

A Personal Account of Improving a Paediatric Aquatic Therapy Services:

In 1996 we moved to Brigend in Wales and I took up a post with the paediatric physiotherapy team at the Princes of Wales Hospital, Brigend. As a Halliwick Lecturer I have a strong bias towards Halliwick in aquatic therapy sessions (Halliwick Swimming for Disabled People_2010) but I also hold the post graduate diploma in hydrotherapy so I have a wide range of aquatic skills at my disposal. My colleagues in the paediatric service had much less experience in aquatic therapy and tended to see mainly orthopaedic and juvenile rheumatology cases in the weekly slot that the paediatric service held at the hospital hydrotherapy pool. The service had been allocated an afternoon session between 2 and 3.30pm with the service of a hydrotherapy assistant. The timing of the session meant many patients with brothers and sisters to be collected from school had to leave the pool area by 3pm. Uptake of this session averaged one patient a week and the paediatric service was under pressure from the adult service which had a waiting list for hydrotherapy and felt the session was not viable.

I immediately began trying to take a wider range of paediatric clients into the hydrotherapy pool including younger children with complex needs who would benefit from an aquatic session (Kelly and Darrah 2005). Some weeks worked well with 2 or even 3 children attending the session but other weeks only one or less turned up.

The problems with the session were identified as:

- The timing of the session was difficult for some parents to get back in time to collect siblings from school.
- Some weeks the sessions were well attended others not so even though the same children were due to attend.
- Very young children presented with increased anxiety when coming in the water to the therapist away from parent or carer.
- Parents without their own transport worried about being late for their session and phoned to cancel rather than risk being late.
- Allocating one child to a time slot wasted resources when there were so many reasons for non-attendance for example child, the parents or a sibling all had to be well and transport available for them to attend.
- High levels of anxiety from the parent or carer existed regarding the session and this often impacted on attendance.
- The hydrotherapy pool was located within the hospital and for some young children the association between hospitals, getting undressed and unpleasant experiences was very strong.

I quickly established there was no possibility of changing the time of the session due to the needs of the adult service. I then began to look at other ways to improve access to the sessions.

I started by encouraging the parents and carers to come in the water to work with their own child rather than standing on the poolside. This freed me up so I could supervise more than one child at

a time. I initially began to give 2 or 3 parents the same time slots. This quickly made them more relaxed and they began to turn up rather than cancelling so this immediately increased the uptake of aquatic therapy. I then began to turn the session into a Halliwick based group session. Very soon it became necessary to run two sessions, one starting at 2pm and one at 2.30pm. The sessions began to be well attended every week, uptake increased to between 5 or 6 children in each session. It was necessary to be flexible as not everyone turned up exactly on time but the relaxed atmosphere we created meant parental concern was considerably reduced. Initially the hydrotherapy assistant found this way of working quite challenging but the success of the session helped her to accept the change. It also meant if a child became distressed on arrival there was no pressure to come in the water. It was possible for children to attend for two or even three sessions before they entered the water. This helped to alleviate both parental and child anxieties. This option had not been possible when they were allocated individual timed slots.

The group was themed following songs and games appropriate to the age of the children. A wide range of different disabilities attended including downs syndrome, cerebral palsy, developmental delay. A few parents were concerned because they normally used floatation aids with their children in the water. The Halliwick approach uses one to one support in the water so flotation aids are not required (Maes 2000). We did however make full use of a wide selection of water toys. For the typically developing child bathtime presents an opportunity for fun, close contact with mum, dad or carer and finding out about not just water but how different objects behave in water. For children with complex needs the strain of keeping them safe and having to use equipment to support them restricts much of the fun of bathtime. The weekly water based session presented an opportunity for both water based fun and learning but also close contact with their helper.

Philosophy of the Water Based sessions:

- Hydrotherapy was an integrated part of a physiotherapy programme to promote physical development.
- The aims of the session were to increase physical abilities, through improved head posture, motor control, breath control and confidence.
- As few demands were made on the parents as possible because we observed that they were more likely to attend if there was no fuss if they didn't come or were slightly late.
- No disability was a barrier to attendance and children with complex needs shared sessions with more able children.
- Using the Halliwick Method no flotation aids were used and all the children had an individual helper working one to one in the water (Another Kind of Playground DVD).

In addition other benefits of the group session began to appear. Dads as well as mums came to the session. Camaraderie developed between parents – those who had finished staying on the chat to the next group. Some formed strong friendships that went on outside the hydrotherapy sessions. One child's grandmother became a regular helper at the sessions—even when he grandson didn't attend she continued to come as she lived near the hospital. She had a lovely way with new parents reducing anxiety by putting them at ease e.g. explaining the procedures (where

to leave the buggy, get changed put soiled nappies, etc). She would even come in the water with one of the children if a parent didn't want to get in the pool.

The sessions were not without their drama's. On one occasion I asked a very competent mum who had several children including one with athetoid cerebral palsy to hold another child, who had much lower than average muscle power and control, while I worked with her son. Despite the fact that I regarded her son as being far more challenging to handle she was completely unable to cope with a child who had low muscle control. Many parents became so enthusiastic during songs that they got slightly carried away and the pace of the sessions needed to be monitored. Blowing songs needed to be spaced out to avoid adults becoming hyperventillated quite apart from the children! I also quickly learnt the dangers of too many circular activities in a small hydrotherapy pool because if you are not careful you can create a whirlpool effect.

There were some additional problems created by the sessions- hydrotherapy pool facilities as are not designed for large numbers of adults and children in buggies. It quickly became necessary for buggies to be left outside the physiotherapy entrance as they were clogging up the whole department! Older children requiring individual hydrotherapy could only be offered the 3pm slot which some parents found inconvenient but as these children tended to attend for blocks of 6-8 weeks at a time and this now meant less time out of school this was an acceptable compromise.

Despite continuous dialogue with social services I was unable to access transport for the large number of children living in the isolated mining communities around Brigend with no access to transport. With infrequent bus services to these villages we had to visit them at home to provide physiotherapy rather than see them at the clinic and the benefits of meeting other parents with special needs children rather than only those who lived in their village would have been tremendous.

In those days children tended to move to special needs educational placements around the age of three. Children who were heading for a mainstream setting carried on until four before starting at school. Many of them went on to participate in mainstream swimming lessons with a head start in both breath control and water confidence thanks to the Halliwick Method.

At the time this service was set up there was only one "baby swim " session in the local area. One mum with a mildly disabled child attended but said she often felt uncomfortable and preferred to attend the hospital group. With the proliferation of "baby swim" sessions in the last 10 years and pressure for "integrated services" I suspect this hospital based parent and toddler aquatic therapy session no longer exists (I moved to Southampton in 1999). Aquatic therapy sessions were an integrated part of the therapy programme rather than an "ad on" but the additional impact of the social and emotional support they provided for parents of young children with disabilities should not be underestimated.

Clearly with hindsight this was a missed opportunity to evaluate the benefits of aquatic therapy for young children with complex needs. In 1998 I was awarded a "recognition certificate for quality and service improvement" by the Bridgend and District NHS Trust for a 400% increase in uptake of paediatric hydrotherapy services.

References:

“Another Kind of Playground” a DVD demonstrating the use of the Halliwick Concept in creating an environment where children of all ages with Cerebral Palsy learn to move freely in water.
(Available from the Halliwick Association of Swimming Therapy Website www.halliwick.org.uk)

Halliwick Swimming for Disabled People (2010) A & C Black, London
ISBN: 978-0-9565088-0-5

Kelly M. and Darrah J. (2005), Aquatic exercise for children with cerebral palsy Developmental Medicine & Child Neurology **47:12**:838-842 Mac Keith Press

Maes J-P (2000) Presentation for the Hydrotherapy Association of Chartered Physiotherapists workshop Autumn 2000 - Principles of Halliwick and its application for children and adults with neurological conditions.

(Available of the Halliwick Association of Swimming Therapy Website www.halliwick.org.uk)

Websites: For more information on the Halliwick Method and courses got to
www.halliwick.org.uk