

West Lothian

Community Health and Care Partnership

CHILDREN'S OCCUPATIONAL THERAPY DEPARTMENT
St. John's Hospital at Howden
Howden Road West
LIVINGSTON
EH54 6PP

28th October 2008

Dear Sir/Madam

Scottish Government's Wheelchair and Seating Service Modernisation Draft Action Plan

Within the West Lothian Children's Occupational Therapy Service we represent West Lothian CHCP (NHS), West Lothian Education and West Lothian Council/Social Work Occupational Therapy provision. The opportunity to combine all 3 services when assessing and providing equipment, has led to providing comprehensive assessment and provision in relation to need, through a single Occupational Therapist for complex children, giving a much more seamless approach for children and families.

We welcome the consultation and also identify with the need for further collaborative working, to provide the best possible assessment of need with regards to the provision of wheelchairs. We would therefore like to take this opportunity to identify some of the challenges we have faced regarding the provision of wheelchairs to the children we work with, often resulting due to the lack of collaboration with local therapists – who are aware of the environment such equipment will be used in.

Access in school:

Electric wheelchairs make a significant impact upon a child's capacity to be independent within the school environment. There are however a number of new access difficulties that can arise following the provision of an electric wheelchair. Some of which have an associated cost and involve further liaison with additional agencies.

Access to school class tables can be a particular problem, often the controller of the chair impedes direct access to class table. This can be resolved with the purchase of height adjustable tables with cut outs to accommodate for the controller. However the child often has to sit at a table by themselves due to the height the table has to be positioned at.

Within the high school environment children are required to access high lab tables. The typical approach to resolving access again is to provide a height adjustable table. The child is however at a lower table from their peers and the height of the table can affect ability of peer to work alongside. Often additional environmental adaptations are also required such as accessible hand washing sinks.

The provision of wheelchairs with height adjustability, where appropriate, would maximise independence and offer much truer inclusion within school (and home) environment.

Access in home:

As recognised in the consultation paper, we would fully endorse the need for co-ordination with other services to ensure that appropriate adjustments and adaptations are made in timely manner at home/school, to ensure accessibility and functional use of the child/young person's wheelchair.

Postural needs:

On review of the electric wheelchairs used by children known to our service, there seems to be some lack of diversity in managing complex postural needs. This is comparative to the complex specialist static modular seating, which children also have in school and home. This is provided by the Children's OT service on behalf of Social Work and Education. They are often not utilised to their maximum as the child naturally opts for mobility and independence, at the potential compromise of posture, and long term impact of poor positioning on function.

Manual handling:

Some of the challenges faced following the provision of a new wheelchair are subsequent changes to manual handling requirements. The design of the chair can make accessibility to the child's sides to put slings in situ sometimes impossible, resulting in sudden significant difficulties in managing toileting in school or home, which cannot always be anticipate in advance, leaving all parties in a challenging position whilst this is resolved. Where chairs are designed to be close fitting, this can limit child's own ability to actively participate in weight shift, to help with dressing, toileting and manual handling.

Lack of removable sides in electric wheelchairs for children who can actively carry out sliding transfers can result in child becoming more dependent on carers.

Safety:

Transportation of wheelchairs. Children are often transported to school in their wheelchair. Should there be consideration for making available additional equipment, such as Unwin headrests, to ensure safety during transportation?

Repairs:

Within our geographical area, a child can wait a long time for repairs to be carried out. This can include repairs to brakes or safety harnesses. If left outstanding for any short length of time, this can have significant implications on safety during chair transfers/hoisting, transportation to and from school and on carer/support workers own physical wellbeing.

Timing of provision

We feel within the criteria for provision of an electric wheelchair, there needs to be more active consideration to anticipate that a child will need an electric wheelchair, in advance of, rather than at point of need (i.e. Duchenne's Muscular Dystrophy and other progressive conditions where prognosis is relatively predictable).

The above challenges particularly relate to page 18 of the consultation under heading "Provision": We believe that a more needs led and diverse provision, whilst potentially more expensive, in the short term, would eliminate some of the additional subsequent costs required, such as provision of specialist height adjustable/cut out tables. This would ensure that wheelchairs offer true access and independence in the greater aspects of the child's world.

We look forward to hearing the outcome of this consultation and future plans for implementation.

Yours sincerely

Rhona McKenzie and Jill Black
(Access Officer/Senior OT) (Senior Occupational Therapist)
(on behalf of West Lothian's Children's Occupational Therapy Service)