Choosing children's daily living equipment

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

The aim of this factsheet is to provide preliminary information on the equipment available to help children with routine tasks. If you are looking for equipment solutions for an older child, it may also be useful to refer to other Living Made Easy factsheets that cover equipment for adults.

Bathing equipment

Bath time for children is usually an opportunity to play with parents, sisters and brothers. This should not be any different for a child with additional needs, although supportive equipment such as a bath chair may restrict the range of play activities.

Busy schedules and time constraints may make encouraging independence difficult. This is especially true on a school day, when there is so much to do in a limited time. Parents will often find that it is much quicker for them to wash their child themselves. However, try to use more relaxing times, such as evenings, weekends and holidays, to encourage the child to be more independent.

Getting into the bath

Often, the biggest barrier to bathing is actually getting into the bath. This is physically quite demanding, and your child may not have enough strength or balance to do this by themselves. There is a variety of equipment available to make this easier and safer for you and your child.

Bathing babies and small children in the bottom of a standard bath can be difficult and physically uncomfortable for parents. Baby baths placed at a more comfortable height on a stand or over an existing bath can provide a solution for a short time.

As children with additional needs, particularly those with mobility difficulties, grow big enough to use a standard bath, lifting them in and out together with the twisting and bending involved in this manoeuvre can increase the risk of back injury.

There is a small but useful range of devices to assist your child to get in and out of the bath. This increases their independence and reduces the strain on your back as you assist them.

Bath overlays

A limited range of removable, bath-shaped overlays are available. These sit across the rim of a standard bath, enabling the child to be bathed at a higher level. The overlay bath is filled from the bath taps and the water drains into the bath after use. Storage of these overlays can be difficult when not in use due to their size.

Bath lifts and hoists

A small range of **manual and powered lifts** have been designed for children and make it easier for your child to get over the side of the bath and up and down from the bottom of the bath. They allow the child to sit in a supported position and either lift their legs over the side of the bath, or the whole seat is lifted up and over the side of the bath.

Most bath lifts offer support in a reclined or semi-reclined position. In their lowest position, these are often several centimetres off the base of the bath, so more water is needed if your child likes to sit in the water.

A small range of inflatable bath lifts are also available. These offer little or no back support, but the advantage is that, when deflated, they allow the child to sit on the base of the bath with plenty of space to play. However, they will need to be able to reposition themselves correctly onto the lift and have sufficient sitting balance to sit safely as the lift inflates.

Bath lifts are removable so that the bath can be used by other members of the household. They can be heavy and cumbersome to lift.

It may be possible to adapt an adult bath lift or floor-mounted hoist by using a vacuum support cushion on the seat to provide a smaller, more supportive seat for an older child. A harness may be necessary for security. An older child that does not need a great deal of postural support might only need a harness.

Adjustable height baths

An adjustable height bath has been designed to be raised, either mechanically or electrically, so that a parent or carer does not need to bend over the bath to wash the child.

An older or more able child may be able to step into the bath at its lowest level and then be raised to a convenient height for the parent or carer to assist with washing. This style of bath is not often used in a domestic setting.

Bath boards and seats

A child with good sitting balance may be able to use a **bath board and/or seat**. A bath board spans the bath rim to provide a platform to sit on whilst they lift their legs over the side. The child could sit on the bath board to use an over-bath shower if this is preferable.

A bath seat provides an intermediate seat between the top and bottom of the bath and is fixed to the base of the bath with suction cups. This combination leaves limited space in the bath, particularly for an older child and requires good upper body strength to move between the board and seat.

Some bath boards have integral handles for support, alternatively grab rails positioned on the wall alongside the bath board/seat provide a secure handhold when transferring in and out of the bath. A slip-resistant mat on the bottom of the bath reduces the risk of the feet slipping.

Before purchasing a bath board or seat, consider the following:

- What is your child able to do for themselves e.g. sitting balance, lifting their legs? It could be beneficial to try equipment that encourages them to use and develop these skills.
- Will your child need support once they are in the bath? If so, try to find equipment that will meet these needs as well as helping them in/out of the bath.
- If your child is unable to access the bath using these methods but still enjoys or needs a bath, an overhead hoist could be an option - it would enable you to get them safely in and out of the bath.

For children who need supporting in a semi-reclined position

Foam and ergonomic supports

These are **sponge foam cushions or shaped plastic supports** designed for infants and sculpted to provide a degree of support for the head and body whilst allowing for limb movement. They can only be used in a shallow-filled bath and may be particularly useful for stabilising a small, floppy baby (a word used to describe low muscle tone).

Hammock supports

The majority of hammock bath supports comprise of a frame with a fabric or mesh cover that supports the child in a semi-reclined position, and a range is available for infants.

For older children who need additional support, there are **products available** that enable you to place the child on the support, at the level of the top of the bath and then operate a simple lowering system to take them down into the water. Some have straps or foam blocks attached by Velcro that help to keep the head, trunk or legs in position.

A range of mesh supports are available that offer considerable flexibility in the angle of recline and the seat height from the base of the bath. The mesh can often be adjusted to alter the amount of give.

When choosing a hammock support consider:

- The sizes on offer and whether the hammock support will fit in your bath.
- The position of the support in the bath. Compromises may have to be made.
- The lower the support sits in the bath, the less water will be needed to surround the child for washing and playing, but the parent or carer will have to stoop further down.
- If there will be sufficient leg room for your child once the support is in position.
- The material of the support: an open mesh will allow the water to circulate around the child and is more pliable than a close weave plastic mesh. A child with poor skin integrity may be uncomfortable on a mesh fabric.
- The material of the frame: a plastic frame will be lighter, making the support easier to lift in and out of the bath.
- The angle adjustment: this can offer a choice between a more upright or a reclined position. Flexion at the hips may be required to prevent extensor spasm. A larger angle of recline can make hair washing easier. A more upright position may make it easier for the child to play with bath toys.
- Hair washing: a detachable mesh at the head end may be helpful.
- Storage and transportation; where will the hammock support be stored after use? It should be somewhere where water can drain so that the mesh can dry and where it will not be in the way of other family members.
- Models that fold up or flatten out can make storage and transportation easier.
- Head control or leg positioning: consider if your child requires any additional support.

Bath cushions and bath inserts

These are either contoured or mouldable to provide the child with additional support. In some instances, they can be used to decrease the depth of the bath so that it is easier to access, or to reduce the need for a parent to bend.

The mouldable supports are filled with beads and will shape themselves around the body of the child and this makes them adaptable to the individual user. The shape can be fixed semi-permanently if air is extracted using a foot pump. They are secured to the sides and bottom of the bath with suction cups. Mattresses are available which work on a similar principle, except that the air is dispelled into a separate chamber.

Head floatation devices designed for swimming can also be used to keep the head above water, although a child with poor head control is likely to need a more complete body support.

Before choosing a **bath cushion or bath insert** consider:

- Whether the support will allow adequate access for washing.
- Where the support can be stored when not in use, as they can be quite bulky.

For children who need support in a sitting position

Sitting supports

These have a seat, backrest and sometimes side supports to provide support for children who cannot sit upright unaided.

Bath lifts can often provide additional sitting support such as lap/chest straps, pommels, seating wedges and head support. Some allow the child to have their legs supported in a long sitting position.

Before choosing sitting supports, consider the following:

- Babies and small children may be able to use some of the standard baby bathing equipment, such as the support rings that attach to the base of the bath with suction cups.
- The height of the back support: a lower back support may provide greater freedom of movement whereas a higher backrest gives more support.
- The type of support straps: e.g. a lap belt or full harness.
- Whether a pommel that can help to keep the hips abducted and to maintain the position of the child in the chair is required. Please not that this may impede personal cleansing.
- How high up in the bath the seat sits: compromises may have to be made. The lower the support sits in the bath, the less water will be needed to surround the child for washing and playing, but the parent or carer will have to stoop down further.
- The material of the support: an open mesh will allow the water to circulate around your child and is more pliable than a close weave plastic mesh.
- The material of the frame: A plastic frame, which is lighter than metal, will make the support easier to lift in and out of the bath.
- Angle adjustment of the backrests offers a choice between a more upright or reclined position. A larger angle of recline can make hair washing easier. A more upright position can make it easier for children to play with bath toys or may prevent extensor spasm.
- Detachable mesh at the head end can assist with hair washing.
- The sizes on offer and whether the chair will fit into your bath.
- The method of transfers: whilst a bath chair will free your hands from supporting your child and reduce the amount of stooping required to provide assistance, the issue of lifting your child in and out needs to be addressed. For example, you may use a ceiling track hoist.
- Check how easy it is to lift the seat in and out of the bath.
- Allocate safe, suitable storage of the bath chair, leaving the bath free for other family members to use. The chair will need to be stored somewhere where water can drain so that the mesh can dry, and where it will not impede other family members from taking a bath. Models that fold up or flatten out can make storage and transportation easier.

Suction backrests and grab bars

These are available for children who need a limited amount of support when sitting with their legs stretched out in the bath. The width of most backrests is adjustable and suction cups secure them to the sides of the bath. The **grab bar** can be used in conjunction with a sitting support. The suction cups may deteriorate with age and lose their grip, so they should be regularly checked for wear and tear and also to ensure they are gripping for each use.

Designing an accessible bathroom

When **designing an accessible bathroom** for a child with a disability, first and foremost we recommend an individual assessment with an occupational therapist as your child may be eligible to receive a disabled facilities grant (DFG) to help towards the cost of the adaptation. The information contained below is not intended as a replacement for a thorough occupational therapy assessment in your home environment.

Information and advice on design issues is available from the **Centre for Accessible Environments (CAE)**. The organisation is a leading authority on inclusive design, and they provide consultancy, training, research and publications on building design and management to meet all user needs. This organisation keeps a database of architects, surveyors and similar professionals with experience of designing for disabled people, and has a number of useful publications and design sheets.

Things to consider:

- The needs and preferences of the child and the parents.
- The age of the child: the facilities may need to reflect their changing needs as they grow and their emerging independence and need for privacy.
- Other bathroom users.
- Access and space.
- Structural alterations: consider whether a grant is available to help cover costs.
- Type of floor: e.g. wooden or concrete.
- Sanitary fittings: what is currently being used, assistive devices and the alternative, more specialised fittings e.g. push-button showers, lever taps or wash/dry toilets.
- Children who are not able to move around easily may get cold very quickly when undressed. Additional safe heating in the bathroom may be required.
- The possible therapeutic benefits of bathing in warm water, e.g. children with tight muscles may find it easier than usual to move in warm water.
- If a bath is to be installed, or is to remain in a new bathroom design, consider the size. Can it accommodate supportive bathing equipment now, and as your child grows?
- The storage and cleaning of any equipment required.

Other factors to consider

- Any additional head support the child may require.
- Safety for children with poor sitting balance or head control.
- Safety for children with sensory loss.
- Children with epilepsy and the risks to them whilst bathing. Children with epilepsy who use a bath chair or hammock may need quick release fastenings on the equipment.
- The size of the bath and whether it can accommodate supportive bathing equipment.
- Drying and dressing your child once they have bathed: do they need a safe space to sit or lie down during this process?
- For older children who prefer more independence, consider installing a wall mounted body dryer.
- Using simple methods of increasing independence such as automatic soap dispensers, lever taps and shower controls that are easy to reach and operate.

N.B. No child should be left unsupervised in the bath even if in a supportive bath chair. Similarly, young brothers and sisters should not be left in charge of a child in a bath seat.

Showering equipment

Getting an older child in and out of a bath can be difficult and showering can offer a safer and more manageable alternative. Showering may also make it possible for the child to be more independent.

The needs of other family members must be considered, particularly if there is not enough space for separate bath and shower facilities.

It is sometimes possible to build an additional bathroom or adapt an existing space to provide secondary washing facilities, with the help of a Disabled Facilities Grant.

Shower facilities can be provided:

- Over an existing bath.
- As a separate shower area/cubicle.

For children who can shower in a supported sitting position

Shower chairs and stools

These provide support for children who can sit to shower. Wall mounted options are available (see below). There are a range of styles and models, so check:

- The size and shape of the seat.
- The level of support it provides.
- Whether it allows adequate access for washing.

For more supportive seats, see the section below on **mobile shower chairs**.

Supportive shower chairs can make it difficult to access and wash the areas of the body supported by the backrest, seat, straps and side supports. Many areas have an Equipment Demonstration Centre or similar facility, allowing people to view products before they purchase them, so it may be worth enquiring as to whether they have supportive shower chairs to view.

Alternatively, many companies offer a free assessment at your home. This gives parents an opportunity to learn about the product, see it in situ, and consider if it will meet their child's immediate and longer-term needs.

When using a **shower chair**, there needs to be plenty of room around it so that the parent or carer can move around freely, move the chair or help the child, without injuring themselves or getting soaked in the process. Portable half-height shower screens are available to protect the carer from splashes.

Static shower chairs and stools

These are freestanding, so can be lifted in and out of the shower as required. They are more appropriate for an older, more independent child. Stools tend to have little or no back support whereas chairs have a higher, more supportive backrest.

Selecting the correct height is important. To support themself safely in a sitting position, the child must be able to place both feet flat on the floor. An adjustable height stool/chair can be altered in height as the child grows.

Arm rests can provide additional security and enable a child to stand independently.

Ensure that all toiletries are within reach to encourage independence and reduce the risk of slipping.

Wall-fixed shower seats

This style of shower seat fixes to the wall, usually via hinged brackets, so that they can be folded up out of the way of other family members who want to use the shower. The seat should be fixed at a height to suit the child's needs. Bear in mind that this will change as they grow. A limited number of adjustable height seats are available which could accommodate growth.

Mobile shower chairs

A range of wheeled shower chairs are available for those requiring more postural support. These range from simple shells to more complex modular seating including support for the pelvis, chest and head. User-propelled and attendant-propelled versions are available. Larger wheels can make it easier to push the chair in and out of the shower but will take up more space.

Shower chairs with a toileting facility

Many mobile shower chairs offer a toileting facility. They can either be positioned over a toilet or used with a commode pan. This type of chair reduces the number of transfers that need to be made between the bed, toilet and shower. Larger children who are physically less able may need to be hoisted into the chair.

Before choosing a shower chair with a toileting facility consider the following:

- Is wheeled access into and around the toilet/bathroom possible?
- What is the clearance gap over the toilet? The chair must fit easily over the toilet bowl, but too wide a gap means splashing may occur.
- Check the height and position of the toilet cistern and the push handles of the chair to ensure that positioning of the chair is not impeded.
- The size of the seat and aperture: the seat must be supportive but should also allow for the child to clean themself or to be assisted with cleaning after they have used the toilet.
- If the child is to be hoisted in or out of the equipment, is there enough access to be able to fit and remove the sling? It may be beneficial to use a mesh bathing sling.

Shower chairs for children generally have a range of supportive accessories including:

- Pommel/splash guard.
- Head and trunk supports.
- Foot supports.
- Safety belts and harnesses.

An assessment with a reputable company rep is recommended to make sure that the chair offers the right level of support.

Larger children or children requiring less support will be able to use an adult shower chair which can be fitted with cushion inserts to reduce the internal seat dimensions. Always make sure that their feet are well supported.

For children who need to be showered in a lying or semi-lying position

Shower cradle

There is a small range of **shower cradles** that comprise a mobile chassis onto which a nylon mesh cradle or a hammock-type bath support is fixed. The angle of the mesh cradle is fixed on some models and adjustable on others. The more upright the support, the less space it will occupy. If a cubicle is to be used, check its size as many of these supports are too long for a standard cubicle.

On some cradles the mesh supporting the head can be detached and folded down to make it easier to wash the hair.

Accessories are often available to assist with head and body positioning and safety.

Some tilt-in-space models offer a toileting aperture.

Tilt-in-space/reclining shower chairs

A range of **shower chairs for children** have a reclining backrest or a tilt-in-space seat unit so that the child can sit in a semi-reclined or tilted-back position. These also offer a toileting aperture. These chairs could be considered as an alternative to a shower cradle and generally take up less space in the bathroom

Shower stretchers

Wall-mounted shower stretchers can also be used as changing tables and fold up against the wall when not in use. They are made of a perforated material and can be used over a bath, folding down to rest on the bath rim, or in a shower area with two supporting legs which rest on the floor.

Some shower stretchers have adjustable backrests, while others can be electrically adjusted to a comfortable height for the parent.

How the parent will lift the child onto the shower stretcher must be considered. A hoist may be required. Always try to work out a washing and dressing routine that involves the fewest moves from one item of equipment to another as this saves time and effort for the child and parent.

Shower trolleys

These are mobile showering tables, often with a reservoir to catch the water during a shower. They are large and not often used in the family home because they are difficult to manoeuvre in a restricted space.

Toileting equipment

Toilet training can be an extremely stressful time. Parents can feel pressurised into getting their child out of nappies in time for the start of playgroup or school. It is important to begin toilet training only when the child is developmentally ready, and there should be a co-ordinated approach between all parties involved with the child. Children with developmental delay will generally take longer to learn the toileting routine.

The child must be able to:

- Understand the sensations in their bladder.
- Be able to communicate their needs to a parent/carer.

As the child develops their new skills further and moves towards independence, they will need to:

- Move to and transfer onto the toilet/potty.
- Manage clothing.

Due to the intimacy of toileting tasks, the aim is to encourage and enable children to be independent so that as they get older, they can have as much privacy as possible.

Consider the following difficulties:

- Non-verbal children will need an easily recognisable way to communicate their need to use the toilet.
- Extra time will be needed to remove a child from their supportive equipment, perhaps from a standing frame or seat and remove their clothing and transfer them onto the toilet equipment.
- If the only toilet is upstairs, it may be more practical to have alternative facilities downstairs for ready access and use.

Equipment to reduce back strain for parents or a carer

There are many different tasks and activities associated with toileting. These include:

- Removing and adjusting clothing.
- Changing nappies/pads.
- Transferring the child on and off the potty or toilet.
- Supporting the child during bottom wiping.

The twisting and bending involved in these actions can increase the risk of back injury and this should be reduced where possible. This could be done in the following ways:

- Through careful choice of clothing e.g. elasticated waist bands, Velcro fastenings, and stretchy fabrics.
- By using a changing bench set at a height to meet the requirements of the carer, or by adjusting the height to make it possible for the child to get themself onto the bench, then raising it to a suitable height for the parent.
- By using a **hoist** to assist with transfers.
- By installing a **bidet**/**drying facility**.

For young children who need additional support on a potty

An increasing range of **potties** are widely available from shops with an integral backrest and arm rests for additional support. They are more like a chair as they are higher from the floor and these may provide adequate support for a child with mild difficulties enabling them to transfer on and off without support.

- Potties with oval apertures provide a more comfortable and supportive seat than a round aperture, in which children with narrow hips tend to get their bottom stuck. A wide ledge each side for support under the bottom is also more comfortable, resulting in the child performing more easily.
- Some potties have a pommel moulded into the front of them which will keep the legs apart and in a more relaxed position. This will also provide a splashguard for boys. For some children however, this may make it difficult for them to get on and off the potty without help.

For older children who need additional support on a standard adult toilet

Trainer seats

These **plastic seats**, commonly available in high street shops, reduce the toilet seat aperture to give a more appropriately sized seat. Trainer seats are secured either by positioning them under the standard toilet seat, or they snugly fit into the toilet seat aperture from above.

Older children will need one that will take their extra weight. Those with a front splash-guard are useful for keeping the legs apart, but may make it harder for the child to get onto.

Before choosing a trainer seat, consider the following:

- The child will find it easier to remain stable on the seat and manage toileting tasks better if their feet are supported on a box step.
- A front pommel/splash guard will make it more difficult for the child to get on and off the toilet. A box step should help with transfers.
- A child may also need wall rails or a toilet frame for additional support during transfers and whilst sitting on the toilet.

Toilet support seats and frames

These comprise of a more supportive seat unit (usually incorporating a backrest, side support, lap strap or harness) that either clamps to the toilet bowl or is freestanding. The toilet-fixed units tend to be less stable than freestanding ones, and fixing must be routinely checked to ensure the seat remains secure. Freestanding frames are more bulky and awkward to move away and store.

Any additional equipment used with a standard toilet can be inconvenient for other family members. A storage place for items when they are not being used will need to be found.

Before choosing a toilet support seat and frame, it is worth bearing in mind the following:

- Support seats made of shiny rigid plastic may be uncomfortable and hard to sit on and the skin may stick to it after a few minutes.
- The size and shape of the aperture is critical for comfort. An oval shape is usually preferred.
- The size of the pommel: if too wide, it may dig into the inner thighs. Rigid, plastic pommels can be uncomfortable for a child who has spasticity in their legs; causing them to 'scissor'.
- Moulded armrests may provide support for the child when they are sitting on the toilet, but may hinder assisted or sideways transfers.
- Some models provide feet support, which is more stable and comfortable for the child. Also, the best position for bowel evacuation is to have the feet supported, with the knees slightly higher than the hips, mimicking a squatting position.
- For children who find it difficult to sit up straight, check the level of support provided by the straps and harnesses.
- Support seats can be inconvenient for other family members.
- Where will you store the seat when it is not in use?

For children who are not able to use a standard toilet

This may be due to a number of reasons including:

- Having only one family toilet which cannot be adapted to suit the needs of the child, or to do so would affect other users.
- Difficulty with getting a child upstairs to the toilet.
- Not enough support provided by the toilet support seats.

Static toileting chairs and commodes

Toileting chairs comprise of a standard potty inserted into a chair frame to provide a higher sitting position and better all-round support. Many have a grab rail at the front for added security.

Commodes tend to have a slide-in/lift-in pan, similar to adult commodes, but with more postural support provided by a lap strap, harnesses or hip/trunk support pads.

On most models, the seat height or the height of the footboard can be adjusted to give a supported sitting position.

When choosing a static toileting chair or commode:

- Ensure that the size is appropriate for the child and that this is reviewed regularly.
- Some designs encourage the child to lean forwards, which has been found to be a more effective position for bowel action.
- Consider the comfort of the equipment, particularly for children with sensitive skin.
- Splash guards/pommels encourage the child to keep their legs apart, which will help them to perform. This can make it more difficult to get on and off without help.
- The wider the base, the more stable the potty chair will be. However, if their feet are on the floor, the child may be able to push the chair over backwards.
- Some models can be folded or dismantled for storage or transporting.

Mobile potty chairs

These can be used either with a commode pan or can be wheeled over the toilet. They have a huge advantage if space within the toilet or bathroom is limited, as the child can be transferred onto the chair in an adjacent room where space is less restricted. Door widths, floor surfaces and thresholds should be checked to ensure that it is as easy as possible to move the chair from room to room.

Some chairs are also waterproof and can be used as shower chairs. This can reduce the number of transfers required. For more information, see the section in this factsheet on mobile shower chairs. Mobile chairs tend to offer more support than static chairs, have a wider range of accessories and are generally more adjustable.

It is important to enable the child to retain their dignity and privacy. If clothing needs to be adjusted in another room in preparation for toileting, then a blanket or similar covering should be provided whilst the child is in transit.

For children who need auditory stimulation to assist with toileting

Musical potties and toilet trainers

These are potties or accessories for a standard toilet with an integral electronic sensor, which detects temperature increase or moisture and plays a tune to encourage toileting. These are increasingly available from mainstream shops.

For boys who are unable to control the level of their urine flow

Urine deflectors

These are moulded into many potty chairs and trainer seats, but can also be bought as an accessory to be clipped onto a standard toilet bowl/seat.

Consider the size carefully, as it will affect comfort and transfers. Also consider if your child will tolerate it.

The fixings are not designed to withstand forces, so consider if the equipment will be durable enough for your child’s needs.

For children who require nappies or incontinence pad

Changing mats for babies and younger children

In some areas, continence pads and nappies are supplied free via the NHS for children with disabilities over the age of three years. Contact your health visitor for information on local services.

Nappies and pads should be changed in a designated area where there is a high degree of privacy and where items are to hand. The changing area should be at a suitable height for the parent to reduce strain on the back. Ideally, there should be easy access to a toilet and washing facilities.

Changing mats for older children

A limited range of **changing mats** for older children is available, but it may also be possible to use an exercise mat, e.g. an Airtex mat. These are lightweight, cushioned, can be cleaned and feel warm to the touch. A child who may roll off will need a raised border cushion around the edge of the changing mat

If a changing mat is used on the floor, parents need to consider their backs when lifting the child on and off the mat and when attending to them. Encourage your child to lay down and stand up as independently as possible.

Changing tables

Changing tables provide a surface on which children can be cleaned, changed and dressed. Height adjustable models reduce the amount of manual lifting and bending involved. The child should be encouraged to transfer on and off as independently as possible. Mobile versions are also available. It may be necessary to use **a hoist** to help with transferring an older or more dependent child.

Chairs and seating systems

A child may need several different types of seating throughout the day, depending on the environment and associated activities. For example, supportive, functional seating may be needed in school, whilst at home both comfortable seating for relaxation and functional seating for homework and meal times may be required. Many seating systems offer the option of a height adjustable base and/or a tilt-in-space option.

It is important that the occupational therapist and physiotherapist working with the child are involved in the choice of chairs. They can advise on positioning to encourage head control and sitting balance, and on chairs that will encourage a symmetrical sitting posture.

The benefits of good seating

Good seating is the key to many activities. By reducing the amount of effort and energy used trying to stay sitting up straight, a child will find it easier to carry out important daily activities, such as feeding, playing and learning.

Good seating will provide the following benefits:

- It will reduce the automatic reflexes and abnormal movements associated with some disabilities, e.g. cerebral palsy, which results in whole body movements such as an extension spasm.
- It will provide support for children with floppy muscles and who need extra support to sit up straight.
- It will allow for further development of postural control.
- It can help to prevent permanent postural problems from developing or getting worse e.g. joint contractures, scoliosis or hip displacement.
- It may also help to keep the body in a particular position once corrective surgery has taken place.
- A more upright position can improve head control and lead to improved eye contact, communication and social skills.
- It will improve hand and arm control. A good, supportive seating system will allow children to use their hands for functional activities, such as using communication equipment, propelling a wheelchair, writing, feeding and accessing computers.
- It will increase independence.
- It will improve comfort.
- It will allow the heart, lungs and digestive system to work more efficiently.

Choosing seating equipment

Generally, it is the responsibility of the occupational therapist to advise on seating. However, children with severe seating difficulties may occasionally be referred to a specialist seating clinic run by the NHS, which provides advice on seating and special seating units for chairs, wheelchairs and buggies.

If specialist seating is required at school, then funding may be available through the local education authority. To make procurement of equipment easier, it may be appropriate to refer to it in the child’s Education, Health and Care Plan (formerly known as a Statement of Educational Need).

When considering chairs and seating equipment for your child, there are many important factors to keep in mind. For example:

- Where will the chair be used? School? Home? Childcare? Always trial the chair in the environment in which it is to be used.
- When will the chair be used? Some children may be more tired at the end of the day and may need more support at this time.
- The cost of a seating system should not be the deciding factor when choosing. Systems that appear to be expensive may turn out to be more cost- effective, in the long term, e.g. if the system can be adjusted for comfort or adapted as the child grows or as their condition changes.
- Seating systems should be practical and easy for the parents and the child to use. Look, for example, at ease of adjustability, manoeuvrability and cleaning.
- How will your child get in and out of the chair? For example: are side transfers possible? Will hoisting be needed?
- The measurements taken to determine the correct seat size for a child are the same as those for an adult., i.e. seat height, depth and width, backrest and armrest height.
- Children often grow in height more quickly than they do in width.
- Children requiring postural support will need a chair with adjustable seat dimensions and support pads so that an exact fit is possible.
- Comfort and pressure reduction: this is is particularly important for children who cannot change position themselves.
- The appearance of the equipment: whilst seating should be functional and meet the needs of the child, aesthetics should also be considered.
- Many chairs have activity trays as accessories, but if they are always used in preference to a group table, then this may prevent the child interacting as effectively with their peers.
- Trays and tables with a semi-circular cut-out will allow for children to have their forearms supported while they play/work. This can make functional activities much easier.
- Meal times may be more integrated if a supportive chair has a hi-low facility, so that it can be positioned at the same height as the family’s dinner table.
- If you are purchasing the equipment privately, consider the costs of regular servicing, maintenance and repairs.

Seating for leisure

Beanbags

These are filled with polystyrene beads and covered in a flame-retardant material which may also be waterproof. The beads mould around the body and, whilst they might provide a relaxing medium, they are unstable and do not encourage a symmetrical position and are difficult to transfer in and out of and are not recommended for prolonged sitting.

There is now a range of **bean bag seating** that incorporates a moulded shell. The shell is formed for each individual child and enables them to be supported more symmetrically in the bean bag. Do consider that your child will soon grow out of the mould, and it will need to be replaced before it becomes uncomfortable and unhelpful.

Seating for behavioural or sensory needs

Cube chairs

These are generally made of foam and are shaped to look like **cube-shaped armchairs**. They can have a backward sloping seat, high sides, wide padded armrests and easy-to-clean vinyl or fabric covers. Some have seat inserts that can be removed as the child grows.

They are useful for children with learning disabilities who tend to rock repetitively, putting a strain on ordinary wooden framed chairs. They are also useful for children who have epilepsy or self-injurious behaviour, as there are no solid structural components on which the children can injure themselves.

They have a backward-sloping seat that makes it more difficult for the child to slide forwards out of it. However, transferring in and out of these chairs can be difficult. Some have the option of a tilt-in-space seat unit and some models have an activity tray that fits between the armrests.

There is an increasing range of seating designed to connect to a stereo to enable the user to feel the music through their body. These generally offer minimal postural support in an upright or semi-reclined posture.

Seating a child who rocks significantly can be challenging. However, there is now a limited number of chairs that safely allow a rocking action in the seat and backrest. This facility can also be locked off if required.

Upholstered seating

These chairs are generally popular with families for home use, as they look like ordinary **armchairs** and the upholstery can be chosen to match other chairs.

Some models are **multi-adjustable**, so that they meet the needs of the growing child. They also enable the child to sit in a variety of supported positions including:

- A reclined position.
- With legs stretched out in front on a leg rest.
- In a side-lying position.
- Some also offer a prone option.

Most have adjustable width armrests and a contoured backrest, with head support and wings to help to support the child when sitting up. Harnesses, lap straps and trays are available for some models, as well as waterproof covers that can be put on under the upholstered covers. Pressure relief can usually be incorporated into these chairs if needed.

These chairs are usually adjusted by the company reps to provide the correct amount of support for the needs of the child. Later, a therapist or parent can be shown how to alter it as the child grows or his condition changes.

For children who need supportive seating at floor level

Small children will want to spend a lot of time on the floor, as this is the usual place for playing and is relatively safe. Floor sitters will provide support for children who find it difficult to sit up unaided, and will enable them to interact more easily with other children and make eye contact. It will also provide them with opportunities to further develop their postural control.

Corner seats

These chairs have a V-shaped backrest that provides support at the back and sides of a child sitting on the floor. They are useful for children that are developing sitting balance, but who are inclined to fall back or sideways if they overstretch.

Many corner seats have a pommel at the front to keep the legs abducted, which may benefit children with cerebral palsy. These children often find it difficult to sit with their legs out in front of them and tend to go into extensor spasm. A backrest below shoulder blade height can reduce extension tone. The likelihood of extensor spasms can also be reduced by raising the seat a few centimetres up from floor level, or by sitting the child on a forward angled wedge.

These seats make it possible for the parent to play and interact freely with the child without needing to support them in a sitting position.

Tumble forms

Tumble forms are a particular type of corner/floor sitter chair. This style of seating is made from firm density foam which has a stain and urine-resistant surface. The seats are shaped to provide a slightly concave interior to give some side support, head support and a pommel to keep the legs apart. They are non-adjustable, so sizing must be reviewed from time to time. They are used for floor sitting with a wedge to alter the angle from a more upright to a more reclined position. Due to their 'bucket' shape, they can be difficult to transfer out of independently.

Care should be taken as the plastic covers may split and unless these are patched, the foam inner will get damaged.

The outer plastic cover can be hot and sweaty to sit on, but a stretch towelling cover is available.

Before purchasing a tumble form consider the following:

- Transferring an older child in and out of a floor sitter can be difficult for parents or carers. Always encourage your child to crawl in and out if possible. A removable pommel will make transfers easier.
- Many of these chairs are quite portable and therefore easy to use in different environments.
- Lap and chest straps are available to secure the child into the seat.
- Padded cushions will give added comfort to wooden corner seats.
- Some of the hammock-type bathing supports can be used as floor sitters and will provide some postural support.
- Low level tables are available from some suppliers for use with floor level seating.

For children who need a functional school or activity chair

A wide range of **activity chairs** are available and they vary in the degree of adjustability and support they offer. The aim of these chairs is to support the child in an upright position and to assist them with participating in everyday activities. A basic activity chair is simply one step up from a standard school chair for children who just need a small degree of additional support. Multi-adjustable chairs have a wide variety of components that can be mixed and matched according to the amount of support the child needs.

Basic support chairs

Most of these chairs are made of wood and have a range of accessories which bolt or screw into them to provide support and good positioning. They are used mostly in schools and nurseries.

Some have flat seats, some have a choice of seat angle to provide a more stable sitting position and others have a contoured, moulded or bucket seat that will provide more stability, but will be less flexible as the child grows.

When looking at basic support chairs, the following should be considered:

- Chairs are often available either as a basic chair with an optional range of accessories, or as a complete package including a variety of accessories. Sometimes it is cheaper to buy the complete package and not use all the accessories.
- Comfort needs to be considered because it can be difficult for the child to change position. The thin foam upholstery provided on many of these chairs may flatten and need replacing.
- These chairs can be heavy, making it difficult for the child to independently tuck the chair up to the table or push it away in order to stand up.
- Children do not seem to be as prone to developing pressure sores as adults, but the risk increases with age and body weight. The skin condition of older, immobile children should be monitored daily. Also, the type, position and tightness of harnesses and straps needs to be considered, and the clothes should be free from wrinkles under their back and bottom.
- Check how easy it is to remove harnesses, straps and pommels in order to get the child out of a chair, especially in an emergency.
- Pommels and lap straps should not be used to stop a child from sliding forwards in the seat. A proper seating assessment needs to be done.
- Chairs with wheels or castors are not necessarily designed (or stress tested) to be pushed around with the child seated in it. They may be provided only to help manoeuvre an unoccupied chair. Check with the manufacturer.
- Knee blocks should only be used under strict guidance from an occupational therapist or physiotherapist, as they can put undue pressure on unstable hip joints.
- The footrests or footboard are generally not designed for weight bearing whilst the child is transferring in and out of the chair. The chair may tip forwards if used in this way.
- Children of small stature or those working in chairs with a high seat which raises them up to the same level as their peer group, may need to be assisted in and out of the chair.
- Children who sit down heavily in a chair, rock repetitively or fall sideways will need one with splayed legs, a larger base board or skis for increased stability.
- The ease with which chairs can be adjusted varies; some require an Allen key, others have large, easy-to-turn knobs. Ease of adjustment may need to be weighed up against the possibility that the set-up may be inadvertently changed by other children turning, twisting or taking off the knobs. If the knobs are lost, the chair may become unsafe and unusable.

Multi-adjustable, modular support chairs

There is an increasing range of functional chairs that are highly adjustable. These chairs are designed to grow with the child and a wide range of accessories can be added or removed as the child’s needs change.

Accessories include:

Head supports

A **wide range is available**, offering different levels of support. For a child with reasonable head control, it can simply be a place to rest your head when tired. Headrests can also provide side support, to help keep the head in a mid-line position, although this may obscure side vision. Often, head supports can be mounted on multi-adjustable frames which allows for accurate positioning. Switches for communication devices or powered mobility can be placed on the headrest. Some headrests can be fitted with a head strap or cap to prevent the head from falling forward. Alternative products are available that can be compatible with modular seating such as a 'roller coaster' style head support which supports at neck level. This prevents the child from getting their head stuck under or behind a conventional head rest. More recently, a dynamic head support has been developed that suspends the head from above. Check the compatibility of the product, as a bespoke bracket may be required. Head position is crucial. A good head position is reliant on good positioning of the pelvis and trunk. Once this is achieved, make sure that the head rest provides the support your child needs. Try alternatives if possible, to see what works best.

Side supports

These come in a variety of sizes and offer varying levels of support. Supporting the upper body to help maintain an upright and symmetrical position. Swing away supports are useful to enable access to fit and remove slings for hoisting.

Lumbar supports

To support the curve in the lower back.

Abductor wedges

These are useful for children with low muscle tone and are added to the outer edge of the seat to prevent the legs rolling outwards.

Pommel

Positioned centrally at the front of the seat to stop the legs from rolling or pulling together in an abduction spasm.

Chest pads, straps and harnesses

To provide support for children with weak upper body muscles, and who tend to slump forward.

Foot restraints/sandals

To keep the feet on the footrest in alignment.

Knee blocks

These are positioned in front of the knees to help keep the pelvis in a neutral position and the legs in a neutral, symmetrical position.

For the child who enjoys rocking in their chair. There are a limited range of chairs with a built-in mechanism to allow safe rocking of the seat base and back rest. This function can be easily switched off when required.

For the older child with significant postural support needs. There is now a modular system offering a highly adjustable back rest that is in three sections, all of which can be adjusted in every direction. This enables the chair to be altered specifically to prevent or accommodate spinal changes. This can be a useful product to postpone use of moulded seating.

Types of seat

Many chairs have a backward sloping, ramped or human shaped cushion to encourage the child to sit with their thighs horizontally and with the pelvis in a neutral position. This promotes an upright position and reduces the risk of sliding forwards.

Some children benefit from leaning slightly forwards in a seat that angles down towards the front of the chair, combined with chest and foot support. This may increase the child's ability to use their arms for activities such as feeding, working and playing. The multi-adjustable seating can often be provided with a tilt-in-space function and height adjustable base. This enables the child to gain the benefits from different seat angles.

Chairs with a straddle/bolster seat

This type of seating can be useful for or a child with cerebral palsy who has good upper body strength, but whose legs pull tightly together. Sitting astride the bolster forces the legs apart and induces more normal muscle tone. This makes it easier for the child to have control of their arms for activities such as eating and schoolwork.

A frequent problem with this type of chair is how to get on and off it. More able children may find it easier to step on and off, otherwise lifting or hoisting may be necessary.

Children who need moulded/made-to-measure seating

This type of seating tends to be used for children who cannot attain a good, comfortable position in off-the-shelf, adjustable seating. Some systems are made up of interlinking components (modular seating) that can be re-shaped when necessary; whereas others are permanently moulded into a particular shape. Children requiring this type of seating also often require hoisting. Consider how you will fit and remove slings or whether an ‘in-chair’ sling would be most practical.

Modular seating

Modular systems are made of lots of small interconnecting components that can be re-adjusted as the child grows or if their support needs changing. Some modular systems can only be adjusted by a company representative or therapist who has had special training. These systems are usually covered in stretch, padded towelling.

Permanently moulded seating

A permanently moulded seating system is a unique system moulded to match the contours of a particular child. The shell is then padded to increase comfort. A well-fitting mould will support the weight evenly and not cause pressure areas to develop. If the system is to be used as a static seat indoors as well as on a mobile base outdoors, care must be taken to try to accommodate indoor/outdoor and winter/summer clothing. Re-moulds are necessary as the child grows or needs alter, so regular review is essential.

Beds and bed accessories

Common problems associated with night-time/sleep management include:

- Transferring the child on and off the bed.
- Assisting with bed-centred activities.
- Positioning the child in bed.
- Maintaining the child’s safety.

Help with bed transfers

- The height of a bed is critical if a child is transferring independently. It can be difficult to find a compromise between the optimum height for parents and carers who are helping with transfers and personal care activities, and a suitable height for the child. **Height-adjustable equipment** is the ideal solution for this issue.
- **Height adjustable beds and cots** are helpful for several reasons. If the height of a bed can be lowered, children that can climb in, and children who can transfer sideways from their wheelchair seat, may be able to transfer independently. After the transfer is completed, the bed height can be raised to a more practical level for the parent/carer.
- There is a small but useful range of **equipment to assist with movement in bed** such as bed blocks, bed ladders and mattress elevators. These items can help to maintain independence. Check how to safely use such equipment with the manufacturer, especially if the child will be using this independently. An assessment by an occupational therapist may be required.
- The firmness of the mattress will also make a difference. An old mattress or one that is soft can 'give' under body weight, so is difficult for children to shuffle on or get support from when pushing up to stand. A bed that has a profiling mattress platform can assist the child to sit up in preparation for getting out of bed.
- Sometimes it is necessary to use a hoist for transfers. Beds with an open base rather than a divan base make positioning a **mobile hoist** over the bed easier. Alternatively, ceiling **track or bed head hoists** can remove the need to store a large mobile hoist.
- If your child needs assistance getting into and out of bed, you should seek advice and training on safe lifting and back care from a physiotherapist or occupational therapist. Do not wait until you are experiencing back pain to seek out this advice.

Assisting with bed-centred activities

An adjustable height bed will reduce the risk of back strain to the parent or carer, particularly if the bed surface is used as a changing and dressing table.

A **bed that can be tilted** is useful for a child that needs postural drainage. If a specialised bed that offers this feature is not available, then wedge cushions can be used on top of the bed.

For children who need positioning support whilst in bed

Some children, particularly those with altered muscle tone, may need help with positioning 24 hours a day to prevent muscle shortening and joint contractures. Night-time can be the best time to achieve body symmetry. During sleep, they will need to be positioned symmetrically - side-lying, prone-lying (on front) or supine-lying (on back).

N.B. research into cot death syndrome has shown that it is not advisable to lay young babies on their tummies (prone) to sleep. Some children require turning during the night if they become uncomfortable. Consider how this will be achieved with minimal sleep disturbance for the parent or carer, and child.

There is a range of wedges, rolls and positioning systems designed for use in bed. Often, the simpler the equipment is, the more likely it is that families will continue to use it. Components do not need to be complex; often a favourite stuffed toy placed correctly can be all that is needed with the added bonus of emotional comfort.

Consider the following:

- Which position does the child prefer to sleep in?
- Do they move around at night? If this is the case, then they may not tolerate night-time positioning equipment.
- If the child overheats, look at choosing products that allow increased air flow.
- If there are continence issues, how will this be managed? Two or more top covers may be required to allow for washing.
- Some systems involve Velcro fastenings which can be noisy to deal with in the night and may trigger a startle reaction in some children.
- If the system is to be fitted to a profiling bed, this can increase the risks of entrapment. Consult an occupational therapist, as a compromise may be required between the benefits of the profiling function and the postural support product.

Maintaining safety of the child

Children making the transition from cot to bed may be safer if they sleep on a mattress on the floor. However, assisting a child down onto and up off the floor may increase the risk of back strain.

Often, parents worry about their child falling out of bed. Small mesh sides are readily available from mainstream shops. There are a range of beds that include safety sides; however these do present a risk of entrapment. Before resorting to this type of equipment, monitor your child’s position in the bed over a week or so. If they rarely move much, then you needn’t be concerned. Bed sides should not be used to restrain a child within the bed. A child can be put at higher risk of injury if they are likely to attempt to climb over the sides.

Pairs of safety sides can be added to an existing bed. Most are designed for adults, so parents should ensure that the width between the rails is not too great, as there is a risk that a child’s head may slip between them. Some can have mesh infills and some safety sides can be padded to make the bed environment safer for a child that self-injures or who has uncontrolled movements.

Check with the manufacturer that the product meets current regulations for use with children.

Bed safety rails (cot sides) are designed to help stop children rolling out of bed accidentally. They are not designed or intended to limit the freedom of children by preventing them from intentionally leaving their beds; nor are they intended to restrain children.

It is essential that bed rails are suitable for the children using them and compatible with the particular bed being used. Bed grab handles are unsafe to be used as bed rails, as they are designed only to aid children getting in and out of bed and move around whilst in bed.

There is a British Standard for medical beds for children or users with a body length of up to 155cm (BS EN50637:2017 – 'Medical electrical equipment. Particular requirements for the basic safety and essential performance of medical beds for children'). The Medicines and Healthcare Products Regulatory Agency (MHRA) have issued a **guidance on the management and safe use of bed rails** which contains more details about this, including guidance on bed rail dimensions in Appendix 3.

Serious injuries have occurred from the use of bed rails. The prescribing, selecting, fitting and maintenance of bed rails therefore needs considerable care. It is advisable to have a professional, such an occupational therapist, source and fit these if you are unsure about their safe use.

Bed rails/cot sides

MHRA advise that measures to mitigate the risks associated with bed rails should be considered as part of the initial risk assessment. These measures include:

- 'Netting' or mesh bed sides.
- Inflatable bed sides and bumpers.
- Ultra 'low height' beds that minimise the risk of fall injuries.
- Positional wedges to reduce movement across the bed.
- Alarm systems to alert carers that a person has moved from their normal position or wants to get out of bed.
- Fall mats that can be place beside the bed to reduce the severity of the impact if the bed occupant does fall.

It is important to remember that:

- Bed rails should never be used to restrain children who may attempt to climb over them. They risk falling from a greater height.
- The bed rail is suitable for the size of the occupant. Most standard bed rails only suit someone over the size of an average 12-year-old and are unsuitable for a smaller adult, young child or baby.
- Care should be taken that children do not injure themselves on hard metal frames and that heads or limbs do not become trapped by them. Limbs, for example, can be trapped in large spaces between bars, in the gap between the end of rail and headboard, between the mattress and lowest rail of the device or in the gap because of the child's weight compressing the mattress. Profiling beds need checking for dangerous gaps in all positions.
- Some bed rails are provided with net sides to reduce the risk of impact injury. Some companies supply padding to go over rails. Do not assume the netting or padding will reduce the risk of being trapped, as this is not its intended purpose. Also, some covers are not air-permeable and may present a risk of suffocation.
- Care needs to be taken if a mattress overlay is used, or the mattress is changed. If the bed rail is too low (because of the extra height), the child may fall over the top. Softer surfaces can increase the risk of entrapment between mattress edge and rail, and some mattresses are too light to hold the bed rail in place. Check whether manufacturers and suppliers can provide secure fastenings and extra height bed rails.
- Bed rails should be regularly checked to ensure that they are securely attached and haven't become loose.

For children whose behaviour is unpredictable (including those who regularly have seizures at night) and are therefore at high risk, it may be necessary to introduce a 'safe space'. This is often in the form of a low mattress surrounded by padded low walls. These items can be made to measure.

Ensuring the safety of a child that is inclined to wander

An **alarm system that monitors pressure** can be used to alert the parents that the child is getting out of bed. A pressure mat alarm can be placed at the bedroom door to alert the parents that the child is moving out of the bedroom.

To give the child the freedom of the bedroom but to prevent them from moving to other rooms, two sets of door handles - one above the reach of the child or just one handle high up – or an alarm sited at the doorway may provide a solution.

Parents can also use baby alarms to monitor activities; video versions of these are now widely available. As the child gets older, they should be allowed a degree of privacy if at all possible.

Requesting assistance

A standard baby alarm can be used by the child to call for assistance, but not all baby alarms allow for two-way communication. As a result, the parent or carer may be unable to re-assure the child that help is on the way.

A two-way intercom can be a better solution. Some systems are hands-free operated. Older children should be able to turn off their intercom station if they require some privacy.

Epilepsy alarms

Epilepsy alarms that monitor the vital signs or movement of a child and trigger an alarm should a fit occur, can greatly decrease the anxiety felt by parents about the safety of their child at night.

There is an increasing range of this equipment available to meet different needs and budgets. Charitable funding may also be available from specialist charities.

Anti-suffocation mattresses and pillows

Standard anti-suffocation mattresses and pillows are available from high street nursery shops. These are made of foam with a dimpled surface which creates air cavities between the pillow and the cover, even when supporting the weight of the head.

Equipment to help with dressing

Dressing a disabled child and teaching independent dressing can be a very time- consuming process. A changing bench, shower stretcher or an adjustable height bed can all be useful to make dressing a dependent child easier. It is important to have all that is necessary to hand so that the child is not left unattended.

For children who are learning to dress themselves, equipment which provides support during sitting and standing may be required. For example, a low-level bench may enable the child to sit with their feet flat on the floor, providing good support. Their clothes need to be close by and there should be room for an adult to demonstrate and assist with the more difficult dressing tasks.

A wall rail or ladder-back is a useful support for a child to hold onto when getting up from sitting to standing, and when dressing and adjusting garments. A ladder-back allows the child to move their hands progressively up the rungs to pull themselves up.

There is a small range of **dressing aids** available for adults that may also be useful for your child such as dressing sticks and sock aids.

Clothing

Careful choice of clothing can make dressing a child easier, and can give them a higher level of independence. Look for:

- Large, front fastenings.
- Velcro.
- Elasticated waist bands.
- Loose styles.
- Stretchy fabrics.
- Garments that are easy to wash and iron.

Understanding your needs

When choosing any equipment for your child, it is important to remember:

- Not to rush into making a decision, as mistakes can be costly.
- Whenever possible, try to arrange a trial or demonstration; often companies will be happy to do this on a free, no obligation basis. Many areas have Independent Living Centres (ILCs) where a wide range of equipment is available to try. Do bear in mind that the layout and size of your home and fittings will be different and may well affect what is workable.
- If your child's condition fluctuates, consider what equipment you will need to manage on a good day and a bad day.
- Children grow, so keep this in mind as you consider the options. Sometimes one piece of equipment will meet their needs over many years. At other times, an item of equipment may be perfect but for only a few months. Be prepared to be flexible as things change and your child develops.
- If you are considering privately purchasing some equipment or buying second hand, do consider additional costs such as insurance, maintenance, servicing and repair costs.
- Many charities offer grants to purchase specialist equipment for children, but often they will not fund items that should be available through statutory services e.g. specialist chairs and standing frames. In addition, they often won't cover the costs of insurance and/or maintenance or warranty.

Supply and provision

Before you buy equipment for your child, we would advise you to seek specialist advice to help you plan for both immediate and long-term needs, to increase awareness of the alternatives on the market, and to check whether the equipment you need can be provided by statutory services.

Everyone, including carers, has the right to ask social services for a community care assessment. The council assessor will consider the type and level of need and suggest a range of solutions that may include provision of equipment.

Since April 2003, people have the right to ask for a direct payment of money instead of a local authority community care service. This includes the right to ask for money towards alternative equipment if this is preferred to the equipment offered by the council.

A local authority is unlikely to help directly if needs are few or simple, but may advise on alternative ways of meeting the need, e.g. where you can buy equipment locally or via mail order, or suggest a visit to a local Disabled Living Centre.

Disabled Living Centres provide impartial advice and the option to try out equipment. Not all centres display equipment for children. You will need to contact your nearest centre to find out if it can help you.

Help from statutory sources

Several professionals working within the NHS or local council social services can give you help and advice on daily living difficulties.

A paediatric occupational therapist (OT) has specialised in matters relating to children and can advise on different techniques for managing tasks that your child may be finding difficult, and on ways of promoting the independence of your child. They can also give advice on the use of assistive devices to help with day-to-day activities. A referral to a paediatric OT can be made via your local hospital, Child Development Centre or through the 'Children with Disabilities Team' at your local council's social services department.

The community nursing service can assess and provide equipment for nursing care, incontinence pads and nappies.

A speech and language therapist can advise on communication difficulties, and on feeding and swallowing difficulties. Therapists work within NHS hospitals and clinics. You can contact your local speech and language therapy service direct or ask your GP to refer your child.

The BHTA

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.

Help from the voluntary sector

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 about 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.
- **RNIB** - Grants if you have sight loss and are on a low income.
- **RNID** - Advice on disability benefits and grants if you’re deaf or have hearing loss.
- **Independence at Home** provide grants for people with a disability or long-term illness towards the cost of adaptations to their home. The grant must go towards an item to assist a child to live at home. Independence at Home cannot provide grants when the item may be provided through public funds. Applications must be supported by a professional involved in the child's care, usually an occupational therapist or a social worker.
- **Strongbones** have funds available to donate for grants for children who have arthritis, scoliosis, brittle bone disease and all other conditions of the bone. To be eligible, the child must be under 18 years of age and have one of these ailments. Grants are normally £ 250 per child, but this figure is open to discussion depending on the child's circumstances.

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, providing 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 to show 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**') which explains more about the DFG process.

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

DFGs operate across England, Wales and Northern Ireland. Conditions for DFGs will vary according to the country in which you live. More information on Disabled Facilities Grants in your area are available on the **government website**.

VAT relief

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.

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