

# The Winston Churchill Memorial Trust Of Australia

Report by Cheryl Lockwood

2005 Churchill Fellow

The Bob and June Prickett Churchill Fellowship to study the 'Postural Skills Care Programme', a training programme developed in the United Kingdom for carers of people with physical disabilities.

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Dated

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## Introduction

I qualified as a physiotherapist in 1986 and have worked in the area of disability for the past sixteen years. My experience has shown me that one of the major issues that many people with disabilities face throughout their lives is progressive distortion of body shape. This is particularly true in the case of people with developmental disabilities, especially those of a more profound nature. Distortion of body shape creates significant problems, both emotional and physical, in the lives of people with disabilities. It has a major impact on body function, such as a person's ability to lie, sit or stand straight, and severe spinal deformities can impact on an individual's ability to breath, digest food, maintain normal bowel activity and maintain adequate cardiovascular function. Increased levels of pain are often experienced by individuals as their body shape becomes more distorted and the need for complex surgical procedures can be increased.

Progressive physical distortion also has a major impact on the lives of families and paid carers. Generally, with increased distortion of body shape, there is an increase in the level of care required to support that individual in activities of daily living. There can also be an increase in the demand for assistive equipment, for example to undertake manual handling, and an increase in the physical and emotional strain placed on carers.

In 2004 I learned of an accredited training programme that had been developed in the United Kingdom, designed to give family and paid carers knowledge and skills to assist them in protecting the body shape of the individuals for whom they care. The programme is called the 'Postural Care Skills Programme'. Initial feedback about this training course indicated that it had the potential to provide carers with the ability to prevent the progressive development of deformities for the individuals that they care for, and in many cases to correct, or partially correct, existing deformities. If true, this would be of enormous benefit to the thousands of individuals with disabilities, and their carers, throughout Australia.

Through my Churchill Fellowship grant, it has been possible for me to travel to the United Kingdom to study this programme, enabling me to look at the programme content in depth, to observe how training is implemented in the UK and to gain a broad picture of the results that have been achieved so far.

I would like to give my sincere thanks to the Churchill Trust for providing me with the opportunity to undertake this study, and as a recipient of The Bob and June Prickett Churchill Fellowship, I would particularly like to thank Bob Prickett. Bob, through his amazing generosity, provided sponsorship and encouragement for my trip. He is an exceptional person who has sponsored many Fellows over the past twenty years, making an enormous contribution to the Australian Community.

## Executive Summary

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**Project Dates:** 27<sup>th</sup> September - 20<sup>th</sup> October 2005.

### **Aim:**

To study the 'Postural Care Skills Programme', an accredited programme designed to give family members, and paid carers, knowledge and skills in protecting the body shape of individuals with disabilities for whom they care.

### **The Fellowship**

During my visit I received direct training from Sarah Hill, John and Liz Goldsmith, and Dr David Hill who have all contributed to the development of this programme. I attended numerous presentations and workshops delivered to parents, therapists and policy makers, in various cities throughout England and also in Scotland. I attended three conferences that included presentations and discussions on the 'Postural Care Skills Programme', which allowed me to hear the questions and feedback of other professionals working in the disability field in the United Kingdom. I also met with a number of individuals with disabilities, their carers/parents/family members and therapists. This allowed me to discuss the issues they currently face and the impact, or potential impact, of the training programme.

### **The Postural Care Skills Program**

The Postural Care Skills Programme was developed in response to the need for improved postural care for people with disabilities. Currently there are no national standards for postural care, no regular, non-invasive outcome measures of body symmetry and no standards to drive the provision of postural care in the United Kingdom (or Australia).

"@PCSP aims to provide a high quality skills and auditing programme, empowering carers, clinicians and managers to provide and monitor the effects of postural care, thereby enabling people with complex physical needs to grow and or stay as straight, comfortable and independent as possible. The programme is used within an ethical framework of person-centred care that promotes the well-being of people with movement problems, their families and those who care for them".

The full Postural Care Skills Programme comprises of six units.

1. Postural Care Skills - General Skills
2. Postural Care Skills - Person-Related Skills
3. Postural Care Skills - Tutor/Manager's Course
4. Physical Interventions - Humanity Issues
5. Measurement of Body Symmetry - Technique
6. Measurement of Body Symmetry - Teaching

The Postural Care Skills Programme is validated by the Open College Network (OCN) in the UK. The National Open College Network (NOCN) is a national qualification awarding body, and the central organisation for all OCNs. The OCN for Central England (OCNCE)

is based at Warwick University, Coventry. PCSP UK Ltd undertakes all internal moderation for the training course, with external moderation undertaken by the OCNCE.

### **Highlights of the Fellowship**

Talking to carers, family members and therapists who have received training in this programme. Meeting people with disabilities who have received this method of postural care for the past ten years and seeing evidence of the improvement in their body shape over this time.

### **Findings**

Many family members and carers, with whom I spoke during my visit to the UK, reported that they had witnessed improvement in body shape for the individuals within their care, after implementing training skills acquired through postural care skills training. Carers demonstrated improved confidence in the early identification of potential problems and knowing when to seek help. Anecdotal evidence and records suggest remarkable improvement in body shape, and subsequent quality of life, for individuals receiving this type of postural care.

### **Conclusions**

- The Postural Care Skills Program is a robust, effective tool for delivering training to carers. It can empower and qualify them to provide suitable postural care for their family member or the person they are employed to care for.
- Postural care, as used by the Postural Care Skills Programme, through the use of correct positioning and equipment, can coax the body towards a more symmetrical, less destructive posture.
- Work undertaken in the United Kingdom demonstrates that appropriate postural care can help individuals with complex physical needs to grow and/or stay as straight, comfortable and independent as possible.
- Investment in people, using the Postural Care Skills Programme, builds a team approach and empowers professionals and families/carers to work together with providers, to develop high quality care.
- There is a need to further develop the understanding that many of the distortions of body shape that devastate lives are preventable with early intervention

### **Recommendations for Implementation and Dissemination**

I recommend strategies are undertaken to enable the Postural Care Skills Programme to be available and accessible in Australia. I also recommend that investigation should be undertaken into the possibility of accreditation of the course through Australia's Nationally Recognised Training Programme, in conjunction with a Registered Training Provider. This would give individuals who complete the training, a recognised unit of competency that could be used towards an Australian qualification such as Certificate 111 or 1V in Disability or Aged Care.

In light of my recommendations, I have made a personal commitment to this process by registering for training in the Tutor Managers course, through the English Open College Network, and will undertake study by distance learning over the next nine to twelve months. I will deliver presentations to the disability sector in Western Australia to promote my findings and will, upon qualification, offer training in this programme to the disability and aged care sectors.

## **The Fellowship Programme**

I visited the United Kingdom between 27<sup>th</sup> September and 21<sup>st</sup> October 2005 to undertake a close study of the Postural Care Skills Programme.

During this time I received one-to-one training in the broad outline of the course and attended numerous presentations and workshops delivered to parents, therapists and policy makers, in various cities throughout England and also in Scotland.

I attended three conferences that included presentations and discussions on the 'Postural Care Skills Programme', which allowed me to hear the questions and feedback of other professionals working in the disability field in the United Kingdom. I also met with a number of individuals with disabilities and their carers, parents/family members

The programme is still very new in the United Kingdom, having received accreditation in October 2005. My travels gave me the opportunity to meet a number of individuals who had received various levels of training in the programme prior to its accreditation and their feedback was extremely positive. I listened to many anecdotal stories about the positive improvements in body shape and symmetry that have been achieved through application of 24 hour positioning. I was also very fortunate to meet a couple of people with disabilities who have been recipients of this method of postural care for the past ten years and, through discussions with their carers, and making comparisons with earlier photographs, I was able to assess the improvement in their body shape over this time.

### **Week 1**

#### **27/9/05 Tripod Conference Chesterfield Hospital**

Presentation given by John and Liz Goldsmith, and Sarah Hill

'Protecting and Restoring Body Shape', introducing the Posture Analysis Assessment Tool to an audience of managers and direct care workers for people with disabilities

#### **28/9/05 - 30/9/05 Direct Study Time, Hopwas, Staffordshire**

A detailed introduction to the Postural Care Skills Programme including the clinical aspects of postural care, the learning outcomes and assessment criteria, the Units of competency, the structure of training delivered and the Open College Network registration system

Sarah Hill

The biomechanics of spinal deformity

Liz Goldsmith

Introduction to thermoregulatory Principles

Dr. David Hill

#### **31/9/05 Travel back to the North East of England**

## **Week 2**

### **3/10/05 Early Intervention family carer awareness day, Doncaster**

Facilitated by Janet Cobb - North Regional Network for Learning Disability, who opened with a discussion on the current National Health Service System and the issues faced by family carers of children with physical disabilities

The day included an introductory presentation on the Postural Care Skills Programme, and was delivered to seven families living in Doncaster

John and Liz Goldsmith, and Sarah Hill

### **4/10/05 Percy Hedley School Newcastle**

A review session for therapists currently utilizing the practice of postural care - updating therapists on recent developments, in particular the biomechanics of chest deformity

John and Liz Goldsmith

### **5/10/05 Percy Hedley School Newcastle**

A review session for therapists on the measurement of postural deformity

John and Liz Goldsmith

### **6/10/05 Technology Dependent Children Day York**

Theme - 'Caring for Technology Dependent Children at Home'

Facilitator - Sue Kirk - University of Manchester

Including the presentation 'Introduction to Postural Care Skills Programme', for regional professionals working with technology dependent Children

John and Liz Goldsmith, and Sarah Hill

## **Week 3**

### **10/10/05 Travel to Glasgow with John and Liz Goldsmith**

### **11/10/05 Postural Care Training Day for therapists Glasgow**

Delivery of training on the use of the postural care skills programme for therapist working with adults and children with disabilities

John and Liz Goldsmith

### **12/10/05 Measuring Training Day for therapists Glasgow**

Training therapists in Scotland on the techniques for measuring postural deformity and monitoring change

John and Liz Goldsmith

### **13/10/05 Travel back from Glasgow**



## THE POSTURAL CARE SKILLS PROGRAMME (©PCSP)

### Background to the development of the Postural Care Skills Programme

The Postural Care Skills Programme was developed in response to the need for improved postural care for people with disabilities. Currently there are no national standards for postural care, no regular, non-invasive outcome measures of body symmetry and no standards to drive the provision of postural care in the United Kingdom (or Australia).

There has been a perception among many people, carers and professionals, that progressive distortion of body shape is an inevitable part of long-term disability. Individuals with severe movement problems are often unable to change their position during the day and at night. They often establish a preferred sleeping position from a very young age and may spend on average 8 - 10 hours in the same posture during the night, or rely on carers to change their position when they become uncomfortable. An asymmetrical posture that is repeated and prolonged over time will generate destructive forces that have long-term effects on the skeletal system. In most lying positions the body assumes an asymmetrical posture and, where this is prolonged for many hours, the moulding effects of weight and gravity can quickly distort both the chest and pelvis. As the individual gets older, a preferred night-time posture often becomes an obligatory posture that can be recognisable as the pattern of fixed distortion throughout the day.

Traditionally, conservative care for postural deformities has been provided by physiotherapists and occupational therapists. The focus has generally been on improving day-time posture, using techniques such as passive joint ranging (stretches), exercises, the application of orthoses or strapping, postural seating inserts and standing equipment. Parents and/or paid carers have assisted in carrying out stretches, exercises or positioning activities under guidance and instruction from therapists. In addition to conservative care, surgery has often been undertaken to correct physical deformities, with the aim of improving function and/or relieving pain. Botox injections are now being used as a method of reducing increased muscle tone for individuals with spasticity.

The developers of the Postural Care Skills Programme believe that for many years inadequate focus has been given to the biomechanical principles of body distortion, the destructive nature of asymmetrical postures and the potential effectiveness of improved twenty-four hour postural care. They have promoted the concept of 24 hour postural care among therapists in the United Kingdom and other countries, including Australia, and have provided training on the use of positioning equipment for day and night time. This has led to an increased awareness by therapists of the impact of prolonged night time posture on body shape and on the use of night time positioning equipment.

The training provided to therapists in twenty-four hour postural care has failed to achieve full potential in promoting the protection of body shape. There are a number of reasons for this, one of which is the dynamic nature of body shape and of the process required to correct body shape, particularly in terms of night time positioning. These processes require ongoing monitoring and adjustment throughout each day or night, and from day to day. In numerous areas within the disability sector, therapy resources are becoming tighter, with therapists having to take a more consultative role and having less

time for traditional 'hands-on' therapy. Community therapists are generally unable to provide the intensity of monitoring required for twenty-four hour postural care and are dependent on primary carers to carry out the implementation of night time positioning programmes. Outside of the health system, therapists don't usually work night shifts; they are consequently not able to directly observe the problems that carers experience throughout the night when trying to implement a new routine. Since sleep is such a crucial requirement for all individuals, any activity that may impact negatively on an individual's capacity to sleep (or their carers) may cause carers to quickly abandon that activity, particularly if they don't have the skills or expertise to problem solve and find a solution to an unsatisfactory situation.

Carers generally receive minimal training or instruction in postural care and the existing wealth of knowledge and experience held by carers of people with disabilities has, in the past, been an untapped resource. In recent years, with the move from a medical model of service delivery to individual and family centred approaches, this situation is changing. The developers of the Postural Care Skills Programme believe that given appropriate knowledge and skills, carers can be empowered to become key decision makers who are able to take greater responsibility and a more active role in caring for the posture of people with disabilities. These beliefs led them to the development of an educational programme that specifically targets carers and families.

The context in which this programme was developed in the UK includes the following:

- 'The Expert Patient': A new approach to Chronic Disease Management for the 21<sup>st</sup> Century. DOH 2001. This approach advocates that parents and families become experts in the management of their condition.
- 'People, not Budgets' - Centre for Policy Studies. Florence Heath and Richard Smith 2004. "Recognising the existing traditions and strengths of the family in providing care to disabled children is crucial for any reform work".
- 'No Ordinary Life', Mencap 2001. " There is a need to listen and understand, to work in partnership, to respect parental expertise, and to deliver practical services that respond to the particular needs of children and adults with profound and multiple learning disabilities".

## **The Course Developers**

### **Sarah Hill BSc (Hons) Biology, Post Graduate Certificate of Education (PGCE)**

Following the completion of her PGCE at The University of Birmingham in 1999, Sarah taught 11-18 year old students in an inner city Birmingham school. She has experience of AS and A2 teaching and assessment, including internal moderation of coursework. Sarah has co-written the Postural Care Skills Programme and is responsible for the Tutors/Managers Units. Sarah is the Principal Internal Moderator for the course and chairs the Admissions Panel.

### **Stephen Hill BSc (Hons) Neuroscience PGCE**

Stephen graduated from The University of Preston in 1993. He went on to study at the University of Worcester where he completed his PGCE. He currently works in a large inner city Birmingham school as Head of Key Stage 3 Science, and is responsible for managing the schools' electronic assessment and reporting system. Stephen provides

the Postural Care Skills Team with IT support, having developed the auditing software used by PCSP.

### **David Hill BA, PhD**

David graduated from Cambridge University with an honours degree in physiology and pharmacology as part of the Natural Sciences Tripos. He then obtained a PhD for research in endocrinology at the department of physiology, Birmingham University Medical School. He later joined a research group, undertaking research on the heart and circulation. He was appointed as a lecturer, assuming responsibilities for organising and teaching courses, specializing in cardiovascular and respiratory physiology, for the degree courses in nursing, medicine and dentistry and diplomas in physiotherapy and midwifery. He acted as an internal and external examiner, tutor and PhD supervisor, and was a member of the admissions panels for medicine and dentistry. In 1972 he took a sabbatical year to gain a diploma in electronics and biomedical engineering at University College, and spent some time in California to collaborate in research and learn new techniques at UCLA, La Jolla.

He now enjoys the benefits of an honorary lectureship, which allows him to continue to pursue his teaching and research interests. For the last few years, David has worked with John and Liz Goldsmith on the physiological aspects of patient care, including thermoregulation, achieving thermal comfort and biomechanics of the chest and lungs. David works with PSCP in an advisory capacity and as a member of their Admissions Panel

### **Liz and John Goldsmith**

John and Liz Goldsmith have worked together for many years developing equipment, teaching materials and measuring techniques for use in the care of posture. During a three year Action Research Project the 'Goldsmith Indices of Body Symmetry' were developed. The results of this project, published in 'Physiotherapy' April 1992, proposed the index as a reliable way of screening patients, monitoring treatments and assessing results.

Over the past 20 years John and Liz have designed and manufactured a range of furniture and equipment for people with postural problems. They were involved in "The Mansfield Project", a project to assess the effectiveness of night time positioning in improving body symmetry. Their ongoing work addresses the development of sleep systems, the implementation of family training, the achievement of thermal comfort at night and the biomechanics and measurement of chest distortion. John and Liz acted as advisers throughout the development of the Postural Care Skills Programme and are members of the Admissions Panel.

## Course Outline and Content.

"@PCSP aims to provide a high quality skills and auditing programme, empowering carers, clinicians and managers to provide and monitor the effects of postural care, thereby enabling people with complex physical needs to grow and or stay as straight, comfortable and independent as possible. The programme should be used within an ethical framework of person-centred care that promotes the well-being of people with movement problems, their families and those who care for them".

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PCSP UK Ltd undertakes all internal moderation for the training course, with external moderation undertaken by the OCNCE.

Six Units can currently be undertaken through the Open College Network

1. Postural Care Skills - General Skills
2. Postural Care Skills - Person-Related Skills
3. Postural Care Skills - Tutor/Manager's Course
4. Physical Interventions - Humanity Issues
5. Measurement of Body Symmetry - Technique
6. Measurement of Body Symmetry - Teaching

Parents/carers undertake the General Skills Unit and, if they wished to proceed further, the Person-Related Skills unit. Both units cover the following areas:

- Understanding the biomechanics of body shape distortion, identification of destructive postures and conversely the supportive symmetrical postures which protect body shape.
- Analysis of pain and non-pain related behaviours, for individuals who are non-verbal, leading to the development of a baseline score so that pain can be monitored and managed. This also allows the individual's level of consent to be identified and respected.
- Understanding the complexity of achieving thermal comfort when both the reflex and behavioural components of thermal regulation may be compromised. Routine monitoring of core temperature and application of appropriate thermal care.
- Understanding the behavioural complexities, physical dangers and disturbances of sleep behaviour in those with neurological impairment.
- Application of therapeutic positioning at night in a safe, comfortable and humane manner. Appropriate night time positioning has been found to be effective in preventing/reducing distortion of body shape as it typically accounts for approx 3500 hours per year at a time when the body tends to be relaxed and susceptible to gentle supportive forces.
- Use of postural care equipment, effectively, safely and humanely.

The *General Skills* unit covers these areas in a general context, whereas the *Person-Related Skills* unit covers the same material but with a focus on a particular individual with disabilities receiving care from the course participant. Training materials used are geared at an appropriate learning level for those who may have no background in therapy and may have received very little formal training throughout their lives. Teaching practices make use of different methods of information delivery, accommodating different adult learning styles, and including lots of visual material, examples, discussion groups and practical sessions.

There are 14 Learning Outcomes to be achieved in both the *General Skills* unit and the *Person-Related Skills* unit. These outcomes provide evidence for the achievement of accreditation through the Open College Network.

#### 14 Learning Outcomes:

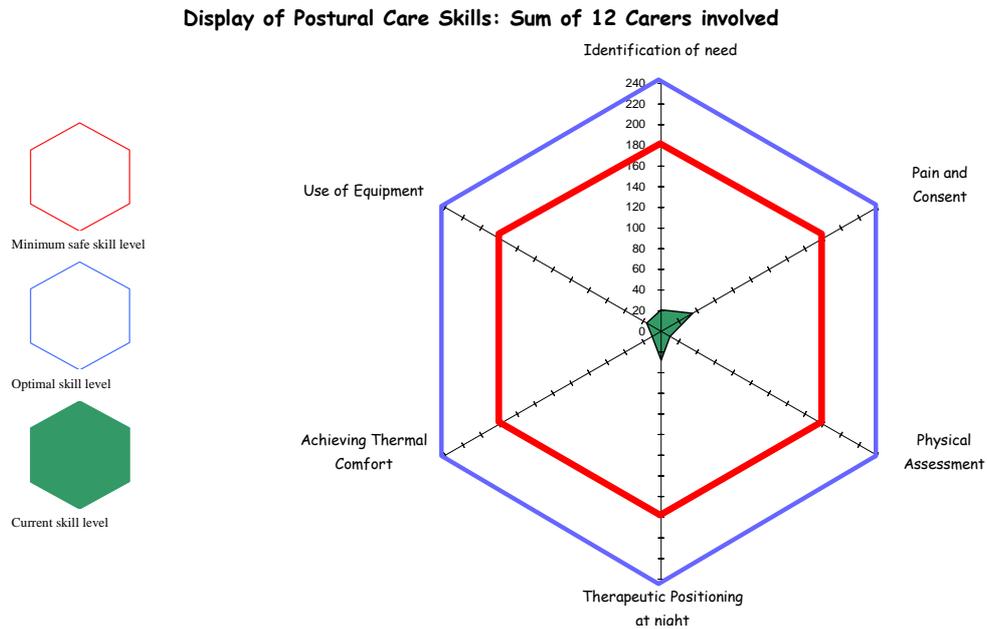
- understand Postural Care needs and the destructive forces acting on the body;
- observe the destructive or supportive nature of an individual's posture over a 24hr period;
- recognise non-verbal responses with regard to pain;
- understand the effect of pathology along with different situations and postures on muscle tone;
- understand the destructive or supportive nature of various lying, sitting and standing postures;
- recognise levels of consent to positioning, in non-verbal individuals;
- acknowledge the impact of the gateway to sleep, sleep positions and patterns, and the implications on both the individual's body shape and the family;
- understand the risks and benefits of positioning;
- know how to assess methods of transfers that are used over all locations;
- know how to assess core body temperature and understand the pathology of thermoregulatory systems;
- recognise the impact of inability to move, on heat seeking and heat avoidance behaviours;
- know how to apply and adjust a sleep system;
- know how to apply and adjust complex seating systems. and
- know how to apply and adjust therapeutic standing supports.

The *General* and *Person-Related Skills* units comprise of six workshops each of 5 -6 hours duration, held 3-4 weeks apart, and practical activities that are undertaken in the home or workplace between workshops. Participants use a simple process of self assessment before and after each workshop using the following scale.

1. I need to learn about this activity/topic
2. I feel confident to undertake this activity with some support
3. I feel confident to undertake this activity independently
4. I feel confident to teach this activity to another person

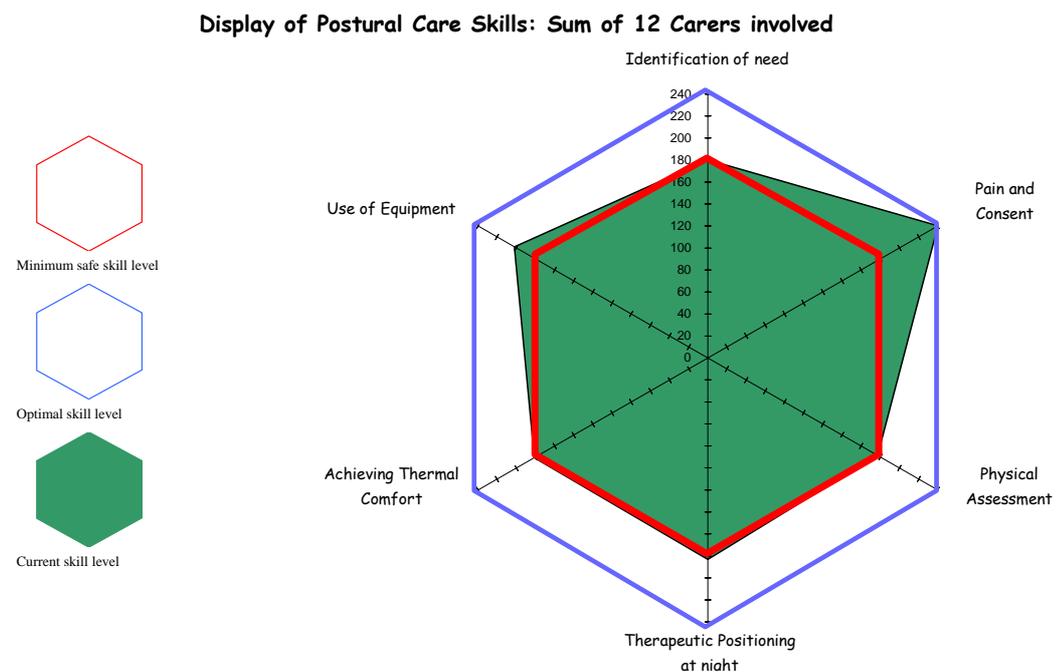
Self assessment grades are recorded and presented in graph form, to provide information on the person's progress throughout their training. This provides a useful auditing tool and, in the case of an employer, data can be collated for an individual or for a group of carers.

The following diagram shows the collective assessment of twelve carers at the commencement of the General Skills Unit.



Each corner of the hexagram represents a different training topic, with the lines radiating from the centre of the hexagram indicating the assessment score from 1-4. For an individual to feel confident to work independently in any area they must achieve a score of 3 and this is represented on the diagram by the inner hexagram in red. The total collective score of this group of staff members at the commencement of their training is indicated by the green blocked out area in the centre.

On completion of their training, the twelve carers were reassessed using the same scale and the following diagram indicates their progress.



From this diagram we can clearly see the progress that the group have made. All staff demonstrated they were confident to work independently in every area. All staff

indicated that they were confident to teach others in the area of Pain and Consent and some staff felt confident to teach others in the use of equipment.

### **Postural Care Skills Training during my Churchill Visit**

One of my visits was to Killearn Training Centre, Maryhill, Glasgow. This centre operates a community physiotherapy programme, employing a team of ten therapists plus therapy aids. Therapists had received training in night time positioning in the previous year, and the purpose of the training visit in October 2005 was to revise the biomechanics of chest distortion and provide instruction in chest measurements. Much of the training was of a hands-on, practical nature.



Course participants measuring chest width/depth ratio and analysing if there is abnormal rotation in the rib cage and spine.

## **Trainers**

Training is delivered to individuals by providers, Tutor Managers, who deliver the General Skills and Person Related Skills programmes under license from PCSP UK Ltd.

## **Tutor Managers Course**

The Tutor Manager Course is Unit Three of the Postural Care Skills Program and has 13 learning outcomes:

- Know how to enlist support for the delivery of 24hr postural care
- Know how to communicate effectively with all individuals affected by the provision of postural care
- Know how to plan an effective workshop
- Know how to carry out an effective workshop
- Know how to generate and respond to feedback
- Know how to obtain necessary equipment
- Know how to measure body symmetry
- Know how to use measurements of body symmetry to promote effective postural care
- Understand Hip X-ray reports
- Plan a postural care programme
- Know how to run a monitoring and support schedule
- Know how to interpret an audit of postural care skills
- Know how to report any variance from the expected course

To become a tutor manager, a 12 month programme must be undertaken. Learner Tutor/Managers, will work under supervision of PCSP (apprentice) whilst delivering PCSP General Skills and Person Related Skills Courses. This apprenticeship is structured around distance learning, tutorials and through the student implementing the training course. Potentially, a carer working within an organisation, or a parent, could study to become a tutor manager with the aim of delivering ongoing training to new staff members or other parents.

The Tutor's course comprises of an initial audit of skills, a residential programme and a year long mentorship via correspondence, email and video conferencing.

On completion of the Tutor Manager course, participants can deliver training in the General Skills and Person-Related Skills Units, under licence from PSCP.

Completion of the remaining three units of the Postural Care Skills Program, 'Physical Interventions - Humanity Issues', 'Measurement of Body Symmetry - Technique' and 'Measurement of Body Symmetry - Teaching', will enable the participant to teach others to become Tutor Managers.

## Postural Care Outcomes in the United Kingdom

During the time that I spent in the United Kingdom, I talked to parents and therapists about their experiences in implementing the postural training that they had received through the Postural Care Skills Programme, and the outcomes that had been achieved for individuals in their care.

Therapists from the Killearn Training centre, who provide support to adults with physical disabilities, reported that they had seen significant improvements in the body shape of individuals since implementing night time positioning, which was only twelve months previously. They had also witnessed an overall reduction in the intensity of muscle tone for those individuals, which appeared to be a long-term and lasting effect, and unexpected by them at the outset of the programme.

On 20<sup>th</sup> October 2005, I met with two individuals with physical disabilities who had been participants of the Mansfield Project, a project designed to assess the outcomes of 24 hr postural care.

### Colleen

Colleen is a twenty six year old young lady with significant physical disabilities who lives in a small group home that is funded by health and social services. When Colleen was nineteen she was very small, underweight for her age, and her physical maturity was delayed in the sense that she had not gone through puberty. Colleen had great difficulty in lying or sitting straight. At about this time, Liz Goldsmith began to implement 24 hr postural care, and the following slides document the amazing progress that has been made in improving her physical status. (Slides taken from a Postural Care Skills presentation with permission granted for use in this publication).





Colleen's muscle tone has reduced; she is now able to eat much more easily and has put on weight. Colleen is now a normal weight for her size and has gone through puberty. When seated, she can maintain her head in a more upright position and takes much more interest in what is happening around her.

When I talked to Colleen's mother about the initial implementation of twenty four hour postural care, she stated that she noticed a change in Colleen's chest within days of using night time positioning. Her chest had been very flat and appeared to be "collapsing" inwards. Colleen's mum stated that literally within days the relationship between the width and depth of her chest appeared to change and that her breathing appeared to improve.

Colleen is unable to communicate her experiences to me, but the paid carers in her group home and her mum all report that the improvements in her general wellbeing and body alignment have been outstanding; she is more alert and with interact with carers much more since her general wellbeing and posture have improved.

## Alan

Alan is now 60 years old. He lives in a small group home and has received therapy from Liz Goldsmith for approximately fifteen years.

At forty five years old, Alan could walk with a rollator (a walking frame with wheels) but his legs were becoming more flexed at the hips and knees, and the muscles inside his thighs were getting tighter, making it harder to separate his legs to take steps and also to maintain his body weight through his legs. He became increasingly distressed through the enormous effort in trying to walk and eventually he stopped. At that point his hips were not windswept (pelvis and legs rotated either to the right or the left) but this

quickly started to develop as his ability to move around decreased. He was only able to attend a day centre for half a day each week as he had become so uncomfortable in his wheelchair and couldn't tolerate being away from his home all day. He was provided with special cushions for his wheelchair, and a wider footplate, but was still uncomfortable and his feet kept slipping off the footplates.

Liz commenced twenty four hour postural care approximately six years ago and the following slides show the change in his physical status over the past six years. (Taken from a Postural Care Skills presentation, with permission for use in this publication)



By the age of sixty, Alan could lie in a much straighter position although his knees are still bent and require support underneath with a cushion.



Alan is much more comfortable sitting in his new wheelchair, his feet no longer fall off the footplate, he is now attending a day centre for three full days each week and enjoys going out into the community.

During my visit in October 2005, Alan's carers alerted Liz Goldsmith to the fact that they had noticed a very slight deterioration in his pelvic alignment and they thought that his cushions were no longer supporting him adequately during the night and that. They were concerned that this would progress further and asked Liz to reassess his night time equipment. On examination, the foam in one of the cushions had started to deteriorate and needed replacing. Through appropriate training, the care staff had been able to quickly identify a change in his pelvic alignment when he was lying in bed, which would have remained undetected until it was a much more significant problem. Adequate knowledge and skills has assisted them to be more proactive and alert to the problems that develop through poor posture.

## **Conclusions**

There is a need to further develop the understanding that many of the distortions of body shape that devastate lives are preventable with early intervention and also that effects can be alleviated using common sense principles of postural care.

The Postural Care Skills Program is a robust, effective, accredited tool for training family and carers. It can empower and qualify them to provide suitable postural care for their family member or the person they are employed to care for.

Postural care, as used by the Postural Care Skills Programme, through the use of correct positioning and equipment, can coax the body towards a more symmetrical, less destructive posture. It provides a gentle, long-term approach, which is essential in allowing an individual to have a normal restful sleep.

Work undertaken in the United Kingdom has demonstrated that appropriate postural care can help individuals with complex physical needs to grow and/or stay as straight, comfortable and independent as possible.

Investment in people, using the Postural Care Skills Programme, builds a team approach and empowers professionals and families/carers to work together with providers, to develop high quality care. The Programme also provides a simple auditing tool that can help providers to assess the competency of individuals or groups of individuals providing postural care for people with disabilities..

## **Recommendations**

It is my recommendation that strategies should be undertaken to enable the Postural Care Skills Programme to be available and accessible to families, carers and service providers throughout Australia.

I believe that the training should initially be delivered to paid carers who work for service providers, and offered to parents later, following appropriate evaluation of its success in achieving improved outcomes for individuals with disabilities.

I also recommend that investigation should be undertaken into the possibility of accreditation of this course through Australia's Nationally Recognised Training

Programme, in conjunction with a Registered Training Provider. This would give individuals who complete the training, a recognised unit of competency that could be used towards an Australian qualification such as Certificate 111 or 1V in Disability or Aged Care.

In light of my recommendations, I have made a personal commitment to this process by registering for training in the Tutor Managers course, through the English Open College Network, and will undertake study by distance learning over the next nine to twelve months. I have paid for this training through my own funding at a cost of \$7,500.

The practical component of my training will include delivery of Units 1 and 2 to at least one group of carers in Western Australia, more probably two, which will allow me to observe and monitor, first hand, the outcomes and benefits of this training.

Prior to undertaking my Fellowship I indicated my commitment to piloting this training with two organisations who provided my professional and project references, my current employer, Nulsen Haven Association Inc., and Brightwater Care Group

It is my intention to offer presentations to both organisations in January 2006, with an additional offer of undertaking staff training as part of my study as a Tutor Manager, and also to deliver a presentation to the wider disability community of Western Australia.