

Hoists and Slings: Purchasing and Provision for the Moving and Handling of Children and Young People with Disabilities



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This report was researched and written on behalf of Scotland's Commissioner for Children and Young People [SCCYP], by a research team consisting of Dr Angus K. McFadyen, a Reader in Health Statistics at Glasgow Caledonian University and two Chartered Physiotherapists with expertise in moving and handling, namely, Heather Gray MCSP and Sue Hain MCSP, Moving and Handling Advisor, Fife Council.

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EXECUTIVE SUMMARY

This review of Scottish local authority practice in the procurement and provision of hoists and slings for children and young people with disability was commissioned by SCCYP as a direct result of comments made by young people in the *Handle with Care* report [SCCYP, 2008]. The education and/or social work departments of all 32 local authorities were contacted using an electronic survey and 20 responses were received, representing 15 of the authorities.

The main issues arising from the survey, several of which had previously been highlighted by *Handle with Care* [SCCYP, 2008], were the lack of clear structural responsibility for the moving and handling of children and young people with disabilities within many of the authorities, the apparent lack of knowledge and training of the majority of their staff to ensure a procurement process fit for practice, along with the lack of a competency based training programme for assessing both the hoists and slings themselves and the use of such equipment with the child or young person and their parent/carer. The report also highlights the issue of the lack of compatibility of equipment from different manufacturers and the subsequent recommendation that this issue should be addressed by an external agency in the hope that future procurement and provision of hoists and slings can resolve the majority of compatibility issues.

Examples of good practice are highlighted in this report, in particular, the emphasis on issues such as safety and risk assessment, the interaction between the child or young person and how s/he is assessed, the interprofessional nature of such assessment and the environment in which such assessments take place.

Given, however, the lower than envisaged response rate from the various departments within each local authority, the report may be limited in some aspects of generalisation across Scottish local authorities. In particular, only one of the larger authorities responded and this may have resulted in some bias in terms of numbers of hoists and slings purchased from certain manufacturers. The majority of responses 13 [65%] were from Education Departments and, once again, some bias may have occurred and, finally, the reader is reminded that only local authorities were contacted; no responses were sought from National Health Service [NHS] establishments.

Chapter 1 - Introduction

1.1 Background

The Commissioner for Children and Young People (Scotland) Act was passed by the Scottish Parliament on 26th March 2003. A key part of this Act is the duty on the Commissioner to consult with children and young people [CYP] and with agencies working with and for CYP.

In February 2008, SCCYP published '*Handle with Care: A Report on Moving and Handling of Children and Young People with Disabilities*'. As part of this report, many young people told SCCYP that hoists and slings were sometimes incompatible with each other from one setting to another. For example, there can be a difference between home and a respite setting; between one local authority and another or even, within different settings of the same local authority, such as education and leisure. This can hamper young people's access to facilities as they are sometimes unable to use the equipment provided.

The *Handle with Care* [HWC] report recommended that consideration should be given to the standardisation of hoists and slings and other mobility equipment, either with the agreement of manufacturers or by purchasing decisions through Scottish agencies.

Wishing to gather information, SCCYP commissioned this study into current practice with respect to procurement and purchase of hoists and slings throughout Scotland, commissioned this report with the aim of understanding why and how decisions are made and, to consider ways of taking the issue forward.

1.2 Objectives

The main objectives of this study were to gather the following information:

- Information about which hoist and sling suppliers are purchased from, and by whom.
- Information about why this is the case and the rationale for making particular decisions.
- Suggested ways of taking the issue forward.

The explicit aims within the first two of these broad headings are outlined in the following chapter. The subsequent chapters report the findings of the survey and, finally, conclusions and suggestions for future procurement and training issues are presented.

Chapter 2 – Study Aims & Methodology

2.1 Study Aims

2.1.1 Aim One

To determine the types of equipment purchased, the purchasing systems in place, and the rationale for purchasing decisions. This aim will specifically address:

1. To identify the manufacturers and makes/models of hoists and slings most frequently purchased by the organisation for use with children and young people.
2. To establish the systems that are in place in the organisation when purchasing hoists and slings for children and young people, i.e. personnel involved; companies used; use of Scottish Healthcare Supplies Contract; key decision maker(s); budget holder(s); etc.
3. To explore the range of factors that are taken into consideration when purchasing hoists and slings for children and young people; i.e. compatibility with other equipment; compatibility with other hoists; cost; user trials; whether a 'mix and match' of hoists/slides is allowed, etc.

2.1.2 Aim Two

To investigate the characteristics of the assessors for hoist and sling suitability, the training and documentation available to them, and the assessment criteria considered when carrying out an initial hoist/sling assessment. This aim will specifically address:

4. To determine the characteristics of the personnel involved in assessing the suitability of hoists and slings for children and young people, i.e. profession; level of training/competencies in carrying out this type of assessment; etc.
5. To find out what training and formalised documentation exists in the organisation for personnel responsible for conducting hoist/sling suitability assessments, i.e. duration and content of training; provider of training; standardised forms to complete, etc.
6. To ascertain the criteria taken into account when assessing a child/young person for a hoist and sling, i.e. weight; build; functional ability; cognitive abilities; views of child/carers; tasks; environmental issues, etc.

2.1.3 Aim Three

To establish the type of instruction, training and support available in the organisation for hoist/sling users and individuals who wish to purchase equipment themselves.

2.2 Methodology

2.2.1 Introduction

The information gathering process employed for this survey was an online electronic questionnaire developed specifically for the proposal.

2.2.2 Ethical Issues

The information gathered was being collected solely to gain an overview of procurement, assessment and training processes that are in place within Scottish local authorities and the respondents' data will remain anonymous and confidential. Given this, advice was that the survey would be a form of audit and not research hence no ethical approval was required. The personal SurveyMonkey account of the lead researcher was used to ensure confidentiality and during data collection no IP addresses of respondents were stored.

2.2.3 Study Participants

Resulting from the HWC project report [SCCYP, 2008], SCCYP had a database of contacts who were in place at the time within each local authority and had some responsible for moving and handling practice. This database, which contained email addresses, was supplied, in confidence, to the lead researcher in order to provide an initial point of contact within each organisation.

If the people emailed were no longer responsible for the area concerned, they were asked to, if possible, forward the email to the person who had subsequently taken responsibility. If they did not have this information, or if the original email was returned to the lead researcher, the local authority was contacted by telephone asking for contact details of the person responsible for the procurement and assessment of hoists and slings within their organisation.

2.2.4 Online Questionnaire

The online questionnaire was developed specifically for this survey and was a collaborative venture by the three members of the research team. After several iterations, a draft of the

questionnaire was reviewed by four moving and handling experts and by a member of SCCYP staff. A copy of the final version of the questionnaire is contained in Appendix A.

2.2.5 Data Analysis

All data supplied were downloaded from SurveyMonkey directly into the Statistical Package for Social Sciences [SPSS] v16 and all analysis was conducted either using SPSS or Microsoft Excel 2007. Two contacts requested a portable document file [PDF] format version of the survey and this was supplied. Both of these respondents completed the survey by editing the PDF file and returning it to the lead researcher.

Chapter 3 – Response Rates

Of the 32 local authorities initially contacted, only four responded within the original deadline but, given that the data collection corresponded with the Easter period this deadline was extended and a further email request sent out. This initial extension resulted in a further eight responses. Subsequently telephone communication was used in an attempt to remind people of how important their input to the project was and this, on the surface, appeared to suggest that many more local authority responses would be forthcoming. Of the 13 personal telephone contacts made, only eight completed the survey and of these several were from different departments within the same local authority. In total, the remainder of this report is based upon responses from 15 different local authorities and includes, in total, 20 responses. Of these responses, 13 were from Education Departments and five from Social Work Departments. Two did not stipulate their area of work.

Considerable time and effort was spent, both by the research team and SCCYP staff on attempting to increase the response rate but whilst personal assurances over the telephone often were unproductive, the researchers thought that the main issue, possibly, was the vastly differing departmental structures within each local authority. This apparent lack of clarity, at least from outside the organisation, as to exactly who is responsible for the purchase and procurement of moving and handling equipment for children and young people, is of some concern. This issue was previously raised [SCCYP, 2008] and one recommendation of the HWC report stated:

“Service users should ensure there are clear lines of responsibility and accountability for moving and handling, and should consider appointing a person to lead on this issue.” [SCCYP, 2008, HWC Recommendation 6, p 70]

Of the 20 responses, seven were from the individual within their area of the local authority solely responsible for recommending which types of hoists and slings should be purchased. Their job titles varied considerably with two being Occupational Therapists, two Access Officers, one Moving and Handling Advisor, one Manual Handling Advisor and one Team Leader (Physical Disability). Three of the seven stated they had budget responsibility for such purchases but two stated that they had to work with a specific list of manufacturers. One of the seven indicated

that they had not been trained in the features and compatibility of the different models of hoists and slings. On a positive note, 18 of the 20 respondents indicated that they would be willing to discuss, in confidence, the purchase and provision of hoists and slings for use with children and young people and all 18 supplied their email contact details.

Chapter 4 – Procurement and Decision Processes

4.1 Type of Hoists Purchased

Questions 1 and 2 of the questionnaire asked respondents to stipulate the names of up to three manufacturers from whom their organisation most frequently purchased full lifting hoists and overhead tracking hoists. Within the responses [n = 20] collected, the majority of the local authorities reported only one manufacturer for each type of hoist. Table 4.1 summarises the number of times a specific hoist manufacturer's name was mentioned by a respondent.

Manufacturer	Type of Hoist	
	Mobile Full Lifting	Overhead Tracking
Liko	13	8
Oxford	8	2
Arjo	5	4
Chiltern	2	1
Molift	2	-
Helping Hands	1	3
Horcher	1	1
Caledonian Care [Spectra]	1	1
Westholme	-	4
Invacare	-	1
Guildman	-	2
Sunrise Medical	-	2

Table 4.1: Summary of how frequently a hoist manufacturer's name was stated.

In terms of actual annual purchase numbers of each of the above, several data entries reported current stock in use as opposed to the request for approximate annual purchase. Allowing for this data ambiguity in the responses it is still apparent that for mobile full lifting hoists, the more popular hoist manufacturers, with total numbers purchased in brackets, were Molift [80], Oxford [52], Arjo [41] and Liko [40]. The comparable figures for overhead tracking hoists were Liko [49], Helping Hands [44], Westholme [14], Arjo [12], and Oxford [11] with other manufacturers contributing small numbers. Figure 4.1 summarises the total number of hoist and sling purchase numbers reported.

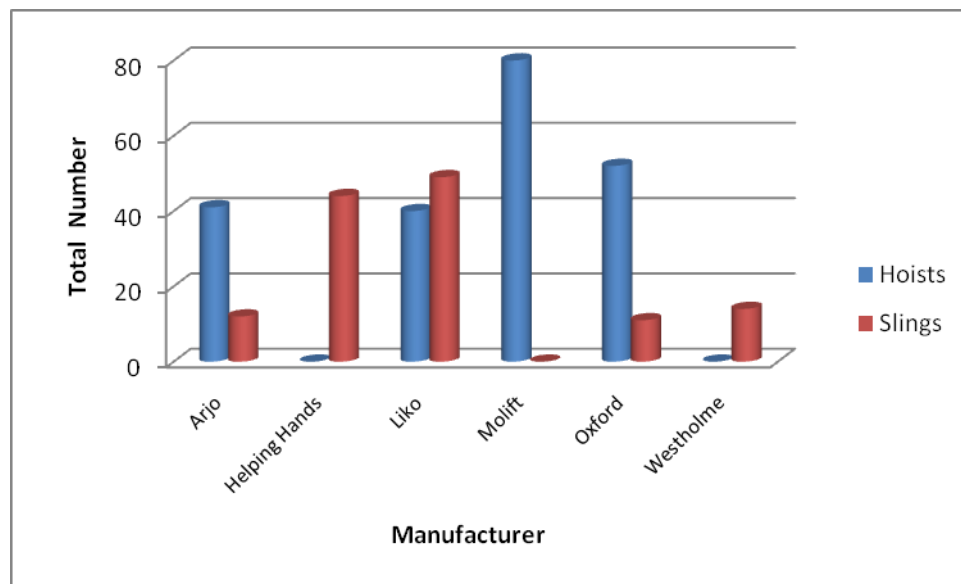


Figure 4.1: Summary of total reported purchase numbers of hoists and slings by manufacturer.

It should however be noted that the vast majority of the 80 Molift [i.e. 65] mobile full lifting hoists, of the 49 Liko [i.e. 39] and of the 44 Helping Hands [i.e. 40] overhead hoists were all reported by one large local authority.

Compatibility between equipment made by the various manufacturers is a serious issue and HWC [SCCYP, 2008] recommended [Recommendation 10, p 71] that standardisation should be considered either through agreement with manufacturers or through policy in Scotland. The majority of hoists purchased, both mobile and overhead, would appear to require loop type slings and have two point hanger bars. Arjo and Helping Hands mobile hoists have predominantly clip hanger bars and their overhead systems may have either loops or clips. Many of the manufacturers will issue equipment compatibility statements that allow for use of their hoists and or slings with other manufacturers' hoists and slings e.g. loop slings to loop hoists or clip slings to clip hoists. The researchers have, for the purpose of this report, defined compatibility as:

“The facility to use two or more items of moving and handling equipment together, without altering or reducing their efficacy or compromising their safety.” [Hall, 2001]

The responsibility, however, remains with the organisation providing the equipment to ensure a written risk assessment on compatibility is carried out by a competent person [Health and Safety Executive, 1992; Health and Safety Executive, 1998a; Health and Safety Executive, 1998b]. Therefore the level of staff training in compatibility assessment is crucial if they are to make decisions about purchasing and provision that will allow the service user to use equipment in various locations.

4.2 Type of Slings Purchased

When respondents were asked, in Questions 3 and 5, to list up to three of the manufacturers from whom slings were most frequently purchased for use with mobile full lifting and overhead tracking hoists, slightly less than half of the responses reported only one manufacturer. Table 4.2 summarises the responses by manufacturer.

	Type of Sling	
Manufacturer	For Mobile Lifting Hoists	For Overhead Tracking Hoists
Liko	12	9
Oxford	7	2
Caledonian Care [Spectra]	6	6
Arjo	4	2
Chiltern	-	5
Molift	2	-
Helping Hands	2	-
Westholme	-	3
Silvalea	1	1

Table 4.2: Summary of how frequently a sling manufacturer's name was stated.

Total purchase numbers of slings for mobile full lifting hoists, allowing once again for some responses to represent stock rather than annual purchase numbers, indicated that the most common manufacturers, with total numbers in brackets, were Oxford [63], Caledonian Care [26], Liko [24] and to a lesser extent, Helping Hands [10]. Of the 63 Oxford purchases, 50 were reported from one authority and may indeed be stock rather than approximate annual purchases. Similarly, of the slings for overhead tracking hoists, Oxford [50], Westholme [42], Caledonian Care [32] and Liko [15] were the major manufacturers mentioned. Of the total number of 50 Oxford purchases reported, all were by one authority as were 36 of the total of 42 Westholme purchases.

Data regarding the types of slings purchased was also requested [Questions 4 and 6] and some 38 specific words or phrases were reported by the respondents. These words or phrases were a mixture of simple generic words e.g. normal, mesh or actual usage information e.g. toilet, bathing etc. Some authorities reported having purchased specialist slings such as Liko Paediatric Teddy slings but did not indicate the type of sling or the numbers purchased. Only one respondent reported the purchase of one such specialist sling. The expertise of two members of the research team was used to concatenate this long list of words and phrases into an acceptable list of types of slings. Table 4.3 summarises this revised list of types of slings purchased for either mobile full lifting or overhead tracking hoists, along with, when provided, approximate numbers. This list covers all of the more common types of slings that would be used with children and young people.

	Type of Sling	
Type of Sling	For Mobile Lifting Hoists	For Overhead Tracking Hoists
Universal with/without head support	101	63
Hygiene	11	6
Bathing	8	3
Antispasm	5	-
Hammock	4	-
Lift pants/standing/walking slings	1	-
Special paediatric (Teddy)	1	-

Table 4.3: Summary of types of slings reported and total purchase numbers when given.

The responses given, to this question in particular, may highlight a lack of working knowledge of the types of slings on the part of several of the people who completed the questionnaire. This may possibly be as a result of a lack of training on the part of those making purchasing decisions or indeed, their interpretation of the question.

4.3 Procurement Processes in Place

4.3.1 Staff Training in Knowledge of Hoists and Slings

As indicated in Chapter 3, procedures within local authorities' departments appear to vary with only seven respondents reporting that they were solely responsible for decision making. Six of those seven stated that they had appropriate training and of them, three indicated they were

Occupational Therapists; one of whom mentioned an in house training course of three days and one indicated that they were trained as an accredited manual handling trainer. One of the seven stated that a hoist/sling compatibility risk assessment proforma had been devised and was used within the organisation. This risk assessment process would be an example of good practice that all local authority departments should consider adopting. The brief outline of how purchases are made when no single person has the decision making authority are outlined in the next section.

4.4 Decision Making Process for Purchase

4.4.1 The person(s)

Thirteen respondents gave a brief outline of their processes where no one person was responsible for the procurement decision and, in general, they were all based on consultations with Occupational Therapists [OT] and/or Physiotherapists [PT]. The decisions were either made after recommendations from an OT or PT but others were initiated by, for example, a Moving and Handling Advisor, an Access Officer or Head Teacher Additional Support Needs. No clear consistent process was apparent apart from the considerable reliance on an input from an OT. The development of good practice guidelines with specific aims of increasing staff knowledge and standardisation of the procurement process would decrease compatibility problems and increase the benefits to the child/young person.

4.4.2 The rationale

The questionnaire also attempted to gather evidence regarding the rationale followed by each local authority when it was considering the purchase of hoists and slings for children and young people with disability. The responses regarding the rationale for purchase of hoists and of slings were very similar. Of those who responded, all 20 stated that the risk assessment, the safety and a safe working load were important factors. Interestingly, only 16 of the 20 responses for hoists indicated compatibility with slings as a factor whereas all 20 responses for slings indicated compatibility with hoists was a factor. This perhaps is as a result of the financial outlay for hoists being considerably greater than for slings but once again compatibility is the main issue. Approximately 75% [15] responses indicated each of the following to be a factor in the decision making rationale for purchase of both hoists and slings:

- Compatibility with furniture [hoists 15 of 19; slings 15 of 18].
- Compatibility with equipment provide by other local care providers [hoists 14 of 20; slings 15 of 20].
- Preference of child/young person or parent [hoists 16 of 19; slings 18 of 20].
- After care service of manufacturer [hoists and slings 15 of 19].
- Training issues [hoist 14 of 19; slings 12 of 19].

Only approximately half indicated that, for hoists and for slings, the results of user trials [hoists and slings 12 of 20] and cost [hoists 10 and slings 9 of the 20] were factors. For purchase of both hoists and slings, a Scottish Healthcare Supplies contract was not thought to be a factor by the majority [approximately 80%] of those who responded [hoists 14 of 17; slings 15 of 18]. Scottish Healthcare Supplies is often the preferred contract for NHS procurement but there would appear to be little evidence to suggest local authorities have the same involvement.

Chapter 5 – Equipment Assessment, User Assessment & Staff Training

Within this chapter the various aspects of training that were addressed within the questionnaire are considered. For clarity the following aspects are addressed in separate sections:

- Experience and Training of Staff Responsible for Procurement Decisions, i.e. knowledge of the availability and benefits of various types of equipment and the compatibility of different manufacturer's equipment.
- Experience of Staff in Service User Assessment, i.e. knowing which type(s) of equipment from which a child or young person may benefit and how to carry out hoist and sling assessments.
- Training of Staff and Other Carers in the Use of Hoists and Slings.
- Training and Support for Children and Young People and their Parents/Carers.

5.1 Experience and Training of Staff Responsible for Procurement Decisions

Of the seven respondents where a single person had the procurement responsibility, six of them indicated that they felt they had received appropriate training in the assessment of the features and compatibility of hoists and slings. From the remaining 13 respondents where, in general, an interprofessional decision process was, in some way in place, 10 responded that the staff involved had the appropriate level of knowledge and training. This was thought, by the researchers, to rely heavily on the knowledge and experience of in house OTs and PTs. The only formal training mentioned by three respondents was a two-day Moving and Handling course but it was unclear whether this was In-House or not.

Six respondents indicated that their training resulted in a certificate/qualification. Of these, no consistent pattern emerged with bodies and approaches such as Occupational Health and Safety Advisory Service [OHSAS], Edge, Neuro Muscular Approach [NMA] and Centaur being mentioned.

5.2 Experience of Staff in Service User Assessment

Eighteen of the 19 who responded to the question about training in user assessment being available to the staff indicated that it was, and 17 responded positively when asked if training was updated when required. Only six indicated that those making assessments were required to meet a set of written competencies but 18 stated that specialist moving and handling support was available within the organisation. One respondent indicated that s/he is in the process of developing a training strategy based on the MovES' Neuro-Muscular Approach to training and that this approach would be multi-service with both parents and professionals involved.

Given that the vast majority of assessments appear to be made by an OT and/or a PT their professional competencies, which are written down by their professional bodies [College of Occupational Therapists (COT) and the Chartered Society of Physiotherapists (CSP)], should be considered along with the six who have stated they have specific written competencies. It is however highly unlikely that either OT or PT undergraduate training programmes would fully equip staff for this role. In the opinion of the researchers, they would still require some form of post graduate training. Currently there is no standardised course available and thus no formal set of published competencies or benchmarks. Legislation [LOLER, 1998; PUWER, 1998] requires that risk assessments for hoists and slings be carried out by a competent person. To be deemed competent, a person would require training in risk assessment, knowledge of each item of equipment being assessed and a clear understanding of the intended use of the equipment.

5.3 Training of Staff and Other Carers in the Use of Hoists and Slings

All responses [20] were positive regarding the training of their staff in the use of hoists and slings but only 13 of the 20 who responded indicated that this training was available to volunteers within their organisation and only nine [45%] appear to provide training for parents/carers. This lack of available training for parents/carers was previously highlighted in HWC [SCCYP, 2008]. Given that many parents/carers routinely perform moving and handling tasks with their child/young person not only would training be welcome, as reported in HWC [SCCYP, 2008], the risk assessment and health and safety issues of untrained persons operating

equipment should be considered of importance. Ten respondents indicated that training was also available for other agency workers/volunteers using the equipment they provide.

The responsibility for such training appears to be relatively consistent and is either performed by moving and handling accredited trainers from within or outside the organisation or, on a few occasions by representatives from the companies who supplied the equipment. One should not assume such sales representatives would, in general, have equivalent moving and handling training.

The location of such staff training, where specified, appears to be either at a local college or within a dedicated Social Work or Manual Handling Training Room. The amount of time dedicated to staff training would appear, however, to vary drastically with time allocations between “a few hours” and 35-40 hours per year being reported. Interpreting the responses into units of a day, Figure 5.1 illustrates the 11 quantifiable responses.



Figure 5.1: Summary of dedicated annual staff training time.

More commonly staff would appear to be given anything between one half day and two days formal training annually. Fourteen responses indicated that training was updated when new regulations appear or, usually, after a specific time period and 16 stated update training would normally take place after new equipment became available. The current development of an

NHS manual handling passport is perhaps an opportunity for local authorities to consider the wider remit of moving and handling CYP.

5.4 Training and Support for Children and Young People and their Parents/Carers

The training for the child/young person was generally reported as taking place within either the child/young person's school/nursery or their home. The evidence from the responses would appear to be strong that the relevant environment i.e. where the equipment will be used, is thought to be the most appropriate setting for parent/carer training in the use of hoists and slings.

In general, local authorities do not appear to provide either training or support for individuals who purchase their own equipment. Three responses did however indicate they did supply training and five stated they gave support [Aim Three, Section 2.1.3, page 8]. The provision of Direct Payment to service users or parent/carers for the purchase of services or equipment of their own choice was thought, by the research team, to be a growing practice in line with current government policy. In 2002, The Community Care and Health (Scotland) Act placed a duty on local authorities to offer direct payments to all client groups using community services. The level of support and guidance provided to those in receipt of direct payments for purchase of equipment is unknown. Clear guidance requires to be developed to ensure information on such issues as equipment compatibility, suitability, maintenance and training in safe use of equipment is provided.

Chapter 6 – Decision Process for Service User Assessments

When exploring the factors that were taken into consideration during the client assessment process, all 20 respondents stated that each of the following was considered:

- Dignity of the child/young person.
- The size/weight of the child/young person.
- The physical abilities of the child/young person.
- The cognitive abilities of the child/young person.
- The presence of any sensory disturbance.
- Special risk factors.

Nineteen of the responses were positive regarding both the preference of the child/young person and any possible future requirements they may have. The need to involve the child/young person in the decision process was highlighted in HWC [SCCYP, 2008] and the law indeed demands that a service user participates in the risk assessment and has the opportunity to express their views. One respondent, however, stated that the preference of the child/young person was not a factor for consideration. The needs of the family of the child/young person was not considered as a factor by five respondents, however, given the large number of survey responses from Education Departments this may not be surprising. Benefits to the child/young person may however be forthcoming if there are more consultations between local authority departments and with the family/carer of the child/young person. The only other decision process factors mentioned were compatibility and the environment.

When considering the needs of the handlers/carers in this initial assessment procedure, all respondents bar one [19] indicated organisational employees as important. Perhaps, surprisingly, six of the 19 who responded indicated that family members/carers were not considered and three indicated this to be the case for other agency workers. This slight tendency to be inward looking within their own organisation, or indeed department, may be influenced by budgets or could reflect that the assessments took place in education establishments where the equipment would only be used by their own staff. On a more

positive note, 90% [18] of respondents stated that both equipment purpose and the environment in which it was to be used were considered to be very important [see Question 21 Appendix A]. The other two responses considered both these issues to be important.

The lack of formal procedures within local authorities regarding reviewing the assessment of a child/young person must however be of some concern given that nine respondents stated there was no formal review procedure. Of the 55% [11] who stated that there was a formal procedure, the vast majority stated that the review was performed taking into account both a specific time period and the possible changing circumstances of the child/young person. Only five responses stipulated a specific review period and of those three were six months and two were annual reviews.

In terms of the person who was normally responsible for performing the initial assessment, OTs and PTs were mentioned by sixteen and seven respondents respectively. In general, however, this part of the decision process appears to be undertaken in an interprofessional way. Other professionals such as Moving and Handling staff, Assess Officers and school staff were also mentioned suggesting two or more people being involved in the process. In the five responses where a single professional was mentioned it was an OT.

Chapter 7 – Conclusions

7.1 Evidence of Good Practice

From the information supplied by the 20 respondents, representing 15 of the 32 Scottish local authorities, various aspects of good practice can be reported and these all relate to the interaction between the child/young person and how s/he is assessed and the decisions revolving around such assessments. The local authority departments should be commended on the level of consideration they give to factors such as risk, safe working loads and other safety issues when they are considering the purchase of hoists and sling for use with children and young people. This decision is often made interprofessionally, taking into account a wide range of both physical and cognitive issues relevant to the service user. Good practice was also evident when reporting where such assessments took place, given that in general this was performed in an appropriate environment.

7.2 Process Issues

Within local authorities, the lack of clarity regarding many of the organisational structures appears to makes it difficult for people to see a clear line of responsibility with regard to who has overall responsibility for children and young people with disability. This lack of clarity is very obvious to outsiders given that the research team were, on several occasions, passed from one member of staff, or even department, to another and still no one felt it was their responsibility. In a few authorities, however, it was clear that there was indeed one person and whilst in others responsibility was often split between departments e.g. education, social work. HWC [SCCYP, 2008] previously recommended that service providers address this very issue; however it appears that this area still needs tackled.

A similar process issue appears to exist with regard to any review process being in place with nine respondents stating there was no formal review process. Without a formal line of responsibility perhaps this is not surprising but the consequences for the child or young person who will often be developing with age, or have fluctuating medical conditions, may be considerable.

7.3 Training Issues

As indicated in previous sections, four training issues became apparent, namely, the training and experience of those making the procurement decisions, the training and knowledge of those assessing the child or young person, staff training in the use of the equipment and lastly, but very importantly, the training of the child/young person and of their parent/carer in the use of the equipment. In the initial stages if the local authority staff members do not have enough knowledge and experience of the range of equipment available regarding important issues such as compatibility, the entire procurement process could be in danger. As a result, the child/young person may not be provided with a service fit for practice.

The knowledge and training of staff regarding what equipment is available and which slings are compatible with which hoists is of considerable importance as such staff would appear to be making recommendations to budget holders and thus contributing to the procurement process. Given the range of manufacturers and types of slings and hoists on the market, staff will require continuous professional development [CPD] if they are to be able to make fully informed professional judgements. The training and assessment of the child/young person whilst interprofessional, appears to rely heavily on the pre-registration education of OT and PT staff, with perhaps only basic moving and handling experience. Training provision in actual user assessment appears to be very varied, with no specific benchmarking process in place, and this could result in some staff feeling vulnerable and being asked to perform duties outside their professional competencies. This must be considered a risk factor in the assessment process.

As stated in 7.1 above, the interprofessional nature and location of service user training must be commended, however, many parents/carers regularly require to move and handle with care their child/young person independently and only nine responses indicated that family members/carers were given access to training. This once again must be considered a risk factor for the child/young person and the handler and was highlighted as such in HWC [SCCYP, 2008]. It is a requirement for professionals:

“.... who prescribe and provide equipment to ensure that people who are expected to use that equipment are competent to do so” [COT, 2006]

The apparent lack of support in training for anyone outside of local authority staff or volunteers may be a budget issue but given that family members/carers will become more involved in the procurement process if Direct Payment methods are expanded, the local authorities surely have a duty not only to involve the service user but also their carer.

7.4 Compatibility

The vast range of hoists and slings available and the tendency of departments within local authorities to be inward looking results in lack of compatibility, a problem highlighted in HWC [SCCYP, 2008]. Without a more generalised approach the researchers are concerned that the child/young person will not fully benefit from the services available to them, even within an individual authority. This report did not gather information from the NHS but they, as a major purchaser of moving and handling equipment, appear to have a more centrally organised system through Scottish Healthcare Supplies contracts. No such policy appears to exist even within a single local authority far less across authorities. HWC [SCCYP, 2008] previously recommended that service providers should consider some form of standardisation of hoists and slings, either through agreements with the various manufacturers or as a result of purchasing decisions across Scottish agencies.

Chapter 8 – The Future

When considering ways forward for the future provision of hoists and slings for moving and handling of children and young people with disabilities, the issues can, in general be addressed to each of the major stakeholders, namely, the child/young person and their parent/carer, the service providers, i.e. local authorities, Scottish Government, and the equipment manufacturers. The following sections address each of these in turn.

8.1 The Child/Young Person and their Parent/Carer

The child/young person and their parent/carer must be enabled to become more involved in the decision making process and thus must be informed fully of issues such as compatibility. This cannot happen if no clear line of responsibility is apparent to them and they are not fully informed by qualified professions who have the knowledge and experience to present all the relevant information. Training of not only the service user but also their parent/carer should be considered as normal good practice.

8.2 The Local Authorities

The responsibility for procurement within a local authority must be held by a competent member of staff with up-to-date knowledge of both the scope of equipment available and all compatibility issues regarding hoists and slings. The training of staff qualified to perform this procurement role is essential as is staff training in each the three other training roles, i.e. use of the equipment, assessment of the child/young person and, the training of the child/young person and their parent/carer. The investment in training required by local authorities to meet all such aspects of good practice is considerable. However it is recommended that local authorities in conjunction with NHS colleagues and other relevant agencies develop benchmarked competencies that could be delivered as appropriate continuing professional development [CPD] courses.

8.3 Scottish Government

Two important issues that the researchers consider crucial for future enhancement of the current service provided to children and young people with disabilities have emerged, and both require, in their opinion, input from a body outside the local authorities. Firstly, the issue of

compatibility will remain until some form of standardisation of hoists and slings takes place. This cannot occur without such an external body commissioning a review of all available equipment and involving all stakeholders i.e. multi-agency. Secondly, the standardisation of a formal CPD qualification that all staff who assess equipment and service users would be required to hold. Such a qualification must stipulate clear competencies and benchmark statements.

8.4 The Manufacturers

There is evidence that several manufacturers are already considering or indeed, do provide advice on compatibility issues [Handley, 2004]. If the manufacturers can be encouraged to consider compatibility more generally when designing new equipment they would play a considerable role in solving several service user issues. They should be active participants in any commissioned review but also be made aware that all Scottish agencies could choose to limit their procurement to only manufacturers where compatibility was no longer a problem. The research team also were of the view that whilst the manufacturers' sales representatives are sales people, they should undergo appropriate training not only on how their equipment works but also on compatibility with equipment from other manufacturers. If competencies are to be set for local authority employees and those of other agencies perhaps the manufacturers should consider similar competencies as a requirement for their staff.

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APPENDIX A

Hoists and Slings

Survey about Purchase & Provision of Hoists & Slings

Scotland's Commissioner for Children & Young People [SCCYP] has commissioned this survey to gather information on existing current practice regarding the purchase of hoists and slings for children and young people with disabilities throughout Scotland. The survey has been developed by Dr Angus McFadyen a Reader in Health Statistics at Glasgow Caledonian University along with two colleagues with expertise in manual handling.

Your responses will be confidential and anonymity of individuals will be maintained at all times.

The final report will not identify any individual or local authority however data will be gathered regarding where and from whom, job title only, information has been sent. These facts will not be published, being used only to gain information regarding overall coverage and any possible duplication of responses from the same Local Authority Area.

Hoists and Slings

Types of Equipment

Please type your answers in the appropriate spaces. All questions are restricted to the purchase of equipment for children and young people with disabilities. If the information required for an individual question is not available to you please omit that question and move on to the next.

N.B. Questions 1 and 2 ask only about types of HOIST and then Questions 3 to 6 ask about the purchase of SLINGS for use with the different types of hoists.

1. Please state the names of the manufacturers from whom your organisation MOST FREQUENTLY purchases MOBILE FULL LIFTING HOISTS along with APPROXIMATE ANNUAL PURCHASE NUMBERS.

Manufacturer 1	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 2	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 3	<input type="text"/>
Approx. No.	<input type="text"/>

2. Please state the names of the manufacturers from whom your organisation MOST FREQUENTLY purchases OVERHEAD TRACKING HOISTS along with APPROXIMATE ANNUAL PURCHASE NUMBERS.

Manufacturer 1	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 2	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 3	<input type="text"/>
Approx. No.	<input type="text"/>

3. Please state the names of the manufacturers from whom your organisation MOST FREQUENTLY purchases SLINGS for MOBILE FULL LIFTING HOISTS along with APPROXIMATE ANNUAL PURCHASE NUMBERS.

Manufacturer 1	<input type="text"/>
Approx No.	<input type="text"/>
Manufacturer 2	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 3	<input type="text"/>
Approx. no.	<input type="text"/>

Hoists and Slings

4. Please indicate below the TYPES of SLINGS for MOBILE FULL LIFTING HOISTS purchases from the manufacturers you detailed above along with APPROXIMATE ANNUAL PURCHASE NUMBERS for EACH TYPE.

Type 1	<input type="text"/>
Approx. No.	<input type="text"/>
Type 2	<input type="text"/>
Approx. No.	<input type="text"/>
Type 3	<input type="text"/>
Approx. No.	<input type="text"/>
Type 4	<input type="text"/>
Approx. No.	<input type="text"/>
Type 5	<input type="text"/>
Approx. No.	<input type="text"/>

5. Please state the names of the manufacturers from whom your organisation MOST FREQUENTLY purchases SLINGS for OVERHEAD HOISTS along with APPROXIMATE ANNUAL PURCHASE NUMBERS.

Manufacturer 1	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 2	<input type="text"/>
Approx. No.	<input type="text"/>
Manufacturer 3	<input type="text"/>
Approx. No.	<input type="text"/>

6. Please indicate below the TYPES of SLINGS for OVERHEAD TRACKING HOISTS purchases from the manufacturers you detailed above along with APPROXIMATE ANNUAL PURCHASE NUMBERS for EACH TYPE.

Type 1	<input type="text"/>
Approx. No.	<input type="text"/>
Type 2	<input type="text"/>
Approx. No.	<input type="text"/>
Type 3	<input type="text"/>
Approx. No.	<input type="text"/>
Type 4	<input type="text"/>
Approx. No.	<input type="text"/>
Type 5	<input type="text"/>
Approx. No.	<input type="text"/>

Hoists and Slings

Procedures in Place

Please click the appropriate button or box or type your answer(s) in the spaces provided.

7. Within your organisation does ONE person have the responsibility of recommending which types of hoists and slings are purchased and from whom?

☐ No [If NO go to Question 14]

☐ Yes

8. Are you that person?

☐ No

☐ Yes

9. Does this person have budget control responsibilities for such purchases?

☐ No

☐ Yes

10. Does this person have a specific list of manufacturers from whom they have to make purchases?

☐ No

☐ Yes

11. Please state the job title of this person. [Then proceed to Question 12]

12. Has this person had appropriate training in the features and compatibility of the different models of hoists and slings available?

☐ No [If NO proceed to Question 18]

☐ Yes [Please now answer Questions 13]

13. Briefly outline the type of training involved stating clearly if it was in-house or external and the approximate NUMBER OF HOURS involved. [Please now go to Question 17]

14. Given no single person has the designated responsibility to make purchasing decisions for hoists and slings, please briefly outline the purchasing process for such items within your organisation.

Hoists and Slings

15. Have the people responsible for purchasing decisions had appropriate training in the assessment of the features and compatibilities of the different models of hoists and slings available?

☐ No

☐ Yes

16. Briefly outline the type of training involved stating clearly if it was provided in-house or external and the approximate NUMBER OF HOURS involved.

17. Does the training result in a certificate or qualification?

☐ No

☐ Yes [Please specify in the space provided the name of the awarding body]

Award Body:

18. Does your organisation have a documented risk assessment process for the assessment of hoists and slings? Please indicate where applicable, for each of the following?

	No	Yes
Overhead tracking hoists & slings:	<input type="radio"/>	<input type="radio"/>
Mobile full lifting hoists & slings [e.g. Oxford Major etc]:	<input type="radio"/>	<input type="radio"/>

Hoists and Slings

Assessment Criteria when Initially Selecting Hoists & Slings to use.

This section deals with the assessment process in place prior to the use by children or young people of hoists and/or slings.

19. When individual HOISTS and SLINGS are being provided for use with a child or young person, please indicate whether each of the following factors are considered:

	No	Yes
The preference of the child or young person	<input type="checkbox"/>	<input type="checkbox"/>
The preference of the family of the child or young person	<input type="checkbox"/>	<input type="checkbox"/>
The dignity of the child or young person	<input type="checkbox"/>	<input type="checkbox"/>
The size/weight of the child/young person	<input type="checkbox"/>	<input type="checkbox"/>
The physical abilities of the child/young person e.g. balance, head control	<input type="checkbox"/>	<input type="checkbox"/>
The cognitive abilities of the child/young person e.g. compliance, ability to understand	<input type="checkbox"/>	<input type="checkbox"/>
The presence of any sensory disturbances e.g. pain, loss of sensation	<input type="checkbox"/>	<input type="checkbox"/>
Special risk factors e.g. unpredictable movements due to spasms	<input type="checkbox"/>	<input type="checkbox"/>
The possible future requirements of the child/young person	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

20. When considering the needs of handlers/carers in your assessment please indicate if each of the following are/are not considered?

	No	Yes
Those employed within your organisation:	<input type="checkbox"/>	<input type="checkbox"/>
Family members/carers:	<input type="checkbox"/>	<input type="checkbox"/>
Other agency workers:	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate the level of importance your organisation places on each of the following factors when performing an assessment:

	Not sure	Not important	Slightly important	Important	Very important
Possible purposes for which the equipment will be used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The environment in which it will be used:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Within your organisation is there a formal procedure that specifies when the assessment of the child or young person is reviewed?

☐ No [Please go to Question 24]

☐ Yes

Hoists and Slings

23. Please indicate when this formal review procedure occurs.

	No	Yes
After a specific time period	<input type="radio"/>	<input type="radio"/>
When the circumstances of the child/young person change	<input type="radio"/>	<input type="radio"/>
Combination of the above	<input type="radio"/>	<input type="radio"/>

If after a specific time period, please specify:

24. Within your organisation who will NORMALLY perform the assessment of a child/young person for use of a hoist or sling?

- ☐ Care worker
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Physiotherapist
- ☐ Senior Care Worker

Other (please specify)

Hoists and Slings

Rationale

When considering the purchase of hoists and slings for children and young people with disabilities, we wish to know which factors are taken into account. Please answer Yes or No to each of the following with respect to firstly, in Question 1, hoists and then in Question 2, slings.

25. Please click, for HOISTS, the appropriate box.

	No	Yes
Compatibility with furniture	<input type="radio"/>	<input type="radio"/>
Compatibility with the slings in the organisation	<input type="radio"/>	<input type="radio"/>
Compatibility with equipment provided by other care providers in the District/Region	<input type="radio"/>	<input type="radio"/>
The risk assessment of the child/young person	<input type="radio"/>	<input type="radio"/>
Preference of child/young person or parent	<input type="radio"/>	<input type="radio"/>
After care service of manufacturer	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>
Results of user trials	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>
Training issues	<input type="radio"/>	<input type="radio"/>
Safe working load	<input type="radio"/>	<input type="radio"/>
Scottish Healthcare Supplies contract	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

26. Please click, for SLINGS, the appropriate box.

	No	Yes
Compatibility with furniture	<input type="radio"/>	<input type="radio"/>
Compatibility with the hoists in the organisation	<input type="radio"/>	<input type="radio"/>
Compatibility with equipment provided by other care providers in the District/Region	<input type="radio"/>	<input type="radio"/>
The risk assessment of the child/young person	<input type="radio"/>	<input type="radio"/>
Preference of child/young person or parent	<input type="radio"/>	<input type="radio"/>
After care service of manufacturer	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>
Results of user trials	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>
Training issues	<input type="radio"/>	<input type="radio"/>
Safe working load	<input type="radio"/>	<input type="radio"/>
Scottish Healthcare Supplies contract	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

Hoists and Slings

Training

We would now like you to tell us about the training available both for organisational employees and service users.

27. Training in Assessment:

	No	Yes
Is training available to the staff who assess children and young people for use of a hoist and/or sling?	<input type="radio"/>	<input type="radio"/>
Is this training updated regularly when required for e.g. new equipment/appliances; new legislation?	<input type="radio"/>	<input type="radio"/>
Do staff who conduct assessments require to meet a set of written competencies?	<input type="radio"/>	<input type="radio"/>
Is specialist moving & handling support available within your organisation?	<input type="radio"/>	<input type="radio"/>

28. Training in use of Hoists & Slings:

	No	Yes
Do organisational employees receive appropriate training in the use of hoists and sling that you provide?	<input type="radio"/>	<input type="radio"/>
Do volunteers within your organisation receive, if appropriate training in the use of hoists and slings that you provide?	<input type="radio"/>	<input type="radio"/>
Do you provide training for family handlers/carers in the use of appropriate hoists and slings that you provide?	<input type="radio"/>	<input type="radio"/>
Do you provide training for other possible handlers/carers in the use of hoists and sling that you provide e.g. other agency workers, other volunteers ?	<input type="radio"/>	<input type="radio"/>

29. Please specify who is responsible for providing the training.

30. Please also specify where the training normally takes place.

31. Please state the approximate number of hours allocated to this type of training.

32. Please indicate below if and when training updates are made available.

	No	Yes
When new regulations come into force:	<input type="radio"/>	<input type="radio"/>
When new equipment becomes available:	<input type="radio"/>	<input type="radio"/>
After a specific time period:	<input type="radio"/>	<input type="radio"/>

33. Please indicate below whether or not your organisation provides training or support for individuals who purchase their own equipment.

	No	Yes
Training	<input type="radio"/>	<input type="radio"/>
Support	<input type="radio"/>	<input type="radio"/>

Hoists and Slings

About You

In this section we are gathering information both about where your response is being sent from and who is supplying the information.

34. Please indicate on the list provided the Local Authority Area your response is coming from. [N.B. We are only interested in general geographic location, ticking an option does not mean you are employed by that Local Authority].

- | | |
|--|--|
| <input type="checkbox"/> Aberdeen City Council | <input type="checkbox"/> Inverclyde Council |
| <input type="checkbox"/> Aberdeenshire Council | <input type="checkbox"/> Midlothian Council |
| <input type="checkbox"/> Angus Council | <input type="checkbox"/> Moray Council |
| <input type="checkbox"/> Argyll & Bute Council | <input type="checkbox"/> North Ayrshire Council |
| <input type="checkbox"/> Clackmannanshire Council | <input type="checkbox"/> North Lanarkshire Council |
| <input type="checkbox"/> Dumfries & Galloway Council | <input type="checkbox"/> Orkney Islands Council |
| <input type="checkbox"/> Dundee City Council | <input type="checkbox"/> Perth & Kinross Council |
| <input type="checkbox"/> East Ayrshire Council | <input type="checkbox"/> Renfrewshire Council |
| <input type="checkbox"/> East Dunbartonshire Council | <input type="checkbox"/> Scottish Borders Council |
| <input type="checkbox"/> East Lothian District Council | <input type="checkbox"/> Shetland Islands Council |
| <input type="checkbox"/> East Renfrewshire Council | <input type="checkbox"/> South Ayrshire Council |
| <input type="checkbox"/> Edinburgh City Council | <input type="checkbox"/> South Lanarkshire Council |
| <input type="checkbox"/> Falkirk Council | <input type="checkbox"/> Stirling Council |
| <input type="checkbox"/> Fife Council | <input type="checkbox"/> West Dunbartonshire Council |
| <input type="checkbox"/> Glasgow City Council | <input type="checkbox"/> West Lothian Council |
| <input type="checkbox"/> Highland Council | <input type="checkbox"/> Western Isles Council |

35. Are you employed by the Local Authority?

- ☐ No [Please go to Question 38] ☐ Yes

36. Please indicate which branch of your Local Authority you work in.

- ☐ Education
- ☐ Leisure & Community Services
- ☐ Social Work

Other (please specify)

37. Please specify your job title. [Please go to Question 40]

Hoists and Slings

38. Given that you are not a Local Authority employee please indicate the sector on whose behalf you are responding.

☐ Voluntary organisation

☐ Private leisure facility

☐ Private education

☐ NHS

Other (please specify)

39. Please specify your job title.

40. Would you be willing to discuss further, in confidence, the purchase and provision of hoists and slings for use with children and young people?

☐ No

☐ Yes

If YES please supply, in confidence, an email address.

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