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JOURNAL OF THE ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS
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The Editorial Board does not necessarily agree with opinions expressed in articles and correspondence, and does not necessarily endorse courses and equipment advertised

Editorial

First a big thank you to the South East conference organising committee for running such an informative and varied conference programme. The international speakers helped broaden our horizons whilst the involvement of children and young people in the programme reminded us who should truly guide our practice. The conference proceedings form the main content of this journal and include some pictures from the Conference dinner.

APCP matters has details of the National Committee and Annual General meetings and report some exciting changes within APCP with the appointment of our Business Manager and Administrator. A statement by APCP on training cuts is included which aims to raise the profile of this issue.

With your journal you will have received a copy of the booklet "Information to guide good practice for physiotherapists working with children". This comprehensive document provides a wealth of information on government policy, information, services and activities. I am sure that the information included in this document and the links to other resources will prove invaluable and demonstrate the professionalism of paediatric physiotherapists and the impact their work has on children and families.

The editorial board met prior to the conference and we discussed some themes for future editions of the journal. The topic we selected for the March journal was a theme of safeguarding children and the June issue will focus will be on respiratory care. We will commission specialists in these fields to contribute to the journal alongside contributions from APCP members on these topics.

With the appointment of Sharon Dyer our Business Manager and Administrator my role as editor will change as Sharon will be helping with the production of the journal. I will continue to be responsible for reviewing articles, letters and book reviews and Sharon will collate the routine features of the journal e.g. regional and affiliated groups, officers and regional reps listings. Please can you now send all copy to Sharon, her contact details are inside the back cover, who will forward the relevant copy as appropriate.

Finally the Publications Officer has asked me to let you know that the Evidence Based Summary on Hip Subluxation/Dislocation in Cerebral Palsy is currently out of print.

Wishing you all good wishes for the festive season and looking forward to your contributions to the journal in 2008.

Terry Pountney

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Dear All

Call for research participants

You may, or may not, know that, a research project is currently taking place at Chailey Heritage Clinical Services. This is 'A Phase 11, Randomised, Double-blind, Dose-ranging Study in Children and Young People to determine the optimal Dose of Botulinum Toxin Type-A (Dysport) in Managing the Symptoms of Hip Muscle Spasticity due to Cerebral Palsy'

For this we need to recruit between 28 and 42 young people, aged between 4 and 16 years, who present with bilateral hip pain, of at least 6 months duration, due to cerebral palsy.

If you have anyone on your caseload who you think may be eligible for this project, please let me know as soon as possible and I will let you have more details.

Many thanks

Regards

Pauline Draper
Physiotherapist

Dear Members

As you are aware membership subscription runs from January to December each year. For those members who pay by cheque, this is a reminder that payment of £40 for continuing membership in 2008 is due in January. Prompt payment will help to ensure that the March journal is received, and saves much additional work.

For those members who pay by direct debit, payment will be in January.

A further renewal form is included in the journal

Best Wishes for a Happy Christmas and New Year

Chris Sneade
Membership Secretary

Copy for the

MARCH 2008 JOURNAL

must be with the editor by

1st FEBRUARY 2008

The editorial board reserve the right to edit all material submitted

Conference Proceedings

Theory and Practice: A Dynamic Systems Perspective on the Development of Functional Movement

Carolyn B Heriza PT, EdD, FAPTA
Professor, Doctor of Science, Pediatrics Program,
Rocky Mountain University of Health Professions, Provo, Utah, USA

To prepare for becoming a physical therapist, Carolyn received a BS degree in Biology from Otterbein College, Westerville, OH; a Certificate in Physical Therapy (PT) and Master's degree in Anatomy from Duke University, Durham, NC; and a Doctoral degree in Education with emphasis on development and learning from Southern Illinois University, Edwardsville, IL After completing her PT education, she accepted a position at the University of North Carolina in an interdisciplinary setting devoted to pediatric practice and was responsible for (1) the examination, evaluation, and development and implementation of intervention programs for children with developmental disabilities and (2) teaching pediatrics in the Department of Physical Therapy.

Carolyn's teaching focuses on pediatrics, motor control and learning, and research design courses. Her pediatric clinical practice focuses on infants born preterm at high- or low-risk for neurodevelopmental movement dysfunction. Her clinical research is influenced by the research and writings on the Dynamic Systems Theory by Dr. Esther Thelen, her mentor. She applies this theory to teaching, clinical practice, and clinical research on the development of leg movements in infants born preterm and how children with cerebral palsy learn new movements.

The purpose of the presentation is to describe the dynamic systems approach to learning functional movement. Principles of the dynamic systems theory will be presented. Examples of infant kicking, stepping, and reaching will be used to illustrate key points. Implications for clinical practice will be discussed.

Carolyn's talk will address the following issues:

- Conceptual model of the dynamic systems theory and how this model fits with the International Classification of Function
- Major principles of dynamic systems theory
- Developing organisms are complex systems composed of many elements
- Movement emerges in a self-organizing fashion
- Behaviour is multiply determined and softly assembled
- Development happens over multiple time scales
- Developmental change occurs through exploration and selection
- Cognition is inseparable from perception and action
- Implications for clinical practice

It is hoped that the delegates will be informed about some of the evidence supporting the dynamic systems theory and will consider using concepts from this theory in clinical practice.

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Understanding Stress in Parents with a Disabled Child

Dr Ann Edworthy CPsycol AFBSsS, BEd, M.Ed, PhD
Director of Research, Centre of Applied Psychology and Counselling, Swansea Institute

Ann is the Director of Research at the Centre of Research for Applied Psychology at Swansea Institute (shortly to change its name to Swansea Metropolitan University and which was recently opened by Prof Raj Persaud). She is a qualified teacher, practicing Chartered Psychologist and an Associate member of the British Psychological Society. Ann's doctoral thesis was on 'Stress in Professional Groups'. She has supervised a number of successful research students in areas of occupational stress and involving issues relating to the stress that can result from caring for the disabled.

Over the last few years Ann has undertaken a major research project for Cerebra (the Charity for Brain Injured Children and Young People) and she now runs a 24-hour stress counselling line for parents with a brain injured child.

Ann's books include Stress in *FE and HE* and *Stress Management for Carers.* The latter has been distributed very widely and has resulted in a continuously widening sphere of contacts, most recently from Libya and Jordan

The purpose of Ann's presentation is to describe the findings of her research into stress in parents of a brain injured child.

Her talk will address the following:

- Definition of stress
- Stages of stress
- Stress and Health
- Factors that cause stress in parents of disabled children
- What can be done to help the parents

The Students' Perspective

Anne Shipsey MCSP
Senior 1 Paediatric Physiotherapist, Worthing Hospital, West Sussex

Anne qualified as a chartered physiotherapist in 1980 from Trinity College Dublin. She began her paediatric career at the Children's Hospital, Crumlin in Dublin and then crossed the water to work in paediatrics at the Mayday Hospital in Croydon. Anne subsequently moved south and has been working in her current job for eighteen years (with a few breaks to have children) as a senior physiotherapist at the Lavinia Norfolk Centre (LNC) at the Angmering School. As part of her rôle at the LNC Anne has endeavoured to provide a holistic link between health and education with a particular interest in enhancing individual development.

In this interactive presentation by Anne and senior school students from Angmering School, they will:

- Describe how their service is trying to aim for 'every child matters'
- Provide an insight into how students view physiotherapy as part of their lives
- Look at inclusion, primarily within the education system
- Examine transition into further education and adult services

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APCP Guidelines for Physiotherapists on the use of Botulinum Toxin in Children with Neurological Conditions

Lesley Katchburian BSc(hons), MSc ,MCSP
Clinical Specialist Physiotherapist (Neuro disability), The Wolfson Centre, Great Ormond Street Hospital, London

Lesley qualified in 1987 and has worked in paediatrics both here in the UK and also in Australia and Brazil. It was whilst in Brazil in the early 1990's that she became interested in the use of Botulinum toxin. On her return to the UK she worked at The Newcomen Centre, Guy's Hospital, and was involved in the setting up of a paediatric Botox A Service. In 1997 Lesley's MSc thesis examined the effect of Botulinum Toxin A on gross motor function in the child with cerebral palsy. Early on, it was recognised that the paediatric physiotherapist with expertise in movement analysis of children with neurological conditions, was central within the multi-disciplinary team (MDT) to select appropriate patients to receive treatment with Botulinum toxin. She continues to work in the field and coordinates the Botulinum toxin service at Great Ormond Street Hospital.

The APCP National Committee has asked Lesley to chair a working party looking at guidance notes on the role of the paediatric physiotherapist with Botulinum Toxin.

The talk today is on behalf of the working party which consists of six other core members; Stephanie Cawker, Sue Coombe, Eileen Kinley, Rob Shaw, Elspeth Will and Laura Wiggins.

The aims of today's presentation is to:

- Examine the role of the Physiotherapist with Botulinum Toxin A in the UK, highlighting how this has changed since Botulinum Toxin was first introduced.
- Share the experience of producing national guidance notes representing a consensus opinion from centres within the UK
- Examine the main areas involved in the guidance paper
- Explore as practicing physiotherapists where we go from here?

Every Disabled Child Matters

Steve Broach PT, EdD, FAPTA
Campaign Manager, Every Disabled Child Matters, Council for Disabled Children, National Children's Bureau

Steve is Campaign Manager for the Every Disabled Child Matters campaign, based at the Council for Disabled Children. His rôle is to develop and manage the campaign, working closely with the campaign board drawn from the four partner organisations.

Until July 2006, Steve was Head of Public Affairs at Tree House, the national charity for autism education. Prior to this, Steve established the policy and campaigns team at the National Autistic Society, where he was Head of Policy and Campaigns.

Steve has an MRes (Masters in Research) in Government, Policy and Politics from Birkbeck College, University of London. He also holds the Graduate Diploma in Law from BPP Law School and is currently studying part-time on the Bar Vocational Course. Steve has authored numerous reports, briefings and articles on autism, special education and disability, including *Autism: Rights in Reality (NAS: 2003).*

The Every Disabled Child Matters campaign and the government's disabled children's review, *Aiming High for Disabled Children*, have made disabled children a political priority for the first time. An additional £340 million will be allocated to disabled children's services during the 2008 -11 spending review period, and there will be a new national indicator on disabled children's services.

Steve will outline the origins and purpose of the campaign, the key elements of the Aiming High programme and the opportunities available for professionals and families to shape the new agenda.

Everybody matters – learning from practice

Barbara Richardson PhD, MSC, MErgS, FCSP
Reader in Physiotherapy, School of Allied Health Professions, Faculty of Health, University of East Anglia

Barbara is a physiotherapy researcher and lecturer with several years experience in clinical practice in a range of health care settings including orthopaedics and rehabilitation for advanced disability in the UK, and community work and outreach in northern Canada. She is interested in maintaining and enhancing an independence and quality of life for individual people over their lifespan. Barbara's clinical experience was largely in rheumatology and orthopaedics with a specific interest in applied ergonomics, health promotion and health education. She has taught across the physiotherapy syllabus and currently teaches evidence based practice, research methods and professional development. She is a Fellow of the Chartered Society of Physiotherapy.

As a researcher Barbara has experience of a number of projects related to evaluation of practice, socialisation of therapists and development of professional knowledge. Her preference for using qualitative methodologies reflects a deep-seated interest in patient centred care and the impact of health professionals in health interactions. She is supervisor for postgraduate research students from a variety of health professions, including international students and is also a Foreign Adjunct Professor of Physiotherapy at the Karolinska Institute, Stockholm, Sweden.

Barbara proposes 'to look at what we learn from practice and its importance to identifying the unique contribution of physiotherapy in the health and social care of children now and in the future'.

The presentation will examine:

- the theory-practice divide in the knowledge base of physiotherapy practice framed within the International Classification of Disability and Functioning
- the character of experiential knowledge of physiotherapists in the workplace
- the practice learning which underpins the evidence base of practice
- how practitioners can help to further identify physiotherapy expertise

It is argued that exploration and description of the experiential knowledge of practitioners in the workplace is central to the development of professional growth and expertise that will continue to ensure best practice physiotherapy for individual children, their relatives and friends in health services where everybody matters.

Ventilatory Support for Children in the Home

Dr Anita Simonds MD FRCP
Consultant in Respiratory Medicine, Royal Brompton Hospital, London

Dr Anita K Simonds is a Consultant in Respiratory Medicine at Royal Brompton Hospital who runs the Home ventlilation and sleep service. She has a background in Anaesthetics and Critical Care, and now specialises in sleep studies and non-invasive ventilation in adults and children, neuromuscular and chest wall disease, and palliative care/ethical aspects.

- The number of children receiving long term ventilatory support is growing.
- The recent Eurovent study showed that across Europe approximately 9% of those receiving home ventilation are under 16 years of age[1].
- The majority use non-invasive techniques but probably around 10% require 24 hour tracheostomy ventilation. The biggest subgroup are those with neuromuscular disease; the youngest tend to have spinal muscular atrophy and the older patients conditions such as Duchenne muscular dystrophy.
- Non-invasive ventilation significantly extends life expectancy in Duchennne muscular dystrophy[2] and conditions such as congenital myopathies, congenital muscular dystrophy and spinal muscular atrophy[3].
- There are consensus guidelines of the respiratory management of DMD[4] and SMA[5]. In neuromuscular conditions NIV is usually introduced at the time of nocturnal hypoventilation, but may have a role to treat chest infections in the home and improve chest wall development in subgroups.
- Despite evidence of benefit NIV is still not being used effectively in all children who might benefit and its use is often explored till symptoms have developed[6].

The presentation will emphasise an anticipatory approach to ventilatory care with close attention to family support, discharge planning and risk management in the home; and provide the evidence base to justify patient selection and care plans.

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Lycra Use in Practice – Current Research

Martin Matthews Dip.OPT, MBAPO
Orthotic Clinical Specialist & Dynamic Orthotics Manager, Trulife

Martin qualified in 1981 from the Salford College of Technology as an orthotist. After practising for two years as a junior travelling the country to gain experience he developed an interest in paediatrics and neurological dysfunction.

Over the years this has developed, particularly during his time at White Lodge Centre in Chertsey, where he discovered by accident that if one extended the hallux whilst casting it was difficult to a) get a bad cast and b) the children could not push you back. The mechanism for this was later confirmed by Nancy Hylton's work on neuro-DAFOs. Following a move to the Norfolk & Norwich Hospital Martin developed the orthotic paediatric service through out East Anglia and designed the open back neuro-physiological hinged ankle foot orthosis (*APCP journal 2000*). The experience started him to question the way in which one used orthotics (including spinal) and the ways of providing orthoses that provided what therapists required.

The emergence of Lycra orthoses in 1996 provided a new direction but was lacking evidence. Martin's job developed into trying to understand and provide the evidence for the use of this treatment modality which led him to study for an M.Phil at the

University of East Anglia, investigating the role of dynamic movement orthoses on the treatment of the child with diplegia. This research has now led Martin to develop the orthotic treatment of neurological dysfunction.)

Martin will present the evidence based on the literature review carried out as part of his M.Phil, however, it will not be a recitation of the evidence. Rather it will be a review by category and will investigate the relevance of the evidence to everyday practice. The session will attempt to provide the reasoning and outcomes that can be expected, based on the literature in an open format to question what we are doing and to provide the evidence that many trusts believe does not exist.

The presentation will provide a chance to educate and quantify outcome measures, used in previous studies, to provide the delegates with clear outcome measures. These measures can be used in the workplace environment, linked to prescriptive options, that can be used in dynamic orthotic design and treatment of children with neurological dysfunction. The presentation will review the literature, discuss the findings and provide prescriptive options for clinical practice with video and images to present outcome.

A Physiotherapist's Experience of Working in Afghanistan

Jeanne Hartley MSc MCSP
Research Officer, APCP

Jeanne Hartley is a paediatric physiotherapist, specialising in orthopaedics.

Since leaving Great Ormond St Hospital for Children two years ago she has been working in private practice, as well as travelling regularly to Afghanistan to support the work of Sandy Gall's Afghanistan Appeal and the Swedish Committee for Afghanistan. She is involved in research at the Institute of Child Health and also with TAG (The Arthrogryposis Group). At the present time she is APCP's Research Officer.

Jeanne's presentation will discuss the problems faced by Afghan physiotherapists working in a country slowly recovering from over two decades of war, some of the challenges she has encountered and the resilience and dignity of the Afghan people, particularly those with disability.

Coupling Perception and Action in the Development of Skill: A Dynamic Approach

Carolyn B Heriza PT, EdD, FAPTA
Professor, Doctor of Science, Pediatrics Program,
Rocky Mountain University of Health Professions, Provo, Utah, USA

The purpose of this presentation is to describe the coupling of perception and action in the development of skill according to the dynamic approach. Examples of infant kicking and reaching and the learning of a novel task in an infant at high-risk for neuromotor dysfunction and the learning of a novel task in children with cerebral palsy will be used to illustrate key points. Implications for clinical practice will be discussed.

The following issues will be addressed:

- Major principles of dynamic systems addressing coupling perception and action in the development of skill
  - Movement emerges in a self-organizing fashion
  - Behaviour is multiply determined and softly assembled
  - Developmental change occurs through exploration and selection
- Conceptual model of coupling perception and action
- Development and learning of skilled movements
  - Perception-action loops
  - Exploration, selection, practice
  - Behavioral information and practice
- Implications for clinical practice

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Stem Cell Research

Dr Stephen Minger BA, MSc, PhD
Director of the Stem Cell Biology Laboratory, Senior Lecturer in the Wolfson Centre for Age Related Diseases at King's College London

Dr Stephen Minger is the Director of the Stem Cell Biology Laboratory and a Senior Lecturer in the Wolfson Centre for Age Related Diseases at King's College London. He received his PhD in Pathology (Neurosciences) in 1992 from the Albert Einstein College of Medicine. From 1992-1994, he was a post-doctoral fellow at the University of California where he began to pursue research in neural stem cell biology. In 1995, Stephen was appointed Assistant Professor in Neurology at The University of Kentucky Medical School.

Stephen moved his stem cell research programme to Guy's Hospital in 1996 and was appointed a Lecturer in Biomolecular Sciences at King's College London in 1998. In 2002 his group was awarded one of the first licences and subsequently generated the first human embryonic stem (ES) cell line in the UK. They have gone on to generate five new human ES cell lines, including one that encodes the most common genetic mutation resulting in Cystic Fibrosis and another one that contains the Huntington's disease mutation.

In addition to the derivation of human ES cell lines, the Stem Cell Biology Laboratory is focused on the generation of a number of therapeutically relevant human somatic stem cell populations from embryonic stem cells. These include cardiac, vascular, retinal, and neural stem/progenitor cell populations. The research team has established significant collaborations with biological and clinical scientists throughout the UK specifically related to clinical translation of stem cells for a variety of human disorders.

Stem cells offer great therapeutic potential for human disease conditions where the loss of specific cell types is the major pathophysiological feature. ES cells derived from 6-8 day old human embryos offer the most therapeutic potential as these cells are capable of generating every cell and tissue type in the human body. If the differentiation of ES cells can be controlled then cell replacement for profound human disorders could become standard new therapies.

The presentation will examine the state of the art development of stem cell therapies and outline some of the technical and ethical considerations as progress is made toward clinical and research application of human ES cells.

Conference Proceedings

Hypermobility in Children

Haeley Mato BHSc, MCSP
Senior 1 Physiotherapist Specialising in Rheumatology, Great Ormond Street Hospital for Children NHS Trust

Haeley was born in New Zealand and qualified as a Physiotherapist in the year 2000. She worked as a Senior Physiotherapist in Starship Children's Hospital, Auckland, and led the rheumatology physiotherapy service, including the management of children with hypermobility. Haeley emigrated to England in 2005 and works at Great Ormond Street Hospital, London, specialising in rheumatology.

Haeley believes that physiotherapy has an important role to play in helping hypermobile children and their families and is eager to see an increased awareness of this in the physiotherapy profession.

The presentation will discuss the diagnoses of Benign Joint Hypermobility Syndrome and the medical and physiotherapy management of the condition. It will include common presentations and specific assessment and treatment approaches.

Considering Paediatric Pain

Elizabeth Bruce MSc, BSc(Hons), RSCN, RGN
Lead Clinical Nurse Specialist, Pain Control Service, Great Ormond Street Hospital for Children NHS Trust

Elizabeth is a clinical nurse specialist with the Pain Control Service at Great Ormond Street Hospital for Children and honorary research fellow with the WellChild Pain Research Centre at the Institute of Child Health, London. Her main research interests are in children's pain assessment and the management of procedural pain. Elizabeth's MSc dissertation compared morphine and Entonox for the management of chest drain removal pain, the findings of which were recently published and presented at the International Symposium on Paediatric Pain. She also co-ordinated the Children's Pain Assessment Project, which was funded by the Foundation of Nursing Studies and as part of this project, developed a website to disseminate information regarding children's pain assessment (http://www.ich.ucl.ac.uk/cpap/).

Elizabeth is a core member of the Pain in Children Special Interest Group, part of the General Children's Nursing Forum at the Royal College of Nursing, with whom she organises annual study days. She has been involved in workshops to develop pain management guidelines with the International Society for Pediatric Oncology (SIOP) and the development of nursing competencies for pain management with the Pain Society. Elizabeth is currently involved in writing and editing two books, due for publication in 2008.

The presentation will provide an overview of the assessment and management of pain in children and highlight some of the challenges involved, as well as the relevant research in this area.

The discussion will begin by outlining some of the challenges involved in pain assessment, illustrating some of the tools that are available to assess children's pain and recommendations for practice. An overview of both the drug and non-drug management of children's pain will be provided. Special groups, including neonates and children with cognitive impairment will be considered and the assessment and management of both acute and chronic pain will be discussed.

Everybody Matters – A Hierachy of Clinical Need

Dr Charlie Fairhurst BSc, MSc, MBBS, MRCP, MRCPCH, DRCOG, DCH
Consultant in Paediatric Neurodisability at Chailey Heritage and The Evelina Children's Hospital

I have spent most of my doctoring career to date trying to keep children away from doctors. Having qualified in what seemed like a post-victorian medical world, it seemed fairly obvious that young people with complex physical needs were best served outside a strict medical model, in an environment where their abilities could be focussed on as much as their problems.

Post-graduate exams led to a deeper understanding that many colleagues were deeply condescending to children with profound disabilities and their families. This thereby led me on a pathway to enlightenment aided by the teachings of many pre-eminent physiotherapists.

Now I spend most of my time on a motorbike between the Houses of Parliament and the vineyards of East Sussex. My main focus is on children's comfort; their functional abilities and whatever else is important for them and their families, whilst still taking into account their intricate medical and multi-disciplinary needs.

I want to share with you a model of inter- and multidisciplinary thinking we developed at Chailey Heritage that allowed clearer interagency understanding and dialogue. Previously we were all saying the same thing year after year for almost all of the children but the French speaking physios couldn't understand what the Russian speaking OTs

were on about; the Romany tongue of the care staff was globally unintelligible and, as for the Latin speaking doctors, well ... Reflection on the individual needs was clouded on the perceived requirement to try everything for everyone, even if it was irrelevant or impossible.

A simple hierarchical model focussing on the needs of the individual child allowed us to move away from a tick box mentality. This provided the children and families with a degree of confidence that every individual was being considered and reviewed rather than just being stuck in a headless system.

Hopefully we are all now becoming fluent in Esperanto, though it takes a high degree of focus not to slip off into our individual mother tongues.

Free Papers

Static bicycle training for non-ambulant children and adolescents with cerebral palsy: effect on functional ability

Heather Williams MSc MCSP, Clinical Specialist Physiotherapist, Chailey Heritage Clinical Services, East Sussex.
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Abstract
This study aimed at improving the motor ability of severely disabled adolescents with cerebral palsy by increasing their muscle strength through exercise on a static exercise bicycle adapted to provide additional postural support.

Weakness is a common problem in cerebral palsy. Analysis of the relevant literature revealed that exercise is effective in increasing muscle strength and function. However, few studies considered adolescents and none used static exercise bicycles or were concerned those who are severely disabled.

Ten participants (aged 11-15 years, mean 12.5 years) with cerebral palsy at Level IV and V on the Gross Motor Classification System were tested before and after 'Baseline', 'Exercise' and 'Follow-up' periods each of 6 weeks, while continuing to receive normal treatment. Exercise was performed 3 times a week against resistance set by initial testing, and progression was ensured by attempting to exercise for longer and faster each time. Functional outcome measures were the Gross Motor Function Measure (GMFM) 88 and GMFM 66.

The data was analysed for significance using the related t-test for GMFM 66 and speed, duration and resistance data from the static bicycle, and by the Wilcoxon Signed Ranks test for the GMFM88, with significance set at $p<0.05$. Significant improvements were found in cycling ability for 'length of pedalling time' ($p=0.000$), 'speed' ($p=0.01$) and 'resistance of pedalling' ($p= 0.001$) over the Exercise period. Significant improvements in scores were found for GMFM66 ($p= 0.010$) and GMFM88 Dimensions D 'Standing' ($p=0.012$) and E 'Walking' ($p=0.011$), following the exercise intervention.

No significant changes were found in any of the functional tests over the baseline or follow-up periods. This indicated there was no undercurrent of improvement and improve-ments gained over the exercise period were not immediately lost when exercise ceased.

Muscle strengthening exercise on adapted static exercise bicycles can improve standing and walking motor function in adolescents with severe cerebral palsy.

These improvements, although small, are of value to wheelchair users and their carers as they are skills often lost with increasing age and size. The static bicycle provided a safe, enjoyable and age-appropriate means of exercise to a population with very limited opportunities for activity.

Limitation of neck movement may be a feature of most of the childhood neuromuscular disorders

Main M, Clinical Specialist in Paediatric Neuromuscular Disorder, Kinali M, Muntoni F. Hammersmith Hospital, London

Reduced neck flexion causes major functional difficulties. Children who are non-ambulant need to flex to look forward and in ambulant children, safe walking is compromised by inability to look down.

Neck rigidity with reduced neck flexion is commonly reported in some forms of congenital muscular dystrophy (CMD), e.g. Ullrich, Merosin deficient CMD, Rigid spine syndrome and Emery Dreyfuss Muscular Dystrophy.

We have previously observed deteriorating neck posture in a number of adolescents affected by Duchenne Muscular dystrophy (DMD) and Spinal Muscular Atrophy, (SMA) especially after spinal surgery. We have not, however, systematically assessed neck range of movement at any stage.

In this pilot study we assessed passive range of movement using standard assessments, in 24 children with neuromuscular disorders seen routinely at clinics at Hammersmith Hospital.

10 have a confirmed diagnosis of DMD (group 1) 9 have a diagnosis of SMA, (group 2) The remaining 5 have congenital myopathy (group 3).

Early results show that in group one and two, flexion and extension were virtually unaffected.

Group 1: (n=10, age range 8.5 -18 years, all non-ambulant, 2 ambulant only in KAFO's). 5 (50%) have limited side flexion, 8 have limitation of rotation (80%) and 7 have limitation of one or more of the quadrant ranges

Group 2: (n= 9, age range 8.5 years to 15.5 years, 7x type 2, 2x type 3, all non ambulant,) 3 have reduced side flexion, 5 have reduced rotation and 6 had reduction in quadrant ranges. Both children with type 3 had no limitation.

Group 3: (n=5) Results in this group of children were variable, but all the children with congenital myopathy had some limitation in range.

In this pilot study, handedness and preferential sitting side were not correlated with loss of range to one side.

Conclusion: These results suggest a need for regular prospective neck screening for all children with neuromuscular disorders as part of regular assessments. The role of stretching also needs to be established.

Modified constraint induced movement therapy for young children with congenital hemiplegic cerebral palsy – a randomised controlled trial'

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Aim
To evaluate the effectiveness of a modified method of constraint induced movement therapy (CIMT) on hand function in young children with congenital hemiplegic cerebral palsy.

Background
Unlike previous CIMT studies where physical restraint of the unaffected arm used a splint or plaster cast, this study investigates the use of gentle restraint by an adult's hand and verbal encouragement. Treatment is a structured programme of play activities one hour a day for 28 days administered by therapists twice weekly and parents on other days.

Method
A multi-centre ABA/AAA design including children with congenital hemiplegic cerebral palsy aged 18 months to 5 years is used (control children are offered treatment at the end of the trial). Numbers in each centre vary and are determined by the total population meeting the inclusion criteria and their willingness to participate. Children are randomly assigned to treatment and control groups using a minimisation method to ensure the two groups are balanced. Age, severity of symptoms and learning difficulties as used minimisation variables. Treatment effectiveness is evaluated using the Quality of Upper Extremity Skills Test (DeMatteo et al 1993) which provides information related to movement and postural responses and the Assisting Hand Assessment (Krumlinde-Sundholm et al 2003) which evaluates bi-manular hand function. The assessor is masked to the treatment groups and to avoid bias, statistical analysis will be undertaken once all the data has been collected. Analyses using the Mann-Whitney U-test will be carried out, but if a substantial variation in outcomes is seen, a multilevel model will be used. It is not envisaged that there will be a centre effect as the treatment follows a prescribed programme and is mostly carried out by parents.

Progress
43 children from 9 centres have been recruited. Data collection is almost finished and analysis will be completed in August.

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Conference Proceedings

The reliability and measurement error of the Proximat: A new tool for measuring hip range of movement in children with cerebral palsy

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Mrs Andrea Selley MCSP, MSc, Senior paediatric physiotherapist
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Dr Sarah F Tyson PhD, MSc, MCS, Senior Research Fellow, Centre for Rehabilitation and Human Performance Research, University of Salford

Aim: To assess the clinical utility, reliability and responsiveness of a new measurement tool for hip range of movement in children with cerebral palsy: the Proximat

Method: Passive hip abduction, adduction, medial and lateral rotation were measured using the Proximat on 26 children with cerebral palsy attending three special schools; 16 boys and 10 girls, mean age = 7 yrs 6 months (sd= 4.2 yrs) range 2-15. The severity of cerebral palsy covered all levels of the Gross Motor Classification System (one at level I, five at level II, three at level III, nine at level IV and eight at level V). Testing was undertaken by two physiotherapists to assess inter-rater reliability and the repeated the following day to assess test-retest reliability. Total, random and systematic error were calculated for inter-rater and test-retesting.

Results: The Proximat was quick and easy to use and acceptable to the children. High reliability was found for all movements (ICCs = 0.83-0.93) with a total error of 2.5-12 degrees. Most of the error was random with little evidence of systematic bias.

Conclusions: The Proximat is a reliable, responsive and acceptable method of measuring passive hip movements in children with cerebral palsy in day-to-day clinical practice. A change of 8-12 degrees is needed to overcome measurement error and indicate that a 'true' change in RoM.

An Exploration of Comfort and Discomfort
Anne Lyons, Northumbria University

Purpose of study:
The aim of this qualitative study was to explore comfort and discomfort in non-verbal children with multiple disabilities who use postural management equipment. The study sought to explore these concepts, alongside optimal positioning time, with parents, carers and professionals. An observational component gave '*voice*' to the child.

Background:
Comfort, like the concept of "caring", can be viewed as a critical value inherent in the practice of health care todayi. The enhancement of comfort for children with multiple disabilities using postural management equipment and wheeled mobility is no exception. Its overriding importance to parents and carers is reported in several studies.

In the field of ergonomics, rating scale technique has been the natural and convenient approach, which has been widely used for intensity, comfort and discomfort assessment. However, such measures infer that the person will be able to verbalize their discomfort. Positional change would be the natural response to this intrusive bodily sensation but not always a choice for the physically challenged child. Parents, carers or professionals often make these decisions.

An emerging literature on the measurement of pain in cognitively impaired children suggests behaviour is a useful indicator of pain[ii]. However, this literature tends to focus on pain that is more clearly defined[iii iv v].

Research design:
Framed within the context of ethics, this investigation used case study design. Eight children, who used positioning equipment, and the parents, professionals and caregivers who on a daily basis use observational skills to interpret and ascribe meaning to levels of comfort and discomfort became integrated units of study. Data collection included interviews, observation in the classroom and video recordings

Preliminary findings:
Discernible expressions of discomfort were observed and reported, as were states of contentment. Everyday methods of practical action and practical reasoning from the perspective of significant others caring for these seemingly vulnerable and powerless children were described.

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A Comparison of the Clinical Reasoning Utilised by Experienced and Student Paediatric Physiotherapists using Spastic Diplegia as a Model

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Background and Purpose: Clinical reasoning in paediatrics is a relatively under-researched area. This qualitative study aims to highlight the similarities and differences between the clinical reasoning strategies used by expert and student physiotherapists with experience of paediatrics. Secondly, this study aims to discover whether clinical reasoning in this field needs to be taught from scratch or is indeed innate. Allied to this, the findings will shed some light on how best to teach and develop clinical reasoning in physiotherapy syllabuses.

Sample: Purposive sampling was used to recruit one expert paediatric physiotherapist and two third year student physiotherapists who had undertaken a paediatric placement in the final year of their training.

Method: Directed by a phenomenological approach, semi-structured interviews were conducted with questions based on a paper-patient with spastic diplegia and guided by the current literature. These interviews were audio-taped.

Data Analysis: The audio-recordings were transcribed and coded to ensure anonymity. Thematical analysis was based on the clinical reasoning strategies and attributes highlighted in the literature.

Results: There were many differences and similarities between the expert and student physiotherapists, some that were expected and some that were not.

Discussion: The findings of this study suggest that knowledge and experience are key factors in determining the breadth and number of clinical reasoning strategies used by physiotherapists. The results suggest that more emphasis should be placed on placement-based learning in order to further develop the clinical reasoning of student physiotherapists.

The Effect of Tilt-in-Space Wheelchairs on Children's Posture and Function

Terry Pountney, Research Physiotherapist, PhD MA MCSP, Ladan Najafi, Clinical Engineer BEng- MSc; Donna Cowan, Consultant Clinical Scientist, BSc PhD MIET MIPEM

Background: There is an increasing use of tilt in space wheelchairs (TIS) for children with cerebral palsy. Tilt-in-space systems are used in this population for diverse reasons. Evidence is limited to guide parents and clinicians as to how the angle of tilt affects posture and function (Nwaobi 1987; Myhr and von Wendt 1991; Sochaniwskyj et al 1991; Reid and Sochaniwskyj 1991 and Meidaner 1990).

Aims: To determine the effects of tilt-in-space on postural ability, comfort and functional ability in children with bilateral cerebral palsy by: Questionnaire to gather views of users of tilt in space wheelchairs and measuring changes in posture & function at different angles of tilt.

Methods: *Phase 1* - a questionnaire was sent to a purposive sample to collect the views of children and parents who currently use TIS. Questions relating to ease of use, criteria for TIS provision and how the TIS is used in the upright and tilted positions were included. The Inclusion criteria were children and young people with cerebral palsy who use a TIS.

Phase 2 - Participants were placed in 3 different angles of tilt consecutively, order of tilt was randomised. Changes in posture and function were measured using the Chailey Levels of Ability, skeletal measures and a datalogger for timing and accuracy of switch use. A child's preference of each position was indicated.

Inclusion criteria: Children with cerebral palsy at Level 3 or below on the Gross Motor Function Classification Scale ; Current user of a special seating system within TIS; Competent switch user and between 5 and 12 years of age.

Results: 37 children were identified as potential participants. 9 questionnaires were returned and 2 children agreed to participate in Phase 2. Children & young people were a mean age of 9 years & participants had used a TIS for between a mean 3.9 years.

Reasons for prescription of TIS included: Head control, tiredness, hanging on straps when tired, parents' request & post-operatively. Different angles of tilt were used for different activities. Parents also commented on the functionality of TIS.

In Phase 2 significant differences were found between skeletal measures at different angles of tilt. The main findings were a lack of clarity regarding why TIS were prescribed & adherence to the safety advice given for travelling in wheelchairs in transport. None of the parents had been given verbal or written information regarding the use of angle of tilt for different activities except for travelling.

Conclusions: Families & children generally liked TIS & would request another in future provision. Issues were raised regarding the functionality of the TIS. Recommendations are for more clarity in criteria for prescription & provision of TIS and advice on how to use different angles of tilt. The small sample size limits the ability of the data to be generalised however it offers some insight into how TIS are prescribed and used.

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Report Writing for Education

Compiled by a working party of the APCP including Linda Fisher and Sarah Crombie, National Committee Members

Physiotherapists are frequently requested to provide written advice for Education on a child's physical requirements within school to maximise function, participation and inclusion. This format has been updated from the APCP Guidance for Paediatric Physiotherapists on the SEN Code of Practice 2001, published in 2003. The changes have been made in light of the increasing emphasis on participation and inclusion and for a child's needs to be met within this framework. This format of report writing can be used for requests for reports to assess for a Statement of Educational Need and for those children who do not require this. Physiotherapists should be providing clear advice for schools on all children they are responsible for, whose physical difficulties impact on their day to day school life.

Aims of written advice from physiotherapists

Physiotherapy advice aims to support children by providing clear and concise information and guidance for schools on the physical status of the child and how this affects their functioning and participation within the school environment. It is not intended to provide detailed information on the child's physiotherapy requirements outside of school, but this may be relevant if the child is likely to miss school as a result of these appointments e.g. orthotic clinics. The advice is intended to inform the school on a) how the child's physical needs will affect them in school, b) how the school might provide for these needs and c) how adaptations are necessary for inclusion. Services work differently as to the specific roles of the occupational therapist and physiotherapist within schools, which may affect the detail of any advice given e.g. seating requirements, access advice. The report may need to reflect this and collaborative reporting with the occupational therapy service is good practice.

This written advice forms part of the legally binding document (for children requiring a Statement of Special Educational Needs) and the following format provides guidance on how to complete the advice.

Description of the child's physical state and functioning

Introduction
This should be a general and positive paragraph giving an overall picture of the child's strengths and abilities, areas for development or maintenance of physical function. It should include:

- Diagnosis (with informed parental consent)
- Relevant background information and developmental history
- Strengths and abilities
- Main physical problems in non-medical terms and current functional difficulties
- Behaviour and co-operation
- Child's current goals and how physiotherapy supports achievement
- Outline of physiotherapy involvement to date
- Brief description of who else is involved in supporting child (e.g.team around the child)

Description of the child's strengths and difficulties

This section should focus on how the child's abilities and difficulties are likely to affect them within the school environment. These need to be specifically related to school situations and examples should be given e.g. how walking ability will affect movement around the classroom and school, how limited motor co-ordination will affect participation in physical education. There should be no doubt as to where the child has difficulties and where support will need to be provided by school staff during the day in order that the child may access the full curriculum and participate in school activities.

The following areas could be included:

- Independent movement on the floor
- Ability to move from the floor up to the sitting and standing positions
- Abilities in the sitting and standing positions (include use of specialist seating, standing equipment or orthotics if relevant)

- Walking ability to include use of stairs, safety on slopes, rough ground, in the playground and distance
- Balance and co-ordination (safety in a crowded playground, ability in PE)
- Motor planning and organisation, body and spatial awareness
- Upper limb function (or refer to Occupational Therapy report)
- Self-help skills and personal care
- Social skills and understanding
- Aids and appliances used to develop and promote mobility and ensure function, stating the reasons for their use. Include use of wheelchair for short or long distances, trike or bicycle

Summary of the child's needs

This should be a brief summary of the section above stating where the child has difficulties and the consequences of these on their education, function and participation. What is required for the child to access the curriculum and be fully included in school?
List the main aims of physical intervention/ management either by yourself within school or by school staff e.g. maintain/develop motor skills and independence, enable access to the curriculum with advice on suitable positioning and equipment, advise/train education staff on appropriate physical management.

PROVISIONS RECOMMENDED TO BE PROVIDED BY EDUCATION

The LEA will need to know what will be required from education staff to support the child within school. This may include staff training needs, time to deliver specific therapy programmes, need for specialist equipment within school or space within teaching areas, including details such as storage and battery charging where motorised equipment is a means of mobility.

It may be useful to detail advice under the following headings:

Assistance with physical activities during the school day (in and out of the classroom)
Detail the level and type of physical assistance the child needs from educational support staff. Include level of help within the class room setting, within the school environment, playground supervision and assistance in specific areas of the curriculum such as physical education.

Environmental requirements
Detail need for ramps, classrooms with level access, need for lift or disabled toileting facilities.

Specialist resources required
Include postural management equipment such as seating and standing requirements, stating the reasons for their use and give examples of how these may be used in the school context. State funding requirements dependent on local policy. Detail if hoisting or any other specialist equipment is required. State how much training is required for the use of this equipment, how often this will need to be reviewed and by whom. It may be necessary to state who should fund any equipment and give details of suppliers and cost.

Manual handling and risk management
This could include all aspects of management and care, bearing in mind future provision for growth or for those children with degenerative conditions. Schools should be reminded that they need to have in place policies for manual handling, fire evacuation, risk assessments and for the reporting and carrying out of emergency procedures.

Special transport requirements
Transport which takes a wheelchair for school trips. The need to consider wheelchair safety.

Physiotherapy programme/specific physical activity
State if a physiotherapy programme is recommended to be undertaken within the school day by school staff. This could be called physical management strategies to prevent confusion of a 'programme' being viewed in isolation to the rest of the child's education and encourage a more holistic approach to meeting the child's needs. State the goals of the programme giving examples of the activity such as: sitting on a bench during story time can help towards child achieving their goal of being able to sit without any support; use of a

standing support to maintain muscle length; having the opportunity to lie out and stretch on a mat enables the child achieve their goal of being comfortable and not in pain.

Detail whether this needs to be done on an individual basis or within a class or group situation. State if there are any requirements such as for adequate space or privacy, or the need for any specific therapy equipment. State how often this needs to be done, how often it will be reviewed and by whom. State the training needs of the staff involved and the time required for regular liaison with the physiotherapist for this and for review of the programme.

PROVISION RECOMMENDED TO BE PROVIDED BY THE PHYSIOTHERAPY SERVICE

You should be as specific as possible about how often a physiotherapist needs to visit the school to review programmes, liaise or train education staff, but may need to be flexible if the child is starting a new school, has changing needs or is due to undergo surgery. It is important for the school to identify how much time they will need to allocate for liaison with a physiotherapist. The school needs to know how much support you are recommending they require in order to undertake the activities you have identified the child needs support with in school. Whether you detail specific therapeutic input by yourself is not usually the remit of the Statement and therefore is not usually required. In cases where therapy needs to be carried out by a physiotherapist, you will need to be specific as to how often this will occur.

Under the 1996 Education Act, health services are only required to provide support to children with a Statement of Educational Needs in so far as their overall resources and priorities allow. You do not therefore need to write as previously advised, that this assessment states the child's needs but not necessarily the availability of resources.
Physiotherapy advice should therefore explain what provision is required by the school to meet the aims identified, the reasons for the provision and what the specific support requirements are within the school setting

The advice about 'how much physiotherapy' remains an individual decision dependent on many factors such as the child and family's needs. It should be as clear as possible without being prescriptive e.g. how long a child should stand in a standing frame. Emphasis should be on a more holistic approach to the child's physical management involving not only physiotherapy programmes if appropriate, but activities that can be incorporated into general class and school activities.

In the SEN Code of Practice 2001, Chapter 7 Statutory Assessment of Special Educational Needs (7.79 and 7.80), states that when advice is requested:

'LEAs should make clear that the Regulations require that the advice must relate to the educational, medical, psychological, or other features that appear relevant to the child's current and future educational needs. The advice must also set out how these features could affect the educational needs, and the provision that is considered appropriate in light of those features. Those giving advice may comment on the amount of provision they consider appropriate. Thus LEAs should not have blanket policies that prevent those giving advice from commenting on the amount they consider a child requires'.

'However the advice provided by all professionals should not be influenced by considerations of the name of the school at which the child might eventually be placed. Specific school must not be suggested.'

Reports should end with the title, name, profession and place of work of the author and be signed and dated. The content of the advice should be discussed with the parents before sending to the LEA.

This advice has been compiled by a working party of the APCP. The remainder of the 'SEN Code of Practice 2001, APCP Guidance for Paediatric Physiotherapists' publication is due for updating in the near future.

APCP Matters

National Committee Matters November 2007

South East Region hosted the APCP national conference at The Copthorne Effingham Park hotel 9th-11th November. The theme was Everybody Matters, Theory and Practice and the South East organising committee worked tirelessly to ensure that the conference ran smoothly and was enjoyed by all. Our thanks to the committee chaired by Lucy Erasmus.

For many national committee members the work begins the day before with meetings of the Executive committee, the website design group, Editorial board and Research and Education group. The Executive committee and Heather Angilley met with Nigel Senior from CSP to discuss operation of the interactive CSP network. APCP is the paediatric network owner.

The National Committee with Regional representatives met on Friday morning before the opening of conference with a large agenda and a tight schedule.

There were three new representatives to committee, Siobhan Goldstraw for North West region, Jenny Sinclair for Northern Ireland and Julie Burslem for Scotland. It was also time to say goodbye to Sally Braithwaite and Sarah Crombie. Sally and Sarah have both made enormous contributions to committee and to the work of APCP. Sally was Editor of the journal and had the onerous task of chasing copy and extending deadlines for those of us who couldn't quite make them – thanks Sally. Sarah has been Research officer and as a committee member has represented APCP on working groups and contributed to many documents. She is not quite "off the hook" and we hope that she will contribute to the revision of the SEN guidance document.

We were also joined by Sharon Dyer our Virtual administrator and business advisor. Having Sharon will allow us to re-structure the committee with some posts becoming obsolete and others changing their emphasis and priorities. The aim of many of the changes is to become more responsive to the needs of our membership.

Agenda items included:

- APCP have been asked to nominate a committee member for the Paediatric sub group of the WCPT. Peta Smith nominated Laura Wiggins as Vice-chair of APCP. The group has initially discussed the scope of practice for paediatric physiotherapist and skills and competencies required. They wish to compare and analyse strategies and interventions used. The group will promote education and research and hope to develop a website for information exchange.
- Peta Smith composed a Training Cuts Statement which has been circulated to Childrens commissioners and other interested parties with a form for feedback and comment. CSP has been copied this information
- APCP was invited by Jenny Gordon of RCN to comment on pain guidelines. Jeanne Hartley offered comments. Further appraisal of the literature is ongoing and Jeanne Hartley will continue to collaborate
- Information to Guide good practice for physiotherapists working with children: Despite delays with publication Linda Fisher informed committee that the document was available for conference. APCP members will receive a free copy.
- APCP was recognised at the last CIG meeting. All clinical interest groups have to amend constitution relating to monies in the event of cessation of a CIG/OG group
- Julia Graham contacted Peta Smith regarding the update of Manual Handling guidelines published by CSP and has agreed to participate on behalf of APCP. Julia also commented that the APCP guidance may need updating and is happy to review this.
- Standing Guidance: Sue Bush indicated that work on this topic is due for completion and asked for information on publication and circulation..
- Competencies; Work is ongoing and Peta Smith asked the competencies working group to prioritise a date for a meeting in January 08.

Officer's reports are detailed in other sections of this journal.

The next National Committee meeting will be 1st February in London. Contact your regional representatives if you have issues for discussion.

Laura Wiggins

Annual General Meeting - Minutes

The 34th Annual General Meeting held on Saturday 10th November 2007 at The Copthorne Effingham Park Hotel, West Sussex beginning at 12 noon

The Chairman, Peta Smith reminded those present that this meeting was for members only.

1. **Apologies for absence:**
   Apologies were received from Dawn Pickering, Marina Di Marco, Terry Pountney, Lesley Smith and Di Coggings
2. **Minutes of the last meeting**
   The minutes of the 33rd Annual General Meeting held at The Crowne Plaza Hotel Glasgow, were available for members to read. The minutes were approved and signed accordingly
   Proposed: Sally Braithwaite
   Seconded: Lindsay Rae
3. **Matters arising**
   There were no matters arising
4. **Chairman's Report: Peta Smith**

The following report was presented by Peta Smith

APCP national committee has been working tirelessly on behalf of the membership throughout the past year working towards the main aims of the Association to advance and promote the paediatric physiotherapy profession, provide leadership and direction, foster excellence in practice, education and research and promote high standards of healthcare throughout the four countries of the UK.

The work has continued unabated. Our voices have been shouting loudly to be heard making contributions to all aspects of the NHS modernization agendas.

We have not been afraid to tackle difficult issues and we are much stronger for this.

The 10 year NHS plan across the countries of the UK, partnership working, Every child matters - change for children and NSF for Children, Young People & Maternity Services for England and for Wales, Our Children and Young People – Our Pledge in Northern Ireland , and the National Framework for Service Change - Child Healthcare Services in Scotland, continues to raise the profile of all children including those with disability and also recognizes the importance of paediatric specialists.

This year has been exceedingly challenging for healthcare professionals in all areas of the NHS but particularly within the changing context and development of children's services.

The restructuring and reconfiguration of the NHS presents us with many challenges and opportunities. It is moving us forward rapidly into new ways of working to ensure delivery of effective support to children, young people and their families.

This year has also seen many Strategic Health Authorities focusing on financial recovery. As a result there are certain specialties and professions who are deemed at high risk as their associated services may well become unsustainable in the future.

The reorganization and restructuring of many Children's therapy services across the UK has been high on the list of concerns for many members both in management and in clinical working. The paediatric healthcare workforce, as a whole, has been affected by reconfiguration leading to a demotivated workforce and low morale within the services.

APCP has offered opinion, voiced concern and supported many members on related matters at both regional and Governmental levels.

We are certain that as a professional body we must work to ensure that paediatric physiotherapists retain

their professional autonomy, have self regulation in professional and clinical matters, and have the freedom to exercise professional judgment in the care and treatment of children and young people.

Integrated Children's Services is about joined up services centered on the needs of children, young people and their families. It includes how services are planned, commissioned and delivered and moves away from the traditional structuring of services around professional disciplines.

It poses the question are teamwork and professional autonomy compatible, and do they result in improved care?

Team working has resulted in greater responsibilities for health professionals, and has also blurred boundaries between them. It has increased the need for interdependence among professionals and other support and managerial personnel.

Many health professionals perceive team working as decreasing their personal professional autonomy. This undermines worker satisfaction and can contribute to an unstable workforce.

Integrated team working can be a positive relationship. Studies have shown however that team working, works best, where individual professional autonomy is retained, recognized and encouraged within the team. For a team to work closely and effectively, in an integrated way, requires commitment from staff; good communication between the team members and also their management, and also the acknowledgment and recognition of the personal qualities that each individual professional brings to the team. Professional boundaries may become less significant over time, allowing the team to evolve and develop innovative practices as a dynamic process, to which all team members can contribute and support fully.

Team members, however, should be secure in their own roles and professional identity, to feel safe enough to share and defer their professional autonomy in order to work effectively together.

I strongly believe it is important that we, as a profession, **must** stand up and speak out to maintain our own professional integrity and not see the total demise of the "physiotherapy team." All the healthcare professions have, in common, the requirement of their members to acquire and maintain specialist knowledge; derive a knowledge-based authority; control their conduct by professional codes of conduct and standards of practice to ensure and provide appropriate, effective, high quality standards of care to the children and families that we become involved with.

Professional autonomy is important, and it is equally important that organizations should be encouraged to promote and encourage this autonomy without fearing that it might undermine teamwork. Professional identity must be respected and not be lost within the restructuring processes.

I will now dismount my soap box and tell you about just what the national committee of APCP has been up to over the past 12 months!

At the beginning of the year APCP was invited to have representation at an inaugural meeting held at the Royal College of Paediatrics And Child Health RCPCH entitled 'Bringing About Sustainable Improvements in Children's Services'. Dave Threfall from PPIMS represented APCP at this meeting. The focus of the meeting was on the role of the Institute of Child Health in supporting child health issues. The work of this group will be on going and Dave will continue to feedback to APCP on this work. My thanks go to him.

One of the chief objectives of APCP is to raise the profile of our chosen profession within the whole NHS agenda. Linda Fisher and I compiled a report on the issues surrounding the paediatric physiotherapy workforce which was published in the Journal and also available on APCP website. In February we represented APCP and presented this report to the Paediatric Workforce Review Team at a meeting in London at the RCPCH.

The Workforce Review Team (WRT) is a national body working on behalf of the NHS in England. It aims to produce reliable data and intelligence about the workforce needed to deliver high quality modern healthcare, to meet changing demands for the Department of Health, SHA's and Individual trusts. It helps to drive decision making and shape workforce strategies. WRT is currently working with stakeholders to identify

high risk specialty areas, to raise their respective profiles and ensure the implications of reduced investment in these areas are fully understood.

As I have already indicated earlier in this report, Linda and I felt somewhat disconcerted following this meeting to realize how low morale was within the paediatric workforce across the board from the highly specialist Consultant groups to the individual professional bodies who work within the NHS for children's services.

In recent years the WRT has issued annual recommendations for the healthcare workforce by professional groups however APCP, along with the CSP, have expressed concerns that physiotherapy is rarely looked at individually but lumped together with the other allied healthcare professions and that the data relating to physiotherapy was sometimes flawed.

To be able to put forward our views, opinions and express our concerns for paediatric physiotherapy to a body that are specifically looking at the NHS workforce delivering children's services seems a more appropriate forum and hopefully gives us a louder voice. This was a very successful meeting with physiotherapy prominent in discussion.

In 2008/9 the WRT will be placing their recommendations by issuing a workforce risk assessment drawn up from the workforce review process, data collection and in consultation with the SHA's and employers. APCP will continue to feed information and opinion into the Paediatric Workforce Review Team.

My very sincere thanks go to Linda for all her help and support in producing this piece of work and for attending the meeting with me.

In April, Linda Fisher set up a working group looking at APCP standards for members undertaking work as expert witnesses and related issues, such as, NHS practioners and private practitioners both reporting to Special Educational Needs tribunals, at the request for clarification on these issues from the CSP.

The purpose of this was:

- To prepare a general advise sheet that will be useful to APCP and CSP when asked by solicitors what factors should be taken into account when there is conflict between NHS and private reports. This piece of work is now finished and also included in the Information to Guide for Good Practice document which I will refer to later and will be posted on the APCP website
- To establish if there was a need to update the APCP SEN Code of Practice: Guidance for Paediatric Physiotherapists. Sections have been updated and will be published in the journal but it was recognized during the process that further updating was needed and this project will be on going to complete next year.
- To establish if there is a need to revise APCP Paediatric Physiotherapy Guidance for Good Practice last revised 2002 in the light of supporting choices for parents and integrated working practices. This has now also been agreed in need of updating and this project is also on going and for completion next year.

Updating the RCN Children's Pain Guideline

The Royal College of Nursing had in 1999 developed guidelines for the recognition and assessment of acute pain in children which this year was in need of updating.

In May APCP was invited by the national Collaborating Centre, Nursing and Supportive Care to have representation on this project.

The RCN felt it was important to ensure that AHP representatives were invited to join them in updating the guidelines. We were invited to contribute by commenting on the draft document which was out for Consultation in July 2007. Following feedback, the review team acknowledged that there was little information in the document relating to episodes of acute pain in children with special needs. A further

literature search was carried out on the subject and the evidence appraised. It is now hoped that the full document will now be available for Consultation before the end of December. The RCN have expressed their appreciation of the involvement of APCP in this project and value our contribution.

Thanks to Jeanne Hartley Clinical Specialist Physiotherapist GOSH who agreed to contribute to this project on behalf of APCP.

World Confederation of Physical Therapy (WCPT)

This year APCP was invited by Barbara Connolly Distinguished Service Professor and Chair of the Dept of Physical Therapy and past president of the equivalent of APCP in USA to be one of the international professional groups, to propose to the World Confederation of Physical Therapy WCPT that a Paediatric Physiotherapy sub group was formed. The other countries involved in making the proposal were Australia, Cyprus, Canada, Ireland, Kenya, Netherlands, New Zealand, Sri Lanka and the USA.

The International Organization of Physical Therapists in Paediatrics (IOPTP) has since been approved by the World Confederation of Physical Therapy at the General Meeting held on June 2, 2007 in Canada. The inaugural meeting of the IOPTP was held on Sunday, June 3, 2007 in Vancouver. 60 people attended and the Countries represented at this inaugural meeting were Australia, Bhuton, Brazil, Canada, Cyprus, Denmark, Hong Kong, Ireland, Italy, Netherlands, New Zealand, Nigeria, Sweden, United Kingdom and the United States. APCP was represented at this meeting by Lucy Alderson, a senior paediatric physiotherapist from GOSH who was presenting a paper at WCPT Conference this year and who kindly agreed to attend the meeting and represent us.

The purpose of the International Organization of Physical Therapist in Paediatrics is to provide a means by which WCPT members having a common interest in children and their families may meet, confer, and promote these interests worldwide.

Barbara Connelly was nominated, seconded and accepted as President.

Discussion took place surrounding what a pediatric subgroup could do to address practice, education and research in pediatric physical therapy. Most of the discussion centered around the subjects of scope of practice, research and evidence based practice, education/continuing education, networking/ communication, and public relations.

Priorities identified for the group were

- the setting up of a website and sharing information through a WCPT discussion board
- to investigate access to journals of member organizations
- Work/plan for next WCPT Conference in 2011 in Amsterdam
- Consider pre-conference course in Paediatrics in 2011

APCP are keen to be involved in IOPTP and will continue to work to support and to develop the organization. Watch out for further details on this on icsp.

Our thanks go to Lucy for representing us at that meeting and for feeding back the information.

Each year APCP NC appoints working groups to try to develop and advance specific projects that have been identified as a priority for us to address.

In July APCP held another Working Weekend this time in Belfast. This was a hard working few days which proved extremely positive and allowed us to be able to move forward on a number of projects that we are currently working on, and promoted full active discussion, information and opinion sharing.

As Chair I would like to express my very sincere thanks to all the members of the working party who so generously gave up their precious weekend time to devote to furthering these important projects.

Three working groups looked at

- The development of a Competence Framework for Paediatric Physiotherapy.
- Options for APCP to consider when producing guidelines for practice that are at present under development supported by CSP's SKIPP Supporting Knowledge in Physiotherapy Practice project.
- Information to Guide Good Practice document.

We were delighted to have 4 of the professional advisors from CSP, who we invited over to work with us over the weekend. On behalf of the national committee I would like to express our very sincere thanks to them for their time and support.

The work on the Competence framework is long and exhaustive. APCP has recognized the need for the CIG to respond to the government's agenda on the development of competences within the healthcare sector. The recent frameworks such as the National Workforce Competence Framework for Children's Services and the National Workforce Competence Framework for Maternity and care of the Newborn Services highlight the way in which paediatric care is being described in terms of the competences required by staff to deliver high quality care in this area. Mairead O'Siochru, CPD Adviser at the CSP, attended the weekend to continue working with and guiding this group through the complex process. This group will continue to work on the project with Mairead in the coming year.

The group has also been working with Mairead and contributing to the CSP's work on the AHP Career Framework and the development of the Competence map relating to the Allied Health Professions through the Skills for Health National Reference Group.

Linda Fisher will be representing APCP at the final Skills for Health AHP National Reference Group Meeting which will be held on to be held on Tuesday 13 November 2007 in London.

APCP invited Ralph Hammond, Professional Adviser and Lead Project Officer for the CSP Guideline programme review and Supporting Knowledge in Physiotherapy Practice (SKIPP) project and Dawn Wheeler, Head of the Research and Clinical Effectiveness Unit, CSP, to join them on the Saturday. They were working with the group who are looking into a more standardized approach to the development of clinical, evidenced based guidelines for paediatric physiotherapy. APCP is keen to share CSP's thinking on this subject. Producing evidenced based guidelines is an extremely complex subject and Ralph and Dawn helped us to begin to understand the processes required and defined for us the products which could ultimately be produced. These products include clinical guidelines, evidence notes, service exemplars and physiotherapy technology assessments.

Ralph and Dawn gave a presentation to everyone explaining CSPs Guidelines Programme Review (2006) and the SKIPP project. This was followed by an afternoon workshop aimed at developing evidenced based products for on going projects. Dawn and Ralph will continue to support the specific working parties of the affiliated groups who are at present working on evidenced based related products such as the Working group developing Botulinum toxin guidelines, a project Chaired by Lesley Katchburian, a lengthy process but it is a topic of wide interest and much complexity. The neonatal group APCP is currently starting work on Guidance on the treatment or non treatment of positional Talipes and guidance relating to the Respiratory Care for Neonates in the Neonatal Intensive Care Unit. The Neuromuscular group APCP is currently working on guidelines for the treatment of neuromuscular disorders. Dawn and Ralph will continue to advise on issues to do with resources, project planning and timescales.

Leonie Dawson Professional Adviser and Linda Fisher led the work on the joint CSP and APCP publication Physiotherapists Working With Children - Information To Guide Good Practice Part One of the Paediatric Physiotherapy Competence Framework.

Thanks must go to Adare Brady for the organization of this weekend and my special thanks to all of the national committee for their hard work and dedication and for giving up their valuable free time to forward these projects.

As a result of Linda and Leonie's hard work not only over this weekend but throughout this past year I am very happy that we are at this Conference able to launch the joint CSP and APCP publication **Physiotherapists Working With Children - Information To Guide Good Practice - part One of the Competence Framework.**

This guide is intended to be a resource for the Commissioners of services for children and young people, the Managers of children's services, the managers and clinical leads for paediatric therapy services, clinicians working in paediatric physiotherapy, parents and interested children. It is intended that the information in this booklet and the forthcoming document on 'Competences to deliver services for children and young people who require physiotherapy services' (to be published in 2008) will be particularly aimed and circulated to the Commissioners and Directors of Children's Physiotherapy services across the 4 countries of the UK and also to help and support clinicians working within paediatric physiotherapy services as well as those managing, developing and delivering services for children to ensure that children and young people receive quality service provision. This piece of work will being carried out in collaboration with the CSP.

You will all have a copy in your Conference bags. The document will be downloadable from the APCP website for individual and departmental use. Our thanks go to everyone who contributed to the vast amount of relevant information that is included in the document. Special thanks go to Mary Harrison for her very substantial contribution to the project. Poor Mary was dragged out of retirement without too much arm twisting and initially commissioned by NC to gather information from various parties, delete duplication and start working on the format of headings for the publication. Linda Fisher, Terry Pountney, Leonie Dawson and Linda Griffiths in the CSP Library Information Services Unit, for the final stages of editing and ensuring that the document was circulated to the other CSP CIGS for consultation prior to completion. Very sincere thanks to them all for their hard work and persistence to bring this huge project in on a relatively short time scale. I hope the members will find it a useful and valuable tool. It is planned that the document will be regularly updated and is why an E document was the preferred option to deliver the contents. NC will be very happy to receive feed back from the membership and others on the contents and format.

In July APCP was contacted, through Julia Graham, to have representation on the CSP working group to review the new CSP Moving and Handling Guidelines. As Julia was involved in the original CSP guidelines and APCP's **Moving and Handling Guidance** she volunteered to represent us on this project.

APCP along with the other CIGS were asked to produce a case study to be included in the document and to produce a 500 word SIG information sheet for an appendix which will prompt physiotherapists to think of Paediatrics as a specialist area and identify the specific needs around the moving and handling of children and young people.

A consensus conference is being held on November 23rd and once again Julia will represent APCP at this Conference. Following this, the document will be finalized by an editorial team and go to print ready for launch at the DLF Moving and Handling Conference in London at the end of January 2008.

Many thanks Julia for continuing to lead on this specialist subject for APCP your expertise, knowledge and experience in this field is valued and appreciated. The text will be available on i CSP from around 19th October for consultation/comment by the membership until about the 30th October. APCP plan in the next year to revisit our own publication to review and update it.

Earlier this year Trent region expressed to NC the concerns of members within their region relating to difficulty in obtaining funding and being released for study leave from the workplace to attend APCP events and courses and the impact this had on the viability of the Trent region of APCP. They sadly had to take the decision to suspended regional activity for the remainder of this year.

Rather disturbingly many other APCP members had contacted APCP with similar worries and concerns regarding the effects of financial constraints within the NHS on training budgets, asking if APCP could intervene on their behalf. In response to this I called for and collated experiences, concerns and opinion from the membership nationally. From this information we compiled a report expressing our grave concerns. This report was sent out to NC of both APCP and PPIMS for Consultation and had also been forwarded to CSP. Copies have now been sent to the Children's Commissioners in all 4 countries, to the Chief Execs of NHS organizations across the UK asking them to cascade and circulate the statement to the Directors and managers

of Children's services nationally. Copies of the full report are available on APCP web site. My thanks to all who contributed to this document, and a special thank you to Marina Morrow for her considerable contribution.

At last years AGM the membership voted to agree the increase in subscription charges to allow us to move forward to employ a **Business Manager and Virtual Administrator** for APCP to provide a range of business and administrative services to support the increasing workload of the National Committee and to act as the interface between APCP and its members.

I am very pleased to warmly welcome Sharon Dyer to Conference this year.

Sharon was appointed in September, after due processes, and I hope that many of you will have a chance to introduce yourselves to her during Conference. Fiona Moore has lead on this project and my very sincere thanks go to her for all her hard work in making this happen. She will formally introduce Sharon to you all later. Sharon has hit the ground running and already been working hard to support the association.

One of the administrator's roles will be working along side the PR officer and the Moderators of APCP icsp site to further develop and redesign the APCP website moving to independent hosting of the site which is at present hosted by the CSP.

Sharon, working with the executive committee, short listed 6 website design companies All of these companies had very impressive portfolios of clients and were chosen for the diversity of their work with corporate clients as well as with Associations and clubs in the not-for-profit sectors.

Following extensive reviews of all tenders, earlier in the year, it was decided that we would invite Areza to meet the executive Committee on Thursday.

It is planned that eventually the new site should include some new pages such as:

- an easy to use search engine for ease of navigation around the site
- Job boards
- Membership Registration page so new members can register and existing members can up-date their details and pay for their subscriptions quickly and securely on-line with their credit cards.
- Events page for members to register to attend APCP events nationally and regionally with the incorporation of on-line payment mechanisms. This page will also incorporate other events of interest in addition to APCP events
- Directory or Market place page incorporating links to an on-line library and store for members to shop for publications, merchandise and source business and paediatric services as well as search through APCP's library of existing publications again, with the on-line payment mechanism
- It is envisaged that each region and affiliated specialist group will have a section to showcase their activities and work.
- A contacts page for visitors (the public) to find and contact a physiotherapist or specialists for advice and help as well as contacting the National Committee
- Polling section for members to be able to vote and/or on specific issues
- Built in membership database

This is an extremely exciting and important venture for the Association and will free up time of the secretary, membership secretary, and publications officer. Please watch this space.

Work on the Evidence based guidelines for physiotherapists on the use of Botulinum Toxin in children with neurological conditions is nearing completion. You will have heard their processes and findings in their presentation at this Conference. This guidance is targeted at paediatric physiotherapists involved in the management of children with neurological conditions where BTX-A may be an appropriate adjunctive treatment. Special thanks to the working party Lesley Katchburian (chair), Stephanie Cawker, Susan Coombe, Robert Shaw, Laura Wiggins, and Elspeth Will for their time, commitment in working together to produce this complex document.

At this point on behalf of NC I would also like to extend many thanks to the Moderators of the Paediatric forum of icsp hosted by APCP for their contribution to maintaining this network, one of the most successful

on the icsp site. This work once again is carried out by them in their own time. Their contribution is much appreciated. icsp is a free, easy-to-use website enabling members (and only members) to share knowledge based on each user's specific clinical, professional and workplace interests. It provides quick access to resources, including documents, news, events and useful websites, and also to peers through email and online discussions.

On behalf of the Moderators I would like to thank everyone who has contributed to the site which has made it so successful and to those of you who haven't - how about it?

APCP continues to support the affiliated specialist interest groups within paediatric physiotherapy. This year we are pleased to announce that Paediatric Physiotherapists in Management Support PPIMS have voted to join with us and become an affiliated group of APCP. Membership to PPIMS is open to CSP members who are responsible for the strategic planning and implementation of paediatric physiotherapy services and is a voice which leads, influences and promotes paediatric physiotherapy management.

APCP welcomes the opportunity to work collaboratively with PPIMS to promote paediatric physiotherapy in all its contexts. The experience they bring to the association will be extremely valuable and will strengthen the voice of the Association in the modernization agenda. I hope this is a long and happy association

The established affiliated groups continue to meet and develop in their specialist areas. The business plans for each group this year follows:

Neonatal group provide an expert body of skills and knowledge in the field on neonatal physiotherapy. It has just held it's third very successful Conference and study day and AGM. Over the next two years the objectives of the group are :

- to produce an Evidence based paper on physiotherapy management of positional talipes and on respiratory care to the newborn in the NICU.
- Evidences based paper on plagiocepahly
- To develop and promote access to continuing professional development (CPD) on various aspects of neonatal physiotherapy through specialist conferences, study days and courses.

Neuro-muscular group has 60 members they continue to work with the National Muscular Dystrophy Campaign to promote the role of paediatric physiotherapy for children in this specialist area and provide an expert body of skills and knowledge in the field of neuromuscular disorders

- They plan to complete the write up of DMD 'best practice guidelines' and disseminate the recommendations.
- Develop a rolling programme of physiotherapy workshops
- To explore possibilities of MDC providing bursaries to support physiotherapists undertaking research studies in the field of NMD
- To commit to hosting a neuromuscular conference alongside the annual APCP conference in November 2008

Critical Care Group held its AGM in July whereby the members present voted to extend the membership to include clinicians working in all aspects of paediatric respiratory care due to the evolving nature within paediatrics. We will be canvassing the current membership and following consensus we will move to change our constitution to incorporate this. We have continued to hold regular study days and have begun work on developing consensus guidelines on the use of mucolytics in intubated patients which we hope to complete in 18 months time.

Finally as I come to the close of this lengthy report - seems to me we have been far too busy this year! Some final words of thanks.

Firstly to the regional reps of APCP for their work in disseminating and facilitating communication between NC and it members your efforts and support are much appreciated.

My first year as Chair has been as you can see has been busy, stimulating, and eventful and I must admit at times even a little stressful. There are however a few more people who I have to thank for supporting me in this role and without whose support and it would have been an impossible task.

Importantly thanks to my own work colleagues in Kent for their patience and letting me bend the odd ear or two when things were getting a little bit too much. Secondly to my line manager, Claire Poole, for her continuing support and for recognizing the value of supporting her staff to be fully active and involved in our professional association.

I now want to pay tribute to the stirling work, dedication and commitment of the national committee of APCP over this past year, and especially to their support to me during my first year in Office. The wealth and variety of their experience makes this a formidable team. It never ceases to amaze me that when I ask for a volunteer to take on a piece of work someone just steps up to the mark. Thanks do not convey the debt I owe you all. You are an amazing bunch of people.

I also have a few special mentions, firstly Fiona Moore for her staying on as Treasurer for an extra year to see through the employment of the first Administrator for APCP, a fine achievement which I am sure will be a of great value to the work of the NC. Also for her advice and management of all things financial that have enabled the Association to progress forward another step, Fiona stepped down from the post at the NC meeting yesterday and we welcome Lynda New as the new Treasurer to keep a hand on the purse strings. Fiona remains on national committee for another year working closely with Sharon particularly in the further development of the APCP website.

I must make a special mention to Linda Fisher who not only unfailingly answers my desperate emails with reassurance and humour and attempts to calm me down at times of stress but has stepped up to the mark repeatedly throughout the year to volunteer to take on and drive many of the projects APCP are proud to have achieved on your behalf this year.

Again special thanks to the retiring PRO Lindsay Rae, Lindsay has worked tirelessly over the past year on the development, launch and upkeep of the APCP website.

To members of NC who retired from office during the year and to those retiring today, I wish you all the best and on behalf of the membership thank you for devoting time and effort to ensure the growth and success of APCP.

Standing down following the last AGM were Gill Holmes, Adele Leake, Alison Gilmour, Felicity Dickson, Elaine Lloyd Sally Braithwaite and Sarah Crombie.

May 2007 to 2008 prove as rewarding and as exciting in the work and challenges we face as this past year has been.

To you as members your support is valued, appreciated and necessary to help us as a profession continue to grow and develop.

APCP is strong. I am determined that we remain focussed and persistent in pursing our key goals. To remain strong we need the support of you the members, please try to encourage your work colleagues to join with the choir of APCP in raising the rafters with the house of the NHS as we continue to sing out for pediatric physiotherapy.

As a united body we can perhaps be the small stones that start an avalanche which will ultimately ensure the sustainability of our profession.

Proposed: Sue Coombe
Seconded: Mary Harrison

5. Treasurer's Report: Fiona Moore

The audit of the 2006 Financial Accounts for APCP has now been completed by the Nicklin Partnership Accountants, and a summary of the balance sheets will appear in the December Journal for the membership to view.

There is nothing remarkable to report with regard to the 2006 accounts in that costs have remained consistent with recent previous years and income exceeded expenditure.

The membership will re-call that APCP subscriptions were raised this year to £40 for full membership, and that this increase had been proposed to enable the Association to develop a paid Administrator's post to support Committee Members with the ever increasing workload of the Association.

As a non-profit making and relatively small organisation, we were anxious not to encumber ourselves with complex employment legislation and therefore felt we could not consider direct employment of an Administrator. It was agreed that we had to look at ways of contracting the work in some way - this led me into the world of "Virtual Administrators"! Contracting the services of a Virtual Administrator means that the Association will be paying for the hours of work required from month to month to fulfil the identified tasks and no more, and will not have any of the normal employer's responsibilities.

Earlier in the year a business proposal was developed that outlined the tasks that we would want to contract out and the estimated hours we expected might be involved. The proposal included the fact that we would expect the Administrator to attend both National Committee meetings and the APCP Conference each year. This proposal was circulated and Virtual Administrators invited to tender for the contract.

Six tenders were received - they all differed slightly in various details but all quoted similar rates for services. Three of these tenders were rejected due to the fact that services provided would be fulfilled by more than one individual and it was felt that it would be better for APCP to have one identified individual.

As of September 2007 the services of Sharon Dyer of Electrodoc Solutions and Business Support Services have been formally contracted. A copy of the Business Contract will be printed in the December Journal.

At present the contract states that the Association will pay a monthly retainer fee each month in advance for 60 hours (any unused hours to be carried over to the following month) with an allowance for additional hours worked to be invoiced at the end of each month (to a maximum of 40 hours per month).

Sharon has worked with both the CSP and CIG groups in the past and so is already familiar with these organisations. This fact helped in the final decision, as it was felt that her previous knowledge would be of significant benefit in helping the National Committee to develop a strategy for utilising the services of a Virtual Administrator to best effect.

Sharon Dyer was called to the floor to be introduced.

Adoption of the Treasurers report
Proposed: Laura Wiggins
Seconded: Peta Smith

6. Adoption of the Auditors.

The Nicklin Partnership was formally adopted
Proposed: Fiona Down
Seconded: Jeanne Hartley

7. PRO's Report: Lindsay Rae

I am continuing to receive a steady flow of e-mails from the website about many different issues. I try and ask for help replying to these if they are not just an administrative issue with whoever I think may be appropriate.

Over the last couple of weeks the CSP have been working on the server so the website has been difficult to access. This should be sorted in the next week or so.

Both Peta Smith and I have been contacted by Praab Suleman the Public Relations Officer at the CSP. She has just returned from maternity leave and is keen to work with the clinical interest and occupational groups to promote their work. She is keen for us to keep her informed of any work that we are doing especially if it would create media or public interest.

Sue Booth has been in contact again this year about having the APCP stand at 'Kidz Up North' and so we have arranged for the display boards etc to be transported up there following conference. This year she has got some help from work colleagues of both hers and Heather Angilleys.

8. Research Officer's Report/ Education Report: Jeanne Hartley

Jeanne Hartley began with apologies from Dawn Pickering who was unable to attend due to family circumstances. Jeanne delivered the following report:

The last year been quite busy for the Research and Education Group, with involvement in several courses as well as research carried out by members of APCP and students.

Courses:
Study day for OCPPP/Physio First May 2007. APCP were asked to provide a day course on paediatric physiotherapy during the annual Physio First conference in Nottingham in May 2007. Geraldine Hastings spoke about legal issues concerning working with children and Jeanne Hartley about orthopaedic conditions that may be seen by those working in private practice. The day evaluated well and APCP may be asked to contribute speakers for further courses.

Introduction to Paediatrics – Belfast, September 2007. This 4 day course was attended by 18 delegates and evaluated well.

It is planned to hold an Advanced Orthopaedic Course in May 2008 in Swindon - please look out for information regarding this in APCP Journal.

Suggestions of topics for future courses have been made and will be considered by the Research and Education Committee - again information regarding any courses to be held will be advertised in APCP Journal - please keep an eye open for announcements.

Accreditation of courses: I am pleased to report that there is now a process in place to ensure that courses, including those available to members of APCP, have been accredited and of an acceptable standard. This can only be for the good of the membership in the climate of financial constraints and the need for ensuring continuing professional development.

Research:
Research bursaries: At the present time several members have benefited from funding support for their research and reports of their projects will be in the next Journal. There will be an announcement in the March Journal 2008 asking for applications for the next bursary round which will be considered by the Research and Education Group at the National Committee meeting in the autumn of 2008. If anyone is interested in discussing any research ideas with me before then please contact me – my details are in the Journal.

Thank you to those members who have volunteered to help with student projects etc over the past year and also to those who continue to be on the list. I am grateful for the time you give to helping, particularly as I do think it important that we encourage students to be interested in paediatrics and hopefully they will consider working with children in the long term.

9. Election of Committee Members.

A notice of committee vacancies was published in the APCP journal. The secretary received two nominations. Lynda New proposed by Fiona Moore, seconded by Peta smith and Lesley Katchburian, proposed by Jeanne Hartley, seconded by Sue Coombe
Lynda New and Lesley Katchburian were elected unopposed.

10. Honorary Members

There were no nominations for Honorary member

11. Any other competent business

There were no other items of business

12. Date, time and place of next AGM

November 2008, Leeds the date to be confirmed in the APCP journal

The meeting closed at 12.50pm

APCP Annual Accounts 2007

NATIONAL ACCOUNT

	2006 (£)		2005 (£)
Fixed Assets			
Computer Equipment	477		
Current Assets			
Cash at Bank	86,994		77,334
Conference Debtor – 2006	5,000		5,000
		91,994	
		92,471	
Accumulated Fund			
Balance brought forward at 31.12.05		83,337	
Add: Surplus/(Deficit) for the year	9,134		
Balance carried forward at 31.12.2006		92,471	

Income	2006 (£)		2005 (£)
Subscriptions	41,408		43,263
CSP Capitation Fees	3,614		2,331
Courses	5,000		1,325
Advertising	1,900		600
Publications	3,620		1,838
Received from Conference			2,608
Publishing Licensing Fees	2,831		
Sundry	100		52
Bank Interest	2,087		2,200
		60,560	

Expenditure	2006 (£)		2005 (£)
Catering and Accommodation	7,817		8,715
Committee Travel & Subsistence	12,222		12,491
Honorarium	1,650		2,475
Postage, Stationary & Telephone	5,560		5,838
Accountancy Fees	1,704		1,645
Course Expenditure	1,904		1,422
Publications	12,286		16,265
Conference - profit share	2,899		
Bank Charges	100		
Conference and AGM Expenses	3,214		6,570
Depreciation of Computer Equipment	526		1,588
Donation	100		
Research Bursaries	3,343		15,534
Neuromuscular start-up	1,000		
		51,426	

CONFERENCE ACCOUNT		2006 (£)
Accumulated Fund		
Add: Surplus / (Deficit) for the year	6,632	
Balance carried forward at 31.12.06		6,632

WEST MIDLANDS REGION

Accumulated Fund		
Balance brought forward at 31.12.05	4,841	
Add: Surplus / (Deficit) for year	-496	
Balance carried forward at 31.12.06		4,345

EAST ANGLIA REGION

Accumulated Fund		
Balance brought forward 31.12.05	2,741	
Add: Surplus / (Deficit) for year	-37	
Balance carried forward 31.12.06		2,740

LONDON REGION

Accumulated Fund		
Balance brought forward 31.12.05	1,083	
Add: Surplus / (Deficit) for year	781	
Balance carried forward 31.12.06		1,864

NORTH EAST REGION

Accumulated Fund		
Balance brought forward 31.12.05	3,760	
Add: Surplus / (Deficit) for year	-363	
Balance carried forward 31.12.06		3,397

NORTH WEST REGION

Accumulated Fund		
Balance brought forward 31.12.05	4,965	
Add: Surplus / (Deficit) for year	-1,117	
Balance carried forward 31.12.06		3,848

SCOTLAND REGION

Accumulated Fund		
Balance brought forward 31.12.05	4,290	
Add: Surplus / (Deficit) for year	628	
Balance carried forward 31.12.06		4,918

SOUTH EAST REGION

Accumulated Fund		
Balance brought forward 31.12.05	4,003	
Add: Surplus / (Deficit) for year	-240	
Balance carried forward 31.12.06		3,763

SOUTH WEST REGION

Accumulated Fund		
Balance brought forward 31.12.05	1,336	
Add: Surplus / (Deficit) for year	357	
Balance carried forward 31.12.06		1,693

TRENT REGION

Accumulated Fund		
Balance brought forward 31.12.05	1,038	
Add: Surplus / (Deficit) for year	-290	
Balance carried forward 31.12.06		748

WALES REGION

Accumulated Fund		
Balance brought forward 31.12.05	1,269	
Add: Surplus / (Deficit) for year	1,211	
Balance carried forward 31.12.06		2,480

NORTHERN IRELAND REGION

Accumulated Fund		
Balance brought forward 31.12.05	384	
Add: Surplus / (Deficit) for year	-118	
Balance carried forward 31.12.06		266

NEONATAL GROUP

Accumulated Fund		
Balance brought forward 31.12.05	2,854	
Add: Surplus / (Deficit) for year	-220	
Balance carried forward 31.12.06		2,634

CRITICAL CARE GROUP

Accumulated Fund		
Balance brought forward 31.12.05	2,323	
Add: Surplus / (Deficit) for year	520	
Balance carried forward 31.12.06		2,843

NEUROMUSCULAR GROUP

Accumulated Fund		
Balance brought forward 31.12.05	0	
Add: Surplus / (Deficit) for year	612	
Balance carried forward 31.12.06		612

A Summary of the Service Contract between Electrodoc Solutions and Business Support Services and APCP

Responsible to: APCP National Committee
Accountable to: APCP National Secretary
Responsible: APCP Administration and Business Management

Main duties and responsibilities:

- To be cognisant of the national and international work of the APCP and with other areas of physiotherapy practice such as research and education.
- To assist the National Committee to develop a business plan with regular reviews and work collaboratively with the CSP, clinical interest/occupational groups (CI/OGs) of the CSP, and other relevant organisations.
- To be responsible for the development, management, and maintenance of the membership database and website.
- To ensure that the National Committee, the APCP sub-groups and all committees are all fully and effectively advised on issues relating to all aspects of the APCP's activities.
- To work co-operatively for best effect, with the APCP membership to ensure full engagement with the membership.
- To provide a range of administrative services such as:
  - handling general enquiries from members and others outside the organisation
  - processing of new membership applications
  - administrative management of APCP meetings
  - sourcing goods and services
  - general correspondence and other reasonable administrative duties to be agreed between the parties.
- To assist the Conference Organisation Committee with all aspects of event management with regard to the APCP Annual Conference.
- To assist the APCP Editor with production of the quarterly journal.
- Manage the material resources of the APCP - i.e. APCP publications and merchandise.
- To assist the Education Liaison Officer and Regional / Affiliated Group Committees with the administrative management of courses and study days.

Principal Terms and Charges

- For work carried out during normal working hours - £25.00 per hour - to a maximum of 25 hours per week (100 hours per month)
- A retainer, based on 60 hours per month at a rate of £25.00 per hour, to be paid in advance each month - unused hours to be credited back to APCP.
- Any hours to be worked over and above the maximum weekly hours will be mutually agreed between APCP and The Electordoc Solutions & Business Support (ESBS), as and when required.
- Charges quoted are exclusive of VAT for which APCP will be liable.
- The Virtual Administrator/Business Manager (VA/BM) will be expected to be available to attend the 4 National Committee meetings each year and the APCP Annual Conference.
- TheVA/BM will be available to process the majority of the membership subscriptions renewals in January / February each year.

Fiona Moore
Treasurer

APCP Statement on Training Cuts

This statement been prepared by the Association of Paediatric Chartered Physiotherapists (APCP) in conjunction with Paediatric Physiotherapists in Management PPIMS October 2007

The purpose of this statement is to express our grave concerns regarding the damaging cuts in education and training budgets reported by paediatric physiotherapists and managers across the United Kingdom. It also serves to support APCP members in their efforts to secure funding and study leave to attend study days, courses, APCP national and regional committee meetings, and also to highlight to healthcare employers and managers the problems that they are experiencing.

It is also aimed at influencing health care policymakers, commissioners and employers to provide enhanced CPD support for paediatric physiotherapists and APCP would like to draw the attention of these agencies that Protected CPD time allocation and funding for training and learning is necessary and effective in supporting healthcare workers to meet patient care and service delivery needs.

Executive Statement

The National Health Service (NHS) is accountable for continually improving the quality of its services and maintaining high standards of clinical care. To do this effectively, fostering an environment of clinical excellence where employees are encouraged to take responsibility for ensuring excellent quality of work can only be beneficial to patients. Employees should feel confident in their ability to deliver up to date patient services by highlighting areas where practice could be improved and skill acquisition is achievable. By the same token, employers should be in a position to act upon employee feedback and recognise their duty in ensuring appropriate learning and skill achievement is easily accessible.

In 2002, the concept of clinical governance was further developed within the Agenda for Change (AFC) framework. Using the principles of social partnership, the Department of Health (DoH) together with trade unions and professional bodies were able to establish a model of pay and conditions that links knowledge and skills with progression through the pay scale.

Whilst there is a body of literature that verifies the importance of continuing professional development (CPD), many staff report to facing barriers when trying to access, what many believe is not only their right but also their duty, to educational funding and study leave. In the current climate, many Health Authorities have announced cuts by up to one third of their education and training finances to make savings so as to respond to budgetary deficits. This has left many professional staff feeling frustrated by the current perception that education has regressed to a state where it is only accessible to those who can afford it in terms of financial status, time and work within a supportive learning environment.

Despite the fact the DoH have acknowledged the need for CPD and in fact have made it synonymous with working within the NHS, many professionals feel the situation is paradoxical. If staff are unable to fulfil the requirements set out in the Knowledge and Skills Framework (KSF) through the aforementioned points, they will be unable to progress through the pay scale.

In this situation it will be up to not only individual Health Authorities but also individual departments to strategically manage this situation by

- dovetailing budgets with study leave for staff
- ensuring patient care and waiting list targets are not compromised whilst staff are on study leave
- maintaining a high standard of knowledge and skills across all staff groups

This may appear to be an impossible situation, nevertheless, it will have to be managed. Creative solutions working within strict parameters require visionary thinking and it may be up to individual departments to interpret these challenges in order to resolve potential crisis management.

However, difficulty with access to CPD opportunities is not only a problem with obtaining study leave and budgets, it is also linked to

- problems with staff working in remote settings
- part time staff being overlooked for study leave in relation to full time staff
- older staff members being overlooked in favour of younger team members
- personal feelings of guilt reported by clinicians when time is taken away from direct patient contact.

Finding an equitable solution will not be an easy task but it is important that flexible working arrangements, coupled with a variety of CPD opportunities to suit all learning types may be the way forward. Learning on the job should not be under estimated as a CPD opportunity and staff should further explore methods of passing on information and experience in both the individual and group setting. Teaching clinicians new skills with regard to becoming managers of their own careers should be encouraged as many skills learned on management courses can assist staff with the day to day management of their own caseloads which can assist to free up more time for CPD opportunities. This coupled with protected study leave time may assist with a possible solution.

The answer to such a problem within such a large and diverse organisation will not be easily solved and managers and staff must work together to explore all options both in the public and private sector. Determining a model of CPD opportunities will require flexibility and creativity with multiple options bearing in mind the "one size does not fit all" paradigm.

Introduction

The Chartered Society of Physiotherapy (CSP) is the professional, educational and trade union body for chartered physiotherapists, physiotherapy assistants and students in the UK, representing around 47,000 Chartered Physiotherapists, physiotherapy assistants and students.

The **Association of Paediatric Chartered Physiotherapists** is one of the largest recognized clinical interest groups (1600 members) of the Chartered Society of Physiotherapy. Membership consists of Chartered Physiotherapists and Paediatric Physiotherapy Service managers working throughout England, Scotland Wales and Northern Ireland. The APCP has a national committee with representatives from the Regional branches. The Association also has affiliated groups which have a specific interest in specialist fields of Paediatrics such as the Neonatal Care group, the Critical care group and the Neuromuscular Group.

The objectives of the Association of Paediatric Chartered Physiotherapists are: -

- To promote Paediatric Physiotherapy so that children and young people who would benefit from intervention and support from physiotherapy receive a quality service
- To provide a forum to promote the exchange of ideas among members to support continuous clinical development and service progressions
- To promote excellent clinical practice
- To promote and facilitate postgraduate education in Paediatric Physiotherapy
- To encourage research and development in Paediatric Physiotherapy and related fields
- To develop and maintain links with other relevant organisations, both within the UK and overseas
- To represent Paediatric Physiotherapy on behalf of the Chartered Society of Physiotherapy.

Paediatric physiotherapists and physiotherapy assistants work in various healthcare settings both in the acute hospitals and in community setting employed by the NHS PCT's. They may also work in an Education setting such as preschool nurseries, mainstream and special schools. They provide services to children and young people from 0-19 years, to nurture and support their health and development.

Paediatric Physiotherapy Services are delivered in both Acute Hospital Trusts and community services within NHS Primary Care Trusts. NHS restructuring, development of Foundations Trusts, merging of PCT's and the development of Children Trusts are adding more problems into the equation. The views expressed by members in regard to problems they have experienced came from both these sectors.

APCP is extremely concerned by the many reports we have received from members, both managers and clinicians, employed in the acute and community settings around the UK outlining the difficulties they are experiencing, within the NHS workplace, to be able to secure funding and study leave to attend APCP organized courses and study days as well as training opportunities by other organizations. It is felt that these cuts in funding are driven purely by financial constraints of the NHS. This will ultimately effect their ability to fully achieve the objectives and targets relating to Children's Healthcare services as outlined below.

- Without being able to access specialist training because of lack of funding or not being granted adequate study leave to attend specialist courses and training, paediatric physiotherapists will be unable to fully and competently develop the skills and knowledge they need in order to deliver a quality service supporting the objectives and targets of the appropriate Department of Health and Department for Skills and Education priorities and expected outcomes for children including those stated within the Children Act 2004 and in England the Children and Young People and Maternity Services National Standard Framework (NSF) and Every Child Matters Changes for Children. In Ireland the Children Northern Ireland Order 1995 and Our Children and Young People – Our Pledge a ten year strategy (2006 -2016) to produce improved outcomes for all children.

  In Scotland, the National Framework for Service Change in the NHS in Scotland – (2005)
  Child Healthcare services in Scotland and in Wales the Children's NSF for Wales (2005) and by the Children and Young Peoples Specialist Service Standards (2005)

- Paediatric physiotherapists are expected, and have the willingness to be flexible, competent and confident in their ability to provide quality accessible modern health care.
- They are committed to the rehabilitation of babies, children and young people who, because of injury, illness or disability, require physiotherapy intervention.
- They have the purpose to make major contributions and have a direct impact to supporting the Governments modernization agenda.
- Training budgets around the United Kingdom for healthcare professionals have been radically cut by up to a third in some parts as strategic healthcare authorities make savings to deal with deficits as reported in October 2006 by Graham Clews in the Health Service Journal
- The National Service Framework for children, young people and maternity services published in September 2004 set standards for children's health and social services with services being designed and delivered around the needs of the child and families.
- As children and young people's needs differ from those of adults, so the knowledge and skills required by staff working with them requires specialist training.
- Standard 8 Disabled Children and Young People and those with complex health needs states that Disabled children and young people who require ongoing health interventions have access to high quality, evidence-based care, delivered by staff who have the right skills for diagnosis, assessment, treatment and ongoing care and support.
- NSF for Children states that Organisations must have appropriately skilled staff to meet the demands for new and improved services for children and young people to support the modernisation agenda. This is made nearly impossible if there is no designated training budget for therapy staff or further financial restrictions in already inadequate training budgets for the professional development of staff
- Children and young people have a right to access physio-therapeutic care by practitioners who have up to date knowledge, skills and abilities.
- The complexities and developments of the reconfiguration and restructuring of NHS also requires that many practitioners have a wider range of skills which require efficient structured support for CPD.

Current situation

APCP is concerned that, predominantly, training budgets have been relatively small regardless of the number of staff within a service. They have also been based on affordable budget rather than a recognized need. This continues to worsen because of the present restrictive financial climate within the NHS

- Incredibly a number of managers, including many of the large Children's Hospital's report that their Services have **no funding** for training at all and have to rely on staff self funding to attended courses/ study days. One member says that the NHS Trust they work for has no training budget at all for the Occupational Therapy or Physiotherapy department. They are allowed to attend any relevant and free 'in house training'.
- Paediatric Physiotherapy Services are constantly reconfiguring, with managers having to determine how best to match resources with the needs and demands of their staff development. This includes adjusting skill mix, often downgrading roles to band 5 and 6 from 7, rather than developing more senior clinical roles. In the long-term this could well compromise quality, effectiveness and efficiency.
- There are limited opportunities for Continuing Professional Development with Paediatric Physiotherapy.
- Very little financial investment is available generally across the country for education, learning and personal development training. This makes it difficult for staff to access the required developments outlined in the Knowledge and Skills Framework. Training budgets have been cut or restricted. **Such lack of investment, even in the short term, will have long term consequences in the ability of the NHS to recruit staff in the future, meet the raising demands of health care and offer patients a service which is effective, evidence based and best known practice.**
- The lack of senior clinical posts without losing direct patient contact, for career progression, creates problems in retention of experienced staff now and in the future. This is a considerable concern. It is often a key factor in decisions made by clinicians to leave the clinical field of work.

Paediatric Physiotherapy Services

APCP would urge all paediatric physiotherapy managers to ensure that during the appraisal or clinical supervision system, when a need has been identified for an individual to develop a specialist knowledge and/or skill through formal teaching/ courses and that need has been documented in the staff member's PDP, that NHS Trusts honour the recommendations and support the member of staff in achieving the set objective.

- The APCP is developing a competence-based framework. Evidence of Competence to practice has been identified as being important to the Commissioners of health services. APCP is at present developing our own Competence Framework to support Paediatric Physiotherapists delivering consistent high standards of care and intervention to children and young people. It is proposed this will help to ensure that we, as providers, meet the standards required, not only under the statutory frameworks but the standards set by the CSP, Health Professionals Council HPC and APCP to ensure a consistent high quality standard of care for children and young people. APCP's competence framework will be linked to the Skills for Health, licensed by the DfES to develop the health workforce across the UK. The Competence framework, like the Skills for Health competence framework, will be linked in turn to the Knowledge and Skills Framework (KSF). It will also support continuing professional development and career progression, both essential to ensure quality practice to enable children and young people to reach their fullest potential and achieve the five outcomes (Every Child Matters). It will be recommended by APCP to be used in the appraisal and planning for professional development of paediatric physiotherapists and assistants. This may identify the practitioner's need to attend external formal training, which should be documented in the individuals personal development plan (PDP).
- NHS KSF supports the effective learning and development of individuals and teams - with all staff being supported to learn throughout their careers, and being given the resources to do so (DoH, 2004).
- KSF is a valuable way of supporting effective learning and development of individuals and teams in the post in which they are employed so they can be effective at work. It provides a consistent, comprehensive and explicit framework on which to base review and development for all staff. Review will be based on the KSF post outline linked to the job. Developmental needs are identified and plans for how these will be achieved are documented to be reviewed for progress at a given date.
- KSF appraisal also requires evidence of continuing professional development, particularly important when at a pay gateway.

The continuous cycle of learning, development and review is at the core of this structure. KSF strongly reflects the service standards for physiotherapy set out by The European Region of the World Confederation for

Physical Therapy (ERWCPT). These standards promote identifiable skills and knowledge linked with the associated training and how this training will be achieved (Bourne *et al*, 2007).

APCP propose that Job descriptions should clearly state the importance of a clinician keeping up to date with innovations and developments within their field of interest. Practitioners should ensure that when planning their KSF and PDP's they specify what they need to achieve in terms of study. KSF related targets should be specified on study leave applications evidencing the need for an individual's development.

Continuing professional development is defined by the Health Professions Council (HPC) "as a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice' (HPC, 2006).

CPD is also recognised as an essential component of professional responsibility and accountability. It should improve practice by encouraging reflection, evaluation and attention to evidence and research (O'Sullivan, 2004).

Continuous Professional Development (CPD)

The paediatric workforce learns good practice through Continuing Professional Development (CPD). This also enables us to achieve the outcomes outlined in Every Child Matters : Change for Children

1. Be healthy
2. Stay safe
3. Enjoy and achieve
4. Make a positive contribution
5. Achieve economic well being

CPD enhances the quality of care that patients and clients receive from practitioners. While it is ultimately an individual's responsibility to keep knowledge and skills up to date through CPD, APCP and the CSP recognizes that support is required for CPD to be effectively undertaken and evaluated. Clinicians cannot continue to perform at a level required to maintain competence and provide an evidence based service for the children we see, unless we have the support of Managers, Trusts, SHA and Government to enable essential study leave and funding.

- The APCP supports and welcomes the joint statement on Continuing Professional Development (CPD) published April 2nd 2007, made by the CSP and ten other health-related professional bodies, who signed up to a joint statement, aimed at influencing health and social care policymakers, commissioners and employers to provide enhanced CPD support for health and social practitioners. It would like to draw the attention of these agencies to the recommendations in the statement that Protected CPD time allocation is necessary and effective in supporting healthcare workers to meet patient care and service delivery needs.
- CSP define CPD as a systematic, ongoing structured process of maintaining, developing and enhancing skills, knowledge and competence both professionally and personally in order to improve performance at work'. It should also be noted that employers, peers and patients have expectations in relation to level and currency of knowledge (Bahn,2006).
- The Healthcare Professional Council HPC, the statutory regulator that works to protect the health and well being of people using the services, define CPD as 'a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.' CPD is now a legal requirement for the registration of professionals throughout the UK
- The Chartered Society of Physiotherapy favours an obligatory policy on CPD. This policy is enforced through the Rules of Professional Conduct, which uphold a number of outcome measures that must be achieved by practicing physiotherapists (O'Sullivan, 2004).
- The HPC, requires all healthcare workers to be able to produce evidence of continuing professional development in order to prove that practitioners meet the standards required to be registered fit to practice. This should include mandatory courses, profession specific courses, reflective practice, inter-professional activities-collaborative working, professional activity, presentations and publications.

- CPD activity is guided by annual appraisals and the production of a personal development plan PDP which should be agreed with the manager.

APCP acknowledges that CPD includes, reflective practice work based learning through regular clinical supervision sessions, self-directed learning, professional activity as well as formal learning. The APCP acknowledge that when it comes to learning, each individual learns in a different way i.e. one size doesn't fit all (Gould et al, 2006). APCP recognizes that professionals must have a variety of learning opportunities in order to provide an effective and efficient workforce.

APCP regional and national committee members are actively involved in work undertaken in representing paediatric physiotherapy for the CSP, including implementing the Government modernisation agenda. However some members are encountering difficulties and obstruction from managers in obtaining study leave to attend the committee meetings necessary to carry out this valuable work.

It is essential that the work of both the national and regional committees continues and develops so that our voice can be heard

- APCP representatives work to advance and safeguard the specialist field of our profession. They are dedicated, enthusiastic and passionate about advancing our profession. The work that they do is carried out voluntarily. It is essential that the work of both the national and regional committees continues especially in light of the fast changing NHS reforms that are at present dominating our working lives and causing much concern and low morale throughout the paediatric workforce.
- APCP must continue to have a voice in the many government led agendas and forum's relating nationally to children's services offering our experience, views and opinions.
- Involvement in the professional body and the clinical interest group keeps members abreast of national initiatives, development reviews and good practice. It assists the membership to work through current research and evidence which can often be conflicting and works with specialist physiotherapists from around the UK to develop clear guidance for good practice. It also increases awareness and knowledge of national bodies such as Skills for Health and their role in developing work related competencies & competence frameworks. The impact of this broader professional involvement benefits the quality of practice, service delivery and the children we see on a day to day basis. It allows practitioners to draw on learning and increased knowledge such as drawing up treatment plans that are based on best available evidence.
- APCP national committee hold four committee meetings a year, two at CSP head quarters in London and two in the regions. Once a year a working weekend is arranged for members to work on specific projects that the organisation has undertaken such as developing Evidenced Based Guidelines for Practice; amending the Constitution; to identify plan education and training needs; develop a competence framework. All expenses incurred are covered in full by APCP. Members do however have to request study leave from their workplace to attend. Increasingly committee members are absent from these vital meetings because these requests have not been granted. Many members take annual leave to attend. Most activities undertaken by the committee members are undertaken in their own time. All the work carried out by APCP is voluntary even when members are engaged in full time employment within the NHS.
- APCP would like to emphasize that it is vital that preparation and days for meetings which are not strictly study are still essential to personal development as well as the development of the profession and to the core skills that we are all expected to achieve.
- Many of the regional committees have also reported poor attendance, as involvement with APCP, at a committee level, is actively discouraged by their managers who express the views that they do not see how the individual involvement with APCP will enhance or develop their teams locally. **This is extremely short sighted and to be deplored.**
- Study days planned regionally by those committee's rely on members being able to attend. Feedback from the membership informs us that although they are keen to attend these study days they cannot secure funding or study leave from the workplace and this often results in the courses having to be cancelled at the last minute.
- Trent region, one of the largest APCP regions has had to suspend operations for this year for such reasons.
- The education sub committee of APCP supports, develops and promotes post graduate training and

the training of physiotherapy assistants nationally. The committee works tirelessly to develop appropriate high quality training by experts in the various fields of Paediatrics which are valued by the membership. Evaluation of these specialist courses is extremely positive, and this has been recognized by regional training units who have bought the courses to run in their regions.
- APCP itself has recently had to cancel it's very popular Introduction to Paediatrics Course which they were planning. This course is nearly always oversubscribed and deemed by us as an important course to introduce physiotherapists to the field of paediatrics.

Morale amongst the paediatric physiotherapy workforce is very low. It is worrying to hear that many members feel undervalued, demoralized and demotivated, and feel that they do not have the support of their managers to facilitate progression in their professional development. Some of these experienced therapists are even considering leaving the profession. This is as a result of financial constraints in training budgets, coupled with the uncertainty brought about by the reconfiguration of services.

Finally just a few of the examples sent to us by both clinicians and managers in paediatric physiotherapy. We received many reports from various NHS Trusts outlining similar concerns and problems. These professionals asked for their contributions to this document to remain anonymous.

- Many managers reporting that they have no funding at all for training and rely on staff to self fund training
- One manager reports "clinical managers are no longer able to sign off study leave forms and the forms are having to go to the Directors of Services who will often refuse as they struggle to 'save money"
- One manager reports "To be honest I am fed up of having to go on bended knees any time one of my staff wants to attend anything to support their learning, even if it is written into their KSF or PDP. I must say that the problems seem to be locally at the level of high finance management and not particularly at service management level, but that is no comfort at all"
- A Team Leader reports that staff morale in her team is very low. Some staff haven't attended a clinical course in **over 3 years**. She reports that their CPD folders/evidence contains many examples of reflective practice but very little new learning.
- 'I and colleagues are currently thinking about leaving the profession as we feel undervalued and unsupported.'- (numerous reports in this vane)
- Numerous reports by members saying that staff in their departments are 'having to pay for specialist courses themselves.
- Many then report that they are then not being granted study leave by their managers resulting in them not only having to fund themselves but also having to take annual leave to attend
- Others report paying for courses themselves and then find that the course/study day has been cancelled because of lack of support/applicants
- One member reports that a therapist who had organized a course within their team was unable to attend because she was not granted study leave.
- Another reports that in the experience of their team, full time staff are given preference over part time staff when securing funding and study leave for courses and specialist training.
- One manager reports 'we have an annual budget of £344 for 7 members of staff. We have not been told to take annual leave to be able to attend courses but we tend to pay half the fee ourselves or not go. We are already nearly out of funds and have 2 new members of staff who should be able to attend more.'

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Peta Smith, Chair: Association of Chartered Paediatric Physiotherapists (APCP)
Marina Morrow National Committee Member APCP

Research and Education

RESEARCH

For once, as I sit down to write this piece, I am excited – several people have been in touch to register their research interests or offer help with projects – a 400% rise on the usual number of contacts! Thank you - perhaps I can now stop nagging – no! - that may compromise what is expected from me!

I am also excited because it is my privilege to present, for your delight and delectation, contributions to this page from members whose research is being supported by APCP bursaries. I thought it would be good for you to see how APCP monies are being used, as well as perhaps inspiring some of you to consider taking that first step to exploring some aspect of your practice, investigating new ideas, auditing outcomes etc. etc. The list goes on……….! At the National Committee meeting in November the Research and Education Committee will meet to discuss the next funding round for bursaries and how these will be dealt with. Of course information will not be available in this Journal as the copy date is before the meeting but I promise there will be information in the March edition. If you are considering applying for funding please do get in touch with me soon to discuss your ideas etc – don't wait for March. By then I will know exactly what has been agreed (or not) and will have a PLAN!

So here are the reports – please read and be inspired!

From Sue Bush

Standing Guidance Group

The inaugural meeting of the group took place at the CSP on May 18th this year. The decision was made to produce *Guidance* rather than *Guidelines*, due to the anticipated lack of hard evidence on which to base guidelines.

We decided on the overall structure of the Guidance. We produced key words for the literature search with the help of Linda Griffiths, one of the CSP librarians.

The search has now been performed and members of the group are categorising the papers according to the categories we agreed. We are using a wiki, an interactive website, to facilitate communication with each other during this process.

We meet again on 11th October when we will compare our appraisals of four representative types of paper, (a systematic review, a random controlled trial, a cohort study and a case study) to ensure that we are all applying the same criteria when we proceed with the review of the literature.

Thanks to the APCP for funding this work

All inquiries about this ongoing work to Sue Bush, suebush2001@yahoo.com

From Sarah Crombie

The physical management of children with cerebral palsy in mainstream schools.

Children with cerebral palsy (CP) continue to require physiotherapy intervention once they enter mainstream education. Models of practice vary as to how physiotherapy services and schools work collaboratively to meet the physical needs of the child. My first study aimed to explore the views and experiences of those involved with the child's physical management, both in and out of school, their expectations and limitations of their role within the current system.

Focus groups and individual interviews were conducted with parents of children with CP, paediatric physiotherapists and school staff across two NHS Trusts in West Sussex. Three focus groups with parents of primary school aged children with CP were conducted to explore views regarding children's physiotherapy needs at home and in school. Two further focus groups were conducted with twelve paediatric physiotherapists to explore views on the provision of physiotherapy services for this group of children. Thirteen semi-structured interviews with teachers and teaching assistants in mainstream primary schools were carried out to explore views and experiences in the management of these children within the school environment. All focus groups and interviews were audio-taped, transcribed and thematic analysis was conducted.

Four main themes were identified: perceptions of the roles and responsibilities of those involved in the physical management of the child; attitude and approach of schools towards disability; integrating physical goals with those of education and competence of school staff to meet the child's physical needs.

This study identified key factors influencing the inclusion of children with CP into mainstream school. It highlighted the need for a more collaborative practice, clear communication and management models that ensure that a child's individual physical needs are addressed within the ethos of inclusion.

In order to ultimately develop and evaluate an effective multi-agency model of practice to meet the child's needs in school, more research is necessary to further explore these factors and complex interactions which have been found to impact on practice. My current study utilises a case study design exploring these factors within the dynamic context of the school environment.

From Cate Naylor:

'Modified constraint induced movement therapy for young children with congenital hemiplegic cerebral palsy – a randomised controlled trial'

The aim of my trial was to evaluate the effectiveness of a modified method of constraint induced movement therapy (CIMT) on hand function in young children with congenital hemiplegic cerebral palsy. Unlike previous CIMT studies where physical restraint of the unaffected arm used a splint or plaster cast, this study investigated the use of gentle restraint by an adult's hand and verbal encouragement. Treatment was a structured programme of play activities one hour a day for 28 days administered by therapists twice weekly and parents on other days. The trial was a multi-centre randomised controlled trial design. Children with congenital hemiplegic cerebral palsy aged 18 months to 5 years were randomly assigned to treatment and control groups using a minimisation method to ensure the two groups were balanced for age, severity of symptoms and learning difficulties. Treatment effectiveness was evaluated using the Quality of Upper Extremity Skills Test which provided information related to movement and postural responses and the Assisting Hand Assessment which evaluated bi-manular hand function. 43 children were recruited from 8 Trusts. Numbers in each centre varied and were determined by the total population meeting the inclusion criteria and their willingness to take part. Results so far are very positive and all the children have demonstrated improved hand function following the intervention.

I am very grateful to the APCP for giving me a grant to help me run this trial and look forward to presenting my work at the APCP conference in November.

Cate Naylor MSc MCSP

From Geraldine Hastings:

Reflecting on my PhD journey…the experience so far

(Cowen, 1997 p184) has stated that 'getting' a PhD can be a lonely endeavour, interrupted only by informal chats with an indifferent supervisor. Personally, I have found my journey so far to be creative and cerebral under the supervision of two inspiring and motivating senior academics who support me academically and pastorally. Of course, the experience has been a frustrating struggle at times due mainly to formal institutional procedures. However, my biggest challenge is balancing my doctoral studies with a part-time academic post in physiotherapy in the School of Health care Studies, Cardiff University. I endeavour to make links between my PhD research, my professional role and BSc student research projects. These collaborations have generated many opportunities for me to give papers at various national and international conferences this year, here are a few examples. Early this year I spoke at the Socio-Legal Studies Association Postgraduate Conference, University of Bristol on *'Ethical Issues in Socio-Legal Research'*. In June, I attended the 5th Interdisciplinary Communication Medicine and Ethics Conference, at the University of Lugano, Switzerland. I presented a paper with Jessica Froud (Cardiff University Graduate) entitled *'The efficacy of using written information leaflets to empower children in health related decisions…a physiotherapy perspective'*. We were the only physiotherapists at this Conference which gave us the opportunity to publicise our profession. Finally, in August I spoke about *'Ethical Issues for Paediatric Physiotherapists planning Public Health Research'* at the 21st European Conference on Philosophy of Medicine and Health Care. These opportunities have enabled me to share my ideas with other academics, philosophers and social science researchers from around the world.

In conjunction with presenting at conferences I have worked tirelessly to obtain institutional ethical approval for the empirical component of my thesis. This required extensive preparation of the research proposal and associated documentation such information sheets, consent forms, interview schedules etc. Whilst researching in this area I discovered that qualitative research involving children involves rigorous, lengthy, and ongoing preparation to meet and maintain high ethical standards and governance requirements. In health and social care settings, the issue of negotiating access through '*gatekeepers*' is somewhat problematic for researchers using qualitative methods. Qualitative researchers of course are often interested in social processes e.g. patient/client participation or decision making in organisational settings such as the NHS and mainstream schools. However, in the current governance climate researchers need to

negotiate access by agreeing a robust rationale for the ways in which potential research participants are approached and invited to participate. I have discovered that as a researcher I am viewed differently to a practising paediatric physiotherapist (despite my clinical background). This contrast has made negotiating access particularly difficult and time consuming for me especially as I am approaching the research as a socio-legal researcher. I understand that Ethics Committees have a brief to protect the interests of participants who are viewed as vulnerable, such as children. Nevertheless, the current form of gate keeping has a significant impact on the procedures qualitative researchers are able to adopt in relation to, accessing children as research participants, ensuring informed consent, minimising risks, anonymity and confidentiality. Although these ethical issues are not unique to children, they do reduce children's ability to participate in research therefore minimising research opportunities for researchers like myself.

I am happy to report that I climbed over my first gate in May this year when I received approval for my research study from the School of Law Ethics Review Panel. I am currently negotiating my next gate, that is, the combined LREC and R & D ethical review application through the National Research Ethics Service (formerly COREC). This process has included.

- Formal discussion with the physiotherapy managers to obtain permission to invite staff to participate in the research study
- Securing Sponsorship and Indemnity from the University.
- Negotiating access to the NHS Organisation via the local R & D Department including obtaining an honorary contract and a Criminal Records Bureau (CRB) check

At this stage there is an element of *'if I knew then what I know now'*…perhaps I might not have started this journey. Of course *'what I know now'* is comprehensively more about topics such as qualitative research methods, research with children and bioethics to name but a few. As the main aim of the PhD process for me was to grow as an academic, a researcher and a person I feel that I am well on the way to a successful outcome.

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And last but not least Terry Pountney:

The Effect of Tilt-in-Space Wheelchairs on Children's Posture and Function

Terry Pountney, Research Physiotherapist, PhD MA MCSP, Ladan Najafi, Clinical Engineer BEng- MSc, Donna Cowan, Consultant Clinical Scientist, BSc PhD MIET MIPEM
Chailey Heritage Clinical Services

There is an increasing use of tilt in space wheelchairs in wheelchair and special seating services for children with cerebral palsy. Tilt-in-space systems are used in this population for a number of reasons including improved head control; as a position for eating & drinking; as a resting position; to control posture, during seizures, manual handling, increased sitting tolerance, comfort and reduction of compressive forces in spine. However, there is limited evidence to support the use of tilt in space wheelchairs for the above reasons in children with cerebral palsy. Other evidence suggests that tilt may have a negative effect on some aspects of posture and function. Research is needed to determine which areas of posture, function and comfort are affected by altering the angle of tilt and to provide guidance on the duration and angle of tilt.

This study aims to determine the effects of tilt-in-space on postural ability, comfort and functional ability in children with bilateral cerebral palsy.

The study is in 2 phases.
Phase 1 - A questionnaire was developed to collect the views of children, parents who currently use tilt in space wheelchairs. Questions relating to ease of use, criteria for choosing a tilt in space wheelchair and how often the chair is used in the upright and tilted positions were included. The inclusion criteria for this study were children and young people with cerebral palsy who use a tilt in space wheelchair system.

Phase 2 - a randomised cross-over design with children acting as their own controls. This phase of the study involved measurement of a range of parameters with the child at different angles of tilt.

Recruitment to the study proved extremely difficult despite approaching a number of sources and mailing to a large number of parents. The data that we have collected does offer some interesting insight into the prescription and provision of Tilt in Space wheelchairs and how they are used in practice.

The findings of the study are currently being written up for presentation at APCP conference and will be submitted to APCP journal.

Thank you to Sue, Terry, Cate, Geraldine and Sarah – and congratulations on your work. I do hope you are all as impressed as I am by these contributions and will be spurred on to consider looking at aspects of your own practice and contribute to the body of paediatric physiotherapy knowledge.

Well that's it. Although this is being written in early October I would like to wish you all a very Happy Christmas and much luck for 2008!

Jeanne Hartley
Research Officer

Regional and Affiliated Groups' Reports

SOUTH WEST

We held our regional AGM on Monday 1st October at Salisbury District Hospital attached to our study day on "Orthotics" by Marion Levine. Both were well supported, with members going away enriched with knowledge of the different styles of orthotics available and an understanding of which may be of value in which circumstances. Not to mention the value of understanding the 'needs' of your child and multi disciplinary team working!

Many thanks to Fiona Osmond and Diana Heatly for organising the study day. Feedback from the day was excellent with many members requesting we run the 'advanced' orthotics course Marion leads. Other feedback included ideas for other study days in the region. We will prioritise and discuss these ideas at the next regional committee meeting. Watch this space… (and the website)

The AGM saw Sharon Meadows and Robbie Shaw elected for their second 4 year term. Sue Close will take over as regional Chair person when returning from maternity leave in the New Year, and myself standing down as my time on the regional committee has been completed.

Looking forward to a cool crisp spring following the Christmas and New Year celebrations.

LYNDA NEW

SCOTLAND

The first of my duties as the new Scottish regional representative and I very nearly missed the deadline – not a good start!

I would just like to say a BIG thank you to Alison Gilmour for all her hard work over the last 7 years as the Chair of our Committee and for getting us all through conference last year without too many grey hairs! Hopefully we will be able to continue on in her absence maintaining the same high standards.

The vacancies in the regional committee have now been filled with new volunteers in post and I would like to extend my thanks to them for giving up their time and offering their commitment. We cover a huge geographical area and the regional committee have a very important role in disseminating information from both national and regional meetings.

We are very lucky to have a strong membership following within Scotland, but that doesn't mean that we are not always on the look out for new members! So if you are interested in joining APCP, please contact me direct at Julie.Burslem@hpct.scot.nhs.uk or fill in the form at the back of the APCP Journal or log on to the interactive CSP website and download a form.

Our regional study day took place on Wednesday 26th September in Perth and was very well attended and enjoyed by all. An overview of the theory and practice of rebound was covered, as well as continence issues in paediatrics, chronic fatigue and hippotherapy – assessment and treatment. A varied, but interesting day! Thank you to Janet for organizing the event which was her last official duty before retiring from the committee!

We now have a newly appointed Training Organiser – Gillian Ferguson – and we are keen to hear your ideas as to what you would be interested in with regard to future study days. We tend to hold 2 study days a year and they are generally run in the Edinburgh/Glasgow/Perth localities to be accessible for the majority of members. Any good speakers you may have heard that you think would speak well at one of these events, then please let us know! They are run for your benefit and to maintain our CPD, so please let us hear your ideas – you can pass this information on to your local representative or email me direct.

JULIE BURSLEM

NORTH EAST

As we look forward to Christmas we are also planning more courses for the forthcoming year.

We recently held a very successful day course to encourage the inclusion of disabled children in sport and how we can impact the PE curriculum. There were even enough members to hold the AGM!

Next Spring we have a day course about **Sensory Integration**. It will be held in Pontefract on **16th April** and places will be limited to 30. So book early! In future flyers for courses will be sent by email where possible to reduce postage costs. Please distribute them in your workplace.

It is the turn of our region to organise the National Conference in 2008. This is a big undertaking for which we need an augmented committee. We are fortunate to have some previous members of the National Committee who have joined us again to help us as we plan and we hope to have a strong evidence base for the content. The neuromuscular affiliated group will also run a study day alongside.

If you feel you would like to help us in this venture then please contact me or the Secretary, Heather Wills, at Heather.Wills@nth.nhs.uk

HEATHER ANGILLEY

LONDON

Firstly a big thank you to the team from St Mary's who came to present their updated work on 'The Mobility MOT' At 'The Sarah Prior memorial lecture'. We had a really successful evening with an excellent turn out, and were delighted to be joined by Sarah's family to celebrate Sarah's life and work. We raised around £300 which will go to their charity. We are considering having an annual Memorial lecture and would welcome your thoughts and ideas.

Conference will have been and gone but we hope all those who went found it informative and useful. Our free place went to Jacqui Borgia this year so we especially hope she had a good time. As this was only the second year we have offered you a free place we always wonder how we can get more of you to try for it without the burden of extra work. We want this to be a reward to you, our members who support us, and feel it should not involve any more hard work! At our last lecture we did have what I thought was an excellent suggestion – the more lectures you attend the more chance you have to win the place, your attendance pays for it after all. I'm planning to raise it at the next committee meeting so let me know what you think.

At our AGM Lesley Katchburian stepped down as Chair. At our next meeting we will appoint a new Chair and will let you know who has taken it up. The minutes of the AGM will be circulated by Christina but if you want a copy let her know at the usual address raftec@gosh.nhs.uk. Also please let Christina or me know if you have any regional news you would like to be circulated we have had positive feedback from circulating information by email so please remember this network.

STEPHANIE CAWKER

TRENT

Due to poor attendance at regional meetings and lack of support for training days, which has a detrimental effect on creating the necessary funds for supporting our existence, we are currently only meeting, informally, twice a year. Although a small, and getting smaller due to retirements, group we value the opportunity to meet in order to share experiences. This has been particularly valuable around the agenda for change process. We would welcome the attendance of members to our meetings so if you are interested please get in touch. We would be willing to be flexible around date, time and venues.

SUZANNE LAWRENCE

WEST MIDLANDS

The West Midlands Committee are thinking about running some discussion forums to enable members across the region to share practice. It is hoped representatives from different trusts and any individuals could attend to feedback on what they do locally. We plan to send out a questionnaire prior to each forum and present the information gathered during the course of the meeting. This really is an informal way of gathering information and sharing practice.

The first forum is on the use of standing frames, questionnaires have already been distributed to West Midlands members and the forum is due to be held at Wilson Stuart School on Tuesday 11th December from 12.30 – 4.00 pm (buffet provided). If you have not received a questionnaire and would like to attend please email me and I can send out some information. Future forums will be based on the success of the standing frame forum.

We are moving next years AGM to October to fit in with the National AGM, therefore next years course will be postponed until October. We are still having difficulties with poor attendance at local meetings, we would therefore be grateful if there are any willing and enthusiastic volunteers who would like to join committee to contact us.

HELEN BAYLISS

SOUTH EAST

Firstly I would like to thank everybody who supported this year's APCP conference, which was hosted by the South East Region. As I write this we are still counting down the last few days before conference, but I know that as you read this report conference will have been and gone. I hope that you all enjoyed the event as much as the conference organising committee have enjoyed planning it over the last two years.

Thank you also for the overwhelming support at this year's S E Region AGM and study evening. We were treated to two very informative and thought provoking lectures one given by Anne McNee, Research Physiotherapist at One Small Step Gait Laboratory, Guy's Hospital on 'The effect of two different interventions on muscle morphology in ambulatory cerebral palsy: strength training and serial casting' and the second given by Claire Higgins, Principal Physiotherapist from Greenwich

TPCT who gave feedback on a questionnaire entitled 'Consensus of Treatment Techniques in Strengthening'.

The S E Region committee have not met since early 2007, in view of the enormity of organising the conference, but plan to meet again in late November to start planning some exciting study days for early 2008.

I hope to see you all at one of our events soon and thank you again for your support during 2007.

I wish all of you a Merry Christmas and a Happy New Year.

LUCY ERASMUS

EAST ANGLIA

By the time you receive this journal most of you are probably in the full swing of Christmas shopping. Well hope you find a spare minute to skim through your journal. For those of you who attended the B.E.A.M/Fizzy course in November, hope you enjoyed it. Your feedback after a course is always very valuable. Thank you to all the members who advertised the course in their departments and other colleagues.

I would like to remind members to inform the membership secretary when they have a new mailing address. In addition, if members wish to receive course information via email and not by post please send me your email id to priya.jackson @southend.nhs.uk.

Wish you all a very happy Christmas and New Year!

PRIYA JACKSON

WALES

My apologies but I don't have much to report this issue, just a few personal APCP matters.

First I would like to mention that Jill Williams (Cardiff) will be retiring in the spring of 2008. Jill has worked in Cardiff for a number of years, both at the University Hospital of Wales and within the Cardiff Community Paediatric Physiotherapy service based at St David's Children's Centre. A number of the APCP members in Wales will also know Jill from her considerable commitment and contribution to the APCP both in Wales and Nationally. Indeed I am reliably informed that Jill was one of the original group of paediatric physiotherapists who met for the first time at the CSP, a meeting which eventually resulted in the formation of the APCP. I know that a number of Welsh members will want to say good luck and best wishes to Jill and so please look out for the party invitations early next year.

The final draft of the All Wales Questionnaire results should be available shortly, members of the All Wales Network of Children's Physiotherapists have been working on this consistently and I believe that Julie Harvey and Wendy Gadd have put together a draft for consultation which hopefully is not to far off final distribution.

Finally I just want to say that I will be retiring as Welsh Representative this year. Personal commitments mean that I am unable to serve a further term on the regional committee and so I have informed the committee that I will be leaving.

I have very much enjoyed working with the other members on such an enthusiastic and successful team, and I wish them all the best for the future.

Hwyl Nawr
(Rough translation- "Bye for Now")

DIANE ROGERS

NORTH WEST

SIOBHAN GOLDSTRAW

NORTHERN IRELAND

The group is delighted to report that the Lacey Assessment of the Preterm Infant (LAPI) course has successfully happened! The four day LAPI course was attended by 14 physiotherapists from all over the UK and Ireland, and the one day update had 6 attendees, all of whom had been previously trained by Joan in her assessment method. Edinburgh was a fabulous location for the course and very special thanks has to go to the staff in the neonatal unit of the Royal Infirmary of Edinburgh, for making us so welcome during our stay. The study day with the AGM in London on 12th October was also a great success, and thanks should go to all the organisers involved.

At the committee meeting held on 11th October it was decided to change the timing of our AGM and bring it forward so it doesn't coincide with APCP Annual Conference. It is likely that the Neonatal Group AGM will be held in March, when the group plans to hold the 3 day "Role of the Therapist in Neonatal Care" course in Newcastle – the format will be changed slightly from the original format, so watch this space.

Work continues on the re-write of the BLISS booklet and I attended a meeting at BLISS in September to discuss the new format. The talipes group is still

working with the CSP to produce some information for paediatric physiotherapists, and a group is also looking at Tummy Time information.

The regional groups - South East, South West, Midlands, Transpennine and North of England/Scotland - have been more active in some areas than others for various reasons (e.g. lack of study leave, people organising courses) but it is hoped to look at the regional groupings and perhaps re-define the boundaries, and then encourage people to meet to provide support and peer review. There was great enthusiasm shown at the LAPI course to develop these links and the committee will fully support this.

In relation to committee changes, Jenny Poole has stepped down and I would like to thank her for all her support over the last few years. I am delighted to welcome Denise Hart, Southampton, onto the committee following her election at the AGM.

ADARE BRADY

CARE SPECIAL INTEREST GROUP

MEL LINDLEY

NEUROMUSCULAR SPECIAL INTEREST GROUP

Over the past year the Neuromuscular SIG has continued to work on the following areas:

1. Membership
An advert was placed in Frontline to invite therapists interested in neuromuscular conditions to join this special interest group. Links between ACPIN and the respiratory therapists are ongoing and the group plan to continue to strengthen these links over the coming year by investigating the possibility of joint working on certain initiatives such as running courses.

2. Education
The neuromuscular SIG in partnership with the Muscular Dystrophy Campaign ran a course in March 2007 in conjunction with the AGM. A further course on respiratory management in neuro-muscular disorders is scheduled for 26th Nov 2007 and this will be the first course in a rolling programme around the UK. The SIG are also planning other courses, as well as respiratory, around the UK for 2008.

3. Input into APCP journal
As a committee, each member has made a commitment to submit a piece of work on various neuromuscular topics for the journal each quarter. Over the past year we have submitted 3 articles that have all been accepted for publication.

4. Evidence Notes
After our recent meeting with Ralph Hammond and Dawn Wheeler from CSP who is currently working with us on the development of a series of evidence notes relating to neuromuscular disorders. Elaine and the team will be collaborating with Dr A Pandyan at Keele University to advance the work that has been done by the group to date to ensure our evidence meets with CSP criteria for validation. Elaine has also agreed to lead the steering group who will be producing the evidence notes.

ELAINE SCOTT

PPIMS GROUP

CAROL MCKAY

APPLICATION FORM FOR A.P.C.P. PUBLICATIONS

Dated November 2007.

2005.
Paediatric Outcome Measurement £20.00

2003.
Special Educational Needs
Code of Practice 2001.
Guidance for Paediatric Physiotherapist £10.00

2002.
Paediatric Physiotherapy Guidance for Good Practice £5.00

Obstetric Brachial Plexus Palsy
A guide to physiotherapy management £10.00

Hip Dislocation in Children with Cerebral Palsy
A guide to physiotherapy management £7.50

Evidence Based Practice
- Management of Obstetric Brachial Plexus Palsy .... (out of print)
- Hip Subluxation & Dislocation in Children with Cerebral Palsy £3.00

Paediatric Manual Handling
– Guidance for Paediatric Physiotherapists £10.00

Human Postural Reactions
– Lessons from Purdon Martin by Dr J Foley £5.00

Baby Massage £1.50

The Children Act 1989 'A synopsis for Physiotherapists' £1.00

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Here and There

Everybody Matters – Theory and Practice

APCP Conference 2007

This year's conference was held at the Copthorne Hotel in East Sussex in November. It proved an excellent conference as you will have seen from the conference proceedings and offered challenges to our practice. The Conference organising committee (below) worked extremely hard to pull the conference together and the results of their hard work were clear in the academic programme and the social events. Children and young people were involved in the conference both in the main programme and with Richard Stilgoe and the young people from the Orpheus Trust who entertained us at the conference dinner.

Many thanks to all of you for giving your time so freely to make the conference such a success.

Terry Pountney
Editor

Conference organising committee

Richard Stilgoe

Orpheus Trust entertaining us

Barn dancing

Joan Lacey: Lacey Assessment of the Preterm Infant Course Sept 2007

This was a fantastic, enjoyable and very informative course run by the neo-natal sub-group of the APCP in September of this year in sunny Edinburgh. The course was run very well with a mixture of theory and practical application of the assessment within a neo-natal unit setting. We, as participants, felt very privileged to have the opportunity to meet and be taught by Joan Lacey herself and two excellent colleagues Adare Brady and Peta Smith.

I think I can say that all fourteen applicants have learnt a great deal and will hopefully be able to implement its use in our own units giving neonatal care in the UK and Ireland a more standardised approach as more therapists use the same assessment to assess those seen as " at risk" babies.

Joanne Bleasdale

Tutors Peta Smith, Joan Lacey and Adare Brady

Course participants

THE APCP RESEARCH GROUP REGISTER

If you would like to be a member of the APCP research group, please fill in the form below and return it to **Jeanne Hartley, Research Officer, 36 Cascade Ave., Muswell Hill, London N10 3PU.** This information will be used to inform you of research study days and help us to learn more about our members' research interests.

Name

Contact Address

Post Code

Tel. No.

Fax No.

E-Mail:

What are your research interests?

Are you undertaking any type of research project large or small? **YES/NO**
If yes please give a brief summary . . .

Would you be happy for other physiotherapists with similar research interests to be put in touch with you? **YES/NO**

Thank you for completing this form.

MEMBERSHIP APPLICATION/RENEWAL

TO BE COMPLETED BY ALL NEW MEMBERS AND EXISTING MEMBERS NOT USING THE DIRECT DEBIT SYSTEM

NB. Any member who has arranged to pay by Direct Debit and then duplicates their subscription with a cheque will be refunded on request. They will, however, incur a £3.00 penalty to cover Administrative costs.

1) Ordinary Membership is open to annually subscribing members of the Chartered Society of Physiotherapy.
2) Associate Membership is open to professional people with an interest in Paediatrics, subject to the approval of the National Committee.
3) Associate Membership is also open to Physiotherapy Students at half the total annual subscription. Students are not eligible to pay by Direct Debit.
4) **Annual subscription is £40.00,** and runs from 1st January to 31st December.
5) Retired Members are only required to pay half the total annual subscriptions.

All cheques should be made payable to APCP

I wish to *apply for/renew my membership of the Association of Paediatric Chartered Physiotherapists.

*Delete which is not applicable. PLEASE USE CAPITALS ON THIS FORM.

Title: (Mrs Miss Ms Mr)

First Names: ....Surname..

CSP No...APCP No. ....

Member Type: Ordinary / Associate / Retired / Honorary...

Address for correspondence:..

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....Post code:...

Tel.No: ....

Place of Work ....

....Post code:...

Please return with your cheque for £40.00 to:
Chris Sneade
APCP Membership Secretary
Physiotherapy Department
Child Development Centre
Alder Hey Children's Hospital
Eaton Road
Liverpool L12 2AP

Physiotherapists Working with Children; Information to Guide Good Practice

The CSP has launched, in conjunction with the Association of Paediatric Chartered Physiotherapists (APCP), a new document to help people working with children to consider and provide the best service to address individual and family needs.

The guidance for good practice is aimed at providing physiotherapists and their colleagues with a tool to inform and signpost both practitioners and managers. It has been written with commissioners in mind, to help them to understand the value of physiotherapy in the wellbeing of children.

Children have needs which can be complex and wide-reaching. The document describes the responsibilities of people working with children to address their broad health, safety and development in addition to condition-specific roles. It also discusses location and partnership working and the importance of service review to ensure business plans are robust and services are fit for purpose.

The guidance covers regulation and legal responsibilities of physiotherapists, where to access additional legal and policy information, competences required to work with and write reports about children, and what sport and leisure facilities are available for those with disability. There are also sections addressing policy, standards and targets relating to each of the devolved UK countries.

The document is available via the CSP website at www.csp.org.uk or APCP website at www.apcp.org.uk. Alternatively, hard copies are available from the CSP enquiry handling unit; £7 (members) and £20 (non-members).

Nancie Finnie Charitable Trust

The Trustees of the Nancie Finnie Charitable Trust invite applications from suitably qualified therapists wishing to undertake clinical research in the area of treatment / management of the child with cerebral palsy. Multidisciplinary projects are encouraged. The Trust is small providing for an annual distribution of funds in the range of £25K- £40K. Application form and guidelines may be obtained by writing to the Trust's principal office at 18 Nassau Road, Barnes, London, SW13 9QE, enclosing a large stamped self-addressed envelope. Applications maybe sent at any time but the trustees meet formally in July and January.

Advertising in the APCP Journal

The APCP journal offers a unique opportunity for individuals and organisations to advertise their job vacancies, courses and products directly to paediatric physiotherapists.

Products

Full page	£500
Half page	£300
Quarter page	£200

Vacancies

Full page	£300
Half page	£175
Quarter page	£125

Courses

APCP courses	Free
Full page	£300
Half page	£175
Quarter page	£125

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