

# Postural Care Assessments

## What to expect

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# Postural Care Assessments

## What to expect

### 1. What Postural Care Services Are

Services that help protect a person's body shape by supporting them in lying, sitting and standing across the full 24 hours.

Designed for children and adults who find it difficult to move themselves or stay comfortable in a range of positions. Aim to prevent complications such as pain, joint changes, breathing or digestion difficulties linked to long periods in unsupported postures.

### 2. What Postural Care Services Provide

Assessment of posture in lying, sitting and standing — often described as the “building blocks” of engagement and comfort.

Advice and plans for safe, comfortable, well-supported positioning over day and night to protect body shape.

Equipment support, including identifying, trialling, and adjusting seating, standing frames, and supported-lying systems.

Monitoring over time, using photos, measurements, or observation to track changes in posture.

Training for families, schools, and care teams on safe positioning, equipment use, and recognising risk.

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### 3. Who Is Involved?

Families and carers, who play a vital daily role in supporting 24-hour positioning.

Physiotherapists and occupational therapists specialising in movement, comfort, and equipment.

Learning disability nurses or community nurses for people with complex health needs.

Postural care trainers or specialist practitioners.

Sometimes technicians, seating specialists, or equipment providers who help set up or maintain postural equipment.

### 4. How Postural Care Services Are Commissioned

Usually funded and organised by NHS Integrated Care Boards (ICBs) or local health commissioners

May sit within children's therapy services, adult learning-disability teams, or specialist community services.

Some areas co-deliver services with external organisations or training providers to expand local expertise.

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### 5. Where Families Can Find Out About Their Local Service

Ask your child's physiotherapist or occupational therapist — usually the most direct route.

Check local NHS Trust or ICB websites for “postural care”, “children's therapies”, “equipment services” or “complex disability teams.”

Ask school, college, or community nursing teams, who often know which services operate locally.

National resources signposted in your emails:

NHS England Postural Care Guidance (Learning Disability): <https://www.gov.uk/government/publications/postural-care-services-making-reasonable-adjustments/>

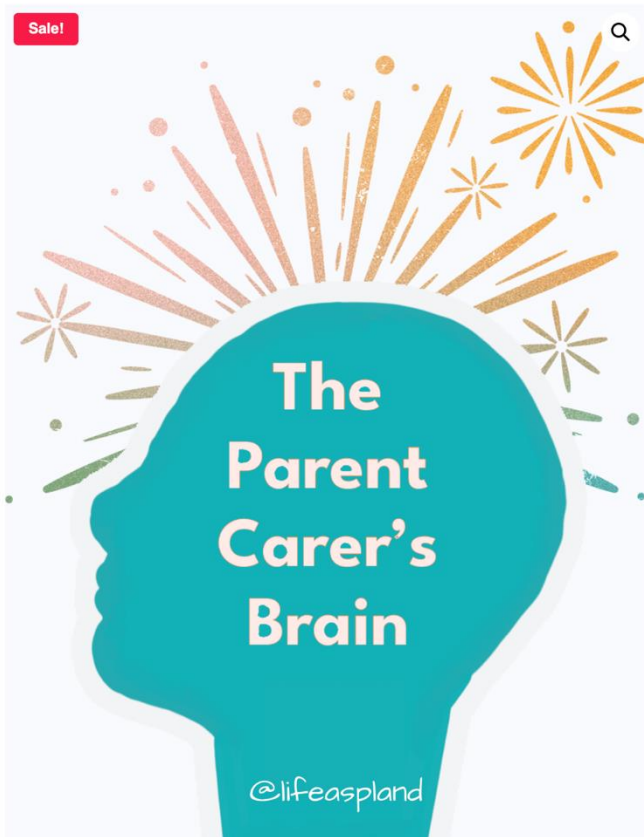
Changing Our Lives — Postural Care Campaign: <https://www.changingourlives.org/our-work-postural-care>

Supported Lying Introduction Video (Simple Stuff Works resources): <https://www.youtube.com/watch?v=CeWMIltvzgOg>



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## 1. Before the Appointment: Gather Your Thoughts

✓ Use the F-Words Life Wheel to think about your child's posture needs

Function: "She struggles to stay upright in her chair for a full lesson."

Fitness: "He gets very stiff in the mornings and needs lots of help – this seems to be worsening as he gets bigger."

Fun: "She wants to join cooking club but can't sit safely at the counter."

Friends: "He wants to stand with peers during assembly."

Future: "We want a night-time lying system that protects her hips as she grows."

✓ Make notes about what currently helps or causes difficulties

Sitting: "His head drops after 10 minutes; he leans heavily to the right."

Standing: "She loves her standing frame but her feet slip even with straps."

Lying: "Night-time positioning supports him but he overheats easily."

Daily routines: "Transitions from sitting to standing are stressful and painful."

## 2. Information to Bring With You

### ✓ Photos or videos showing posture in real life

Sitting in current wheelchair at school

Night-time sleeping position before waking

Standing attempts during morning dressing

How posture shifts during seizures or fatigue

### ✓ Useful documents (if available)

Seating review reports

Hip surveillance/X-ray summaries

Previous postural care plans

SLT / Physio / OT notes describing tone, movement, skin integrity

### ✓ Your own observations -

“She leans more in the afternoon.”

“Standing frame helps digestion and elimination.”

“He gets pressure marks behind the knee after 30 minutes.”

### 3. Key Questions to Ask Before the Assessment About the Appointment Setting

Where will it take place?

Example: "Do you need to see her in her bed at home, or is clinic fine?"

Who will be doing the assessment?

Example: "Is a seating specialist joining, or just physio/OT?"

How long will the appointment last?

Example: "Should we plan time for lying, sitting and standing assessments?"

### About the Assessment Purpose

What postures will be assessed?

Example: "Are we focusing on daytime sitting or also including night-time lying?"

What outcomes are expected?

Example: "Are you hoping to adjust existing kit, or consider new equipment?"

Will equipment be trialled?

Example: "Can we try a different seat insert or standing frame during the appointment?"

## About the Process

How will my child be kept safe and comfortable?

Example: "He startles easily, can we move slowly when adjusting supports?"

Which measurements will be taken?

Example: "Which assessment tools and measures will you be using? Can I find out more about these to help him to prepare beforehand?"

What does a good outcome look like?

Example: "For us: a sitting posture where she can eat safely without choking or leaning."

## About What Happens Next

If a new piece of equipment is recommended, what is the lead time?

Example: "How long does it take to receive a new seating system?"

What is the review schedule?

Example: "Will you review her in 6 weeks to check pressure, comfort, and alignment?"

Is there a clear care pathway?

Example: "Does this assessment link to hip surveillance, wheelchair services, or physiotherapy? Does your service use a care pathway that we can take a look at?"

Who do we contact if something isn't right?

Example: "If he gets red pressure marks, who do I call - you or wheelchair services?"

# During the assessment

Speak up if your child is uncomfortable, distressed, or needs a break.

It is absolutely okay to say:

“Can we pause?”, “I think this position is hurting them”, or “They need a moment before we continue.”

Ask to stop or slow down if something doesn't feel right.

Your instinct is an essential safety tool.

Share what you notice.

You bring years of lived experience that professionals simply cannot have.

“This usually means she's in pain,”

“His breathing changes when he's uncomfortable,”

“She sits better with her feet supported,”

Remember that you are your child's best advocate.

Your voice shapes the recommendations, the equipment chosen, and the long-term plan.

Professionals bring clinical expertise — you bring deep knowledge of your child. Together, you form a team. Never doubt your skill, your insight, or the vital role you play. Your presence, your observations, and your advocacy are not just helpful... they are essential.

## 5. After the Assessment

### ✓ Clarify next steps

“When will the written postural care plan arrive?”

“Who will come to fit or set up the standing frame at home?”

### ✓ Know what to watch for

New redness on skin after sitting

Increased leaning at the end of day

Discomfort during night-time repositioning

Changes in breathing, swallowing, or fatigue

### ✓ Keep simple records

Before/after pictures of sitting alignment

Notes like: “Better head control with new seat cushion”

Quick daily comfort score out of 10