



## **RAATE 2005 Workshops:**

### **Powered Mobility for Children**

5th December 2005 - Led by: Sarah Vines

The group was divided into 3 subgroups and 3 questions were posed. Care was taken to ensure there was a mixture of professions and experiences in each group.

Each group took a different question and then fed back. After there was an opportunity for a general discussion.

#### **Q1 Provide a powered chair for a 2 year old. You must be joking!**

- Argue for and against this statement
- Describe how it can be made to work.

#### **Pros**

Facilitates early learning  
Social and language development  
Empowering  
Promotes independence

#### **Cons**

Concerns regarding safety  
Needs to be within a controlled environment  
Difficulty with funding  
Durability of equipment  
Need for ongoing regular reassessment

#### **How can it be made to work**

- Encourage play as early as possible and gather evidence – evidence based funding
- Set clear goals
- Work with family
- Safety measures may include
  - Restrict speed
  - Collision avoidance systems
  - Control freedom

- Improve hand eye co-ordination e.g. switch use
- Education for parents and staff
- Risk assessment

Following this a discussion took place.

Risk assessment formed a large part of this discussion. Also the need to undertake this as a team. Questioning whether there could be a collaboration between different centres to discuss and put forward ideas for best practice. One argument was at this age should Health / the wheelchair service be responsible for providing mobility equipment. This was countered by the fact this is never questioned if the child needs a prosthesis to walk. In this instance an artificial limb is provided by the Health service.

There was also discussion over the lack of therapy staff in place to assist in the training and education aspects of provision. Often there is no one to hand over to as the process of learning to drive takes place in a school.

**Q2 My son has learning difficulties and is at a residential school. He drives a powered chair with buddy buttons at school and a manual chair at home. He comes home permanently in July what happens then?**

Discuss how this transition can be handled.  
Identify the future potential difficulties.  
Create a plan to enable this child's mobility.

**The problem:**

Funding Does what he has at present work and is it appropriate?  
Is his home environment suitable?  
Is his posture ok? Can he operate the switches?  
What training education do the parents need?  
What is his future will he go on to college?

**Assumptions**

This will be a permanent placement  
Cleints needs and aspirations  
Parents needs and aspirations  
Transition of clinical input  
Wheelchair is NHS provision and currently he has an EPIC.

**Solution**

Talk to the family and child about their needs and desires are and set objectives which can be met.  
Environmental assessment of the home and suitability for current equipment.  
Arrange a multidisciplinary team meeting prior to July.  
School should be involved and help to give parents a good idea of child's abilities and skills e.g. video and also should be involved in the environmental assessment (would depend on distance from the school)

Funding establish finding for epioc(?) with dual controls  
School contact – key worker

There was discussion about how in this circumstance there is often a lack of communication between the family and the wheelchair service as the school will have tended to have been the body to make contact with the wheelchair service so there is a need to develop a relationship and understanding of the family and their needs quickly.

Some services would not provide powered chairs for use only in schools

There is no set framework for answering the questions and each service is in effect reinventing the wheel when attempting to come up with a solution.

**Q3: How does a local wheelchair service deal with a referral for a learner driver.**

Discuss difficulties and practicalities?

Create a pathway from referral to use?

#### **Difficulties**

- Appropriate information in the referral
- Isolated staff (e.g. therapists)
- Child's ability and what we understand
- Staff knowledge and skill base
- Finance
- Reason behind providing chair and expectations
- History - chair because can't walk or chair for therapy
- Maintenance

ID Areas of conflict

Provide training and education

ID the child's needs

ID the child's potential

ID team to train

Discussion centred around establishing the child's potential. Also the training that is required of the staff around the child

One service spoke of how they are using recycled equipment to enable training in schools. There the school is issued with a chair for the child and the therapist or lead person for the child has to agree to undertake a minimum amount of time spent with the child learning to use the equipment.

Training programme is offered and undertaken by the therapist in the school

Share the responsibility of risk.

### **General Overview**

Overall the three topics discussed equipment issues. Very centred on the equipment and issues rather than the needs of the family and children.

There was a clear need for more interaction between services

Understanding that a powered wheelchair is not about mobility but learning.....but is that a wheelchair service remit.....

Many were ageing to the concept of providing the chair to very young children but just unsure of how to do it to ensure success and lack of resources to provide appropriate training.