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Family &
Community
Services

Play and Leisure

Appraisal for Occupational Therapists
who Support People with Disability



BACKGROUND

The Practice Leader Occupational Therapy at Clinical Innovation and Governance has developed this appraisal and its associated certification for practitioners in Family and Community Services (FACS). Other agencies and services, should they wish to, would need to make their own provision for appraisal and certificate issue. This appraisal supports FACS practitioners, primarily occupational therapists, to translate their knowledge regarding play and leisure into their everyday practice. It forms part of the supporting resource material for the Play and Leisure Core Standard Program. Before undertaking the appraisal the program participant may wish to read the aligned resource material:

1. Play and Leisure Practice Guide for Practitioners Supporting People with Disability, and;
2. Frequently Asked Questions for the Core Standards Program.

The Core-Standards Program and associated resource materials can be found on www.adhc.nsw.gov.au/sp/delivering_disability_services/core_standards

It is inevitable that with such a large and skilled workforce some practitioners working with people with disability will already have the required knowledge. To obtain a certificate in a core standard program a participant can choose to omit further learning. They can simply complete the appraisal and demonstrate the professional application.

GUIDELINES

The program participant must identify a suitable work practice support person who is willing to complete this appraisal; this is ideally an occupational therapy senior clinician/supervisor with appropriate skills and experience. An alternative support person may be identified if there is no appropriate professional supervisor, or if the current supervisor believes another person may be better suited to appraising the participant's knowledge. The participant is required to arrange a time with this support person to plan and administer the appraisal. The appraisal is self paced and participants are simply asked to answer questions in professional supervision when they feel ready to do so.

This appraisal consists of the following three sections:

1) Theory

- The information under each question is intended to provide the key points each participant should address. The information is directly from the associated practice guide and references can be found there. It provides participants with a summary of expected knowledge, and guides the support person in the appraisal of this knowledge. Participants can provide more than is itemised and should provide supportive literature to back up their answers if needed.
- Questions may be answered verbally or in writing.
- Questions may be answered in the context of a group discussion as long as the support person is present and satisfied with the participant's response.
- The support person will sign off each question when they are satisfied the required information has been presented.

2) Discussion (regarding application to work practice)

- Case discussion / examples must have been completed within the previous 12 months.

- Case discussion / examples are acceptable if completed in collaboration with another practitioner as long as the support person can identify the participant's level of contribution and is satisfied that the requirements are met.
- 3) **Direct observation:** With the consent of the person with disability and / or their person responsible, the support person must observe the participant demonstrating the requirements.

There is not a scoring system in this appraisal. All questions are to be answered to a satisfactory level, and there must be satisfactory demonstration of application to the practitioner's work in the areas outlined.

CERTIFICATION

Participants working in FACS who choose to demonstrate knowledge acquisition and skill application in a core standard receive a certificate of completion from Clinical Innovation and Governance recognising their hard work. The certificate is a significant achievement. It demonstrates to the agency, as well as to future employers, demonstrated knowledge and application in the relevant area. Skills that are appraised only once can wane over time through lack of use, monitoring and feedback. It is suggested that certificates of completion be renewed every four years. To ensure this is easy to do participants need only re-submit two further case examples demonstrating application of the information covered by the core standard program.

DISCLAIMER

This play and leisure appraisal was developed by the Practice Leader in Occupational Therapy within the Department of Family and Community Services, New South Wales, Australia (FACS). This appraisal has been developed to indicate whether a participant has increased their knowledge through the completion of the Play and Leisure Core Standards Program. It has been designed to promote consistent and efficient good practice. It forms part of the supporting resource material for the core standard program developed by FACS. Access to this document by practitioners working outside of FACS has been provided in the interests of sharing resources. Reproduction of this document is subject to copyright and permission.

Whilst the information contained in this appraisal has been compiled and presented with all due care, FACS gives no assurance or warranty nor makes any representation as to the accuracy or completeness or legitimacy of its content. FACS does not accept any liability to any person for the information (or the use of such information) which is provided in this appraisal or incorporated into it by reference. FACS does not intend nor guarantee the use of the appraisal as assessing a level of competence by practitioners working outside of FACS.

PLAY AND LEISURE APPRAISAL

PARTICIPANT NAME: _____

SUPPORT PERSON NAME: _____

SUPPORT PERSON POSITION: _____

Date appraisal commenced: _____

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
<p>1. Explain how play and leisure are human rights for people with disability using the UN Convention of the Rights of the Child (UNCRC) and the UN Convention on the Rights of People with Disabilities (UNCRPD).</p> <p>Play and leisure are universal human rights for all people, identified within international treaties that continue to be in force and guide current legislation and policies within Australia. Occupational therapists need to uphold these rights.</p> <p>UNCRC recognises that children have a right to play and leisure that is appropriate to their age, and be provided with equal opportunities to engage in cultural, artistic, recreational and leisure activity.</p> <p>UNCRPD identifies the right to full and effective participation and inclusion in cultural life, recreation, leisure and sport. Focus on the provision of leisure, recreation sporting and tourism opportunities for people with disability to:</p> <ul style="list-style-type: none"> • Have equal access to activities. • Participate within mainstream sporting activities • Disability specific sporting and recreational activities including appropriate instruction, training and resources • Accessibility of venues and services 		

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
<p>2. What are the roles of occupational therapists when assisting people with disability with problems with play or leisure?</p> <p>Roles and responsibilities may include:</p> <ul style="list-style-type: none"> • Assessing play and leisure of a person, group or population. • Assisting people with disability to identify interests, skills and opportunities for play and leisure. • Seeking information from the person, their family, and / or other key people about the person’s play and leisure. • Collaboratively developing goals to facilitate play and leisure with the individual, family or relevant people. • Making recommendations in collaboration with the individual, and where relevant their family and/or other key people. • Developing and implementing intervention plans to increase participation in play and leisure. • Using play and leisure as a medium to develop skills related to the person’s goals. • Promoting an approach to tasks that encourage a playful attitude that facilitates flexible and creative problem solving for people seeking occupational therapy. • Facilitating access to appropriate equipment and technology. • Designing programs or environments that facilitate play and leisure participation. • Measuring outcomes of relevance to the person, and making changes to recommendations and intervention as required. • Training, educating or coaching relevant others about the person’s play and leisure, and techniques or strategies. • Advocating for change to ensure equitable and inclusive access to play and/ or leisure experiences. 		

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
<p>3. Explain how play and leisure fit into the International Classification of Functioning (ICF).</p> <p>Play and leisure are classified within the activity and participation domains. When supporting a person with disability in play and leisure, we need to understand how all components of their functioning can impact on their ability to engage in play and leisure.</p>		
<p>4. Why is play and leisure important?</p> <p>Important for:</p> <ul style="list-style-type: none"> • development of skills • promotion of relationship development. • overall well being • time away from responsibilities and time pressures • reduces stress • sense of belonging • meaningful interaction with others. 		
<p>5. What do we know about play and leisure participation in children with disability?</p> <p>Children who have physical, sensory or cognitive impairment are at risk of play deprivation and their right to play may be overlooked due to their other needs.</p> <p>When compared to typically developing peers, children with disability are more likely to experience restrictions in participation in their activities, even though they enjoy the same activities.</p> <p>Children with disability are more likely to participate:</p> <ul style="list-style-type: none"> • with less diversity in their activities • with less intensity or frequency • in the home environment • alone or with parents rather than peers • with more reliance on assistance • with reduced participation- for children with physical disabilities, more likely as they get older or have greater motor limitations, 		

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
and restricted mobility <ul style="list-style-type: none"> with choices in activities determined by gender, interests and preferences. 		
6. What are threats to play and leisure opportunities? <ul style="list-style-type: none"> play and leisure not always seen as valuable reduced time available due to increased pressures to use this time for work or study lack of outdoor space increased parental supervision and direction increased use of technology and virtual spaces changes within play and leisure environment that cater to the safety conscious and risk adverse communities. priorities of individualised funding and resources for pressing medical needs. 		
7. Define play and leisure Play and leisure are difficult to define. Participants could describe any of the following characteristics: Play: <ul style="list-style-type: none"> More intrinsically than extrinsically motivated focused on the process rather than the product controlled by the player, that is they are not obligated to do it free from some constraints of reality, but may also reflect reality usually fun, spontaneous and pleasurable an interaction with the environment through movement, exploration or manipulation. Leisure: <ul style="list-style-type: none"> time away from other occupations leisure as activity (observable behaviours or activities) experience to the individual perceived freedom motivated by a sense of intrinsic reward 		

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
<ul style="list-style-type: none"> • enjoyment or pleasure • relaxation • temporality and flow. 		
<p>8. What are the characteristics of playfulness? Playfulness is considered as one's attitude and approach to an activity. Consider:</p> <ul style="list-style-type: none"> • framing • internal control • intrinsic motivation • freedom to suspend some constraints of reality. 		
<p>9. What is difference between using play or leisure as a medium of intervention and intervention for play or leisure? Using play or leisure as a medium for therapy means that the goal of therapy is something other than play or leisure and is therefore being used to develop skills required for this other goal. Intervention for play and leisure is aimed at increasing engagement and participation in play or leisure.</p>		
<p>10. What are the unique features of pretend play and what would you expect of children aged 12 months – four years old. Pretend play has several unique features:</p> <ul style="list-style-type: none"> • Object substitution (e.g. using a pencil as a spoon when playing with a tea set) • attributing a property to action or object (the doll is asleep) • reference to an absent place or object (indicating that play area is the hospital when they are home). <p>12-18 months Relational and Functional- engages in simple pretend play directed toward self (pretend eating, sleeping). Social- begins peer interactions & parallel play.</p> <p>18-24 months Functional- performs multiple related actions together. Pretend play- makes inanimate objects</p>		

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
<p>perform actions (dolls dancing, eating, etc.). Social- parallel play (alongside another child), imitates others in play, participates in groups, takes turns.</p> <p>2-3 years Symbolic play- links multiple combinations into sequences of pretend play, uses objects for multiple pretend ideas or representations, plays house or drama with others, toys or imaginary friends, taking on specific roles. Social play – some associative play, parallel play.</p> <p>3-4 years Complex imaginary play – creates complex scripts for play with pretend objects that reflect roles in real or imaginary life. Characters portray feelings. Social play – associative, plays with other children, playing and sharing play goal, plays in groups in singing, dancing.</p>		
<p>11. What are five environmental factors that influence play and leisure? Give an example of a facilitator and a barrier for each.</p> <ol style="list-style-type: none"> 1. social e.g. playmates, family, peers, support 2. cultural e.g. specific culture, values, attitudes and beliefs about play, leisure, risk taking 3. institutional e.g. policies and procedures 4. physical e.g. layout, access, availability of equipment 5. where person lives e.g. country, rural or city, availability of services, policies. 		
<p>12. Identify one play or leisure assessment and justify why it is appropriate to use for a particular client and their situation.</p> <p>Participants should outline a number of the following aspects:</p> <ul style="list-style-type: none"> • The kind of information the assessment 		

THEORY QUESTIONS	Support Person comments	Meets requirements (Y/N, date, initial)
<p>provides (e.g. survey, observation).</p> <ul style="list-style-type: none"> • The aspect of play or leisure it assesses (e.g. skills, interests and preferences, approach, environment). • Who provides information (i.e. self report or proxy)? • Is it used to measure outcomes? • Are the administration procedures suited to the person/family/carer or situation that the information is required about? • How reliable and valid is the assessment tool for use in the specific situation? • Do they have the competency level required for administering the test? 		
<p>13. Outline four play or leisure interventions with emerging support from the evidence (participant should be able to name and describe at least four of the practices below):</p> <ul style="list-style-type: none"> • education e.g leisure education • teaching play skills • use of playmates or peer mediated interventions • use of playgroups, integrated play groups • playground interventions • participation therapy • Lego therapy. 		
<p>14. Identify four environmental strategies that could be used to enable play or leisure participation.</p> <p>Participants should describe a strategy from each of the following areas:</p> <ol style="list-style-type: none"> 1. policies, institutional rules and practices 2. social environment 3. cultural environment 4. physical environment. 		

<p>DISCUSSION</p> <p>Application to work practice (sample required, must have been generated within the previous 12 months)</p>	<p>SUPPORT PERSON comments</p>	<p>Meets requirements (Y/N, date, initial)</p>
<p>Discuss a case or give examples where all these principles were incorporated:</p> <ul style="list-style-type: none"> • identification of person centred goals • assessment of play or leisure using appropriate tools • interpretation of results • hypothesising what might be impacting on the person's playfulness or participation in play or leisure • intervention for play or leisure goals and use of evidence based practice • person centred outcome measurement. <p>(Review case notes, reports and other written evidence)</p>		

DIRECT OBSERVATION Observations must have been conducted within the previous 12 months; observations are ideally in real time, but may use filming.	SUPPORT PERSON comments	Meets requirements (Y/N, date, initial)
<p>Observe an interaction between the practitioner and a person with disability where play or leisure goals are being addressed.</p> <p>Is there evidence of the following evidence based practices being administered where possible/relevant?</p> <ul style="list-style-type: none"> • context-focused therapy • goal directed/functional training • home programs • consultation. <p>Does the interaction demonstrate playfulness or facilitate it in others?</p> <p>Is the use of evidence guiding the play or leisure intervention?</p> <p>Does the intervention address environmental barriers to participation in play or leisure?</p> <p>Impressions, clinical reasoning and outcomes are discussed with the support person following the interaction.</p>		

I, the SUPPORT PERSON, confirm that all requirements have been met for this core standard appraisal.

SIGNED: _____

NAME: _____

POSITION: _____

DATE: _____