

A Survival Guide to Later Life

(sample Chapter)

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Chapter 5

Adapting Surroundings

Significant loss of sight or hearing, developing incontinence and difficulty in moving without pain are all grim challenges to face, particularly when we are getting old and frail. Fortunately, help is at hand.

Gadgets and Aids

One aspect of the lives of older people which has perhaps changed more dramatically than any other is the range of gadgets and aids which enable them to stay independent and make the most of life. A host of inventors, largely unsung but offering far more benefits to humanity than more famous counterparts, have come up with ingenious practical solutions to everyday problems. These range from putting your socks on if you can't bend over, to pouring from a kettle if your hand shakes, to moving around your house, garden, neighbourhood and town if your legs are not what they were. Such aids may sound trivial, but they can be tremendously empowering.

However, this is an area in which you can spend a lot of money and, without sound impartial advice, spend it not very effectively. The walking frame on wheels which looked enticing in the shop may stand unused in your hall cupboard because you become frightened it would run away with you. Or you decide you would feel too conspicuous with it out of doors and wish you had found something which looked more like a shopping trolley – or even tried an electrically powered scooter.

An array of possibilities needs to be investigated fully before anything is bought, whether it is for inside or outside the home.

In the Home

The Living Room

You can buy armchairs with a lever which raise the support for your legs and another which lowers the back, enabling you to recline or even lie flat. There are electrically powered push-button control chairs whose seat can be made to tilt forwards to help you get out of them and to go back to help you sit down. Look for a chair 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.

Phones which store your most frequently used numbers save a lot of dialling. If you are forgetful you may have difficulty remembering which button dials whom.

Tiny labels may be hard to read, but you can get a phone which has space for a photograph alongside each of the memory buttons. If you cannot hear too well, you can have a phone with a flashing light instead of a ringer, and an amplifier you can tune in to your own hearing aid. If you are deaf, a textphone could enable you to communicate with another deaf person or with a hearing person, while through a system called Tynetalk a hearing person can hear a message typed in by a deaf person. Mobile phones and cordless phones can of course be helpful, but for older people miniaturization is not necessarily a boon. Look for an instrument with large buttons if your hand is not too steady.

Reading stands are helpful if your hands tremble or are easily tired. If reading small letters 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. Try a grippet, a device that slips around a finger while the pen is placed in a slot. There are large wall clocks which also show the date, and talking clocks for people who cannot see well. Changing a light bulb is exactly the kind of simple task which can become impossible for elderly people. You can, however, get a light which hangs on a long cord from the ceiling so it can be easily reached when the bulb needs changing.

You may have seen a pill dispenser with separate compartments reflecting the times each day when a pill must be taken. You can also get a device which makes a little noise at the time you are supposed to take one. And you can buy a device which crushes pills and another which cuts them in two.

The Kitchen

You can get a kitchen fitted with work surfaces which have a raised outer edge to stop liquids falling on the floor and making you more likely to slip over. You can have the edge of the work surface, and indeed the edges of cupboards and the sink and other features, picked out in a contrasting colour to help you see them. If you cannot see the divisions on your scales, you could place pieces of hard red rubber on them to emphasize the divisions, or you could buy talking scales. You can even buy a talking microwave oven. If you cannot see easily when a cup is full, you can buy a simple and cheap device that will hang over the edge and make a noise when it is covered; there is a similar product for the bath. A tip for the visually impaired: as a tin of dog food looks much like a tin of baked beans, have lots of different drawers for different things. People who cannot see well need a lot of light; you can get cupboards which light up when opened, like a fridge.

Strokes sometimes leave people unable to get much use out of one hand; arthritis can leave people without a firm grip. Fortunately, there are plenty of kitchen gadgets available to help. There is a work station consisting simply 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. You can get a wall tin-opener with a pull-down handle, and a grater which hangs on the wall with a container to catch the gratings. A simple but effective device consists of a T-shaped piece of wood with a V at the end into which you place a jar so it can be held firmly while you put all your effort into unscrewing it (with another handy device). There are scissors which need no force to be applied as they rely on a spring mechanism.

Lots of elderly people suffer from some tremor, perhaps severe if they have Parkinson's. A cup which is almost impossible to knock over, however much your hand shakes, sits on a very wide base with rubber underneath to stop it sliding. It narrows at the waist, then has two handles either side of the upper part. You can get non-slip place mats which prevent your plate from sliding, and non-slip devices for the backs of chairs, if you slide forward easily.

Filling a hot water bottle or tea or coffee pot is one of the most dangerous things you can do if you have a tremor. Funnels can help a bit, but by far the best device is a special kettle tipper. A stand with a spring allows the kettle to tilt over only one way and to bounce back. You keep the kettle on its stand so that it faces into your sink. When you pour from the hot kettle you do not need to lift it, but simply to hold its handle; it is kept firmly in place with special guides.

The Garden

A range of light gardening tools, from trowels to spades, made from carbon fibre, have been devised for people who can no longer manage heavy versions. Another range offers tools which are especially heavy, to counteract tremor. Another handy device is a stool on which you can kneel, which when turned over becomes a seat. Two firm handles on either side are there to help you push yourself up. Ideal Christmas presents!

The Bathroom

For somebody who has trouble getting on and off the lavatory seat, there are raised toilet seats which can be clamped on to the existing one, which raise the seat by six inches. You can put grab-rails either side to help pull yourself up, or bars which you push up against the wall when not in use. Most social services departments will provide at least the first two types of device. A more sophisticated aid is a lavatory seat which tilts forward to help you get off and tilts backwards and down to help you get on, operated with a press button.

The most basic device to help you get in and out of the bath is a broad board which you place across the bath, sit on and then swing your legs over into the bath. The disadvantage of this is that you never sit underwater, so you will need to ladle water over yourself or get a helper to do so. A more sophisticated and helpful variation is a removable bath lift. 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 when you wash, then press another button to be raised to bath-top height.

The Bedroom

For people who find it difficult to get themselves up from bed there are lever devices which can raise them, similar to those installed in some armchairs. A simple, useful idea is a rope ladder bed-hoist: you pull yourself up by putting hand over hand up the ladder. You can buy a foot-rest to stop yourself slipping down the bed when you are seated, and adjustable back-rests and devices 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, which are fixed to vertical tubes on castors.

You will not see the bedroom portrayed as a theatre for sexual activity in any of the catalogues of gadgets for older people. Why not? Sex remains important in later life, and gadgets can have more of a part to play. Problems with erectile function are a notorious bugbear of old age. If you can manage to get yourself into a sex shop, you will probably find the assistants extremely sensitive and pleased to guide you through the range of helpful devices available.

Stairlifts

Stairlifts can set you back several thousand pounds, but they can make the difference between using two floors of your house or having to move everything on to one level. Although social services departments will often help foot the bill (page 000), many people end up buying their own equipment rather than wait while their application is processed. Stairlifts can go up straight staircases, curved staircases and even spiral staircases. You need to have a pretty wide staircase if you want it to take the type of lift that has an especially wide base which can also carry a wheelchair. Some people even get a through-floor lift installed in their home, and social services or the housing department of local authorities will sometimes fund these for people who are wheelchair-bound, with a Disabled Facilities Grant (pages 000–00). A through-lift is like an ordinary lift, but not fully enclosed over the top, and goes up through the floor of the room above.

Alarms

Wherever you are on your property, an alarm with which you can summon help can get you out of trouble. The most useful type is simply a pendant which you wear round your neck and on which there is a button which you press if you need assistance. When you press the button, a call centre is alerted which tries to reach you and can do so anywhere in your house or in your garden, so long as it is not too large. If it cannot talk to you to ask what is the matter, it rings prearranged numbers, such as those of people living nearby who have agreed to help out and have been given door keys or, sometimes, your GP practice or the emergency services. Cords or buttons attached to the wall are less useful because you have to be able to reach them in an emergency.

It is important to have the alarm with you all the time when you are on your own property, in the garden as well as in the house, including the bathroom. Many people have falls going to the bathroom during the night and cannot summon help because they have unfortunately left their alarm by the side of the bed. When you have a bath, don't take the alarm off until the last moment and then place it on the side of the bath (although if you forget and leave it on, it should not normally be damaged).

Pendant alarms are so useful that I should not be surprised if more and more people who live alone and who are younger, say in their fifties, start to get them. Sometimes local authorities provide their own schemes and these can be cheaper than those provided by private companies. But you do not have to rent an alarm; you could buy one and then simply pay an ongoing charge to the organization providing the call centre. It is important not to wait until you have had a fall before you get one. You may never need to use it, but it could save your life. If you do nothing else as a result of reading this book, obtain a pendant alarm.

Mobility and hearing problems are very common in old age. What gadgets are available in these areas?

Walking Aids

If you are just looking for something to carry your shopping and a way of resting on the way to the shops or at the bus stop and you are not too large, have a look at a type of shopping trolley with a hardened top on which you can sit. These look much like any smart shopping trolley, but the sides are strengthened. They have four wheels, and unlike most shopping trolleys, they have a brake.

The more familiar four-wheeled shopping trolleys are not supposed to be walking aids: they are not designed to be leant on heavily, normal ones have no brakes and the height is not adjustable, so if it is not right for you, it can give you backache if you lean on it. However, a lot of elderly people prefer shopping trolleys which incidentally offer some support to walking aids which proclaim their infirmity.

If you are thinking of investing in a purpose-built walking aid, you need to try out a variety of different ones first. And you need expert advice. The best approach is to get your GP to refer you to a physiotherapist or occupational therapist who can work out exactly which of the many different models available would best suit you. He or she 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 the aid 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. If you go down the NHS route, you may get the equipment free or subsidized. If you decide to buy something independently or your mobility difficulty is not sufficiently serious to prompt your GP to take action, don't just go out to the shop in your local parade. Make your first port of call a centre which can demonstrate a wide range of equipment and give you independent expert advice, such as a Disabled Living Centre (pages 000–00).

Another reason for not buying mobility equipment off the peg is that what will prove most helpful will depend on why you are finding walking difficult in the first place. Some people want a mechanism to distribute their weight and thereby lessen pain from particular joints, muscles or ligaments. Some need an aid to provide stability and balance. Some look for help to move more quickly and more efficiently. Some want to improve their posture and be helped to stand upright. Some look for an aid which will increase their confidence in their own walking ability, perhaps because they have been frightened after a fall.

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. Measure significant dimensions before you choose: your doorways may be too narrow for some types of equipment. 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 armrests which allows weight to be borne through the forearms rather than the hands; contoured hand grips 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. If you do acquire a mobility aid, it is important that you use it safely (pages 000–00).

The main types of walking aid are:

Zimmer Frames

These frames provide safe support, with rubber ferrules on the bottom of their four legs which help to stop them from slipping. They are used mostly indoors and are usually provided by the NHS. The main disadvantage is you cannot get into small spaces with a Zimmer nor walk in the normal flowing manner, as you have to keep stopping and starting in order to pick up the frame, then move it forwards and step into it.

Zimmers vary – in some the height is adjustable, while in others it is fixed; some can be folded; the type of handgrip can be varied; some are wider than others.

Frames with Wheels

Some Zimmer-like frames have four wheels, but these do not suit people who are concerned that the frame will run away with them. They may need a frame in which the two back wheels are replaced with ferrules.

You can also obtain metal frames with three wheels, hinged at the front so they can be easily folded. But they are not as stable as the four-wheeled type, and the bar to secure them in the open position may be difficult to secure if you have a sight impairment or arthritic fingers.

Tripods and Quadrapods

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 valuable for people with poor balance. Also, unlike a stick, they do not fall over when you let go of them to do something else, like opening a door. Tripods and quadrapods enable the user to get into spaces which would be too small for a Zimmer frame. However, you have to be careful that you do not trip over one of the legs.

Sticks

Sticks are 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. Metal sticks tend to be stronger than wooden sticks and their height can be adjusted. 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, with the leg with the painful knee and the stick moving forwards together.

Walking sticks have a different structure from canes for blind and partially sighted people. 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. The long canes used by people with little or no vision are held out in front and the user needs to attend a training course before acquiring one. Blind or visually impaired people who need the support of a walking stick can obtain a white walking stick. A piece of red tape around the stick indicates that the person using it is also deaf.

Rollators

These are two- or four-wheeled substantial walking aids with largish wheels which are used outdoors. There is often a shopping basket or a string bag, and perhaps even a little seat on which you can sit and rest. You can choose the type of brake and handgrip and it is important to feel confident that you can control the equipment easily so that it does not run away with you. 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 it or who could carry it into your house.

Triangular Outdoor Frames

You can buy triangular frames with large wheels suitable for outdoor use. They have the advantage over the four-wheeled type in that they can be folded and thus stored more compactly. They are not quite as stable as rollators, but you can manoeuvre them into smaller spaces. Again, you can choose between different types of braking system, handgrips, baskets and bags. Like rollators, they tend to be heavy (in order to provide stable support).

Scooters

Many elderly people value their electrically powered scooters or buggies very much and prefer them to walking aids such as rollators or wheelchairs because they feel they have a sportier image. I heard of a husband and wife who had matching scooters and reported that the vehicles had changed their lives. But you can waste a lot of money on a scooter if you later find you cannot use it. You need to consider such matters as:

- Could I get it in and out of my house or flat?
- Would I need a ramp?
- Where could I store it? In the hall? In a garden shed?
- Who is going to charge up the batteries for me? (The recharging equipment is not large but it is heavy and recharging needs to take place close to a power source.)
- Could I operate it?
- Where will I get it serviced? (Electric scooters need servicing once a year.)
- Where will I drive it? (You are not allowed to drive a buggy in the road unless there is no pavement. It will not go down a kerb so you need to cross at points where pavements have been dropped.)
- If I take it to the supermarket, what will I do with it there? You might be able to drive it into the supermarket, but might have to keep getting out of it to take items off the shelves.

A large scooter may be roomier and have more space for shopping, but you may be unable to manoeuvre it round the angles in your house or get through your front or back door. Three-wheeled scooters are usually more manoeuvrable, but four-wheeled are more stable.

It is very important to get instruction before you take your scooter home. One woman in her nineties 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), her main reservation about her scooter was the difficulty in understanding how to operate it when she first bought it. She told me that instruction was 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.

Wheelchairs

Wheelchairs are something you will often find you can get for free, through referral from your GP, on long-term loan from the NHS. Some are powered; others need to be pushed. 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. Friends and relatives were then able to push her in the chair when she wished to rest her legs.

Health bodies within the NHS have a wheelchair service. Some people are sent a wheelchair from a standard range; others are assessed individually by a physiotherapist for their own chair, considering their precise requirements in terms of size of wheel, height and type of cushions. The cushions are important not only for comfort but also to reduce 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. If travelling by bus, you need to be aware that some bus companies may not take wheelchairs, on the grounds that their occupants could not easily get out in an emergency.

The person who is going to push the wheelchair should get advice on matters such as the height and weight of the chair, as pushing can damage your back. Indeed, it is a good idea if both the pusher and the person to be pushed are assessed for the most appropriate chair. Someone who is going to do lot of pushing might want to invest in a wheelchair with a motor. But you also need to bear in mind the weight of the chair if you are going to be lifting it, for instance in and out of a car boot. Chairs with a motor are heavier, and chairs without are not light. The charity Ricability can give you details of gadgets which help lift heavy items into car boots.

Wheelchairs can be borrowed from the Red Cross (as can other items, such as commodes), although they will not necessarily be very sophisticated. Shopmobility, an organization with local branches, provides wheelchairs for hire in town centres. Telephone ahead of time on your first visit to reserve one and to find out what identification you need to bring – perhaps only your pension book. There will be a small charge.

People going into a care home should take their NHS wheelchair with them, as this may well be a much better vehicle than any which will be provided permanently in the home. In any case it should have been designed specifically for them, so other chairs will be less comfortable. It is important to sort out who is going to take responsibility for ongoing maintenance: you do not want the wheelchair sitting in the home for weeks on end with flat tyres or a foot-rest missing.

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 minimize the strain on your back and ease the chair up and down kerbs smoothly.

Although an NHS chair 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. If you can pay extra, it is worth looking through catalogues. 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.

Helping Hearing

The United Kingdom has around 8.7 million people who are hard of hearing or deaf; the vast majority are elderly. Two levels of equipment are provided to help hearing. There is equipment which the National Health Service should provide, such as a personal hearing aid, and other equipment which can be useful, such as flashing alerting devices, which is the responsibility of social services departments.

Hearing aids are free on the NHS. To obtain one, you need to be referred by your GP to an audiologist in a hospital. Audiologists are not medical consultants: their expertise is in the technical aspects of hearing. They can diagnose hearing loss, recommend the most useful type of aid, show individuals how to use their aid and train people such as staff in care homes on how best to help people with hearing loss. Sometimes, as the first step, a GP refers a patient to an ear, nose and throat specialist at the local hospital, but this may not be necessary and can increase the time taken to get a hearing aid. So, if necessary, talk to your GP about a referral direct to an audiologist.

In the past, NHS patients have obtained unsophisticated analogue aids which amplify all sound, including background noise such as traffic and sirens. Far better are digital hearing aids. 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.¹ But a digital aid can be made to amplify particular frequencies which an individual ear is weak at picking up, for example, the frequencies at which we utter consonants, the key to understanding speech. A digital aid can also be programmed to play down particular frequencies. However, digital hearing aids are expensive, costing perhaps £2,500 each – and of course you may need two.

The Royal National Institute for Deaf People has been partly successful in its long and energetic campaign to persuade the NHS to issue digital rather than analogue hearing aids and some hospitals now issue them to NHS patients, but by no means all. This means that some people will wish to buy a digital aid privately. Before you do so, obtain the RNID's guide *Buying a Hearing Aid?* Once you have bought the aid, get it insured. The smaller types of hearing aid are easily lost. Whether you obtain your aid through the NHS or privately, make sure you understand how to work it, how to clean and maintain it and how to replace the batteries.

A personal hearing aid relies on its own in-built microphone. This is fine if you are trying to pick up sound close by in the absence of a lot of background noise. But in a church, mosque or lecture hall where the speaker is some distance away and others are shuffling and rustling in between, you may struggle to hear what is being said even with your hearing aid. You may need to campaign to get your local lecture hall or place of worship to install a hearing loop system. A loop system has a microphone which picks up the sound where it is being generated and feeds it into a loop of wire. You switch your personal hearing aid to the loop pick-up setting and, hey presto, it is as if you were standing next to the speaker.

In a care home, a loop system in the lounge enables people with hearing aids to switch to the loop for watching TV. Other general listening devices which are useful in care homes include a free-standing device with an amplifier and earphones which can be kept around for use. (In care homes it is also helpful if there is good, even lighting so that people who are hard-of-hearing can see a speaker's face easily. Staff should also be trained to speak to such residents in a way that makes it easier to follow what they are saying.)

As well as obtaining a personal hearing aid from the NHS, you should also ask the social services department of the local authority for an assessment by its sensory support team. What equipment you receive, either for free or subsidized, will vary with the authority, as eligibility criteria differ, but you should certainly get something, might obtain a great deal, and will probably come by useful advice as well. The adaptations and equipment at home which social services departments could provide – or you could purchase yourself – include flashing-light alerting devices to indicate that somebody is at the front door, doorbells which are easier to hear, flashing lights to show that the telephone is ringing, alarm clocks which vibrate, special textphones and telephone amplifiers (page 00) and a device for listening to television other than through a personal hearing aid.

Help from voluntary bodies is also available. The RNID publishes information leaflets on gadgets and aids, and many are on display in Disabled Living Centres (see below).

Information

Because there is such a wide range of gadgets and aids available, and because you can spend a lot on them, anyone thinking of investing in something should make a trip to one of the 48 Disabled Living Centres based in major towns and cities throughout the UK. Here, items from different manufacturers are on display and impartial advice is available from trained staff. The centres are co-ordinated by the Disabled Living Centres Council, which is a charity. You will probably need to telephone ahead to make an appointment to view the equipment and/or to get the (free) advice of resident occupational therapists based at most of the centres, although there are often drop-in days. At a larger centre, such as the Manchester one, which houses 3,000 different pieces of equipment, you would have an appointment lasting perhaps 60 or 90 minutes at which you could try out the various different kinds of, say, walking aids or stairlifts; then the centre would give you information on local suppliers.

It is extremely important to buy from a reputable supplier who will also provide or arrange ongoing maintenance. The centres in places with few firms selling disability equipment sell as well as display. Many centres have information about obtaining second-hand equipment.

If you buy disability equipment from a door-to-door salesperson, not only will you lack the advice of a professional occupational therapist, but isolated in your living room, you will probably have little idea of how much you might reasonably expect to pay (pages 000–00). All the items at Disabled Living Council centres are priced, so you can easily make comparisons. If an item is not on show, the centre can tell you about it – all centres have access to a 16,000-item database, a truly enormous amount of information.

The centre in London is called the Disabled Living Foundation and it publishes advice booklets and factsheets on choosing a wide range of items, for example, a mobile hoist, pressure-relief equipment and a powered wheelchair. There are five different factsheets on footwear alone, as swollen feet call for a different approach from corns and bunions. Disabled Living Centres also exhibit invaluable gadgets for helping people get into and out of their clothes, and some of the centres have a clothing department. They provide catalogues in this field too, for example for Cosyfeet. The centres also give out free extremely useful guides by Ricability, an independent consumer research organization that produces reports and guidance on products for older and disabled people. Its publications offer help on choosing, amongst other things, a telephone or textphone, a scooter, a pendant alarm, and domestic appliances such as irons, vacuum cleaners, toasters and electric kettles.

Behaving Sensitive

You may be a relative who has gone to great lengths to obtain gadgets, perhaps for your mother or father, only to find that they refused. It is easy to forget that actually using these things often requires psychological adjustment. You may well have imagined that your father would be only too pleased to be wheeled in a wheelchair, but he may find the prospect very upsetting. Since it serves as a reminder of arriving infirmity, he may feel frightened, frustrated, helpless and think everybody would 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 mobility aid can seem to its user to be taking him or her out of mainstream society and into a victim class which he or she does not wish to inhabit.

Below I give a flavour of the equipment and clothing available for people who have continence problems (pages 000–00), and clearly even if you are only helping your mother to deal with highly absorbent Kylie sheets, is important to be aware of how she might feel about having to use them.

To make matters worse, many conditions, and therefore the equipment which can help people deal with them, attract a stigma. Unlike sight loss, hearing loss is stigmatized, perhaps because it is confused with mental frailty (pages 000–00). So unlike glasses or a white stick, hearing aids are often shunned by those who need them. Relatives have an important role to play in sensitively encouraging older people to seek help if they are hard of hearing and to encourage them to seek a referral from their GP to an audiologist to obtain a hearing aid if one is necessary.

Paying for Equipment

Much of this equipment costs a great deal of money, but you can often get help with footing the bill.

Do not expect to have to pay for anything which counts as medical equipment. Pressure-relieving mattresses, continence equipment, hoists and feeding tubes are all items which you should expect to get free, although they may be loaned rather than given. If you are living in a care home, expect free medical equipment (and services, such as those of a district nurse) just as you would in any other environment. Your right to this was asserted in a Department of Health circular issued in 2001 (page 000). The NHS also provides free mobility equipment such as wheelchairs, crutches, Zimmers and walking sticks.

What the NHS will not provide for free is shopping trolleys which double as walking aids, including the extremely useful ones you can sit on, or electrically-powered outdoor buggies and scooters.

Other equipment may be provided by the social services departments of local authorities after they have assessed you as needing it. You might get equipment and gadgets like support bars beside the lavatory or a bath seat, for example. What, if anything, you pay for this varies. The vast majority of local councils in Scotland were providing gadgets and equipment free in 2003 though in England there had been much variation. Now the government has announced that in England people assessed by their local authority from June 2003 as needing gadgets or aids (or house adaptations to cope with frailty or disability up to the value of £1,000) should get them free.² Scottish authorities are expected to provide equipment for free for frail older people leaving hospital (page 000).

Where councils have been used to charging, watch out for attempts to continue it. Wherever you live, you may wish to challenge the eligibility criteria your council has used in allocating equipment. Similar systems of eligibility criteria apply to human help in the home (pages 000–00) and similar issues may arise. You may need to lodge a formal complaint about the application of eligibility criteria (pages 000–00).

Another possible hurdle is the assessment. Local councils do not usually provide equipment, except the most rudimentary, unless you have been assessed by one of its professional occupational therapists. These people are highly trained, fairly well paid and spread pretty thinly in most areas, with the result that it is by no means unusual to wait a year for an assessment.

In these circumstances, what can you do? If you are not trying to get financial help from your council, you could simply use the free services of a specialist occupational therapist at a Disabled Living Centre and then go and buy the equipment. If you want the council to help you out, you could commission and pay for your own assessment. The local council would hesitate to disagree with such recommendations unless it could produce its own professional occupational therapist 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 get details of chartered occupational therapists in your area from the College of Occupational Therapists.

The government has said that health organizations and social services departments should be operating joint equipment stores from April 2004.³

A different budget is available for certain types of large equipment which involves adaptations to the home. The installation of large expensive items such as stairlifts and lifts between floors which can take a wheelchair, as well as ramps to enable people to get into their own front door, can be funded with the help of a Disabled Facilities Grant (pages 000–00). House adaptations in England to cope with frailty or disability costing up to £1,000 should normally be provided free (page 000). Sometimes voluntary organizations and benevolent associations help pay for the cost of disability equipment.

Gadgets and Aids: Summary

- A pendant alarm is the number one gadget
- The range of equipment for people with disabilities is unexpectedly vast
- View the whole range of what is available before you buy, and seek expert advice on expensive items like mobility aids
- Browse through catalogues before you stir, for instance those from the RNIB and RNID
- Disabled Living Centres are the best places to view equipment
- Be wary of buying from a door-to-door sales person or a shop with a narrow range unless you are very well briefed
- Expect to receive wheelchairs, zimmers, walking sticks, special beds and mattresses free on the NHS
- If the NHS or social services are slow to provide equipment, complain
- If you don't want human helpers in your home, a gadget or aid may do the job instead
- Apply for Attendance Allowance, which is non-contributory, non-taxable, non-means-tested and can be used on anything you like

Chapter continues with a section on continence difficulties.

§ - Ends -- §