equipment or building made for the personal use of such a person (in other words, it does not apply to a business such as a nursing home).

To obtain the relief, you should ask the supplier for a form which you complete, declaring that you are chronically sick or have a disabling condition and giving a description of that illness or condition. The types of disability equipment covered include wheelchairs, chair lifts, stairlifts, adjustable beds, hoists, commodes, support devices around lavatories, low-vision aids, boats, alarms which enable somebody to call for help in case of illness or injury, lifts between different floors of a private residence, ramps and the widening of doorways. Services to adapt or install equipment or some other device are also exempt, as are repair and maintenance.<sup>4</sup>

## Obtaining equipment through the state

A basic principle of the NHS is that health services and health equipment are free to those who need them (*see page 280*). Hoists, adjustable beds, pressure-relieving mattresses and feeding tubes, for instance, are all items of medical or nursing equipment which you should expect to obtain free on the NHS through your GP or hospital doctor and often with the ad-

vice of a physiotherapist. (Large equipment is likely to be loaned rather than given.)

The NHS also provides free mobility equipment such as wheelchairs, rollators, crutches, Zimmers and walking sticks. What it will not provide for free is electrically powered scooters or motor cars.

Hearing aids and batteries are free on the NHS (*as explained on page 475*). However, spectacles are not: only if you are receiving the following means-tested benefits are you eligible for a voucher towards the cost of your glasses or contact lenses – the Guarantee element of Pension Credit, Income Support, Income-based Jobseeker's Allowance or Income-related Employment and Support Allowance.

Unlike equipment provided by the NHS, that provided through the social care system is not automatically free. However, the government has told social care authorities that the equipment they provide should be free in certain circumstances to everybody, whatever their financial means. Thus social services departments in England must provide equipment free of charge, whatever its cost, to everybody whom they assess as needing it to cope with frailty or disability.<sup>5</sup> Furthermore, the Department of Health has told councils that people assessed as needing adaptations to their homes to cope with disability or frailty should also receive these free, so long as they do not cost more than £1,000.<sup>6</sup>

How do councils decide whether somebody needs equipment and so should receive it for free? They do so as part of a care needs assessment, which takes a holistic view of someone's needs for care and support arising out of illness or disability. (*I describe this process in Chapter 26: Social care assessments.*) Councils must all work within eligibility criteria which provide a safety net to ensure that anyone who has reached a certain threshold of difficulty will receive help, and some councils offer help to people below their threshold. However, you may face delays in getting equipment through social services. There may be a delay in being given the assessment and/or a delay before the equipment actually arrives.

Assessment by local councils for gadgets, except the most rudimentary, usually involves an appraisal of the level of need and of the type of equipment which can best meet that need by one of the local authority's own occupational therapists (OTs). These people are highly trained but spread pretty thinly in most areas, with the result that it is by no means unusual to wait several months for their assessment.

In these circumstances, what can you do? Well, you could commission and pay for your own assessment. A local council would hesitate to disagree with such recommendations unless it could produce its own professional OT to question them, which it would of course be hard pressed to

do. Check with your local council what their response would be before you go ahead. You can find the names of fully qualified and registered OTs who work privately from the College of Occupational Therapists (*see Useful Contacts*).

Sometimes a council says it will provide equipment, but a long wait will be involved. If this is the case, you should consider seeking the help of your local councillor and/or MP to hurry things along, lodging an official complaint with the health or social care authority in question and even building a campaign through the media if necessary.

## Charging

If councils in England charge someone for equipment, they must do so within tightly defined government rules (*described on pages 654–64*). Although equipment that someone is assessed as needing must be free, councils have the discretion to charge to service equipment; that charging too must be in line with these rules.

Inevitably, users and social services departments sometimes disagree about whether their need is sufficiently great to qualify for equipment. They may also disagree on the proportion of any costs a council proposes to charge them. (*I discuss how to challenge social services' decisions on charging on pages 664 and 577–9.*)

Outside England, the situation is broadly similar. However, in Scotland, there are certain key differences. 'Free personal care', which older people enjoy north of the border, includes equipment as well as services and those assessed as needing personal care receive it free, whatever their income. However, by no means all helpful gadgets are included: the legislation defining 'free personal care' mentions only 'devices to help memory' and 'safety devices' and does not explain precisely what these might be.<sup>7</sup> (*Free personal care is examined in more detail on page 659.*)

If equipment does not fall within these categories, a local authority in Scotland may charge for it; again, any charging must conform to national rules.<sup>8</sup> There is a useful blanket exemption: Scottish local authorities are expected to provide equipment free to frail older people leaving hospital. The Scottish Executive has told local councils that they should not charge frail older people for equipment and minor house adaptations arranged through social services if these are supplied and fitted within four weeks after or immediately before hospital discharge.<sup>9</sup>

Types of equipment that involve adaptations to the home such as stairlifts and ramps are covered by a different form of funding – Disabled Facilities Grants (*see pages 186–8*).

## Inclusive design

Of course most of us use items in our everyday lives which are not specifically designed for people with particular disabilities. Inclusive – sometimes called accessible – design differs from the equipment we have considered up till now (in other words, items especially for people with disabilities) and involves making equipment easy to use for as wide a range of people as possible. Some manufacturers – by no means all! – have been focusing the design of their products increasingly on older consumers, who are often not as agile or dexterous or readily able to read small print as younger people.

Fortunately, the British Standards Institute has drawn up a standard on inclusive design.<sup>10</sup> Products which comply with this standard have been designed to be useable by most people, with clearly written instructions, considered use of colour (such as black against yellow, which is most easily visible by people with vision impairment) and fail-safe design (so if the product is used or assembled incorrectly, it will fail without posing a hazard to the user). Look for items bearing this standard.

The British Standards Institute does not enforce its standards, but they are often used by trading standards officials. Also, it is an offence to claim conformity to a standard when in fact this is untrue, so firms can be taken to court by individual consumers as well as organisations if they are suspected of doing this.

## Bespoke devices

If you cannot find the equipment you need, you may be able to find a supplier who provides bespoke equipment. Such suppliers do exist up and down the country, sometimes involving volunteers using skills developed in the world of engineering earlier in their lives. Ask at your local Disabled Living Centre or the social work or occupational therapy department of your local authority.

## Adjusting to life with disability equipment

Perhaps you have gone to great lengths to obtain gadgets for an older relative or friend, only to find them rejected. It is easy to forget that actually using these things often requires considerable psychological adjustment. You may imagine that your father would be delighted to be taken out in a wheelchair; he may find the prospect very upsetting. He may feel frightened, frustrated and helpless, and think everybody will be staring at him. It may help to wheel him in an area in which he is not known until he gets used to the chair. Even pushing a walker can seem to be taking a

person out of mainstream society and into a victim class which they do not wish to inhabit.

To make matters worse, many conditions, and therefore the equipment that can help people deal with them, attract a stigma. Unlike sight loss, hearing loss for instance is stigmatised, perhaps because it is more closely associated with old age. Sometimes it is confused with mental frailty. So, unlike glasses, hearing equipment that helps may be rejected by those who need it.

This is by no means true of everybody. Many people are fiercely assertive and point to the social model of disability, which says that disability is caused by the way society is organised, rather than by a person's impairment or difference. In other words, the onus is on society to remove barriers that restrict the life choices for disabled people, whether physical or psychological.

But others, probably at present the majority of older people with disabilities, do not fall into this camp. This second group need sensitive support to encourage them to use disability equipment. Partners, friends and relatives should try to lighten up in their approach, so that these gadgets are not viewed with dismal seriousness, as is so often the case. Equipment whose design is infused with an element of dash and glamour may prove more acceptable than more obviously practical models. Also, any opportunities to customise the equipment so that users can stamp their own individuality on it may enhance its acceptability.

It is also important to be sensitive to the placing of equipment in the home. Wheelchairs, alarm systems, commodes and so on can seem to invade a person's home, eroding their sense of privacy and autonomy over individual space and providing an ever-present reminder of dependence and infirmity.

# Equipment

- \* The range of equipment for people with disabilities is unexpectedly vast.
- \* Disabled Living Centres are the best places to view it and to get impartial advice.
- \* Expect to receive much equipment free through the NHS or social services, if you are assessed as needing it.
- \* If the NHS or social services drag their heels over providing equipment, make an official complaint and contact your councillor and/or MP.
- \* If you buy complex or expensive disability equipment privately, get professional advice from an occupational therapist on what would best suit you.
- \* Make sure you are not charged VAT on any equipment or clothing for disability, including continence pads.
- \* Attendance Allowance is a state benefit for rich and poor and helps cover the costs that disability can bring.
- \* Family and friends should be sensitive to the psychological barriers around the use of disability equipment.