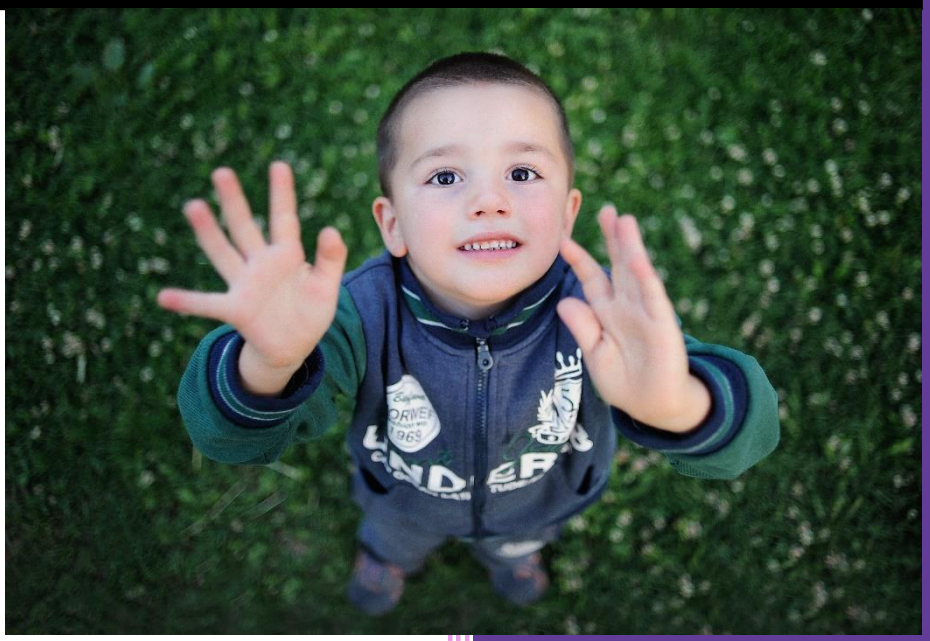
2018

Putting the Child First Guidance for Professional Communication



Association of Paediatric Chartered Physiotherapists

Contents

The child or young person is referred to as CYP throughout

Principles of Practice

Always focus on the CYP's needs and best interests.

Always promote paediatric physiotherapists working together regardless of settings or service providers: including NHS, independent practice, tertiary centres, charities and within sport and education.

Always explore good communication and breaking down barriers between professionals.

Always recognise that you cannot be an expert in every aspect of paediatric physiotherapy.

Always listen to other physiotherapists and value their experiences of working with the family. They may be different to yours and will give you a different view of the child and family.

As paediatric physiotherapists we should acknowledge and embrace opportunities for sharing practice and learning from others.

This document is intended to be used as an e-document to ensure the references and resource links are the most recent and relevant and facilitate timely updates.

Background

The NHS was founded in 1948 with a remit to deliver care which is 'free at the point of entry'. Funding came from taxation and in 1948 the NHS budget was £437 million (which would be £15 billion today!). 2015-2016 NHS funding was in the region of £116.4 billion.

The NHS currently employs more than 1.5 million people, delivering care to approximately 64.6 million residents of the UK. Until around 30 years ago, most physiotherapy care was delivered by this workforce but with the Conservative government in the 80's opening up 'internal markets', Labour government's 'any willing provider' and policy documents in 2006 encouraging social enterprises, we have come from a near-monopoly of health care provision to a diverse provision.

The Health and Social Care Act 2012 has extended market forces into the NHS to a much greater degree and given Clinical Commissioning Groups (CCG's) more local control and sensitivity to market mechanisms. The Act has accelerated other organisations to bid for services under the 'any qualified' provider' initiative, the central aim being to increase patient choice and stimulate competition between these providers. In particular Section 75 ensures CCG's must put all services out to tender unless they can prove only one provider can meet the requirements.

These processes have changed beyond recognition the professional working arrangements and employment conditions of physiotherapists. With often increasingly fragmented care the onus of responsibility is on the paediatric physiotherapist to ensure the needs of the CYP are always put first and that all communication is in the CYP's best interests. This does entail overcoming significant barriers currently and the purpose of this document is to help paediatric physiotherapists collaborate with all types of service provision to produce the best outcomes for the CYP in their care.

Standards of Care

All physiotherapists are bound by the HCPC Standards of Proficiency. Below are some of the relevant standards.

1.1: Know the limits of your practice and when to seek advice or refer the matter to another professional
For example, treating CYP within the scope of your experience and seeking advice if you do not have the necessary skills/knowledge.
2.1: Understand the need to act in the best interests of service users at all times
2.4: Recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
4.3: Be able to initiate resolution of problems and be able to exercise personal initiative
8: Be able to communicate effectively
This is one of the key standards that underpins this guidance.
9: Be able to work appropriately with others
This is the other essential key standard for this document

In addition every physiotherapist should be aware of the CSP Quality Assurance Standards 2013 which provide an integrated and person-centred approach to practice and service delivery which reflects the complexity of service delivery and physiotherapy practice. They are intended to support members in meeting their legal, ethical and regulatory requirements.

Where might a child receive care?

'Patients who choose to be treated privately are entitled to NHS services on exactly the same basis of clinical need as any other patient and should not have NHS treatment withdrawn or refused because they also have private care. Patients have a right to choose where they seek treatment, and in some cases this can result in patients seeking and receiving concurrent treatment in both the NHS and private sectors.' CSP- Concurrent and Subsequent Treatment 2013

The CYP may receive therapy from several professionals in several localities for different purposes, see **Tiers of Care**.

With an increase in social media or by direct interaction with families who may have received therapy provision; many parents/ carers and CYP are much more aware of different therapy options, therapy overseas and research trials. It may also sometimes appear that families are 'shopping around for the best care' but it remains their right to do so and your obligation not to withhold care unless you have **evidence** that it is in contradiction to other therapies they may be having. On the positive side they may be better informed but on the negative side they may make demands for services you cannot provide or are not commissioned to provide.

It is important each therapist understands the provision of their employer, the service specification and local commissioning arrangements. These will vary hugely from area to area but a thorough knowledge of what is available to you will ease any conversations with parents/ carers requesting alternative therapies or those not commissioned by your employer. You will be able to find details of your service provision within the Local Offer. Different geographical areas may have very different commissioning boundaries, and these may change with renewing contracts for NHS provider services. Always be open and transparent with this, it is important parents/ carers know they cannot for instance access aquatic therapy as it is not commissioned by your organisation rather than believe you just don't want to provide it.

There have been reports in some areas that services have suggested that parents/ carers may be discharged from the NHS or offered a restricted service if they are accessing independent or other physiotherapy services. This is not the case as stated above, and should be challenged as it may encourage parents/ carers to refuse or discourage liaison between therapists.

CCG's can also commission services directly and they may make these decisions based on likely outcomes and therefore can be independent of the local therapy department.

It is also important to ask direct questions of parents/ carers as to who else is involved in their CYP's care to identify any other therapists you will need to communicate with.

Non-disclosure

On occasions a parent/ carer may choose not to declare to the treating therapist that another physiotherapist is treating their CYP. There is nothing that can be done if the family chooses this route but it is important that you have asked direct questions to give them the chance to answer i.e. 'Do you have any other physiotherapists seeing your CYP', as opposed to 'who else is involved in the care of your CYP'. The physiotherapist should always explain the benefits of joint working in relation to the CYP's needs and outcomes and encourage collaboration. Physiotherapists working together will enhance the child's provision and reinforce the professional status of physiotherapy.

Communication

'Communication is the interactive process of constructing and sharing information, ideas and meaning through the use of a common system of symbols, signs and behaviours. It includes the sharing of information, advice and ideas with a range of people, using a variety of media (including spoken, non-verbal, written and e-based) and modifying this to meet service user's preferences and needs
Effective communication requires consideration of the context and nature of the information to be communicated and engagement with technology, particularly the effective and efficient use of Information and Communication Technology'- CSP Quality Assurance Standards

Most parents/ carers will fully support therapists from different agencies sharing information about their CYP's medical condition as well as social and educational information.

Communication at a time of great emotional stress needs to be clear, consistent and repeated as often as necessary. It is always difficult, at these times especially, to interpret or remember complex messages and it is worth considering writing things down for parents/ carers and CYP. This means they will be able to read it later, or as many times as they need to and will minimise half-truths and misinterpretation.

Good communication is crucial to the success of intra-professional working. Preferred communication channels should be established quickly between services without delay. Therapists should adhere to the local policy of their employer regarding the sharing of confidential information, however this **should not be used as a barrier to prevent collaboration**. The therapist should consider face to face meetings as well as telephone conversations and email where possible. Communication should be open and free from personal bias, with focus on the wellbeing and best interests of the CYP.

Methods of communication

Face to Face

Direct contact with the parents/ carers, CYP and the other physiotherapist would always be the preferred method of contact. However there may be time or funding restraints, as well as practical considerations such as the geographical location of providers that make this difficult. It should however be considered for important stages of the CYP's journey or as a means to improve working relationships.

Telephone

When leaving messages for colleagues try and be clear about the nature of the call, the information you would like to share as well as giving your contact details. Highlighting your working pattern as well as a number of opportunities that you will be available to receive a return call would be useful. Telephone calls may also be used as a way to identify a CYP so that further discussion can take place on email without confidentiality/ data protection issues. Verbal discussion should be followed up with written information if possible either by post or secure email to confirm any plans agreed and any action points.

Email

Where local policy permits, email can be a quick and effective form of communication. Make sure you know your employers policy on email and unless you know the email is secure i.e. NHS.net to NHS.net, do not write any person specific details. It can also be used to agree times to speak directly on the telephone. Remember to leave a selection of times you are available to talk. Make sure your email signature is kept updated with your current contact details, it may be worth including the days and hours you work.

Letter

Is it a slow and often difficult way to agree a joint treatment program and goals. Other communication should always be preferred to allow timely action. Post is best kept for sharing of hard copies of reports if necessary.

Social media

The advent of social media means that practitioners must be very careful about sharing images or discussing cases on open media sites that may cause the patient to be identified. Social Media Guidance for CSP Members 2014 states that social media offers great opportunities to share, influence and learn, but as with any other form of communication you need to remain professional and legal at all times. According to the HCPC guide to social networking, action can be taken under fitness to practice if a registrant has posted confidential information about a service user without their consent. This is not an appropriate platform to be discussing clinical cases, either with a family or another professional and be aware that if a relationship with a family or CYP breaks down, they may take objection to anything posted on social media previously or lodge a complaint that it was shared without consent.

It is essential for the wellbeing of the CYP and the best possible outcome to be achieved, that professionals are openly sharing information. Communication should occur between all physiotherapists that are involved within the CYP's journey. This may include the community therapist, acute therapist, independent therapist and tertiary specialist centre physiotherapist.

It must be recognised that not all physiotherapists are permitted by information governance rules within NHS trusts to share information via email, indeed some Trusts limit what written information can be shared at all. You must be aware of your local policies regarding sharing of information.

Physiotherapy reports, goals and treatment plans and outcomes should be shared to allow discussion between therapists in order to agree management programmes and empower ownership.

Best practice for complex CYP may be to agree a joint visit if or when the need arises. There may be the need for each therapist to set the area of care that they will be responsible for and the goals/ outcomes that they will be working towards.

Always consider the principles and practices that underpin good collaborative working between therapists working in different sectors in order to achieve an improved outcome for CYP.

Standards relating to information sharing and safeguarding

It is important that practitioners understand when, why and how they should share information so that they can do so confidently and appropriately as part of their everyday practice. **Information sharing is vital to safeguarding and promoting the welfare of CYP**.

Practitioners are often anxious about the legal or ethical restrictions on sharing information, particularly with other agencies. You should be aware of the law and should comply with the principles of current ethical guidance.

The Data Protection Act should not be a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

The following standards must be considered when deciding on the sharing of information:

- Be open and honest with CYP and parents/ carers from the outset, about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so. The exception to this is where to do so would put that CYP or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime. This includes where seeking consent might lead to interference with any potential investigation.

- Practitioners must always consider the safety and welfare of a CYP when making decisions on whether to share information about them. **Where there is concern that the CYP may be suffering or is at risk of suffering significant harm, the CYP's safety and welfare must be the overriding consideration**.

- Practitioners should respect the wishes of CYP or parents/ carers who do not consent to share confidential information. Information may still be shared, if in the practitioner's judgment on the facts of the case or for the CYP's safety and welfare.

- Seek Advice; practitioners should seek advice where they are in doubt, especially where this doubt relates to a concern about possible significant harm to a CYP or serious harm to others.

- Practitioners should ensure that the information shared is accurate and up-to-date, necessary for the purpose for which it is being shared, shared only with those people who need to see it, and shared securely. This would include sensitive clinical assessments opinions and findings.

- Follow the Caldicott principles.

Consent

From initial contact, CYP and parents/ carers should be given clear information on informed consent, details about the service's policy on how and to whom information will be shared, and seek their consent. This discussion and its outcome must be documented in the CYP's records. If written consent is obtained a copy must be retained within the electronic/paper records.

Consent must be informed i.e. those giving consent must understand why the information needs to be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information.

If there is a significant change in how the information will be shared, such as where specific concerns arise about significant harm to CYP, further consent should be obtained. Where consent to share information cannot be obtained or is refused (reason for refusal to be documented in records) or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is sufficient public interest to justify disclosure without consent must be judged by the practitioner on the facts of each case. Therefore, where practitioners have a concern about a CYP, they should not regard refusal of consent as necessarily preventing the sharing of confidential information.

Certain circumstances can mean you are obliged to disclose information about a patient, even if you do not have their consent. The term 'public interest' is frequently used in issues of consent and confidentiality. Public interest is the general welfare and rights of the public that are to be recognised, protected and advanced. Disclosures in the public interest based on the common law are made where disclosure is essential to prevent a serious and imminent threat to public health, national security, the life of the individual or a third party or to prevent or detect serious crime.

Consent must always be gained by the parent/guardian to share information. However the therapist should always be mindful that information sharing should be on a 'need to know basis', with the needs of the CYP as paramount. It is good practise to have an open conversation with parents /guardians about the information you wish to share and why this enhances their CYP's physiotherapy care and prognosis.

Confidentiality

In deciding whether there is a need to share information, practitioners need to consider their legal obligations namely:

- Whether the information is confidential.
- If it is confidential, whether there is public interest sufficient to justify disclosure without consent or;
- The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest and the best interests of the CYP.

Sharing confidential information without consent will normally be justified:

- When there is evidence that the CYP is suffering or is at risk of suffering significant harm; or
- Where there is reasonable cause to believe that a CYP may be suffering or at risk of suffering significant harm; or
- To prevent significant harm arising to CYP or serious harm to adults, including through the prevention, detection and prosecution of serious crime.

If practitioners are unsure as to whether information is confidential, whether there is sufficient public interest to justify disclosure or are unsure on the degree of information to be disclosed they must seek advice from the Safeguarding Children's Nurse in the CYP's residing area.

Recording in relation to sharing information

Practitioners must record their decisions and the reasons whether or not they decide to share information. If the decision is to share, practitioners must record what information was shared, what this decision was based on, whom the information was shared with and in what format.

Recording in relation to sharing without consent must also include the legal framework considered by the practitioner and reflect the balancing of considerations in relation to justifying overriding public interest.

Records must demonstrate that information shared without consent is proportionate and relevant to the identified public interest. Not all information held will be relevant or necessary to protect the public. (Practitioners should always record the reasons for their decision – whether it is to share information or not).

Challenges to Communication and Conflict

We are privileged to work in a profession which can make such a difference to the lives of children and young people. However it is acknowledged that there are a number of different approaches to each aspect of physiotherapeutic intervention, and it is imperative that we work together, using our clinical reasoning and professional skills in order to propose and support a coherent treatment plan.

Preventing differences in opinion between professionals and families

Communication is an essential skill in physiotherapists. (Standard 8 HCPC Standards of Proficiency).This should be open and honest, regular and in the CYP's best interests. When working in paediatrics, physiotherapists will often be part of an MDT (Multi-Disciplinary Team). It is expected that physiotherapists will work closely and maintain positive working relationships with the parents, the MDT, as well as with other physiotherapy colleagues, regardless of the sector of employment.

Parents/carers have the right to consult independent practitioners for a second opinion, or additional therapy. If not handled well from the beginning this can be a particular cause for conflict. Consent is required from the family before the therapists can contact each other. If the family are reluctant to provide consent, it is essential that the therapist explain the reasons fully to the family, and that this is their professional duty.

If parents disagree with advice the therapist has given, this must be discussed with the CYP parents/carers with their options for the future and an action plan agreed. Where an agreement cannot be reached, parents views should be documented and attached as an addendum to the therapy advice.

Where an issue cannot be resolved, the family may be invited to choose between continuing with the NHS or the independent or alternative sector. Increasingly more families are choosing not to remain in the traditional NHS provision. The family need to be given the option and if they choose independent/alternative treatment, understand how they can access the NHS service at a later date. However it is important to be clear about the parameters of the arrangement. For example if equipment is supplied via NHS provision there needs to be an ongoing relationship with the NHS service responsible for assessment and adjustments, and this may be the NHS physiotherapist.

Another possible source of stress, and therefore conflict from families is that of staff rotations. New therapists would usually have an initial assessment with a child and may completely turn around the treatment plan and goals set up by the previous therapist. It is important to show respect to a previous therapist's clinical reasoning and important to take time to develop new ideas, rather than immediately offering a drastic change in direction. This can cause real damage to the profession as it reduces credibility, challenging the CYP and families trust in the physiotherapy service. Respectfully changing the treatment plan can be done with new aspects to clinical reasoning anytime that it is appropriate, and communicating any changes in advance to CYP and families is good practice.
This is particularly important in community settings, with older children who may have experienced paediatric physiotherapy for many years, seeing a succession of therapists,

constantly changing things, especially where there is a rotational element to the job or a high turnover of staff. From a parent's point of view, it can seem like a rotating wheel of treatment options.

Conflict between professionals

Conflict happens when people have opposing needs, ideas, beliefs, values or goals. Conflict can therefore happen when there is a clash of perceptions in any organisation **where people care about the outcome**. Conflict can often be healthy. It may bring out new ideas and raise new issues and solutions. Unhealthy conflict can be emotionally and psychologically damaging not just for families but also health professionals.

It is important that practitioners are aware that parents interpretation of what has been said may not be the same as what was said, and not to jump to conclusions on things a parent might report. Don't allow this to become an unnecessary cause of conflict. It is important therapists communicate directly with any other therapists. When two physiotherapists work with a child, even when collaboration is working well, parents can be mildly critical about the other therapist (sometimes to both about the other). It is even more important in this scenario to establish good communication when parents try to divide opinion, or denigrate a colleague. This may have not have any real basis in complaint but it can be a parental response to stress.

This behaviour should be discussed openly between therapists without fear that there is any reflection on them, in order to present a team approach to supporting the family and CYP and avoiding future conflict. It is obviously essential that parents are not denigrated or blamed in this circumstance because it may just be a symptom of the family stresses they are under, the bereavement they may be coping with, their way of expressing anxiety or to try to gain control over a situation essentially alien to them.

In most cases therapists work well together, however there may be occasions where advice which is offered by professionals may be incompatible, or there is a lack of communication or collaboration. There may be times when organisational policy or service specification leads to disagreement on the type, frequency or course of intervention which can lead to difficulties both with families and other professionals. Lack of collaboration may also lead to the family trying to choose between two or more 'professional opinions' which they may perceive to be incompatible. The family may then choose an alternative opinion to the one you are presenting, causing potential conflict. This is obviously made worse if the professionals continue to fail to agree a coherent intervention plan. Treating therapists will need to discuss the options available for the family and potential outcomes of each so the family can make a balanced, well- informed decision.

It is important that these situations are addressed early and where possible be prevented in the best interests of the CYP. The CSP recommends that practitioners work collaboratively to ensure that there is effective risk management, timely sharing of information, continuity of care and co-ordination between agencies.

Where there are disagreements the therapist should try to resolve the situation through good communication, minimising the degree of conflict played out in the presence of the CYP/family. It is the responsibility of each physiotherapist to communicate fully with all other professionals

involved in the CYP's care. **Never criticise another professional** or their opinion in front of a family or CYP. This is highly unprofessional and only increases conflict between parties and can damage the reputation of the profession.

There is some availability of formal mediation services for healthcare professionals, but these are usually used where there is conflict about withdrawal or withholding of life-supporting medical treatment, or a CYP may have different views from their parents about their treatment.

It is possible to undertake some informal mediation within the multidisciplinary team, for example this may be included in the TAC (Team around the Child) approach. This encourages joint goal setting between all professionals involved. Each situation may require a different approach to discussion, which would be individualised dependent on the circumstances. The therapists need to consider the process of alliance building. Alliance building will often involve some form of mediation between the different partners in the definition of goals and ethical ground rules, joint action areas, and agreement on the form of cooperation which is reflected in the alliance.

Working across the different tiers of provision

Understanding where CYP receive their physiotherapy care and the responsibilities of different providers, will help therapists support CYP and their families/carers to achieve the best outcomes, as well as ensure best clinical governance. It is important to understand that there is no common pathway and that local variances exist.

It is imperative you get to know what is provided in your area and how systems work e.g. who provides early intervention, what the acute service provides vs the community service, what physiotherapy is available in mainstream and special education, who provides mobility and postural management equipment

Knowing how each area works will ease conversations and facilitate good working relationships. It is the responsibility of all therapists to do this not just those who work within NHS provision.

Children's services are somewhat different to adult services in the way they are configured.

In the four countries of the UK, CYP who have a long term or chronic condition are usually referred to community physiotherapists for ongoing general management, this is considered **primary care**. It is typical for these services to advise on specific physiotherapy but also to offer monitoring of a CYP's development, assess for equipment and provide advice to social care and education. They are usually part of a multi-professional network of care and are recognised within this as the main providers of physiotherapy.

CYP who have an acute condition or require acute medical management are usually referred into the local hospital for **secondary care**. NB Some community physiotherapy services also provide secondary care.

Examples may include Ponseti management, fracture clinics, acute respiratory care, and sports injury management. The therapist in secondary care has responsibility for the CYP's

physiotherapy during this acute period and for passing on information during the admission if appropriate, and at discharge. It is best practise for acute teams to have a working relationship with their community teams with referral pathways and agreed responsibilities. Onward referrals should be timely and documented, and transparent for the CYP and family. The CYP may be discharged from secondary care after a treatment intervention e.g. a fracture, or may continue to receive both primary and secondary care.

Complexity arises if a CYP has an underlying chronic condition, where an unplanned admission may not allow for a timely transfer of information.

Example of good communication

Child X who has cerebral palsy GMFCS 5, attends a planned orthopaedic clinic to discuss hip relocation surgery. The community physiotherapist provides a physiotherapy report and an update on current management including concerns and treatment objectives and a current CPIP assessment.

A decision to proceed with surgery is made and following clinic, the letter is copied to the community physiotherapy team and/ or independent physiotherapy provider, regarding a plan for admission. This includes the surgery planned and the admission date, expected length of stay, specific management and equipment needs at discharge and who would be responsible for these.

Prior to admission the community physiotherapist liaises with the acute physiotherapist regarding what physiotherapy and equipment they can provide and speaks with the family and school regarding changes to physiotherapy and risk assessments needed at home/school .

During admission the community therapist is offered an opportunity to attend any discharge planning meeting and a clear line of responsibility is outlined along with planned reviews. The acute therapist will also inform the community therapist on date of discharge

It is good practise to ask families who are involved in their child's care. You may need to ask about physiotherapy and alternative providers explicitly. Two way communications are vitally important. The acute package of care may include all the reviews and management for that specific treatment episode and therefore a community referral is not required. However where there is a shared responsibility or an expectation that community services will take over physiotherapy care, it is helpful if this is explicit, and expectations managed.

Tertiary care usually provide the most specialist services or support areas where there is limited local provision of medical care E.g. cardiac care, transplant surgery, management of rare conditions and certain spasticity management interventions. This would include acute management e.g. spinal and head injury services but also includes condition specific teams such as regional cystic fibrosis or muscular dystrophy. Therefore physiotherapists working in

tertiary centres may be providing physiotherapy within an acute tertiary medical and surgical care team, or have a more specialist advisory role in their own right.

It is important to know the remit of these specialist services to ensure therapists, CYP and their carers understand who is responsible for what aspect of care. Specialist services are an excellent resource for support and advice; they will have access to the most evidence based care for their specialities and may provide ongoing monitoring of a population. However they rarely provide day to day physiotherapy. Therefore CYP remain under the on-going care of their community or independent physiotherapists and it is they who will provide direct physiotherapy interventions and support management plans.

If communication works well, a CYP can be managed effectively within the level of care they need, and sometimes multiple levels of care at the same time. It is easy to see however, that ineffective communication can swiftly lead to bad planning, mismanagement and occasionally disaster for the CYP if they are discharged post-surgery with no community support.

There is no one therapist who should be responsible for this complicated communication, all therapists involved in the care of the CYP are equally obliged to instigate communication. As a primary care therapist, don't wait for a tertiary care therapist to contact you, if you haven't written a report they might not even know you exist! Equally as a tertiary care therapist, don't assume the primary care situation can or will provide any additional support or equipment needed immediately. All therapists need to be **putting the child first** and making sure all pathways between tiers of care are as seamless as they can practicably be.

Conflict with other organisations

There may be occasions where the therapist finds themselves in conflict with another organisation, rather than with a family or another physiotherapist. An example of this may be in the writing of an Education, Health and Care Plan (EHCP) for a CYP with additional needs where the education authority disagrees with your interpretation of provision. There is more advice regarding this in the APCP document 'Guidance for Paediatric Physiotherapists Writing Advice for Education, Health and Care Plans'.

There may be legitimate restrictions upon sharing information in different work sectors, which are sometimes misunderstood. These need to be identified and differentiated from other aspects of clinical services which could be shared.

Adult practitioner treating children

Musculo-skeletal physiotherapy is one of the areas where CYP are most likely to encounter a therapist who may not be a paediatric specialist. This can be due to the service commissioning in some areas where therapists working with adults also treat children, typically over a certain age threshold. Many independent practitioners also treat children without necessarily being a paediatric specialist.

This can cause a unique set of challenges to working with other therapists. It is a responsibility of all practitioners to work within their scope or competency as required by the HCPC and the CSP. APCP recommends anyone in this situation should be seeking further support from their paediatric colleagues or consider additional training in paediatrics.

It is also helpful to encourage those families seeking independent provision to be sure that they are choosing the right practitioner and advising how to choose an independent practitioner in an open and honest conversation. If the CYP is seeing an independent practitioner in addition to NHS therapy, the two therapists **MUST** work in collaboration in the best interests of the CYP.

There is a long held belief by some families that independent physiotherapists offer a superior service to the NHS. Although they may be able to offer more resources and shorter waiting times – the quality of the service may or may not be better than a paediatric specialist physiotherapist working within the NHS. Different therapists can provide different aspects of care regardless of provider organisation.

Elite child athletes

In the sporting world there are very many independent practitioners affiliated to teams and an increasing amount of elite pathways and academies for talented CYP. Some of these therapists may only see their players at matches and training sessions and so it is essential that they communicate any injuries or ongoing problems to any therapists involved with the CYP, either NHS, independent practitioners or both – so that the CYP gets good continuity of care from point of injury through rehabilitation and return to play. It is imperative to be communicating openly (but still maintaining confidentiality) with sports coaches and sports therapists especially where opinions disagree on continuing sport participation, however this can be reinforced using return to play protocols and ongoing monitoring of the situation. There may be time limitations in this situation in regard to the level of activity the CYP is allowed to do, particularly in relation to more serious conditions such as head injury. It is important that all of the MDT can liaise together, including the sports psychologist – both in the sporting arena and community/ hospital setting.

Family disputes

It is particularly challenging communicating with a family who may not agree amongst themselves as to the best plan for their CYP, whether or not the biological parents live together or not. It may take all your communication skills to be able to agree a set of goals and outcomes. Think for example about a CYP with mild cerebral palsy, mother attends the therapy appointments and agrees to follow the home exercise programme towards agreed goals and outcomes. Father emails and says the home programme is not challenging enough, he believes more strenuous physical exertion is necessary to build strength and is aggressively dismissive of your programme. This family need to be able to agree what the goals for this CYP will be and it is necessary to unpick how each member of the family feels about this to be able to do so.

It is also worth remembering to enquire who has parental responsibility for the child in today's blended families. You will need to be prepared to openly state to parents that you are required to disclose appointments and therapy programmes to those with parental responsibility, and that all involved need to work with you to maximise the effective use of physiotherapy appointment time. If you have concerns about these sort of issues, you should discuss with your line manager and the legal department within your Trust.

Questions and answers

These are all questions raised by members when the document was being researched. It is hoped that using 'real world' scenarios may help you improve your own communication skills and remember to always '**Put the Child First'.**

There are myriad examples of good practise and poor practise which could be quoted in this document, therefore we have alternated examples involving NHS and private practitioners, in order to be scrupulously fair. We hope and expect that you are reading these thinking 'I would never do that'. If this is the case please can we urge you to support others in this exemplary behaviour, so we can continue to move forwards positively to support all of the CYP who benefit from our expertise.

1. I don't have an NHS mail account as an independent therapist, this makes it difficult to contact NHS therapists. We would suggest you would need to telephone your local paediatric physiotherapy department. Leave clear details as to when you are available for telephone contact and the details of the child so the message will be left for the correct therapist. Once you have spoken you can use non-secure email to continue communication as long as no person specific information is written.

2. If a report is needed for an EHCP should I ensure the findings be shared with any independent physio? In the ideal world you will be writing the report jointly, not sharing after the event. Your duty of care remains to share and collaborate. If timescales are tight, as they can be with reports, try a telephone contact and then share report. In future you have to plan to collaborate and write shared goals.

3. I rang the physiotherapy department to ask for the email address of the therapist I need to contact but was unable to obtain the email from receptionist. You need to ask if this is Trust policy? Can you try a search on NHS.net? Was the receptionist asked to pass the message on to the treating therapist? Teams could consider setting up a generic mailbox for correspondence. Consider checking the local offer for details of your local services, which should be listed.

4. The NHS therapist contacted the independent therapist by telephone after receipt of a report, unhappy with the fact an initial treatment block of six sessions had been set without discussion. There are better ways of communication than this on both sides. Did the NHS therapist know the child was being seen by an independent therapist, did the independent therapist contact the NHS department before arranging to go into school to offer a joint appointment? The NHS therapist could ask for reasoning behind the planned treatment, discuss the SMART goals and how this will achieve the outcomes. It is not helpful to be angry or unhappy with another professional working with the same CYP.

5. As an independent physio I see CYP with mother and grandmother in school on a day the school therapist is not there. Although it may be helpful to see the child on a

different day to the school therapist, you really need to be liaising about this and sharing goals and outcomes, not leaving it to the family to be the go-between. Maybe you can each be responsible for certain goals? Who would the school contact with a problem or query, have you given them the correct information? Advise when you are going into school, if another therapist is involved you must collaborate to share goals/ outcomes and reports.

6. NHS physio contacted family to say now their CYP had been seen independently they wouldn't be able to do a joint program in collaboration as it was against Trust policy to carry out treatment proposed by another. This is should be challenged with your line manager, the CYP's needs should come before organisational issues. There should be a well aligned approach, if either therapist is not able to do the whole programme they need to discuss who leads on which part of the programme, but not working in tandem is not acceptable.

7. An independent therapist disagreed with a school based therapist that a CYP would participate with the activities outlined in the programme that had been shared, as she had had difficulty in getting the CYP to engage with any structured therapy. Different therapists work with CYP in different ways and CYP engage better with some than others for often no discernible reason. This is not personal, don't make it so. The main point is that the CYP engaged, it doesn't matter why or with who, the CYP's needs must always come first and recognition that they are working better for another therapist is important and not to become an ego problem.

8. At an annual review two therapists actively disagreed with each other with one discussing the positive improvement, and achievement of SMART goals, and the other interrupting, stating that the recommendations were not appropriate and it was wasting the family's money on unnecessary therapy. It is challenging when there is contention between two therapists and ideally this incident should be prevented by open communication from the start. Never openly criticise another professional in a meeting or to a family, it causes unnecessary conflict, it is not putting the CYP's needs first, it causes uncertainty and confusion for the CYP and family and can damage the reputation of the profession. Communicate before, not at a meeting, and agree the shared achievements and plan.

9. An NHS therapist received a reply regarding joint working/ collaborating with an independent therapist saying 'My time costs £80 per hour and the parents have decided my time should be spent on therapy, not on reports or liaising, please contact the case manager.' This is not acceptable on many levels. It is the responsibility of the independent therapist to liaise with all others involved in the CYP's care. Even if that can only be a five minute phone call and then to share written reports. If they are lead therapist, they should be sharing targets, therapy programme and outcomes with both the NHS therapist and the CYP's school staff. Could the independent therapist change the timing of a session to when the NHS therapist is in school? Or offer the NHS therapist to attend one of her scheduled sessions, which would involve no additional expense. Why is the independent therapist not advising the school staff on a handling

and postural management programme as well as activities for such things as PE? You need to refer back to the standards for practice for all physiotherapists.

10. Despite both ringing and emailing an independent therapist, she refuses to speak to me due to 'data confidentiality'. This must never be made a barrier to communication. Speak to the CYP and family to explain the need for joint working and collaboration and that both therapists need consent to share information with the other. When you have this consent you need to approach the other therapist again and explain the importance of working together in the best interests of the child.

11. The CYP's mother is approached in the playground by another parent, who identifies himself as an independent paediatric physiotherapist and on noting the CYP's gait was unusual, offers an assessment as he has more expertise than the local NHS service. This would be considered a highly unprofessional approach and could be considered a breach to both CSP and HCPC codes of conduct.

12. How do I manage a CYP's treatment when the family take him overseas for physiotherapy from foreign practitioners that interferes with their NHS programme of care? It's still all about communication. You need to reiterate to the family the importance of joined up care for meeting the needs of their child. If at all possible try and sort out some liaison with the other therapist. Some countries have particular therapies that aren't well known here in the UK but don't be dismissive, try and find out about the individual therapy and communicate your goals and outcomes to the other therapist, they may know as little about your management approaches as you do about theirs. Use it as an opportunity to learn and build bridges. You can also consider modifying your goals in the interim, if for example the other therapy has concentrated a lot on leg exercise, maybe focus on upper limb or trunk activities or balance and coordination for a time.

'The document has made me aware of processes and procedures that I did not realise differed from therapist to therapist working both within and out with the NHS. It makes it clear to me that professionals should be highlighting this to parents, when there is more than one therapist involved In the child's journey, so that they understand time delays in sharing information which can at times appear to parents as therapists not communicating or being unwilling to work together.

I feel if I had read this document at an early stage of my child's journey I would have been happier to share with my NHS physiotherapist that I had sought private treatment as well. This was something that I worried would be taken badly by the NHS therapist or having a detrimental effect on his NHS care which in fact was not the case. '

-Parent of a child with physical needs

This document has been written primarily for physiotherapists working with children and young people. It may also be a useful read for parents/carers of CYP with physiotherapy needs.

It was prepared by a Working Party of the National Committee of the Association of Paediatric Chartered Physiotherapists and in consultation with the Association of Paediatric Chartered Physiotherapists.

With thanks to Alan MacDonald, Chris Smith, Jane Sellar, Kevin Dann, Kerry McGarrity and Stephanie Cawker.

.