In the past, it was generally assumed that people who had difficulty performing daily activities needed special ‘assistive’ devices or equipment to help them live their lives. Much of this equipment has been provided by state, welfare or charitable organisations, for whom cost has been a major factor. As a consequence the quality and appearance of this equipment has been poor, and people feel stigmatised by it and tend not to use it if possible. More recently, such assumptions have been challenged, first by reconsidering the design of everyday products to make them more user-friendly—lever taps, automatic doors, etc.—and thereby removing the need for some assistive devices, and second by attempts to develop a market for well-designed household and personal products, as evidenced by retailers like Boots in the UK.

The combination of universal design solutions and a Europe-wide market for well-designed ‘tools for living’ would greatly improve the availability and quality of so-called ‘assistive’ equipment, while the benefits of larger scale production and distribution would help to bring prices down to reasonable levels. For example, Good Grips are now cheap and readily available, making many cooking tasks possible for people who previously required assistive devices and gadgets. Unfortunately, the factors holding back such developments are many, complicated, and vary from country to country. Here Michael Mandelstam discusses the situation in the UK which, although there is considerable variation from country to country, gives some insight into the problems of ensuring that people have access to the goods and services they could benefit from.

Michael Mandelstam
What’s in a name?
The system of provision of equipment for disabled and older people is a confused one in most countries, characterised by a kaleidoscope of diverse and ill-defined products, views, motives and concepts. This has made it difficult for all concerned—consumers, statutory services, manufacturers, retailers and voluntary organisations—to act decisively to improve the quality and provision of suitable products. In the UK, a number of different terms are currently used to describe this equipment, but whatever name or names are used we are left with a problem because of legal issues of entitlement and obligation to supply, which determine whether or not people will be provided with equipment by the state.

First, only some of the things people use can be sensibly described as assistive equipment. Second, many items designed for general use are nevertheless of great use to people with disabilities: obvious examples are television remote controls or electric tin openers. Third, the term ‘disabled people’ is itself an emotive and troublesome—for local authorities when interpreting legislative definitions affecting people’s entitlement to equipment, for researchers and population census compilers, for manufacturers and distributors when they attempt to identify the market for their products, and for individual consumers who may or may not wish to think of themselves as ‘disabled’ or who find the term and the way it is used patronising.

These issues are not academic, but affect people in many different ways—for instance, whether or not VAT is charged on a product, and whether or not it can be supplied through the health or welfare system may well depend on how it is described and marketed, not on its functionality or suitability for the use it will be put to.

Some implications of the term ‘assistive equipment’
In addition, the range of products covered by the term ‘assistive’ is huge. At one extreme are sophisticated systems that allow severely disabled people to control much of their home environment—bed, computer, curtains, front door, telephone, television—and at the other are simple aids such as reaching sticks, self-pasting toothbrushes and jar openers. In between come adapted motor vehicles, specialist computer interfaces, communication and speech aids, electric bath seats, hoists, incontinence equipment, pressure relief beds, vibrating or visual alarms for people with sensory impairment, walking aids, wheelchairs and so on. And these are but a very few examples.

At one extreme they shade into ‘ordinary’ equipment—letter cages attached to front doors so that people do not have to bend down—at the other extreme they include the ventilators, nebulisers, ambulatory infusion pumps and dialysis equipment that are increasingly finding their way into people’s homes, as well as other specialist items such as insulin injection equipment. However, the more the products and environments are designed with less able people in mind, the more people are enabled to do things that were previously required ‘assistive’ equipment to make them possible. And as the Disability Discrimination Act 1995 gradually places more duties on employers and on the providers of goods and services, so more of the disadvantages faced by older people and people with disabilities will be removed. A good example of this is to be found in the successful Shopmobility schemes, which not only provide a pool of wheelchairs for use in shopping centres, but are also

Value Added Tax
Much general, daily living equipment can only be zero-rated if it has been solely designed for use by a disabled person. In the UK, a riser chair marketed as specialist disability equipment might be zero-rated, the same product portrayed as helping ordinary people who have trouble getting in and out of chairs would attract VAT at 17.5%.

Medical devices
Under the EC Medical Devices Directive, a medical device is defined as something intended to compensate or alleviate injury, handicap or disease. Thus, a walking stick sold as a general purpose item would not be a medical device, but an identical stick sold as health-care equipment would be.
Aids and equipment: what’s in a name?

Commercially valuable since additional spending power is released when people have ready access to shops.

Supply and demand – the public sector

In the UK, the provision of assistive or disability products and equipment (including home adaptations) has been dominated by the statutory services. For example: a child may require the following equipment from three or more separate statutory services:

- An electric wheelchair to enable socialising in the playground and to use the long corridors to get from lesson to lesson. (NHS or education authority/school)
- A simple wheelchair for use at home (NHS).
- A through-floor lift and ramp at home (social services or housing authority)
- A specially adapted computer keyboard for use at school (education authority/school).
- A similar keyboard for use at home for homework (education authority/school or social services).

The problem is, that people have few, absolute ‘legal’ rights to equipment, decisions being left to the discretion of authorities exercised on the basis of local policies and priorities, the professional judgements of staff and the availability of adequate resources and money. Provision is neither consistent nor certain, and the process is complex, confusing and fragmented—to the detriment of both consumers and prescribing professionals who themselves do not understand the system. Statutory services have been consistently criticised for providing insufficient equipment to meet local needs, and equipment that is unsuitable for people’s particular needs in terms of both its functional capabilities and aesthetic properties. In addition, the complexity of people’s needs do not fit easily into convenient statutory and administrative categories, leading to uncertain divisions of responsibility and ‘buck-passing’, when authorities wish to minimise their expenditure.

Supply and demand – the private sector

The alternative to statutory provision is the private sector, which has so far failed to develop a thriving retail market. Instead, many manufacturers have dealt wholesale with local social services and health authorities, not feeling the commercial need to develop other markets for their products and services. As a consequence, the private sector has been accused of exploiting the ‘niche’ market of statutory provision, investing its products with false mystique, and charging excessive prices.

In its defence it claims that there is no large market of consumers, only fragmented groups of people with disparate needs; that some people attach a stigma to assistive equipment and will on no account use it, and that low production runs and high costs of selling (eg visiting people in their own homes) justify the prices charged; and that as many ‘clients’ are on low incomes there is no great market potential outside the statutory providers. In reality, affordability depends on the priority and value placed on an item, and there can be little doubt that there is considerable scope for the development of a retail market, in particular within the context of Europe, for appropriate, well designed and reasonably priced goods and services.
At present, potential consumers cannot easily get to see or obtain information about products, and are unable to compare one with another and exert pressure over price, design and aesthetic qualities. This amounts to a denial of consumer rights to an important sector of the population which could benefit considerably from more open competition in the market-place. Indeed, wholesale provision to statutory services tells its own tale in terms of the look of products and publicity material which shows just how far manufacturers have been cushioned from promoting their products to the end user.

Some recent developments in the UK are more encouraging. For example, over 40 Disabled Living Centres display, demonstrate, and give impartial advice and information on products and equipment. The Research Institute for Consumer Affairs (RICA) produces a number of publications aimed at informing consumers about the equipment available, as well as conducting useability testing for the mainstream consumer magazine, Which? Superstores have been pioneered by the company Keep Able. Some companies are working in partnership with national chains of pharmacies to display equipment and sell specialist mail order catalogues. Research by the Institute of Grocery Distribution into the openability and legibility of packaging has resulted in changes to products on the shelves of shops. Equipment advertised in Sunday newspapers or available through DIY stores is beginning to lose its stigmatising ‘disability’ tag. And in some areas commercial companies have contracted with health authorities and social services departments to operate equipment services, including delivery, maintenance, servicing, repair, collection and recycling. All of which points in the right direction—towards the ready availability of good quality, well designed and reasonably priced products, which people enjoy using without feeling stigmatised by them.

Where to find it

Wheelchairs, electric recliner chairs, small items
Specialist retail shops
Large range of equipment, big and small
Specialist superstores—Keep Able stores

Assistive equipment—grab rails, long-handed garden tools, Good Grips cutlery
Mainstream shops

Special cutlery, reaching sticks, clothing
Specialist mail order catalogues—Chester Care and Boots/Coopers Healthcare

Assistive equipment—non-slip bath mats, incontinence sheets, jar openers
Mainstream mail order catalogues—Innovations, Home Free

Electric wheelchairs, stairlifts, remote controlled garage doors, riser chairs
Specialist disability or older-people magazines—The Oldie, Choice, Active Life, Saga Magazine, Disabled & Supportive Carer, Disability Now.

Stairlifts, special baths
Mainstream newspapers and magazines—adverts and articles

Stairlifts
Television: advertising