



# General Questionnaire

# About this questionnaire

**This questionnaire is concerned with experiences of daytime postural care.**

## **Postural care involves:**

*“The constant promotion of good posture to enable children to participate in all activities thus enabling them to fulfil their potential” (Hutton et al., 2009)*

## **Who can complete this questionnaire?**

This questionnaire may be completed by anyone with experience of providing postural care to a child with a physical disability in the school and/or home environment. This includes parents, teachers and teaching assistants.

## **Why was this questionnaire developed?**

Previous research has identified the need for greater provision of information, training and support to those providing postural care in the school and/or home environment. However, it is likely that information, training and support needs vary considerably from one person to the next – e.g. due to the needs of the child, the type of equipment used, or the environment in which postural care is provided.

This questionnaire was developed to enable parents, teachers, and teaching assistants to highlight specific aspects of postural care that they find challenging in order that information, training and support may be appropriately targeted.

## **What happens to the information I provide?**

All your answers will be kept confidential and you will not be asked to write your name on the questionnaire. To ensure all your responses are kept confidential we ask that you create a unique identification code at the end of this questionnaire.

# SECTION 1

## Confidence and Concerns

### Postural care involves:

*“The constant promotion of good posture to enable children to participate in all activities thus enabling them to fulfil their potential” (Hutton et al., 2009)*

Listed below are a number of statements concerning your thoughts and feelings about different areas of postural care. Please read each item below and decide whether you agree or disagree and to what extent. Please provide an answer for all of the items and only mark one answer per item. Do not spend too much time on any one statement.

Questions throughout this questionnaire often refer to ‘a child with a disability’. If you are a parent/carer for a child with a disability, please answer in relation to your child/the child you care for. If you are a teacher, teaching assistant, please answer in relation to children you work with in this role.

Because people are different there are no ‘right’ or ‘wrong’ answers to the statements. It is important that you are as honest as possible and that the answer you provide is an accurate representation of your opinions/thoughts/feelings.

1. I feel confident about providing postural care to a child with a disability	Strongly disagree	Disagree	Agree	Strongly agree						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. On a scale of 1 to 10, how confident do you feel about providing postural care to a child with a disability? <i>1 = Not confident at all, 10 = Very confident</i>	Not confident at all			Very confident						
	1	2	3	4	5	6	7	8	9	10
	<i>(Circle a number on the line)</i>									
3. I feel confident that I can tailor care appropriately according to the needs of an individual child.	Strongly disagree	Disagree	Agree	Strongly agree						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4. On a scale of 1 to 10, how confident do you feel about tailoring care appropriately according to the needs of an individual child? <i>1 = Not confident at all, 10 = Very confident</i>	Not confident at all			Very confident						
	1	2	3	4	5	6	7	8	9	10
	<i>(Circle a number on the line)</i>									

### I am confident that I will be able to provide good postural care, even if:

	Strongly disagree	Disagree	Agree	Strongly agree
5. I am asked to use a piece of equipment I am not familiar with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am in a different environment/setting than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I do not have as much physical support from others as I would like. For example, with moving and/or handling equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I do not have as much emotional support from others as I would like to have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am feeling tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am feeling unwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I am confident that I will be able to provide good postural care, even if:**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
11. I am experiencing physical pain or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I do not have all the necessary equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have competing commitments/demands on my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. There is a lack of cooperation from the child when attempting to move him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. There is a lack of agreement between the professionals caring for the child (e.g., teachers, therapists, social workers) about how best to provide postural care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I am concerned that...**

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
16. I might not be providing appropriate postural care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I might cause pain by moving a child into a different position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I might cause discomfort by moving a child into a different position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I might be doing more harm than good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I do not have adequate understanding of how best to provide postural care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I do not have access to the necessary information to provide good postural care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I do not have access to the necessary equipment to provide good postural care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I do not have access to the practical support needed to provide good postural care (e.g., help with moving and handling, information leaflets).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SECTION 2

## Experience and Training

24. Have you ever used the following equipment when providing postural care to a child?

	Yes	No
Seating equipment	<input type="checkbox"/>	<input type="checkbox"/>
Accessories on seating equipment (e.g. belts, straps)	<input type="checkbox"/>	<input type="checkbox"/>
Standing frames	<input type="checkbox"/>	<input type="checkbox"/>
Adjustable desks and tables	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>
Hoists and slings	<input type="checkbox"/>	<input type="checkbox"/>
Toileting equipment	<input type="checkbox"/>	<input type="checkbox"/>

25. Have you had any specific training in how to use any of the following:

	Yes	No	
Seating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>
Accessories on seating equipment (e.g. belts, straps)	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>
Standing frames	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>
Adjustable desks and tables	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>
Wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>
Hoists and slings	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>
Toileting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe:</i>

# SECTION 3

## Using postural care equipment

### Postural care involves:

*“The constant promotion of good posture to enable children to participate in all activities thus enabling them to fulfil their potential”* (Hutton et al., 2009)

Listed below are a number of statements relating to specific aspects of postural care and the equipment used. Please read each item below and decide whether you agree or disagree and to what extent. Please provide an answer for all of the items and only mark one answer per item. Do not spend too much time on any one statement.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
26. I know which pieces of equipment I am expected to adjust (e.g., height of chair) and which I should not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I understand how to adjust the equipment to fit the individual needs of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I know who to contact if I am concerned that a piece of equipment may need adjusting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I am able to select the best equipment to use in different types of situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I know how to position a child for different activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I am able to recognise when a child may not be comfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I am confident that if a child feels uncomfortable I will be able to assist them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following items refer to specific pieces of equipment. Mark 'N/A' ONLY if you have not used this equipment and do not anticipate that you will need to use it in the future. Otherwise, please indicate your level of agreement with each statement.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>	<i>N/A</i>
33. I feel confident using seating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I feel confident using accessories (e.g., belts and straps) on the seating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. I understand how to adjust the belts and straps on the standing frames and support chairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I understand how to raise and lower a chair safely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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37. I feel confident using a standing frame

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38. I feel confident enough to adjust desks and tables

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39. I feel confident using a wheelchair

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40. I feel confident using hoists and slings

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41. I feel confident using toileting equipment

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42. Is there any other piece of equipment, not mentioned above, that you are unsure about using?      Yes      No  
     

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43. If yes to the question above, please explain:

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44. Do you feel you would benefit from further information and/or training in relation to any specific aspects of postural care management?      Yes      No  
     

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45. If yes to the question above, please explain:

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# SECTION 4

## Health and Safety

### Postural care involves:

*“The constant promotion of good posture to enable children to participate in all activities thus enabling them to fulfil their potential”* (Hutton et al., 2009)

The following statements relate to health and safety. Please read each item below and decide whether you agree or disagree and to what extent. Please provide an answer for all of the items and only mark one answer per item. Do not spend too much time on any one statement.

	<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly agree</i>
46. If required I understand how to move equipment safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. I understand how to hoist safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. I understand how to identify risks when moving equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. I understand how to prevent injury to myself when moving equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. I understand how to move the child safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. I know where to get advice about moving equipment safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. If I am concerned about moving equipment safely I know who to ask for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Do you have any other concerns regarding health and safety?	<i>Yes</i> <input type="checkbox"/>	<i>No</i> <input type="checkbox"/>		

54. If yes to the question above, please explain:

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55. Do you feel you would benefit from further information and/or training in relation to the safe use of the postural care equipment listed below? Please mark either Yes/No. If answering yes, explain the type of training you would like.

Would you benefit from further training?  
Yes      No

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Seating equipment	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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Accessories on seating equipment (e.g. belts, straps)	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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Standing frames	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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Adjustable desks and tables	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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Wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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Hoists and slings	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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Toileting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, please describe the training you would like:</i>
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# SECTION 5

## Benefits of postural care

Listed below are a number of statements relating to the benefits of postural care for the child (e.g. benefits for physical health, psychological wellbeing). Please read each statement and decide whether you have received sufficient information already about these aspects, or if you would like to know more. Please provide an answer for all of the items and only mark one option per item. Do not spend too much time on any one statement.

There are no 'right' or 'wrong' answers to the statements; however, it is important that you are as honest as possible and that the answer you provide is an accurate representation of your opinions/thoughts/feelings.

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56. I understand how postural care may affect a child's physical health and wellbeing

- Yes, I have sufficient knowledge already
- I have some knowledge already but I would like to know more
- I would like to enhance my knowledge and skills in this area

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57. I understand how postural care may affect a child's psychological/emotional wellbeing

- Yes, I have sufficient knowledge already
- I have some knowledge already but I would like to know more
- I would like to enhance my knowledge and skills in this area

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58. I understand how postural care may affect a child's learning

- Yes, I have sufficient knowledge already
- I have some knowledge already but I would like to know more
- I would like to enhance my knowledge and skills in this area

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59. I understand how postural care may affect how a child can carry out functional tasks at school  
(e.g., writing, cutting and colouring)

- Yes, I have sufficient knowledge already
- I have some knowledge already but I would like to know more
- I would like to enhance my knowledge and skills in this area

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60. I understand how postural care may affect the functional independence of a child.  
(e.g., feeding, drinking, toileting, transfers)

- Yes, I have sufficient knowledge already
- I have some knowledge already but I would like to know more
- I would like to enhance my knowledge and skills in this area

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61. Do you feel further information about the beneficial effects of postural care would be helpful?

- Yes
- No

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62. If yes to the question above, please explain:

# SECTION 6

## Information about you

Finally, we also need some information about you. This information will help the research team to ensure that training and support may be appropriately targeted. It will not be used to identify individuals and their responses.

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Gender:	<i>Male</i>	<i>Female</i>
	<input type="checkbox"/>	<input type="checkbox"/>

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Age:	<input type="text"/>
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Do you have direct experience of working with, or caring for, children (under 19 y/o) with physical disabilities? <i>(This may include your own child)</i>	<i>Yes</i>	<i>No</i>
	<input type="checkbox"/>	<input type="checkbox"/>

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If 'yes' please write the number of children with postural care needs you have cared for in the past.	<input type="text"/>
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Do you have direct experience of working with, or caring for, adults with physical disabilities? <i>(This may include a relative)</i>	<i>Yes</i>	<i>No</i>
	<input type="checkbox"/>	<input type="checkbox"/>

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Which answer best describes how many years you have been working with, or caring for, a child or children with postural care needs:	<input type="checkbox"/>	No experience
	<input type="checkbox"/>	Less than 1 year
	<input type="checkbox"/>	1-2 years
	<input type="checkbox"/>	2-3 years
	<input type="checkbox"/>	3-4 years
	<input type="checkbox"/>	4-5 years
	<input type="checkbox"/>	5+ years

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From the list, please mark the occupation/title/area that best describes your role.	<input type="checkbox"/>	Parent, family member or carer of a child with a disability
	<input type="checkbox"/>	Specialist Teacher
	<input type="checkbox"/>	Teacher
	<input type="checkbox"/>	Teacher (SENCO)
	<input type="checkbox"/>	Teaching Assistant
	<input type="checkbox"/>	Other (please state job title below)

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**IMPORTANT: For your confidentiality and data protection purposes, please turn to the next page and fill in your own personal code details in the spaces provided. A data protection statement is also overleaf.**

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## Confidentiality

To ensure all your responses are kept confidential we ask that you create a unique identification code. This is also the code you should quote if, at a later date, you wish to withdraw the information you have shared with us. The identification code will only allow us to identify your questionnaire - we cannot identify you from your study identification number.

Please write below the first two letters of your Mother's first name (e.g., 'SA' for Sarah or Sam)

Please write below the month of YOUR birth (e.g., 07 for July)

Please write below the last two letters of your surname (e.g. 'TH' for Smith)

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Please indicate the date of the training workshop you attended/will attend:  
Are you completing this questionnaire before or after the workshop?  
Please delete as appropriate - BEFORE/ AFTER

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Please indicate the location of the training workshop:

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## What happens to the information I give?

All information collected from the questionnaires will remain strictly confidential. All answers will be entered into the computer and only broad trends will be reported. No individual details will be revealed. The questionnaires will be securely stored for as long as is required by the Data Protection Act and then they will be destroyed.

## This questionnaire was developed by the research team listed below:

Dr Kate Hamilton-West, *University of Kent*

Dr Eve Hutton, *East Kent Hospitals University Foundation Trust*

Annette King, *University of Kent*

Sarah Hotham, *University of Kent*

Maggie Gurr, *Canterbury Christ Church University*

## The research team would also like to thank the following individuals for their contribution to the development of the questionnaire:

Wendy Body, Sharon Godden, Siobhan Gray, Jan Jensen, Judi Mortimore, Terry Pountney, Ian Townsend, Graham Williams, Val Wood.

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## Contact

Please send your completed questionnaire to:

Fiona Tudor

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Canterbury Christ Church University, Canterbury, CT1 1QU

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