



# Choosing children's daily living equipment

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DLF Factsheet

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# 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 DLF factsheets that cover equipment for adults.

For up-to-date product and supplier information, please contact our equipment helpline, open Monday to Friday from 10am to 4pm - tel: 0845 130 9177 (calls charged at local rate); or if you use a textphone: 020 7432 8009 (calls charged at standard rate).

Alternatively, write to our letter enquiry service or contact us via email at [advice@dlf.org.uk](mailto:advice@dlf.org.uk). To help us give you a concise and informative reply, please provide us with as much detail as possible including information on difficulties and the solutions you are considering, including equipment ideas.

## ADVICE AND INFORMATION – WHO CAN HELP

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 the 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 council 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 council 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. For the address contact the Disabled Living Centres Council (see 'Useful organisations').

### 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 you find difficult and on ways of promoting the independence of your child. He/she can also give advice on the use of assistive devices to help with day-to-day activities. The OT can be contacted 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 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.

### **Help from the voluntary sector**

Many national organisations can give information on specific childhood conditions and illnesses, often providing support and contact with other families in similar situations. The Disabled Living Foundation helpline has information on many support groups but, for more unusual conditions or medical difficulties, get in touch with Contact A Family (see useful addresses).

### **Disabled Facilities Grants (DFGs)**

You may qualify for a Disabled Facilities Grant towards the cost of providing adaptations and facilities to make caring for your child easier or to increase your child's level of independence at home. This can include major adaptations such as extensions and structural work to accommodate, for example, a fixed hoist, stairlift or shower unit. The housing, social services or environmental departments of your local council will advise you. It is important to apply for the grant before starting work.

DFGs are available as part of the general renovation grant system. A means test (similar to that for housing benefit) is used to decide how much financial assistance is given to the applicant. Depending on the outcome of the test, the amount of assistance offered can vary from 0-100% of the cost. A ceiling of £25,000 (England) is normally put on each DFG, irrespective of the applicant's assessed contribution.





- sanitary fittings - what is currently being used, assistive devices and the alternative, more specialised fittings.

Information and advice on design issues is available from Centre for Accessible Environments (see useful addresses).

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.

## **OTHER FACTORS TO CONSIDER**

- 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 therapeutic benefits of bathing in warm water, e.g. children with tight muscles may find it easier than usual to move in warm water.
- Safety for children with poor sitting balance or head control.
- 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 storage and cleaning of equipment.
- The size of the bath and whether it can accommodate supportive bathing equipment.

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.

## **EQUIPMENT TO REDUCE BACK STRAIN FOR THE PARENTS/CARER**

Bathing babies and small children in the bottom of a standard bath can be difficult and uncomfortable for parents. Baby baths placed at a more comfortable height on a stand or over an existing bath can provide a solution. As children with additional needs, particularly those with mobility

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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 with lifting a child in and out of a bath, as well as providing the child with support whilst in the bath.

### **Bath overlays**

These are removable, bath-shaped overlays that 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.

### **Bath lifts and hoists**

A small range of manual lifts and one powered bath lift designed for children offer support in a reclined or semi-reclined position. The devices are removable so that the bath can be used by other members of the household.

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**

The height of all these baths can be raised, either mechanically or electrically, so that a parent 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 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

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- Lowers & raises a child into & out of the bath
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- Leaves adult's hands free to wash and play
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bath board spans the bath rim to provide a platform to sit on; a bath seat provides an intermediate seat between the top and bottom of the bath. Grab rails positioned on the wall alongside the bath board/seat provide a secure handhold when transferring in and out of the bath; and a slip-resistant mat on the bottom of the bath reduces the risk of the feet slipping.

## **FOR CHILDREN WHO NEED SUPPORTING IN A SEMI-RECLINED POSITION**

### **Foam supports**

These are sponge foam cushions designed for infants and sculptured to provide a degree of support for the head and body. They can only be used in a shallow-filled bath and may be particularly useful for stabilising a small, floppy baby.

### **Hammock supports**

The majority of hammock bath supports comprise a frame with a fabric or mesh cover that supports the child in a

semi-reclined position. Some have straps or foam blocks attached by Velcro that help to keep the head, trunk or legs in position.

Consider the following:

- 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 will have to stoop further down;
- the material of the support. An open mesh will allow the water to circulate around 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 to offer a choice



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between a more upright or 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;

- detachable mesh at the head end, again to assist with hair washing;
- storage and transportation. You will need to store the hammock support after use 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.

### **Bath cushions and 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 polystyrene beans and will shape themselves around the body of the child. 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 suckers. 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.

### **FOR CHILDREN WHO NEED SUPPORT IN A SITTING POSITION**

#### **Sitting supports**

These have a seat and a backrest and will provide support for children who cannot sit upright unaided.

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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; a higher backrest gives more support;
- the type of support straps, i.e. 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; however, it 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 will have to stoop down further;

- check how easy it is to lift the seat in and out of the bath.
- storage of the bath chair to leave the bath free for other family members to use.

### **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.

## **SHOWERING EQUIPMENT**

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

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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 provide support for children who can sit to shower. There is a range of styles and models, so check the size and shape of the seat, the level of support it provides and whether it allows adequate access for washing.

Supportive shower chairs can make it difficult to access and wash the areas of the body supported by the backrest, seat, straps and side pads.

There needs to be plenty of room around the shower chair so that the parent can move around freely, move the chair or help the child, without getting soaked in the process.

### **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; chairs have a higher, more supportive backrest.

Selecting the correct height is important. To support him/herself 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.



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## Wall-fixed shower seats

These fix 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. A few seats, fixed on a wall bracket that allows some height adjustment, may be useful to cater for the needs of a growing child.

## Mobile shower chairs

User-propelled and attendant-propelled versions are available. Larger wheels can make it easier to push the chair in and out of the shower.

## Shower chairs with a toileting facility

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.

Consider the following:

- is wheeled access into and around the WC/bathroom possible?
- the clearance over the WC - the chair must fit easily over the toilet bowl, but too wide a gap means splashing may occur;
- the height and position of the toilet cistern and the push handles of the chair to ensure 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 him/herself or to be assisted with cleaning after he/she has used the toilet.

Shower chairs for children generally have a range of supportive accessories including a pommel/splash guard, head and trunk supports, foot supports and safety belts and harnesses.

Larger children or children requiring less support will be able to use an adult



The advertisement features a blue background with a grid of six images showing different types of specialist seating and shower chairs. From left to right: a red beanbag chair, a white shower chair on wheels, a red shower chair on wheels, a green shower chair on wheels, a white shower chair on wheels with a child sitting in it, and a child sitting in a purple shower chair. Below the images is the Kirton logo (a blue oval with 'kirton' in white) and the text 'H<sub>2</sub>O'. To the right of the logo is the text 'Designers, manufacturers and suppliers of Specialist Seating, Shower, Toilet & Commode Chairs for Children.' Below this is a white bar containing the contact information: 'Freephone 0800 212709 | info@kirtonhealthcare.co.uk | www.kirton-healthcare.co.uk'. At the bottom left of the bar is the address: 'Kirton 23 Rookwood Way, Haverhill, Suffolk, CB9 8PB'.

shower chair which can be fitted with cushion inserts to reduce the internal seat dimensions to give appropriate support.

## **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 area 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.

### **Tilt-in-space/reclining shower chairs**

A small 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 tilt-back position. These could be considered as an alternative to a shower cradle.

### **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. On some, the angle of the backrest can be adjusted, while the height of others can be adjusted electrically to position them at 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.

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## 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 then 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 his bladder;

- be able to communicate his needs to a parent/carer.

And, as the child develops his new skills further and moves towards independence, he 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 is needed to remove a child from his supportive equipment, perhaps a standing frame or seat - remove his/her clothing and then transfer him/her onto the toilet

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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/CARERS**

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:

- by careful choice of clothing, e.g. elasticated waist bands, Velcro

fastenings, stretchy fabrics;

- by using a changing bench set a height to meet the requirements of the carer, or by adjusting the height to make it possible for the child to get him/herself onto the bench;
- by using a hoist to assist with transfers;
- by installing a bidet/drying facility.

## **FOR YOUNG CHILDREN WHO NEED ADDITIONAL SUPPORT ON A POTTY**

Some potties available from stores and shops have an integral backrest for additional support and are more like a chair as they are higher from the floor. These may provide adequate support for a child with mild difficulties.

- 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

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more comfortable with the result that the child performs 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 OLDER CHILDREN WHO NEED ADDITIONAL SUPPORT ON A STANDARD ADULT TOILET**

### **Trainer seats**

These plastic seats, commonly available in high street nursery shops, reduce the toilet seat aperture to give a more size-appropriate 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 splashguard are useful for keeping the legs apart. Consider the following:

- the child will find it easier to keep stable on the seat and will manage toileting tasks better if 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 while sitting on the toilet.

### **Toilet support seats and frames**

These comprise a more supportive seat unit (usually incorporating a backrest, side support, lap strap or harness) that either clamps to the WC 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.

Any additional equipment used with a standard WC can be inconvenient for



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other family members. A storage place for items when they are not being used will need to be found.

Consider 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;
- moulded armrests may provide support for the child when he/she is sitting on the toilet, but may hinder assisted or sideways transfers;
- some models provide foot 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 - i.e. mimicking a squatting position;

- for children who find it difficult to sit up straight, check the level of support provided given by the straps and harnesses.

## **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;
- difficulty getting a child upstairs to the toilet;
- not enough support provided by the toilet support seats.

## **Static potty chairs and commodes**

Potty chairs comprise 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.

- 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.
- Some seats and backrests are wooden which may be uncomfortable to sit on for long periods of time. Check whether optional cushions are available.
- Splash guards/pommels encourage the child to keep his legs apart - which will help him to perform.
- The wider the base, the more stable the potty chair will be. However, if the

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 WC bathroom is limited because 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 they do not impede the smooth passage of the chair from room to room.

Some chairs are also waterproof and can be used as shower chairs. Mobile chairs tend to offer more support than static chairs and are also more adjustable.

It is important to enable the child to retain his/her 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.

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## **FOR CHILDREN WHO NEED AUDITORY STIMULATION TO ASSIST WITH TOILETING**

### **Musical potties and toilet trainers**

These are potties or accessories for a standard WC with an integral electronic sensor which detects temperature increase or moisture and plays a tune to encourage toileting.

## **FOR BOYS WHO ARE UNABLE TO CONTROL THE DIRECTION OF THEIR URINE FLOW**

### **Urine deflectors**

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

## **FOR CHILDREN WHO REQUIRE NAPPIES OR INCONTINENCE PADS**

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. Ideally, there should be easy access to a toilet and washing facilities.

### **Changing mats**

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 him/her.

### **Changing tables**

These provide a surface on which children can be cleaned, changed and dressed. Height adjustable models reduce the

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amount of manual lifting and bending involved. Mobile versions are also available. It may be necessary to use a hoist to help with transferring an older child 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, non-mobile 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.

It is important that the OT 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 wasted 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 who need extra support to sit up straight.
- It can help to prevent permanent postural problems from developing or getting worse.
- It may also help to keep the body in a particular position once corrective surgery has taken place.

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- A more upright position can 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 and feeding.
- It will increase independence.
- It will improve comfort.
- It will allow the heart and lungs to work more efficiently within the rib cage.

## PROVISION OF SEATING EQUIPMENT

Generally, it is the responsibility of the OT to advise on seating. However, children with severe seating difficulties may be referred to a specialist seating clinic run by the NHS, which will provide 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 Statement of Educational Need.

## SPECIFIC FACTORS TO CONSIDER

- The appearance of the equipment. Whilst seating should be functional and appropriate, consideration should also be given to aesthetics.
- 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 his/her 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.
- The measurements taken to

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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 taller 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.
- Many chairs have activity trays as accessories but if they are always used in preference to a group table this may prevent the child interacting with his/her peers.
- Trays and tables with a semi-circular cut-out will allow children to have their forearms supported while they play/work.
- Meal times may be more integrated if a supportive chair has a podium or raised wheeled base to turn it into a high chair for use at, or adjacent to, the family table.

## FOR CHILDREN WHO NEED 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, do not encourage a symmetrical position and are difficult to transfer in and out of. They are not recommended for prolonged sitting.

### 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

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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. Some models have an activity tray that fits between the armrests.

## 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 him/her to sit in a variety of supported positions including:

- a reclined position;
- with legs stretched out in front on a leg rest;

- in side lying.

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.

These chairs are usually adjusted by the company reps to provide the correct amount of support for the needs of the particular 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.



  
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## 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 have a pommel at the front to keep the legs abducted which may benefit children with cerebral palsy who often find it difficult to sit with their legs out in front of them and have a tendency 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.

## Tumble forms

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

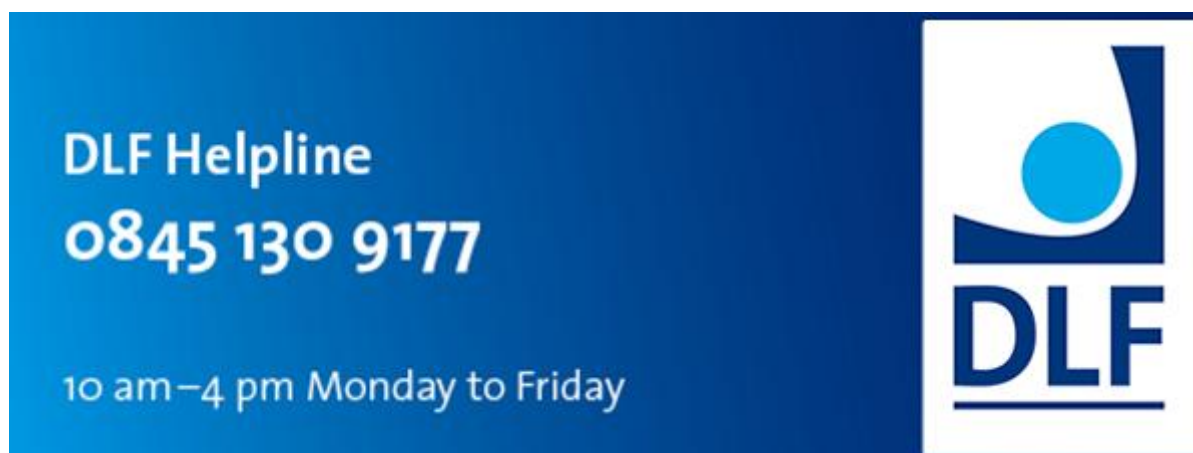
non-adjustable so sizing must be reviewed from time to time. They are used for floor sitting with a wedge to alter the angle from a more upright to a more reclined position. A low, wheeled base enables the chair to be moved around.

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; a stretch towelling cover is available.

Consider the following:

- transferring an older child in and out of a floor sitter can be difficult for parents. Try to encourage the child to crawl in and out. 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;



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The banner features a blue background with white text on the left and the DLF logo on the right. The logo consists of a stylized blue 'J' shape with a white circle inside, and the letters 'DLF' in blue below it.

- 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 vary in the degree of adjustability and support they offer. 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 variety of components that can be mixed and matched according to the amount of support the child needs, such as:

- headrests - generally concave in shape and an extension of the backrest, attaching via an adjustable stem. They

prevent the head falling backwards and can sometimes be fitted with a head strap to prevent the head from falling forward. If the backrest is to be reclined, it may be better to have a headrest that can be angled forward so that the child will be able to look ahead rather than towards the ceiling;

- head supports - height and angle adjustable padded head wings that provide support on either side of the head. They may obscure side vision for the child;
- side supports - support the upper body to help maintain an upright and symmetrical position;
- lumbar supports - to support the curve in the lower back;
- adductor wedges - added to the outer edge of the seat to prevent the legs rolling outwards. Useful for children with low muscle tone;
- pommel - positioned centrally at the front of the seat to stop the legs from rolling or pushing together in an

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adduction spasm;

- chest pads, straps and harnesses - to provide the support for children with weak upper body muscles who tend to slump forward;
- foot restraints/sandals - to keep the feet on the footrest in alignment.

## Support chairs

Most of these chairs are made of wood and have a wide 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; others have a contoured, moulded or bucket seat that will provide more stability, but will be less flexible as the child grows.

Consider the following:

- 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 is often difficult for the child to change position. The thin foam upholstery provided on many of these chairs may flatten and need replacing;
- 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 his 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

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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 manufacturers;
- knee blocks should only be used under strict guidance from an OT 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.

### **Types of seat**

Many chairs have a backward sloping, ramped or human shaped cushion to encourage the child to sit with his/her thighs horizontally to promote an upright position and to reduce the risk of sliding forwards.

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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 will increase the child's ability to use his/her arms for activities such as feeding, working and playing.

### **Chairs with a straddle/bolster seat**

This type of seating is useful, for example, for a child with cerebral palsy who has good upper body strength but whose legs push tightly together. Sitting astride the bolster forces the legs apart and induces more normal muscle tone making it easier for the child to have control of his/her arms for activities such as eating and school work. A big 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; others are permanently moulded into a particular shape.

### **Modular seating**

Modular systems are made of interconnecting components that can be re-adjusted as the child grows or if his/her 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

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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.

## 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

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 transfer, bed height can be raised to a more practical level,.

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 mobile hoist for transfers. Beds with an open base rather than a divan base make positioning the hoist over the bed easier.

## 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

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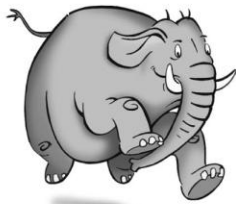
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not available, then wedge cushions can be used on top of the bed.

## 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. 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.

There is a range of wedges, rolls and positioning systems designed for use in bed.

## 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, although assisting a

child down onto and up off the floor may increase the risk of back strain.

There is a range of beds that include safety sides and whilst these should not be used to restrain a child un-necessarily, their presence may act as a deterrent. However, a child can be put at higher risk of injury if he/she is 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 so great that there is a risk that the head of a child 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.

For children whose behaviour is unpredictable and are therefore at high risk, it may be necessary to convert their bedroom into a 'safe space'.



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## **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 him/her 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 but, as the child gets older, he/she 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 so the parent is 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.

## **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.

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## 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 children to sit with their feet flat on the floor (i.e. well supported). 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 ladderback is a useful support for a child to hold onto when getting up from sitting to standing when dressing and adjusting garments. A ladderback allow the children to move

their hands progressively up the rungs to pull themselves up.

### Clothing

Careful choice of clothing can make dressing a child easier, and can give him/her a higher level of independence. Look for large, front fastenings; Velcro; elasticated waist bands; loose styles; stretchy fabrics; and make sure that garments are easy to wash and iron.

## USEFUL ADDRESSES

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## DLF online

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<http://www.ageuk.org.uk/work-and-learning/technology-and-internet/>

Call **0800 169 8787**

### **BBC Webwise**

<http://www.bbc.co.uk/webwise/>

Call **08000 150 950**

### **Digital Unite**

<http://learning.digitalunite.com/category/using-the-internet/>

Call **0800 228 9272** Or you can write to them

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