

**ASSOCIATION OF
PAEDIATRIC
CHARTERED
PHYSIOTHERAPISTS**

NEWSLETTER



JULY 2009

**ISSUE
NO. 4**

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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

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NEW APCP PUBLICATION!

GUIDANCE FOR PHYSIOTHERAPISTS: GIVING ADVICE FOR CHILDREN AND YOUNG PEOPLE WITH SEN

We are pleased to announce that our new publication is now available for APCP members to download from the APCP website – we also have hard copies for members / non-members to purchase (see pages 23/24 of this Newsletter).

This document is targeted at paediatric physiotherapists working with children with special educational needs, who are required to write reports for Education.

The document includes an overview of the current legislation relating to educational provision for children with Special Needs - including sections specifically looking at legislation in Wales, Scotland and Northern Ireland; advice and guidance for therapists in writing reports for Education - including suggested formats for these reports; and information on the Tribunal System and how to prepare for a Tribunal Hearing.

In May the Research and Education Committee organised a study day on this same topic, which was positively received – more information on this can be found in Dawn Pickering's report on page 21. APCP hopes to re-run this event in other areas in the future.

MOVE FOR HEALTH KIDS

Move for Health Kids is being launched in July 2009. It is part of the CSP's Move for Health campaign which supports the wider objectives of the Department of Health's Change4Life initiative.

The CSP is teaming up with the British Dietetic Association (BDA) to hold 'healthy school' days in primary schools around the UK on 23rd September, where a physiotherapist and a dietician will promote the importance of exercise and healthy eating to children, their parents and teachers.

APCP was contacted prior to the launch and has offered support for this initiative. We are receiving information and updates from Becca Bryant, Jennie Edmondson and Bridget Hurley who are co-ordinating the project at CSP.

ACTIV8 (childhood obesity team for Tower Hamlets Community Health Service) was commissioned by Public Health in September 2007 to work towards the prevention, identification, treatment and

management of childhood obesity in Tower Hamlets. It is a multi-disciplinary service with paediatric physiotherapists and paediatric dietitians. The team also provide training programmes for health professionals and front line staff as well as prevention programmes in schools and early years' settings.

ACTIV8 were contacted by the Move for Health team and asked to be involved in the campaign by sharing their knowledge and experience in running events to promote the benefits of physical activity and healthy lifestyles. The ACTIV8 team helped develop the resource pack for those running the healthy school days and will be involved in the training of physiotherapists and dietitians who will be delivering these days across the country.

Linda Beckett (paediatric physiotherapist, ACTIV8) reports that: *'the team are very enthusiastic about this project, as evidence shows that a combination of regular physical activity and healthy balanced diet has a positive impact on increasing concentration, mental cognition and academic performance (1). Furthermore children who follow a healthy lifestyle exhibit better behaviour and have higher levels of self esteem we are eager for this campaign to inspire other organisations to deliver similar projects, as this obesity epidemic is not going to be fought overnight!'*

Jennie Edmonson (CSP) reports that since promoting the campaign in Frontline, and on iCSP and the CSP websites, the CSP has had a very good response from members. So far they have been contacted by 35 physiotherapists who have expressed an interest in running a healthy school day. In addition, 350 members have registered to join the Move for Health campaign and signed up to receive free leaflets.

The CSP and BDA will be running 7 events in England and one in Scotland, NI and Wales. Due to the level of interest already demonstrated, the CSP are encouraging members to run their own event on the same date/in the same week, to maximize media interest and link with the campaign effort, or if that is not convenient, at another more suitable time. The CSP will provide a resource pack of materials including ideas for running a healthy school day, the new Move for Health Kids leaflet 'Fit for the Future', and a template press release to promote the event. The CSP will also help members contact a dietitian to work with.

Further information can be found on the CSP website: <http://www.csp.org.uk/director/public/moveforhealth.cfm>

References

- 1 M. T. Mahar, S. K. Murphy, D.A. Rowe, J. Golden, A. T. Shields, T. D. Raedeke, *Effects of Classroom*

based programme on Physical Activity and On-Task Behaviour, Med Sci Sports Exerc, 2006: 38(12):2086-2094, American College of Sports Medicine, 02/07/2007.

REALISING THE OPPORTUNITIES THE GAMES OFFER PHYSIOTHERAPY TO PROMOTE HEALTH AND WELL-BEING

The CSP held this information day for CIOGs on 14th May. Heather Angilly (APCP Vice-Chair) attended the meeting on behalf of APCP and prepared the following report from the day.

The following Games are planned for the next few years :

- Olympics and Paralympics 2012
- World Fireman and Police Games in Northern Ireland in 2013
- Commonwealth Games in Scotland 2014.

The UK has not hosted such a number of international sports events since the 1950s.

The government wants these games to be safe and to have a lasting legacy. One of the speakers talked about the 'festival effect' - during the Olympics there is usually a fall in depression and general illness, and a rise in participation in sport. The government is keen to use this effect to increase the health and fitness of the public, with the aim of getting 2 million people doing three or more sessions of 30 minutes activity per week.

Surveys show that GPs are not routinely providing information on diet and exercise, and a Sport England survey revealed that 57% of respondents had not participated in sporting activity in the past week (their definition of sport was the individual getting out of breath). The CSP feels that there will be opportunities to promote the role of physiotherapists in sport and that this links in with the objectives of the Move for Health campaign.

Another strand to the information day was the physiotherapy input that will be required for the Olympics and Paralympics. Around 300-400 volunteers will be required for the games. Some countries will bring their own physiotherapists, but others will be too small to have their own therapists.

Volunteers will be selected from CSP members by CV and interview. Applicants will need to have at least 7 years postgraduate experience and already be treating sports injuries. Volunteers will work in 3 shifts per day from 7am to 11pm. They will need to be self sufficient for transport, accommodation and

meals, and may not see any of the games live if they are not based at a sporting venue - there will, however, be BBC coverage of events in the main treatment area. The treatment areas are operational from 10 days before the start of the event. There will be opportunities for students to volunteer as messengers, chaperones, etc. Regional opportunities may arise when countries arrive early to the UK to acclimatise and set up their training camps in the weeks immediately before the games. For the Paralympics, knowledge of sport injury is paramount and experience in disability is secondary.

Further information will appear in Frontline and on the iCSP website.

INDEPENDENT SAFEGUARDING AUTHORITY

Following the murders of Jessica Chapman and Holly Wells by Ian Huntley in 2002, the Richard Inquiry was commissioned. One of the issues this inquiry looked at was the way employers and volunteer involving organisations recruit people to work with children and vulnerable adults.

One of the inquiry's recommendations led to the Safeguarding Vulnerable Groups Act 2006. The Act recognised the need for a single agency to vet and register all individuals who want to work or volunteer with vulnerable people.

This agency is called the Independent Safeguarding Authority (ISA) and will work across England, Wales and Northern Ireland. The launch of the ISA service this year will enhance further the current levels of protection afforded by Criminal Records Bureau (CRB) checks.

The ISA will assess every person who wants to work or volunteer with vulnerable people. Potential employees and volunteers will need to apply to register with the ISA. Applicants will be assessed using data gathered by the CRB including relevant criminal convictions, cautions, police intelligence and other appropriate sources. Using this information the ISA will decide on a case-by-case basis whether each person is suited to this work and will securely store information about people's ISA status for employers and voluntary organisations to use when they are recruiting.

In this way the ISA will remove the most dangerous people from the children and vulnerable adults' workforce and only applicants who are judged not to pose a risk to vulnerable people can be ISA-registered.

Once the scheme has been fully rolled out, employers who work with vulnerable people will only be allowed to recruit people who are ISA-

APCP Matters

registered. The CRB will continue to provide employers with an individual's criminal record and other relevant information.

Although the ISA Scheme will go live on 12th October 2009, the deadline for employees to register has been delayed:

- all new entrants to roles working with vulnerable groups and those switching jobs within these sectors have until 26th July 2010 to register;
- the legal requirement for staff currently working with vulnerable groups to register, and for employers to check their status, will come into force in November 2010.

The cost for registering with the ISA is £64 in England and Wales; £58 in Northern Ireland. Unlike CRB checks the ISA registration will be transferrable.

Scotland - in 2010 the Scottish Government will be introducing a new membership scheme that will replace the current disclosure arrangements for people who work with vulnerable groups. The Protecting Vulnerable Groups (PVG) Scheme derives its authority from the Protection of Vulnerable Groups Scotland Act 2007.

While supporting the principle of protecting children and vulnerable adults the CSP, along with other trade unions and the TUC, have expressed concerns regarding potential duplication of regulations and that the cost is to be met by the individual rather than the employer. The CSP will be updating members regularly on developments with the ISA through Frontline and the CSP website as the deadline approaches.

More information about the ISA can be found at: <http://www.isa-gov.org.uk>

NOTICE

THE 36th ANNUAL GENERAL MEETING OF THE ASSOCIATION OF PAEDIATRIC CHARTERED PHYSIOTHERAPISTS

will be held on
Saturday, 14th November 2009

at
Queen's University, Belfast
12.15pm

Reports from APCP Regions

EAST ANGLIA

Our next regional committee meeting is imminent so there is not really much to report at the moment.

We are very pleased to have got our regional page sorted on the APCP website – not quite the last region to have done so. Details for our courses will be posted on here in the future but at the moment we are still finding our feet with the site so please bear with us. If you can't find the information you need or you have anything exciting to report in terms of research or new developments in your area, courses you would like to see us run etc please e-mail me (my contact details are on the inside back cover of this Newsletter).

Preparations are well on the way for our Gait Analysis course with Elaine Owen and we hope to see many of you there.

3 DAY COURSE IN PAEDIATRIC GAIT ANALYSIS & ORTHOTIC MANAGEMENT

9TH, 10TH, 11TH October 2009
(Physiotherapy Department,
Ida Darwin, Cambridge)

Speaker: Elaine Owen

Costs: £200 - APCP members
£250 - non-members

Includes lunch and refreshments

*Course programme and application form available
from the APCP website*

I think that's all for now.
Enjoy the summer!!

Maria Catchpole

LONDON

After a slow start London had a superb turnout for our evening lectures with Betty Hutchon on 'The North Central London Neonatal Follow-Up Programme', and the 'Sensory Integration' follow-up with Lynda Shaw and Caroline Cardwell. It was so good to see familiar and new faces.

We have also arranged Martin Matthews to speak on 'Lycra Garments', and the team from Chelsea and Westminster will speak on 'Hip Dysplasia' in the

Autumn. We have requested ideas for the format of the AGM in September and whether people prefer an evening lecture or a more in depth study day. Please let us know your thoughts. We will let you know as soon as this is confirmed.

A big 'thank you' and congratulations to Kerry Barrow on committee – Kerry has co-ordinated the regional lectures and, in June, announced her pregnancy news. Lucy Alderson, who has been acting Chair, goes on maternity leave in July. We want to say a big 'thanks' to Lucy as well and wish her all the best.

We are hoping to get nominations for the vacant post of Chair of committee. The role is that of co-ordinator but is well supported by a strong committee. Meetings are usually held 6 times per year in addition to evening lectures. If you feel up to the challenge please get in touch (my contact details are on the inside back cover of this Newsletter).

We are sending out details of our lecture programme and other Regional News via email and so if you do not currently hold an email address for you, please contact the APCP Administrator to update your contact details (contact details are on the inside back cover of this Newsletter).

Stephanie Cawker

NORTH WEST

I am delighted to report that the AGM and Study Day, "It's Hip to be at the AGM", held in March was very well attended. Feedback from the course participants on the content and speakers was very positive and the study day was considered to be extremely relevant to practice. The incorporation of the AGM with the study day was well received.

We welcome Sheila Bryson as a new committee member. She was inspired to join at the AGM and we hope that more of you will follow her lead, especially as many of the current committee members will be due to end their terms of office during the next two years.

Our sincere thanks and best wishes go to Elaine Wheeldon who stepped down from the committee recently. She has worked tirelessly in the roles of chair and secretary, even doing an extra year!

A number of ideas for courses have been suggested following the hip study day and we are in the process of planning future courses. Please look out for details in the autumn.

Siobhan Goldstraw

Reports from APCP Regions

NORTH EAST

I'm sure that everyone across the North East is as busy as usual. The study day held in April on 'Head Injuries: Hospital to Home' at Goole District Hospital was rated highly by those who attended. There was a mixture of both paediatric physiotherapists and occupational therapists for the day, which helped when discussing the outcome measures that we currently use or know about. It was disappointing that those who attended were predominantly from the Yorkshire area.

From the feedback forms we received, we have managed to get a few more ideas of the type of courses you would like us to put on locally. Keep your eyes open for more details about the Autumn course on the APCP and iCSP websites. We are looking for other venues that may be suitable to host future study days - if you know of anywhere please get in touch (my contact details are on the inside back cover of this Newsletter).

Helen Chamberlain

SCOTLAND

As I sit here, the sun is shining and blue skies abound. Inverness was apparently the hottest place in Britain on Friday and I was stuck in a car on the way to Skye, but, just to keep us grounded, the weather men are forecasting snow later in the week!

The Scottish contingency of APCP continues to turn out in force for our study days and so far signs of the credit crunch have yet to hit! Last month we had an excellent day at the Beardsmore Hotel in Clydebank looking at the 'Complex Child'. 'Thanks' go to Gillian for her excellent organisational skills and programme of speakers. Feedback was very positive and an entertaining and informative day was had by all!

Dr Pat Jackson (Clinical Director of the National Managed Clinical Network (NMCN) for Children and Young People with Complex Healthcare Needs) gave a very informative talk on the network and how it can help to ensure a comprehensive and systematic identification and mapping of children within Scotland. She highlighted how it could be a focal point for children, young people and families, as well as health professionals and others, to help influence how services are provided and to help review and improve service provision. The network can offer an opportunity for an evidenced based approach to co-ordination of services to be provided in every health board area, as well as helping to develop a clear and uniform process for assessment

of provision of services and appropriate service models.

Margaret Mills (Depute Headteacher, Milton School) offered a good insight into their school curriculum and preparation for independent living in the community. Liz Gray giving a very entertaining talk on the MOVE roll out in Morayshire and Yvonne Caie finished the day talking us through the role of the paediatric hospices within Scotland.

Plans for our next study day are well under way and a date of Friday 2nd October has provisionally been penciled-in, subject to confirming speakers and venue. The topics will be: 'Developmental Co-ordination Disorder' and 'QIS'. Please check the APCP Newsletters and website for flyers and application forms.

As always, ideas for speakers, topics and venues are very much appreciated and sought after, so please email me with your thoughts (my contact details are on the inside back cover of this Newsletter).

Julie Burslem

SOUTH WEST

The South West Regional Committee met on 24th April 2009 at Salisbury District Hospital, and the main topic of conversation was the study day for this year.

We have requested use of the Post Graduate Centre at Poole Hospital NHS Trust, but we are awaiting confirmation of this. The date is the 8th October 2009, and now ... for the title ... 'Respiratory Care of the Neurological Child in the Community.'

This is a topic that has frequently been requested by our members and we are pleased to now be able to offer it. As soon as we have the programme for the day, we will post it on the APCP website – so remember to keep checking!

Although the use of the APCP website for communication is increasing and is becoming very effective, I am still aware that some members may not be receiving timely information. I would therefore be grateful if you could email to me where your team/private practice is based, and who is on your team, so that we can send information to you – such as application forms for the study day. If one member of your team could nominate themselves as a disseminator of information, and also provide me with your email address, then this would be a useful way of keeping postal costs down (my contact details are on the inside back cover of this Newsletter).

Thank you!

Charlotte Karmy

Reports from APCP Regions

TRENT

Hi Everyone!

Well it's that time again to give you an update on what has been going on in the Trent Region since the last report. A large amount of you have renewed your membership with some new members also joining. We are still looking for Trent members to join the Trent Committee which would involve helping out with courses, meeting 3-4 times per year to improve communication between different areas, and generally keeping up-to-date with what is happening in paediatric physiotherapy. Meetings are often held in the pub or at peoples' houses which always makes it more interesting!!! This is a chance to have your say about what you want the Region to organise and it also has a positive effect on your own professional development

Trent Region will be running another Evening Lecture, following the success of the Orthotics Lecture in January 2009. The topic will be 'Respiratory Problems within Muscular Dystrophy'.

RESPIRATORY PROBLEMS IN MUSCULAR DYSTOPHY

Tuesday, 8th September 2009
4.30pm – 6.30pm

Paediatric Physiotherapy Centre
Queen's Medical Centre, Nottingham

Speakers:

Dr Dave Thomas, Respiratory Consultant
Rebecca Silcock, Senior Respiratory
Physiotherapist

Costs: £10.00 - APCP Members
£15.00 - non-members
£7.50 – students

*Course programme and application form
available from the APCP website*

Following on from this, a second session will be run towards the end of the year based on general respiratory physiotherapy (percussion, auscultation, positioning).

I would like to remind people that if there are any queries regarding Trent Region or upcoming activities, then I am happy to answer any emails (my contact details are on the inside back cover of this Newsletter).

Caroline Adcock

WALES

Our AGM took place in April and it was lovely to see lots of new faces. The AGM was followed by a Ropics Course, leaving many of the participants aching for a few days following! Nevertheless, it was a very enjoyable course and the benefits from skipping are now being seen in a number of paediatric physiotherapy departments across South Wales.

We had an evening get together in May with Stephanie Swain giving an informative talk following her participation in 'The Advanced Early Assessment & Intervention with Babies & Young Children' course at the Bobath Centre. This was followed by an introduction to skiing with special needs from the Ice Cool Kids group.

The plaster course with Dawn Clabon which was scheduled for this summer has unfortunately been postponed but is now taking place in October, probable dates being the 22nd & 23rd October. A big thank you to Dawn for putting on this excellent course for APCP - book your places early as I am sure it will fill up very quickly.

On September 1st APCP Wales are hosting an equipment day – 'Celtic Kids' – further information is included elsewhere in this Newsletter. All therapists, children and families welcome.

Please ensure that all Welsh APCP members have updated their e-mail addresses with the APCP Administrator, as most of our local information is being distributed in this way.

Trust restructuring in Wales is now well underway with Local Health Board mergers imminent. I am sure it is keeping everyone busy managing the changes and developing new working structures.

Spring lambs are still frolicking in the fields and growing fast as summer is beginning to sneak up on us. Let us hope it is a little drier and warmer than last year, allowing us to maintain health and wellbeing by practising our new skipping skills in the fresh air! Have a good summer and I look forward to seeing some of you at the exhibition in September.

Bye for now.

Julie Harvey

The Association of
Paediatric Chartered Physiotherapists in Wales
Present :



Celtic kids

Tuesday September 1st 2009
9.30 am – 3.30 pm
Merthyr Tydfil Leisure Village,
Merthyr Tydfil,
CF48 1UT.



Wales' free exhibition dedicated to disabled children, their families and professionals working with them.

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sensory, sports and leisure

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ARE YOU COMING TO THE APCP CONFERENCE IN 2009??

LOOK AT WHAT IS ON OFFER:

'Sport for All' theme with presentations from Lou Sayers on sports injuries in children; from Fintan O'Donnell, the team physio for the Irish Paralympics Team at the Beijing Games in 2008; and from Heather Angilley on profiling in for disability sport.

AND there is something for everyone working in paediatrics – with topics covering clinical practice with neonates; legal and medical ethical issues; working overseas; research and cerebral palsy; paediatric respiratory physiotherapy; and the physiotherapy framework.

Attendance at Conference offers a unique opportunity for members to network with other paediatric physiotherapists from around the UK to share practice and expertise.

And not forgetting the Conference Dinner in the Great Hall at Queen's Universityduring the drinks reception there will be a display from a group of Rhythmic Gymnasts, followed by the Conference Dinner and an evening of entertainment and salsa dancing!!

NOW IS TIME TO START PLANNING YOUR TRIP TO BELFAST!

Why not make a weekend of it and visit the tourist spots – Giants Causeway and the Coastal Route, Dunluce Castle, Mountains of Mourne and Belfast itself? Take time to experience the Botanic Gardens, Titanic Boat Tours, the Belfast Wheel and the Cathedral Quarter.....

CHECK OUT HOW EASY AND ECONOMICAL IT IS TO TRAVEL TO BELFAST FROM ANYWHERE IN THE UK - cheap flights are available if booked well in advance.

There are two airports to choose from:

The George Best Belfast City Airport is only five miles from the City Centre and a taxi costs approximately £8. The Airport Express 600 operates every 20 minutes to the Europa Bus Centre (£1.50 single and £2.50 return). Airlines servicing the City Airport are: Flybe; BMI; Ryanair; Aer Arann; ManX2.

Belfast International Airport (Aldergrove) is approximately half an hour from the City Centre by bus – the Airport Express 300 operates a 24 hour service and costs £7 single and £10 return. A taxi will cost approximately £25. The following airlines fly to the International Airport: Aer Lingus; BMI; Easyjet; Jet2; ManX2.



APCP National Conference 2009



Queen's University, Belfast

13th – 14th November 2009

**Full conference package including gala dinner:
£150 APCP members / £190 non-members**

**Delegate rate per day, same as 2008:
£60 APCP members / £80 non-members**

**Conference programme and application form overpage, or can be
downloaded from the APCP website.**



**Delegates are responsible for their own travel
and accommodation arrangements –
information also available on the APCP website.**

APCP CONFERENCE 2009

DRAFT PROGRAMME



FRIDAY, 13th NOVEMBER 2009

- 9.00am Registration and coffee
- 10.00am Opening of conference and Trade Exhibition – *Janet Grey*
- 10.30am **THE ROLE OF THE NEONATAL PHYSIOTHERAPIST-PRETERM vs TERM INFANTS** – *Adare Brady*
- 11.15am **Free Paper**
- 11.30am **PHYSIOTHERAPY FRAMEWORK** – *speaker from CSP (to be confirmed)*
- 12.15pm **Jenx Award**
- 12.30pm Lunch
- 1.30pm **LEGAL ISSUES** – *Rosemary Wilson*
- 2.15pm **RESOLUTIONS** – *Bob Taylor*
- 3.00pm Tea / Coffee
- 3.30pm **APCP NATIONAL SURVEY OF INTERVENTION LEVELS FOR CHILDREN WITH CEREBRAL PALSY – PROGRESS REPORT** – *Sue Coombe*
- 3.45pm **WORKING OVERSEAS** – *Archie Hinchcliffe / Carson Harte*
- 7.00pm Drinks reception and display by Rhythmic Gymnasts
- 8.00pm Conference Dinner with music from the Open Arts Choir - followed by Salsa dancing!

SATURDAY, 14th NOVEMBER 2009

- 9.00am **NEONATAL FOLLOW UP AND ASSESSMENT** – *Peta Smith*
- 9.45am **Free Paper**
- 10.00am Tea / Coffee
- 10.30am **RESEARCH** – *Brona McDowell / Claire Kerr / Jackie Parkes*
- 11.30am **INTERACTIVE SESSION WITH YOUNG ATHLETES**
- 12.15pm **APCP ANNUAL GENERAL MEETING**
- 12.45pm Lunch
- 1.45pm **RESPIRATORY SESSION** – *Rachel Gregson*
- 2.15pm **PROFILING CHILDREN FOR SPORT** – *Heather Angilley*
- 2.45pm **Free Paper**
- 3.00pm Tea / Coffee
- 3.30pm **PHYSIOTHERAPY AT THE PARALYMPICS** – *Fintan O'Donnell*
- 4.00pm **SPORTS INJURIES IN CHILDREN** – *Lou Sayers*
- 4.45pm Closing Remarks
- 5.00pm Close of Conference

N.B. *This information is correct at the time of going to press, but may be subject to change.*



APCP National Annual Conference & Exhibition – 2009 Delegate Booking Form			
PLEASE COMPLETE ONE FORM PER DELEGATE			
Title:	First Name:	Surname:	
Postal Address: (for correspondence: pre-course information, receipts etc))			
Place of work: (to appear on conference badge)			
Contact number(s):		Telephone:	Mobile:
Email address:		APCP Membership Number:	
Conference Packages	APCP Member		Non-member
<i>Full conference package includes attendance on both days, all refreshments, lunch on both days, drinks reception, gala meal and entertainment.</i>	£150		£190
Day Rate <i>Includes single day attendance (either day) refreshments and lunch</i>			
Friday	£60		£80
Saturday	£60		£80
Gala meal (Friday 13TH Evening) <i>3 course meal with wine and entertainment</i>	£30		£30
	Total cost(£):		Total cost (£):
National Committee Member: <i>(Please tick)</i> <i>If yes, please indicate region and position:</i>	Yes	<input type="checkbox"/>
Honorary Member: <i>(Please tick)</i> <i>If yes, please deduct the cost of gala meal</i>	Yes	<input type="checkbox"/>	
If you have any special requirements, please use this space to inform us (eg. Dietary requirements, mobility, hearing difficulties etc):			

Please return your completed form, with FULL payment (cheque made payable to APCP) to:

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Are you a member of our community?



**Find out what your
peers are thinking...**

iCSP has been described as “the best thing that ever happened” to connect physios - there has also been other very positive feedback in the recent CSP questionnaire for members.

The paediatric network is a busy one and has had over 27,000 visitors to date.

If you have contributed to a thread you could print off the content and use it in your KSF!

Some items of interest for you:

- the Independent Safeguarding Authority which is a new body to add an additional level of security to check the suitability of adults working with vulnerable people - a link is available on the website for this;
- with the Olympics and Paralympics only a short while away, why not take a look at the DSE (Disability Sport England) newsletter to see how you can involve disabled children in sport and give them the opportunity to represent their county or even country;
- make sure you advertise your study days free of charge on iCSP - you can either post them yourselves or send one of the moderator the details and we can help you (use the “contact the moderator” button on the left hand menu).
- watch out for developments on the CSPs “Move for Health” strategy.

We look forward to your contributions

Heather Angilley, for the Paediatric Moderators

Reports from APCP Specialist Groups

MUSCULOSKELETAL (MSK) GROUP

In April we held a sharing practice day focusing on back care in children and young people. This was led by the sub-group which was set up a year ago to look at this topic.

The day was started with an excellent talk by Ann Foster, Consultant Paediatric Orthopaedic Surgeon, covering 'Paediatric Back Pain: Presentation and Differential Diagnosis'. This was followed by Sharon Scott sharing her practice on using the 'Airedale Back Care for Children Programme'; a service she has developed within Manchester High Schools. Finally, Sam Double from Chelsea and Westminster talked about running a 'Paediatric Back School' within her hospital service.

Prior to the meeting, members were sent a questionnaire on adolescent back pain; the results were collated by Chris Walker and shared with the group.

Members were also asked to comment on a draft assessment form - this provided the focus for the afternoon discussions. Members were given topics to debate in small groups and then presented back to the group as a whole. This open discussion allowed various practices to be considered and opened up a lot of debate on best practice.

The sub-group is continuing with its work on this topic.

Feedback on the day from attendees included:

- *'Really enjoyed it, thought provoking';*
- *'Found backcare prevention programme and back school programme really interesting';*
- *'Afternoon discussions enlightening and could have gone on for longer, provoked many questions re. own practice';*
- *'Looking forward to seeing what you are able to do with everyone's opinions! Good Luck'.*

Thanks to Sue Taylor for the feedback on the day.

We are planning a further sharing practice day in October.

Sam Old

NEONATAL GROUP

The last six months have been extremely busy for the committee working on two major pieces of work which will lead to improved services for neonates.

As reported in the December Newsletter, I represented the Neonatal Group and APCP on the Neonatal Taskforce (Workforce Sub-Group) and attended a stakeholder event in London at the beginning of March 2009. The draft standards are now called 'principles' and the draft document is titled 'Principles for Quality Neonatal Care Services'. The document was available widely for comments and the link below will take you to the results page of the stakeholder comments. It will give you the number of people who responded; number of comments to each standard / question; percentage of people who agreed / disagreed / unsure. You will also be able to see all of the comments made against each standard / question and the job title of the person who left the comment.

<http://www.neonatal.org.uk/standardsquestionnaire/questionSetsResults.php>

Please remember these are still **DRAFT** and must not be used in any way at the present time.

The British Association of Perinatal Medicine (BAPM) is currently revising the 2001 document 'Standards for Hospitals Providing Neonatal Intensive Care and High Dependency Care'. Fiona Price, Neonatal Group Chair, responded on behalf of the group highlighting the advanced role of the neonatal physiotherapist.

The annual study day will be a joint venture with the neuromuscular group on Monday 14th September 2009 at the Institute of Child Health in London. Full details will be available shortly on iCSP and APCP websites.

Finally, I am delighted to report that Denise Hart and her team have completed the evidence note on 'The Physiotherapy Management of Positional Talipes Equinovarus'. Denise has written a short piece for this Newsletter. Thanks for your patience and perseverance, Denise!

Please support Denise and the working party with the next stage of this process by completing the questionnaire on treatment of PTEV.

Adare Brady

NEUROMUSCULAR GROUP

The Neuromuscular Group will be running a joint study day with the Neonatal Group in September looking at the medical and physiotherapy management of the neuromuscular neonate and baby (details over page).

There have been a few things happening in the neuromuscular world with TREAT-NMD workshops on outcome measures in SMA, and on the older non-ambulant person with DMD.

Reports from APCP Specialist Groups

Also a recent workshop on the Hayek Jacket (HFCC - high frequency chest compression) included its use in neuromuscular children, but highlighted the difficulties encountered with these children's inability to cough and clear secretions. Children using such a device need to have suction or a cough machine available at the same time. There may be a very few individuals for whom the jacket could be successful, e.g. in palliative care, and the use of the jacket for children with neuromuscular disorders would need to be evaluated on a case-by-case basis.

Marion Main

PAEDIATRIC PHYSIOTHERAPISTS IN MANAGEMENT SUPPORT (PPIMS) GROUP

PPIMS' last meeting was on 15th May 2009 and was hosted by Birmingham Children's Hospital. We had two external speakers. Dawn Pickering gave us 'food for thought' with her presentation of her research: 'Staff Qualities in Family-Centred Care'; and a member of the Birmingham Child Protection Team on: 'Safeguarding Issues'. The latter provoked discussion, especially when a member of the PT team is accused, and I certainly came away a little clearer when dealing with issues that arise.

We plan to update our benchmarking database, ready for APCP Conference, and a big thank you to Davina for doing this. Can I please encourage all PPIMS members and non-members to submit their data when asked?

The Neonatal group of APCP has asked PPIMS to work with them on producing a framework/template for a business case for staffing requirements on a neonatal unit, particularly following the new standards that have been launched.

It was agreed that PPIMS should take forward 'Complexity Measures', particularly in response to commissioners requesting information on quality and outcome measures. This will be taken forward at our next meeting and hopefully we will be able to produce some standardised measures for all to use.

A very useful discussion was held around having Band 5's therapists within paediatrics and around perceptership.

The terms of office for Treasurer, Secretary and Membership Secretary will all end in November 2009, and members are asked to consider putting themselves forward for these vacancies at our AGM. Our next meeting and AGM will be held in Belfast

on 13th November 2009, (which happens to be a Friday!!!!), alongside APCP Conference, and we look forward to seeing as many members there as possible.

Look forward to seeing you in Belfast.

Di Coggings

APCP NEUROMUSCULAR AND
NEONATAL GROUPS

MANAGEMENT OF THE SICK NEUROMUSCULAR NEONATE & BABY

Monday, 14th September 2009

Institute of Child Health, London

*Full details and costs will be posted on the iCSP and
APCP website as they become available – or contact
va@apcp.org.uk to register your interest.*

APCP Neonatal Group SKIPP Pilot Project - from Beginning to End

Production of the Positional Talipes Equinovarus (PTEV) Evidence Note

At a Neonatal Group study day in Bristol at the end of 2006 I can clearly remember trying to hide under a table while people were trying to remember who had sent round, and written up the results of, a questionnaire on talipes that year. Unfortunately, lecture theatre benches don't offer a lot of cover and that is how I came to lead the working party set up to produce guidelines for the physiotherapy management of positional talipes and other related foot deformities. The other two volunteers to the project were Pat Dulson from Newcastle and Jenny Poole from Manchester. We completed an initial evidence search and although we were only expecting to find a limited amount of evidence, it was surprising how little there really was. It was difficult to find consistent evidence-based definitions, assessment tools, or treatments for any of the foot conditions.

We struggled on for part of 2007 without seeming to make much progress towards a guideline. At a working weekend of the APCP National Committee, representatives from the CSP presented the CSP's new SKIPP (Supporting Knowledge In Physiotherapy Practice) Project and it was decided that the talipes guidelines could be one of SKIPP's pilot projects. An initial meeting was set up to discuss SKIPP involvement with the talipes project between myself and the CSP liaison, Ralph Hammond.

This first meeting was the most important in the process, as it decided the direction we would take and what level of product we would be able to produce, based upon the available evidence - it was clear that there was not enough evidence to produce guidelines for treatment, and also that the remit was too wide. Guidelines can only be developed after systematic review of the published evidence; the evidence needs to be of a sufficiently high level and amount for a guideline to be valid. For these reasons we decided to produce an 'Evidence Note' on the physiotherapy management of PTEV only.

An evidence note is a brief summary of the available evidence written in plain English, that doesn't make recommendations. It should take 8-12 months to produce an evidence note, but we expected it to take longer this time as we worked through the pilot process. The SKIPP process is made up of 10 stages, beginning with contacting the SKIPP team, and

ending with updating the product after a specified time. We came into the process at the end of Stage 1, as we were ready to submit our 'Project Proposal'. The Project Proposal covers the title, and its aims and objectives; and links with CSP priorities, stakeholders and uses of the product. The proposal was submitted to a SKIPP Good Practice Panel (GPP) meeting in February 2008 and was accepted, with minor changes. These changes were discussed with our new CSP liaison, Mairead O'Siochru.

The working party had been collaborating throughout mainly by e-mail and occasionally by phone. After getting permission to go forward to Stages 2 and 3 we decided to have a get together to allocate the next tasks and to sketch out the 'Project Plan'. At this point we were very relaxed, as the Project Proposal had gone through so easily - how little we knew! The decision was also taken to start writing the document, as we had the updated evidence search and had done the critical assessment of the articles we had. To help with the technical aspects of writing, Dr. Lisa Roberts of the Southampton National Physiotherapy Research Network (NPRN) was recruited as a mentor. Adare Brady from Northern Ireland also joined the working party at this time.

The Project Plan is an expanded project proposal, which has to include the resources required; risk factors; sources of funding; methods; authorship and copyright; dissemination and implementation plans; and indicators of success. The level of detail required in the Project Plan is vast compared to the Project Proposal. The copyright issue was decided between the CSP and APCP after discussion. Risk factors include things such as the amount of time the project is going to take up - as the members of the working party are all working clinicians, most of the work for this project has been done in our own time; the departments we work in have been understanding about time out for meetings and presentations.

I attended two GPP meetings with our Project Plan and came away with major changes at both. Some felt like nitpicking, but others were understandable. It took us until November 2008 to have our Project Plan accepted and to get permission to proceed to writing the Evidence Note.

As this was one of the pilot projects, the GPP had been extra picky over the Project Plan. The eventual idea is to use the Project Plans from the pilot projects as proformas to give the groups that follow a better idea exactly what is needed in each section. Good to know the extra grey hair was for a good cause! As part of the pilot process, the working party was filling in evaluation forms on the information packs and the process. As leader of the working party I had the chance to go to the SKIPP update meeting and give personal feedback on the areas that had

APCP Neonatal Group SKIPP Pilot Project - from Beginning to End

worked well and those that had caused problems. This was a very positive experience - knowing that physios following the process at a later date shouldn't have the same problems.

The Evidence Note was originally accepted with minor changes and these were discussed in a conference call with myself, the CSP liaison, and a member of the GPP. We went through the document from beginning to end, making changes as we went. As I'm writing, the Evidence Note is with the CSP design team, and hopefully by the time this Newsletter is published it should be available on the CSP website (www.csp.org.uk).

Taking part in this pilot project has been occasionally frustrating and annoying, but overall it has been interesting and rewarding. I would always recommend taking up this type of opportunity if it ever comes your way.

What happens next?

As the Evidence Note has no recommendations - only implications - and there is no evidence for or against treatment, it would be easy to read it and file. This Evidence Note is just a first step in clarifying the current situation. One of the next steps is to repeat the survey of treatment of PTEV to see what changes have happened since 2005 when the last survey was sent round. The other is to get another group together to develop guidance on the physiotherapy treatment of PTEV. This will be done through the SKIPP process and may use the Delphi technique. If you are interested in being part of this group then please contact me: Denise.Hart@suht.swest.nhs.uk

Please fill in the PTEV Survey whether you treat or not, and return it to me - copies of the questionnaire can be downloaded from Neonatal Group pages of the APCP website.

Denise Hart

Medical Devices Agency Alert: MDA/2009/033



Device:

**Posture (hip) belts for use on paediatric seating systems and buggies.
Manufactured and supplied by R82 between 27 May 2008 and 31 August 2008.**

Posture (hip) belts intended for use on a range of R82 supportive seating systems and buggies for children with severe posture problems. They have been supplied with new seating systems and buggies, and also as accessories or spares.

For further information follow this link:

<http://www.mhra.gov.uk/Publications/Safetywarnings/MedicalDeviceAlerts/CON046535>

APCP NEONATAL GROUP
PTEV (Positional Talipes Equinovarus) TREATMENT QUESTIONNAIRE

Name: _____

Workplace:

Foundation Hospital		Regional Acute Hospital	
District General Hospital		Community	
Other (please specify):			

1. Are babies with PTEV referred for physiotherapy assessment or treatment in your hospital?

Yes No

2. How many PTEV do you see in a year (if known): _____

3. What is your hospital's PTEV prevalence (if known): _____ /1000 live births

4. Do you use a standardised assessment?

Yes No

5. Which one? Pirani / Dimeglio / Catterall / Other _____

6. What are your criteria for deciding the talipes is fixed / referring to orthopaedics?

7. Do you have protocols for PTEV?

Yes No

If 'yes', please attach a copy of your protocols to the completed questionnaire.

(cont'd overpage)

Please Return to: Denise Hart, Paediatric Physiotherapy, B Level West Wing,
Southampton General Hospital, Tremona Road, Southampton, SO16 6YD

8. Which treatments do you use? (please tick):

None	
Leaflet by team doing first medical	
Assessment and stretches only	
Stretches and follow-up	
Seen for second opinion only	
Strapping and casting if needed	

9. How much follow-up do the children have? (please tick):

None	
Standardised follow-up	
One follow-up appointment	
Follow-up as needed	
Follow-up until walking	

10. Do you screen for any other conditions while assessing and treating PTEV?

Yes No

11. If yes, which ones?

Any other comments:

Thank you for your time and co-operation.

Denise Hart

14 June 2009

Please Return to: Denise Hart, Paediatric Physiotherapy, B Level West Wing,
Southampton General Hospital, Tremona Road, Southampton, SO16 6YD

Research & Education

EDUCATION

GUIDANCE FOR PHYSIOTHERAPISTS: GIVING ADVICE FOR CHILDREN AND YOUNG PEOPLE WITH SEN:

This new study day was held at the Chartered Society of Physiotherapy on 11th May and had been developed to complement APCP's new publication. Twenty eight delegates from all over England came together to participate in the day.

The morning session began with Sam Old giving an overview of the physiotherapist's role in writing advice to support children accessing the curriculum, including writing reports for statutory assessment of educational needs and annual reviews. This was followed by Sarah Crombie who discussed Tribunals. Both gave informative talks in an informal manner where questions were encouraged as they went along. Group work followed which enabled delegates to share examples of good practice as well as issues that were pertinent. The networking opportunities over lunch provided some time to link with other colleagues for future support.

The afternoon opened with Andrew Lockley, solicitor and part time Tribunal judge, giving us an overview of the legal framework. Andrew, Sam and Sarah were joined by Lorna Stybelska (APCP Publications Officer) to form a panel to answer questions from the delegates. Further group work explored some case studies.

The feedback from the day has been constructive and will lead to minor changes when we run it again. There has been a request to run it in the North of England and Wales so look out for future courses advertised in the APCP Newsletter or on iCSP website.

Dawn Pickering

APCP NATIONAL SURVEY OF INTERVENTION LEVELS FOR CHILDREN WITH CEREBRAL PALSY

We would like to thank everyone so far who has sent in their survey returns for January to March - so far we have had 50 sets of forms from physiotherapy teams representing a wide geographical spread across the whole of the UK. The total number of forms returned to date is over 1300.

We are working hard to enter all of this information onto a spreadsheet, and as soon as the first batch have been entered, we will be able to see whether we

have sufficient representation from all of categories of age and GMFCS levels.

In addition, we have 21 more teams/physios recruited to start in April and July (including some from Oxfordshire, Herefordshire, Worcestershire and Gloucestershire). However, we still have no representation in Lincolnshire, Northamptonshire or Cornwall, and would urge any physiotherapists to contact me if you feel you could contribute to this important piece of work. It really does not involve a lot of time.

For those of you who started in April, and for everyone already collecting from January, the **April-June forms are due to be sent to me in July** – please would you send them in as soon as you can, as this makes it easier for us to keep up with the data entry.

If you have not already started, you can begin from 1st October and collect over the year to 30th September 2010. Please make sure that you have contacted me, so that I can give you all of the necessary information, and keep you updated with new forms at the end of each 3-month period. We will collect the forms in at the end of each 3-months, over a one year period. This allows us to capture all levels of input, even those children seen once a year for review. **Please send in all of the forms, even if for some there has been no intervention for that period.**

Just to explain again how the survey works, each clinician is asked to cover about 10 children of different age groups and/or GMFCS levels. However, if you can only manage the survey for three children, we do still want your information! 1 If there are a number of clinicians participating from one team/department, please try to spread the survey across all of the ages and GMFCS levels.

It is extremely important that you do not identify any of the children in the survey on the form. However, you will need to ensure that your manager has agreed that you can supply this information.

Please email or phone:
Sue Coombe Tel: 01603 286333
Email: sue.coombe@nnuh.nhs.uk

APCP RESEARCH BURSARIES

APCP is committed to supporting research in paediatric physiotherapy and is currently seeking new bursary applications from members.

For those interested in applying for research funding, please send an outline of your research proposal. This should include:

- title;
- brief summary (max 250 words);
- amount of money requested (including financial details of how this money would be spent);
- proposed starting date & duration of project;
- project timescales and milestones;
- details of research supervision (if applicable);
- if the research part of a postgraduate degree or higher education course – please give details;
- brief details of present post, and research expertise.

Further detailed proposal information can be attached to support the application, but not exceeding 6 pages.

All proposals should be submitted to Lesley Katchburian (APCP Research Officer) - katchl@gosh.nhs.uk by **September 30th 2009**

Please note: *Due to the competition for these research bursaries, only those proposals which have evidence of nres approval with a proposed start date will be considered. (Further information regarding ethical approval can be found at www.nres.npsa.nhs.uk).*

Applicants will be notified of the outcome of their application following APCP Conference in November 2009.

Lesley Katchburian (katchl@gosh.nhs.uk) will be happy to discuss any proposals/queries with you

APCP PUBLICATIONS' ORDER FORM APCP MEMBERS ONLY

NAME..... **MEMBERSHIP NO**.....

ADDRESS (for delivery).....

.....

.....

TELEPHONE NO..... **EMAIL**.....

TITLE	Cost	No.	Total (£)
Guidance for Physiotherapists: Giving Advice for Children and Young People with SEN (NEW)	£5.00		
Evidence Based Guidance for Physiotherapists: The Use of Botulinum Toxin in Children with Neurological Problems	FOC*		
Paediatric Outcome Measurement	FOC*		
Evidence Based Practice in Paediatrics: Management of OBPP	£2.00		
Obstetric Brachial Plexus Palsy: A Guide to Physiotherapy Management	£7.50		
Hip Dislocation in Children with CP: A Guide to Physiotherapy Management	£7.50		
Paediatric Manual Handling: Guidance for Paediatric Physiotherapists	£5.00		
Baby Massage: An Introduction for Parents	£1.50		
TOTAL ORDER:			

Post and Packing:

Post and packing is included in the price of all publications for delivery within the UK. For delivery outside the UK, contact APCP Administrator for advice: va@apcp.org.uk

* Free of charge - if **only** ordering copies of the 'FOC' documents, please enclose an A4 self-addressed, stamped envelope (76p second class postage for one document/ £1.04 for both documents).

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Send your order form (with payment) to: **APCP, PO Box 610, Huntingdon, PE29 9FJ**
Cheques should be made payable to 'APCP'.

APCP PUBLICATIONS' ORDER FORM NON-MEMBERS / NHS PURCHASING

NAME.....

ADDRESS (for delivery).....

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TELEPHONE NO.....**EMAIL**.....

TITLE	Cost	No.	Total (£)
Guidance for Physiotherapists: Giving Advice for Children and Young People with Special Educational Needs (NEW)	£10.00		
Evidence Based Guidance for Physiotherapists: The Use of Botulinum Toxin in Children with Neurological Conditions	£6.50		
Paediatric Outcome Measurement	£10.00		
Evidence Based Practice in Paediatrics: Management of OBPP	£ 3.50		
Obstetric Brachial Plexus Palsy: A Guide to Physiotherapy Management	£10.00		
Hip Dislocation in Children with CP: A Guide to Physiotherapy Management	£10.00		
Paediatric Manual Handling: Guidance for Paediatric Physiotherapists	£10.00		
Baby Massage: An Introduction for Parents	£2.00		
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Here and There

EARLY SUPPORT IN WALES Cefnogi Cynnar

Early Support is the Welsh Assembly Government funded programme to improve the delivery of services to disabled children under 5 and their families. It builds on work carried out in England over the last 5 years, where Early Support is well-established in many of the 150 local authorities.

Q. Why is there a need for Early Support in Wales?

A. Disabled children are a diverse group with changing needs. It is essential that these children have the same opportunities as other children – to have the choices and opportunities that we aspire to for all our young people; and it's vital that they get that support as early as possible – early intervention not only impacts positively in terms of promoting development, it also challenges any possibility of early decline or regression among children with disabilities. Parents have consistently reported a lack of co-ordination in services, where separate systems operating in the statutory agencies positively stand in the way of parents receiving a joined up service. Parents often become 'guerilla warriors' early on and end up having to act as the main point of co-ordinating the services that are there to assist them. Early Support aims to ensure that services are better co-ordinated, with a single point of contact, working in a family and child focused way, in partnership with parents and carers.

Q. How will Early Support help in the better delivery of services ?

A. Early Support has developed a range of resources and training that are aimed at bringing service providers together to determine what a child's and family's needs are and put the parent at the centre of the planning process. The development of these resources and the training began in England and it is currently taking place in Wales to ensure the English materials are suitably adapted to fit the Welsh context. The materials will all be ready and available by the end of 2009. The materials are not, however, the intervention and Early Support principles and approaches will be gradually introduced in Wales from the beginning of 2009 onwards, with the support of Early Support consultants across Wales.

Q. What are the Early Support practical resources?

A. There is a range of Early Support materials and training courses. Early Support materials have been

developed to help families and professionals move out of a model of crisis intervention and bring an element of planning into the lives of families with young disabled children. The materials include:

- *family pack (including the 'family file');*
- *multiagency planning tool;*
- *range of information for parents booklets;*
- *range of background information booklets;*
- *developmental journals (for children with Down's Syndrome, visual impairment and a generic version.)*
- *and monitoring protocol for deaf babies and children.*

One of the main features of the family file is the 'Family Service Plan', which supports joint discussion between the parent and the professional about what services the family and child needs and how the services that are available locally will respond. It offers a real chance at the very beginning of better co-ordination of services.

The family pack also brings together in one pack all the information the family needs about services, financial help and other basic information that families have struggled to get together in the past.

The *Early Support multiagency planning tool* is a resource that professionals can use to assess how well they deliver services to families and how well they work with families in planning services to support them and to plan effective implementation of Early Support principles and materials.

There are seven different Early Support training courses:-

- *Parents' Workshops* - a series of 4 workshops aiming to provide information and to promote understanding about Early Support. It is primarily aimed at parents and other family members.
- *Working in Partnership through Early Support (accredited)* - this programme is accredited at level 5 and aims to enable parents/carers and practitioners to share language, share ownership, share effective communication, seamless service delivery and common vision, in line with Early Support principles.
- *Working in Partnership through Early Support (non-accredited)* - this is a non-accredited, two-day course aimed at those who will not require accreditation - like the accredited programme, it aims to support participants in their efforts to achieve seamless service delivery and common vision, in line with Early Support principles.
- *Using the Early Support Multi-agency Planning Tool* - this is a one-day course aimed to ensure that practitioners, managers and parents/carers understand the purpose of the Early Support multiagency improvement tool - so they can see

Here and There

how useful it can be when planning for and evaluating improvement in outcomes for families

- *Using the Early Support Monitoring Protocol/ Developmental Journals (4 courses)* - these one-day courses aim to ensure that parents and practitioners understand the purpose and use of the Early Support monitoring protocol/developmental journals and their aim to enrich partnership working with families.
- *Supporting Children with Additional Needs and with Disabilities* - this programme supports participants to work towards the City & Guilds Level 3 award in Working with Parents - it is supported by the equivalent of 5 days of training and it aims to provide an overview of the developmental and learning needs of children with additional needs and with disabilities.

For further information about Early Support in Wales, contact:

Kathy Beach, Early Support Administrator
kathryn.beach@childreninwales.org.uk

or: Kim Bevan, Early Support Lead Consultant
kim@bevanassociates.co.uk

or: visit the Early Support website
www.earlysupportwales.org.uk

DEVELOPING EDUCATION RESOURCES FOR AHPs WORKING IN CHILDRENS SERVICES IN SCOTLAND

As part of the Scottish Government's National Delivery Plan for Specialist Services for Children (SCS) and Young People (SCS) in Scotland, NHS Education for Scotland (NES) have appointed 2 AHP Education Projects Managers (EPMs) for 18 months to review and develop educational resources for AHPs working within SCS and this report gives a brief overview of the initial priorities for them. NES was charged with developing links with Managed Clinical Networks (MCNs) and supporting their educational needs. The EPMs are currently developing an Educational Resource Pack for the MCNs. One of the components of this will be a learning needs analysis tool which, in addition to identifying the needs of each MCN, will facilitate a more co-ordinated approach to the development of educational resources by having a central repository for the analysis. In addition to this each MCN has a named SCS NES contact to ensure that education is a standing item for MCN business.

Initial scoping work completed by the AHP EPMs highlighted that education and networks within the AHP SCS was often uni-professional and also not pan-Scotland. Given that the AHP paediatric workforce across Scotland is circa 1000 wte and the SCS proportion of that is significantly less, it is essential to maximise sharing of best practice to support the education of this staff group. This will be facilitated by the establishment of an AHP Children & Young People's Network which will be launched later this year at a seminar to focus on educational workforce development needs.

Funding has been agreed to support a Paediatric Advanced Practice (AP) Succession Pathway for both AHPs and Nurses. Work is currently underway to identify suitable applicants and also to identify appropriate educational resources for AHPs (as this is the first occasion for AHPs to access the AP Pathway)

The educational development of healthcare support workers has been the focus of considerable work to date and it is important to align AHP SW agenda with this prior to embedding it for the SCS CYP AHP SW workforce.

If anyone wishes more information on the work of the AHP EPM's or wishes to be part of an AHP Children & Young Peoples Network please contact Jane Reid (jane.reid@nes.scot.nhs.uk) or Pauline Beirne (pauline.beirne@nes.scot.nhs.uk)



Skiing No Problem for 'Ice Cool Kids'

While participating in the Baby Bobath Course at Manchester Children's Hospital some years ago, skiing for Special Needs Children was introduced to me by Mary Quinten and Dr Kong, as they had started special needs' skiing groups for children in Switzerland.

Being a skier myself, I decided that when I had some spare time I would like to take a group of the children with special needs skiing, hence some years later the evolution of ICE COOL KIDS.



ICE COOL KIDS is a registered charity which encourages children with special needs and their families/carers to ski on a monthly basis at our local dry ski slope, linking up with Disability Ski Wales.

Last year ICE COOL KIDS had its first trip to the French Alps with the opportunity for the children to ski for the first time on real snow.



For many of the children the thrill of the slopes and the wind in their faces has spurred them on to put every effort into learning to ski. That enthusiasm is really paying off with many of them who were initially needing a lot of physical assistance now skiing by themselves.

Skiing helps with their balance, movement control and co-ordination as well as their general fitness and gives them a great sense of achievement.

Here and There



Parents, siblings and ski volunteers / helpers have also gained from this project in developing team skills, and a great sense of fulfillment and enthusiasm from watching the children develop. We now all work together as if a family, each playing their part to enable us all to achieve our best.

The 10-day ski therapy adventure in the French Alps was fantastic!

Many of the children achieved things that they would never have dreamed possible.

All returned with huge smiles on their faces and with life-long friends.

Some of the quotes following our adventures included:-

'The best time of my life so far'

'When are we heading out there again?'

'It was fantastic'

'Please can I go again?'

'My best holiday ever'

'I can do it myself'



The adventure goes on with the charity busily trying to raise funds to maintain our dry ski slope sessions and to fund future experiences of snow, both in this country and abroad.

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