Adapting your home: The Kitchen

Disclaimer

Disclaimer: This factsheet is for advice and guidance only. It is not intended to replace advice from a medical professional. Please ensure you follow manufacturer's instructions for use and that you carry out appropriate risk assessments.

Introduction

A kitchen adaptation can be one of the most expensive areas within your home. When planning any changes to the kitchen area, it is worth thinking about the following:

- How do I currently use the kitchen? What aspects of the kitchen are difficult for me to use?
- Who else uses the kitchen? Am I planning to entertain and socialise in the kitchen area?
- Would I like to be able to prepare and cook meals from scratch or would I prefer to heat up ready-made meals in a microwave?
- Are there other tasks I need to do in the kitchen? For example, doing the ironing, feeding the dog, or putting the washing on?
- Do I need to limit access to the kitchen or facilities (e.g. gas oven or hob) for safety?
- What do I want to do in the kitchen in the future?
- Do I have any family members who may need to learn kitchen skills for future independence?

Meeting the needs of the individual

There are a variety of conditions that can impact on your ability to use the kitchen. Consider the following:

- How is my hand strength and movement? How strong is my grip?
- How is my mobility and how long can I stand unaided for? Do I need to sit down to prepare meals? Do I use a walking frame or wheelchair?
- Do I have any vision or hearing problems?
- Do I have difficulty remembering where essential items are stored?
- Am I able to reach up, down or across my body?
- Do I have the strength to lift a saucepan or kettle, etc? Do I have difficulty carrying hot drinks and meals to a table or another room?
- Can I access my kitchen safely and easily? Or are there steps into the kitchen?
- Is my condition likely to change or deteriorate?
- Are changes needed to help someone learn kitchen skills for future independence?

The risks of injury are far greater for those with physical, visual and cognitive impairments. It is important to balance the risk of injury against the rights of the person to make their own choices and decisions about what they chose to do and how they their operate in their home. It is also important where possible and safe to do so, to support and promote a person's independence and personal choices.

Small changes

Before embarking on the costly process of designing a new kitchen, it may be worth considering what small changes you can make to improve access and usage. For example:

Difficulty lifting kettles and saucepans

A smaller kettle can be easier to lift. A kettle tipper holds the kettle or teapot and provides support when tilting and pouring out the contents. Alternatively, a hot water dispenser removes the need to lift a kettle or carry hot water.

Consider replacing heavy pots and pans with lighter weight versions. Using a cooking basket for vegetables enables you to lift the basket out of the pan, rather than having to lift the whole pan.

Cupboards that are out of reach

- Re-organise the kitchen so that things you use the most are easily accessible. Use one or two cupboards or shelves for the items you use on a daily basis and store away the other lesser-used items in harder to reach cupboards and shelves.
- If your existing wall cupboards are too high, consider adding a shelf below the cupboards, or hooks so that items that you use every day, such as mugs and tea, coffee and condiments are within easier reach.
- Consider installing pull-down baskets in wall cupboards, and/or pull-out shelving, drawers or carousels in cupboards. These can bring kitchen items within a more comfortable reach and can limit the need to bend.
- Consider switching to a tabletop oven or fridge to limit bending.

Difficulty standing

If you have limited standing, balance, or need to rest frequently, a perching stool could be of benefit.

Food preparation using one hand

There are a number of devices that you can use to make it easier to prepare food with one hand. For example:

- Workstations and boards to help stabilise vegetables for peeling or to position a slice of bread for spreading.
- Non-slip mats to reduce the risk of dishes/plates moving around.
- There are also many kitchen aids available to help with a variety of difficulties from food preparation to eating and drinking.

An NHS occupational therapist or your local social services may be able to trial aids and gadgets with you to make life easier. Alternatively, if you are self-funding, you can get advice privately from an independent occupational therapist who can assess your difficulties, recommend aids and discuss possible changes you could make at home.

Designing an accessible kitchen

The design of a new kitchen will vary enormously, depending on the size and layout of the existing kitchen and the needs of the users and their difficulties. It is advisable to consult an occupational therapist so that they can carry out a full functional assessment to ensure that the kitchen is designed to meet your specific needs and priorities.

The key principles

A key design principle is to consider whether you can create a ‘working triangle’ The general advice is that kitchen layouts should be planned so that the oven, hob and sink unit are in a continuous uninterrupted run of units. The run of units may be straight, L-shaped or U-shaped. This working triangle approach is recommended to create a flow between the appliances, minimising the amount of movement required in between the food preparation, cooking and cleaning/washing up tasks, thus conserving energy and time for everyone who uses it. If the distance between these main work areas is too small, people may feel cramped or if the distance is too large, more energy will be consumed walking, wheeling, lifting, carrying and cleaning etc.

If possible, it is recommended to always design for your worst possible day or the worst possible future in order to try to ‘future proof’ the environment.

General design considerations

Space requirements

- Space requirements may vary according to whether you need to use a wheelchair. Detailed guidance on minimum dimensions are laid out in The Building Regulations 2010. Approved Document M: Access to and use of buildings, volume 1: dwellings. Portsmouth City Council’s Occupational Therapy Service has produced a useful resource (the Design guide for wheelchair accessible housing) that incorporates the Part M regulations, recommends best practice and details the measurements recommended.
- Kitchens should have a minimum clear width of 1200mm between kitchen unit and appliance fronts and any fixed obstruction opposite (such as other kitchen fittings or walls). Wheelchair users require an uninterrupted floor space for the wheelchair turning circle of 1500mm. However, this may vary depending on the wheelchair size. A person walking, but with mobility issues, may prefer a more compact space.

Storage

- Carousels, wheeled work surfaces, pull-down baskets, pull out drawers and work surfaces can all be useful, depending on a person's strength and movement limitations.
- The depth of the work surface should be 600mm. To enable an easy reach of any wall hung cupboards, units should be positioned a maximum of 300mm above the countertop.

Sinks and taps

- In a family kitchen, height adjustable sink units with flexible plumbing will provide more options for ease of use for people of different heights and abilities.
- A sink with a shallow insulated bowl that provides knee space underneath can allow wheelchair users to reach it more easily.
- Most lever taps only require a quarter turn to turn the tap fully on and off and can be beneficial for people with limited dexterity of grip strength. Taps with hose attachments or high loop swivel taps can make it easier to fill a kettle for example. Taps that are easier to recognise and operate and have clear hot and cold water indicators could be considered for people with dementia, who may find modern lever taps confusing. The water pipes supply could also have a thermostatic control installed to reduce the risk of scalding.
- Large D handles on cupboards and drawers which are easy to grip or place fingers through may be beneficial for those with difficulty gripping.
- Recessed/profiled drawers and cupboards with light touch opening can be easier to open and remove protrusions that may be an issue for people who bruise easily.

Worktops

- The depth of the work surface should be a minimum 600mm - this allows for comfortable reach. However, if reach is not an issue, a deeper worktop can accommodate worktop level storage. The work surface should be continuous at the same height to enable items to be pushed or pulled along the counter to reduce the need to lift and carry. If space is limited to provide worktops with knee space, a pull-out worktop may be an option.
- If the kitchen and dining area is open plan, consider whether there is an option to extend the worktop, or position it as close as possible to the dining area, to avoid the need to lift or carry meals or hot drinks.
- Good visual contrasts between work surfaces, appliances and electrical sockets will help those with visual and memory problems.
- Any exposed hot water pipes should be insulated to protect from burning, especially if the person is sitting with their knees under the counter.

Kitchen appliances

Careful consideration should be made when purchasing any new appliances:

- Look at how the doors to fridges, washing machines and dryers open. Will they hinder access and/or make it more difficult to reach and use them?
- Can the washing machine and dryer doors be opened to allow for any washing to be taken out and moved directly from one appliance to the other?
- Can the tabletop fridge door be re-hung so that items can be slipped onto the work surface without having to carry them?
- Kettles and other kitchen aids should contrast in colour or tone with the countertop, so they are easily identifiable.
- Look at the dials/knobs on appliances. How easy are they to turn and adjust? Is the writing on dials easy to see? Do the knobs click or have raised bumps? Are they easy to grip and turn if your hand movement and strength is affected?
- Consider talking microwaves and oven timers if you have visual difficulties.
- Ovens should have a side opening door with a telescopic slide out, non-tip shelves and a heat-resistant pull-out shelf to enable dishes to be slid out of the oven and directly onto the work surface. If the door is pull down it should slide away into the base of the oven. The door should open at 180 degrees.
- Placing white goods on a 200mm plinth can make them more accessible to wheelchair users.
- Ensure there are no trailing wires on the floor or work surfaces.

The Research Institute for Disabled Consumers (RiDC) has produced a guide on choosing cookers, ovens and hobs.

Cookers and hobs

- The oven should be placed, where possible, in housing which has a variable height shelf. The oven should have a side opening or have a drop-down retractable door, with non-tilt shelves. There should be a heat-resistant pull-out surface below the oven and the door should open towards an adjacent worktop level (minimum width 400mm). The controls should be no higher than 1000mm from floor level.
- The recommended height for an extractor unit is normally 600mm above the hob for electric and 700mm for gas. Where the hob or wall units are adjustable, the height of the extractor should also be variable. Where a wheelchair user may not be able to reach the extractor controls, a heat activation should be considered. More information about kitchen adaptations is provided by Foundations (the national body for disabled facilities grants and home improvement agencies in England).
- To help make it easier to transfer heavy hot pots and pans, the hob should be level with the work surface, with controls located at the side or front.

Operating switches and controls

- Sockets and electrical points should be 100mm–150mm above the work surface and at the side of the wall where possible, so they are easy to access. Rocker switches may be helpful for those with difficulty gripping and/or pushing small objects.
- A double socket with the switches placed on the outside, rather than centrally, can help make it easier to use.

Flooring

Slip-resistant flooring is recommended, so as to minimise the risk of falls. Guidance is available from the Health and Safety Executive.

If the kitchen dining area is open plan, avoid a stark difference in colour or tone between the kitchen and dining areas. A dark floor next to a light floor for example can be perceived as a hole or a step for some people with dementia.

Windows

Windows should be within easy reach. Fitting window openers can help with opening and closing windows. These can be manually or electronically operated.

Lighting

- Consider the positioning of the light sources. Avoid placing light sources behind the user, as it can cast a shadow onto the work surface.
- Task lighting (lighting that is directed onto the worktop, sink, hob etc) can help make it safer to carry out key tasks where there may be higher risks - for example chopping food, cutting bread, pouring hot liquids.
- In key task areas lighting should draw attention to and prompt everyday activities. Lights with a dimmer switch can offer flexibility to respond to individual needs and create mood lighting.
- Lighting inside drawers and cupboards can help make it easier to find items.
- Maximise on natural light where possible - diffused lights, spotlights and under counter lights may also be helpful. A good visual contrast between different surfaces will help those with vision loss.

Design considerations for multiple users/those with different abilities

The key to designing a kitchen for multiple users is simplicity and flexibility. It will largely be dependent on the abilities each user has and will require careful assessment and consideration to ensure one design element does not negatively impact on another.

Worktops

- Fixed worktop heights should be at 760mm for a wheelchair user, 900mm for a walking (ambulant) user or 850mm for use by both. For wheelchair users, a continuous worktop that incorporates a hob and sink with minimum clearance of 700mm below the worktop for knee space is required for easier access. There should be a toe recess 250mm by 150mm at the bottom of the base units to enable a person to sit as close to the work surface as possible.
- Height adjustable worktops, or rise and fall units, can be operated automatically or manually by either a switch or a winder. The units can be raised and lowered to the desired height of the person using it at the time. This helps to ensure strain is not put on the user's back by having to prepare food on a low work surface or prevent them from using the unit altogether.

Design considerations for those with cognitive issues

This is a broad title for very varied and complex impairments. We do not cover all the different types of cognitive issues here (which can include someone who has special learning needs, dementia, a brain injury, conditions relating to general aging, a neurological illness or a congenital disorder). These examples can all cause difficulties - for example with sequencing (the ability to arrange language, thoughts, information and actions in an effective order) not being able to understand danger or being unable to recognise everyday objects.

If you are refurbishing a kitchen for a person with cognitive problems, such as dementia, then a simple uncluttered design layout that resembles what the person is familiar with is recommended. Also, a good visual contrast between adjacent surfaces, e.g. walls and worktops and fittings, e.g. electrical switches and sockets, will help by drawing attention to essential features.

In some situations, it may be necessary to prevent access to all potentially dangerous areas, such as the hob or oven, to reduce the risk of burns or scalds. In these circumstances you may need to contact your energy supplier to request turning off or capping gas supplies.

It is important to consult an occupational therapist who is experienced in assessment for people with cognitive impairments.

A comprehensive assessment can help to understand the person's needs, what it is they wish to do and what they are able to do safely. It will also ensure that any alterations to the kitchen area will not hinder or put the person at risk.

Reducing risk and enabling independence

There are some simple changes you can make to reduce potential risks whilst at the same time enabling people to continue to be independent with simple tasks in the kitchen. These include:

- Minimising clutter on the floor and work tops.
- Minimising large areas of reflective surfaces that can cause confusing reflections and glare.
- Provide task lighting that falls onto the worktop and does not cause the user to create shadows.
- Store key items on open shelves or cupboards with see through doors that are within comfortable reach.
- Adding safety locks on cabinets and pantry doors may be useful to limit access to certain kitchen utensils, food types or hazardous substances if there is a risk these may be misused. Drawer and fridge locks are also available.
- Label drawers, cupboards and fridges to indicate the contents. You can also use picture stickers or braille labels.
- Select taps that indicate hot and cold and are traditional in appearance and designed to be easy to use. Consider high loop taps that can be swivelled over onto the drainer to make it easier to fill a pan or kettle.
- Consider fitting an isolator switch that can be programmed to switch off the cooker and hob. Also fit stove (also referred to as burner) covers and stove knob covers. Stove covers “hide” the cooking elements and may discourage stove usage.
- Select kettles and toasters that are traditional in appearance and simple and intuitive to use. Remove hob kettles that might be left on and forgotten.
- Consider the need for heat, smoke and carbon monoxide sensors and alarms. Most of these sensors can be linked to telecare systems to alert carers.
- Fitting safety gates or stable doors to help to control access.

Design considerations for people with a visual impairment

There are many different and varying types of visual impairment and vision loss. Some key design ideas are covered here.

Your local social services department may be able to offer you a sensory services assessment in which they can offer you advice and aids to help in the kitchen.

If you need to make changes to your kitchen due to your eyesight, you may like to consider the following:

- A minor modification and/or change to a kitchens' layout and storage areas can have a major impact and can delay or remove the need to change the whole kitchen.
- Aim for good, constant lighting. This can be achieved by straight fluorescent lamps or LED strip lights that provide even levels of light across the area and reduce the risk of shadows.
- Making changes to the lighting in your kitchen and using colour and contrast to make items stand out can help them be more easily identifiable.
- Provide additional 'task' lighting over areas such as sink cooker and work areas.
- Avoid large surface areas of glossy, reflective finishes as they create glare and shadows. Aim for a low level of reflection.
- Remove doors to cupboards or fit closures to drawers and cupboards to reduce the risk of bumping into doors that are left open.
- Controls which are located on the front of hobs and cookers help prevent users from having to reach over a potential heat source when using the appliance.

The Thomas Pocklington Trust (a charity for blind and partially sighted people) has produced a comprehensive lighting guide, endorsed by the Institution of Lighting Professionals, to help visually impaired people improve lighting in and around their home.

Design considerations for wheelchair users

If you are a wheelchair user, or are likely to become a wheelchair user, it might be necessary to consider the design of a kitchen meets your demands now, and in the future. For example, if there are particular space constraints, and it is an affordable option, a height adjustable wheelchair may be a way to make it easier to access storage. It may also be necessary to reassess wheelchair style and fittings (for example the type of footplates, or type of control of a powered wheelchair) in conjunction with the kitchen design.

To get a wheelchair on the NHS you need to be assessed by your GP, NHS physiotherapist or hospital staff. Alternatively, you can self-refer yourself to your local wheelchair service. More information about this is available from the NHS. The type of wheelchair that might be provided for you by the NHS will depend on an assessment of your specific needs and the environment in which you will be using it.

If you are self-funding the purchase of a wheelchair, it is advisable to consult an independent occupational therapist or private physiotherapist who specialises in wheelchairs before considering making the purchase to check that it meets your needs.

Worktops

- The run of units may be straight, L- or U-shaped. This approach is recommended to create a flow between the appliances, minimising the amount of movement required in between the food preparation, cooking and cleaning/washing up tasks.
- The work surface should be continuous and at the same height. This can enable items to be pushed or pulled along the counter and reduce the need to lift and carry.
- Counter tops should be no deeper than 600mm and should provide clear unimpeded leg space. There should be a minimum 400mm preparation area either side of the sink and oven and fridge.
- If you are going to be pulling up to the worktop with your thighs positioned underneath, then it is essential to accurately measure the actual thigh height when seated and then allow approximately 20mm for comfort. 700-850mm high is the usual range.

Cupboards and units

- A carousel-type unit should be considered to enable access to difficult to reach corner base units.
- Pull-down or adjustable wall cupboards can be considered for the wall cabinets. Pull-out drawers, work surfaces and larders and wheeled work surfaces may be helpful.
- If storage space is lost under counter cupboards and drawers to facilitate the clear leg space, then pull-out larders or alternative storage options will need to be explored.

Sinks and taps

- A shallow insulated bowl (150mm deep) will allow a wheelchair user to get much closer to the sink. Any hot water pipes should be insulated to protect the user's legs from burning. The water could also have a thermostatic control installed to reduce the risk of scalding. Position taps at the side of the bowl to aid ease of use.
- A mixer tap with lever handle will enable an easier control of water flow and temperature. A swan neck high swivel arm tap with sufficient height and size will enable the filling of a pot or kettle whilst placed on the drainer or work surface.
- Taps with hose attachments can also make it easier to fill kettles or pans without the need to lift.
- Consider the option of locating the tap at the front of the fascia to make it easier to reach.

Floorspace

- An uninterrupted floor space of 1500mm x 1500mm is required for a wheelchair turning circle of 1500mm. However, this may vary depending on the wheelchair size.

Cooker and hob

- The oven should be side opening or have a drop-down retractable door, with non-tilt shelves and controls that are no higher than 1000mm from floor level
- The oven should be in housing that allows for the central shelf to be level with the adjacent worktop.
- There must be a minimum of 300mm worktop space to the side of the oven on the opening side of the oven door, with knee recess underneath.
- The hob should be fitted with front controls to enable easier access. An induction hob is often considered the safest option as it reduces the risk of burns. Gas hobs are not recommended, as they are considered less safe due to the open flames and the possibility of leaking gas.
- An extractor hood will reduce the amount of steam generated at face level. Controls should be within easy reach.

White goods

- Freestanding white goods can sometimes be deeper than integrated units, which may cause an obstruction. Where possible, integrated appliances with no, or low profile, edges are recommended.
- A dishwasher may be helpful as it will reduce the time and energy spent washing up by hand.

Electrical sockets

- Electrical sockets should be positioned between 100mm – 150mm above work surface and where possible positioned on a side wall or on the front of the worktop, to make them easier to reach.
- Where there are double sockets, switches located on the outside are easier to operate.

Kitchen adaptations for children

There are two approaches to kitchen adaptations, and these will depend on the child's needs.

- Firstly, if it is realistic that a child or young person will achieve independent living, then it may be possible to adapt the kitchen using a Disabled Facilities Grant. Where a child or young person may be able to manage a limited range of kitchen activities, it is unlikely a fully adapted kitchen will be needed.
- The second approach is managing safety for those children who are at risk in the kitchen, and for this an occupational therapy home visit may be required.

Funding kitchen adaptations

In some situations, you may be able to receive financial assistance with modifications. There are a few options available for funding of equipment and minor adaptations and these can vary across the UK.

If you are paying privately, it may be one of the largest investments you will make in your home, so it is important that the final result suits both your needs and tastes.

NHS/social services provision

Under the Care Act 2014, in England if you are assessed as requiring a minor home adaptation or preventative intervention **anything costing under £1,000** would be free of charge to you via your local authority.

In order to qualify for grants and local authority provision you will need to have a needs assessment. This which will determine whether you have eligible needs for care and support with daily living (such as preparing food and cooking) due to age, disability or long-term health condition. You can get a needs assessment via your local authority's social services department. You can either apply yourself, or someone else can apply on your behalf, with your permission (such as a friend, relative or health professional). You can also get a referral from your GP.

In Scotland, local authorities make their own arrangements for provision of minor adaptations and details can be accessed via your local council website. Please be advised that waiting lists and eligibility vary greatly from area to area.

Self-funding adaptations or equipment

If you are self-funding, you may wish to seek advice from a specialist housing OT who can work with you to design the best possible kitchen to meet your individual needs.

Try before you buy

If you are self-funding and need advice before you buy, contact your local disabled/independent living centre where you can have the opportunity to try out a range of equipment. There are several of these around the country where you can go for impartial advice. Your local authority will be able to supply information about where your nearest centre is located. Some retailers have showrooms which have areas set up so you can try out items of equipment to see if they will suit you before you commit to making a purchase.

Also, consider if you can afford a service contract for more complex items of equipment. These may seem expensive at first but call out fees or replacements may prove to be costly in the long run. Some items such as hoists and slings need to be 'LOLER' compliant (Lifting Operations and Lifting Equipment Regulations 1998). This is because they are used to move people mechanically and these checks are a legal requirement every six months. Others with moving parts or electrics will have a service schedule recommended by the manufacturer which is included in the instruction manual.

Before purchasing, look for a sales company that belongs to a trade association, such as the British Healthcare Trades Association (BHTA). The BHTA aims to improve standards in the provision of healthcare and assistive technology. BHTA members have signed up to a Code of Practice which aims to ensure that members provide products and services that are professional, ethical, and trustworthy.

Some suppliers will fit equipment, but some are sold 'supply only'. Finding a tradesman to fit items may not be easy. There may be a local arrangement for fitting small items such as a care and repair service or Home Improvement Agency, or there may be a list of 'trusted traders' provided. Websites such as Checkatrade provide feedback from previous customers which can help you find a reputable tradespeople and Trading Standards may be able to advice if there are concerns over a company you are considering using.

VAT exempt purchases

If you have a diagnosed long-term condition, you may be able to claim VAT relief when purchasing equipment. Ask the supplying company or check their website for further information. More information is available on the GOV.UK website.

Equipment suppliers may have the VAT exemption form on their website, or you can download a general form from HM Revenue and Customs before you make your purchase. You will need to fill in a form for each supplier you use, but you will only need to do this for the first purchase with them.

Disabled Facilities Grants (DFGs)

If the equipment or adaptation required costs **more that £1000**, you may be eligible to apply for a Disabled Facility Grant to pay for home adaptations. If the work is 'reasonable and practicable' and 'necessary to meet the needs' of a person with a disability. This can include extensions and structural work to accommodate fixed hoists, stairlifts, downstairs bathrooms, shower units etc. You can apply for a grant of up to £30,000 in England, up to £36,000 in Wales and up to £25,000 in Northern Ireland. Conditions for DFGs will vary according to the country in which you live.

To apply for a DFG for housing adaptations your needs will be assessed by an occupational therapist. They usually come to your home to assess your needs, and this can include a joint assessment together with you and any carer you may have. They can also do assessments over the phone. They will then contact the relevant council departments with any necessary evidence they have gathered that the work proposed is appropriate and meets all the requirements for funding.

Age UK has a factsheet ('Factsheet 41. How to get care and support') explaining more about the DFG process.

Disability Rights UK has some very comprehensive online information about Disabled Facilities Grants and other housing grants.

NB - Please note that you may not receive any grant if you start work on your property before the council approves your application.

Further sources of information and advice about funding

- The Money Helper website provides government backed, free, impartial guidance about funding for adaptations.
- Age UK has provided a factsheet setting out the help you can get from your local authority if you need the provision of disability equipment and home adaptations.

Charitable funding

If you do not have the funds to buy equipment, it may be possible to request support from a charity. They will usually have criteria which they will apply, and most will not consider equipment which should be provided by the NHS or social services.

Some charities will only consider requests which are supported by an involved professional, usually an occupational therapist, physiotherapist or a nurse. This may require them to be present during the assessment for an item of equipment. This is to ensure that the equipment is appropriate and will not have an impact on planned treatment or rehabilitation programmes.

Equipment is not always purchased outright and gifted to you. Some items are provided on loan, either for a specified length of time, or to be returned when no longer needed or appropriate for use.

A number of charity websites that offer information on funding are listed here:

- Turn2Us - A national charity that helps people in financial hardship gain access to welfare benefits, charitable grants and support services.
- Scope - A disability equality charity in England and Wales.
- Sense - A charity supporting people who are deafblind or who have complex disabilities.
- Friends of the Elderly - A charity who run a Grant Giving Programme for older people in financial need.

Prescriptions

Following an assessment, some local authorities will issue you with a prescription for the equipment that you need. This can be taken to a local retailer (usually a pharmacy or independent equipment retailer), and you can collect the equipment and begin to use it immediately. There is usually the option to have the equipment delivered to your home if you have difficulty accessing your local retailers.

Equipment hire

If your need is short-term, it may be cost effective to hire equipment.

Mobility Hire is a national source for mobility and assistive equipment on hire or purchase. They offer short or long-term rental solutions to meet most requirements and equipment ranges from bathroom aids to wheelchairs.

If the equipment is required for a holiday, it is advisable to look for a supplier near to your destination as they will be able to respond to any issues such as a breakdown/breakage.

Community equipment store loan

This is available via an NHS employee (nurse/occupational therapist or physiotherapist) or via a social services Occupational Therapy service.

Loans can either be short term to assist after an operation or illness or longer term to promote independence or support caregiving.

Long term loans are usually the responsibility of social services (Adult Social Care/Children's Services) and will be provided following an assessment by an occupational therapist. Straightforward items, such as raised toilet seats or bath seats and boards can be provided by an occupational therapy assistant.

Arrangements vary across the UK, and you may find that local arrangements allow different services to provide equipment on behalf of each other.

Equipment may be offered as an alternative to an adaptation. Your occupational therapist will explain why they are making this suggestion.

Please note that equipment from social services is provided for use at your home address and should not be used elsewhere as:

1. It is assessed as suitable for use in your home and selected to work within your existing environment and current equipment.
2. They will not be able to respond to breakdowns or repairs.

However, if you are permanently moving home into the area of another local authority, you can take the equipment with you if you still need to use it and it is the most cost-effective solution. You will need to discuss this with the service that issued the equipment to you.

Disability Living Allowance/Personal Independence Payments/Attendance Allowance

Disability Living Allowance (DLA), Personal Independence Payments (PIP) and Attendance Allowance are benefits available for those who need support with activities of daily living. More information is available from the government and Citizens Advice who have specific advice for each home nation, enabling you to check your eligibility if you are not already claiming one of these benefits.

Further advice from us

Living Made Easy

For clear, practical advice and information on **products and suppliers of daily living equipment**, please have a look at our Living Made Easy website which is the largest aids to daily living database in Europe.

Living Made Easy have produced a range of factsheets which explain how aids and equipment may help you carry out daily living activities, and also provides practical information about funding and further sources of support. You can find the factsheets on the Living Made Easy website.

AskSARA

If you would like help **choosing equipment for everyday living** you could try our online self-assessment tool, AskSARA.

AskSARA is an award-winning online self-help guide providing expert advice and information on products and equipment for older and disabled people. The tool will ask you questions about yourself and your environment and then offer relevant advice, product suggestions and supplier details. AskSARA is licensed for use through local authorities, and you can check if your local authority provides access to AskSARA here: https://asksara.livingmadeeasy.org.uk/about-ask-sara.

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