



**PROFESSIONAL CONDUCTORS
ASSOCIATION (UK)**

A thick, white, curved graphic element that starts from the left edge, rises to a peak, and then descends towards the right edge, creating a wave-like shape.

**MOVING AND HANDLING
IN CONDUCTIVE EDUCATION**

Moving and Handling; Document and Supporting Guidance

It should be remembered that all CE centres have a legal responsibility to have a manual handling policy and risk assessment forms; however the aim of this document is to give guidance to the interpretation of these legal responsibilities whilst maintaining good conductive practice.

Introduction

“The dilemma for Conductive Education is how to make sure that manual facilitation ensures learning and yet at the same time is within the boundaries of the regulation” (Brown, 2003).

Moving and handling regulations have the potential to create uncertainty and fear for those working within Conductive Education (CE). When regulations were first produced they were rigid and there was a temptation to adhere to them strictly. With time, a more realistic and flexible approach has developed, and it is with this in mind that this document is produced. The issues raised relate to conductors working with adults and children equally, and aim to provide a guideline, or framework around which practice can be informatively delivered.

The challenge for those working within CE relate to the practitioners' ability to practice safely whilst remaining true to our philosophy. There is a need to protect those working within that environment, whilst ensuring orthofunctional development and dignified handling of the individual (Human Rights Act, 1998). Whilst accepting that the philosophy will be different to other professions, it is still possible to work within the guidelines without losing essential elements of CE. In many respects it may be that CE remains the winner, simply because the needs of the individual are prioritised, with the focus upon teaching and learning, not just 'moving'. This needs to be acknowledged both verbally and within the policy documentation.

The regulations aim to ensure that practice is evaluated, risk reduced. This means that conductors need to be trained in risk assessment, and be aware of current associated legislation. With consideration, techniques within CE may be sufficient to ensure good practice, however habits develop and practice may not always be evaluated as critically as is perhaps needed at times. This may relate to situations when physical intervention is implemented as much as when it is not. Guidelines are present to facilitate safe practice and we all need to be both aware of them, and discuss practice in the light of them. Differences of interpretation between conductors, and/or other professionals may create discussion and further evaluation of practice.

Conductors have responsibilities to all those within the group, to ensure their safety and welfare. It is not enough to be aware of what we need to do to facilitate each individual. What about those within the group, e.g. support staff and carers who perhaps have not had access to such training, or indeed when working with other professionals who may interpret the guidelines differently. Conductors have responsibilities to ensure that all those working with the individual have been adequately trained and know what is expected of them to ensure aims are achieved and safety ensured.



Practical Issues

One of the specific issues for conductors relates to the often awkward and prolonged postures and positions when facilitating. These positions can often cause more damage to the facilitator, than lifting itself. There needs to be an awareness of these postures, the impact of them for both the conductor and individual, and consideration of comparable alternatives. It is in these situations where the importance of risk assessment may be seen to impact upon evaluation of practice.

When looking at the individuals' needs, recognition may need to be given to both their learning and their care as two separate factors. There may be times when intervention is different e.g. helping someone transfer onto the toilet, and when sliding down a plinth. Not only will the risks differ but the aims will too. Our risk assessments and policies need to be able to recognise these differences. When planning intervention, consideration has to be given to the individuals' development in terms of ageing, and in relation to the progression of the condition, even if not considered progressive in nature. This relates equally to e.g. the child becoming an adolescent, as it does to the adult becoming more elderly even if perceived to be active and able. Add to this the impact of the condition, not only upon the individual, but also upon their carer and evaluation of a situation must never be static. Indeed constantly we must be thinking ahead, to the next stage and to their future. Understanding of the impact of the condition upon the individual and their carers both in the present and the future will impact upon the aims of the teaching, the facilitation, the use of equipment, and our assessment of the risks involved.

Little has been said in relation to the use of equipment. This is however becoming an area of concern and debate within the CE world. As the use of equipment becomes more widespread, have we as professionals been able to use our knowledge and understanding of CE, risk assessment and teaching/ learning to rationalise and substantiate our use, or not, of the equipment available to us? Any policy or risk assessment must make consideration of the ongoing availability of equipment, and make critical evaluation of their use and safe implementation.



Risk Assessment

Risk assessment is a process by which risks are identified and scored in relation to the actual and/or potential risk to the individuals involved.

A workable plan that aims to protect the individual, whilst ensuring continued learning is then set in motion. The first step in risk assessment is to identify and clearly set the aim for the given task, i.e. 'what are we trying to achieve, what is the risk attached to that aim for that specific individual?'

When assessing risk, consideration has to be given to the task, the load, the individual capabilities, and the environment. This is the responsibility of the employer (Manual Handling Operations Regulations, 1992). This has to be seen as a team task in order to ensure that those actively involved in the day to day risk have input. Ultimately it is the employers' role to ensure safety, but this can only be implemented if all are 'on board' with the assessment, the outcomes, and the action plans. There is risk attached not only with those we are working with, but also ourselves. As professionals we have a responsibility to ensure that we do not put anyone else in a situation where e.g. previous injury or lack of knowledge or experience has an impact on their safety.

A close-up photograph of a person's hand, showing the texture of the skin and the fingers, positioned in the upper left corner of the page. The background is a solid blue color with a curved top edge.

Moving and Handling Guidelines

The moving and handling guidelines laid out in the legislation are just that- guidelines. Although they do not need to be strictly adhered to, they do identify a number of boundaries in order to protect you.

They offer a starting point when calculating risk and compiling assessments. Remember they are devised with the average working population in mind, therefore use as intended; for guidance.

No moving and handling technique is 100% safe. It should be noted that the law does not advocate a no-lifting policy. Weight alone is not a restricting factor to moving an individual. Providing that the method to be used has been decided upon as a result of a risk assessment, is considered to pose an acceptable risk and has been documented, legal requirements have been met. Risk needs to be assessed and then that assessment acted upon in order to ensure that safe handling occurs and learning continues. Within CE we may need to consider not only the impact of the intervention, but also the impact of no intervention; i.e. there may be times when the potential risk to ourselves is outweighed by the benefit to the individual. The reasons for this must always be considered, but the benefit must surely always be greater than any actual/potential risk.

How much do we recognise the impact of the group dynamics upon the taking of risk, either positively or negatively? Part of our philosophy implies that we encourage a degree of 'risk taking' in order to encourage growth and development. How much do we assess and evaluate that risk as we are implementing the 'challenge'? Risk assessment can not always be done prior to the event. However much we plan for risk taking, we must still be able to use our professional judgement at the time.



Summary

Working with moving and handling regulations in conjunction with CE practice no longer needs to be thought of as an impossible challenge. There is already sound moving and handling practice working with CE philosophy. As policies and guidelines change over time, it is essential that CE philosophy guides the day to day interpretation of them.

Consideration must not only be given to the needs of the employee and employer, but also to the needs of the learner and their carers, both in the present and the future. Conductors therefore must utilise their knowledge not only of the condition, but of ageing and interpersonal relations in order to maximise their interventions, so that impact is not just felt within the session but in everyday life.

Our aim is to develop growth and learning, to create environments where individuals can take calculated risks that enhance quality of life should they choose. Taking the guidelines literally may reduce that ability. How much risk is 'too much' or 'too little' must be a decision for those directly involved, but decisions must be made with guidelines in mind as well as the aims for that individual or group. We need to know the guidelines and must be able to articulate the rationale behind our decisions and actions.

References

Human Rights Act (1998) OPSI

BROWN, M. (2003) The implications of Manual Handling Regulations for Conductive Practice. Recent Advances in Conductive Education, 2 (2) pp.113-125.

Health and Safety Executive (1992) Manual Handling Operations Regulations 1992: guidance on regulations. 2nd ed. London: HMSO

A close-up photograph of a person's hand, showing the texture of the skin and the lines on the palm. The image is partially obscured by a large, curved, blue overlay that covers the bottom and right portions of the frame. The blue overlay has a slight gradient and a soft shadow effect.

Questions

A. Forms and policies

1. Have we all seen our centres' manual handling policy and risk assessment forms?
2. Are they still appropriate?
3. Could they be developed further?

B. Risk assessment; responsibilities, aims, team working

1. How could conductors be trained in risk assessment?
2. How have conductors resolved issues amongst themselves, or with other professionals when risk is perceived or prioritised differently? E.g. 'moving' Vs 'learning'.
3. Conductors have responsibilities to all those within the group, to ensure their safety and welfare- how do we do this?
4. What responsibilities do we have to ensure we work together in the best interests of the individual?
5. What do we perceive as our responsibility in terms of training them, ensuring their safety and that of those they are working with?

C. Wider issues

1. What are the issues for us at the present time?
2. How may they change in the future?
3. How much does our understanding of the impact of the condition upon the individual and their carers both in the present and the future impact upon the aims of our teaching, the facilitation, the use of equipment, and our assessment of the risks involved?
4. How much do we assess and evaluate that risk as we are implementing the 'challenge'?

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