Group Treatment of the Intellectually Handicapped.

J. Sharp.

Kew Cottages is an Institute for intellectually disabled people. It is the home of some 750 clients whose ages range from 18-98 years and level of intelligence range through the full spectrum of intellectual disability.

About 75% have the added problem of being physically handicapped as well, making many dependent on others to fulfil their every need. There are over 300 residents using wheelchairs, with well over 150 having severe multiple physical handicaps. I first joined the swimming group at Kew in 1974 as a volunteer, with only my knowledge as a swimming teacher and coach, and absolutely no experience with intellectually disabled people. The group in those days consisted of three autistic clients, and two helpers. The swimming pool at Kew Cottages had not been built.

It became very clear that there was great potential in these sessions, as the water had a slowing down effect on these autistic swimmers, enabling instructors to get closer to the swimmer and to make their presence known.

My first thoughts were to try and enlarge the group, if I did would I be able to cope, and make the sessions really worthwhile.

As a volunteer you have to be carefull not to upset anyone, to know your place. Hence the saying "I am ONLY a volunteer". A few months after joining the swimming group, I was introduced to the Senior Physiotherapist, who gave me a pile of papers and suggested that they might be of interest. She had just attended a five day Halliwick course. Although Andrea was very taken with the method, she was not in a position where she could use it.

The papers with information on the Halliwick principles, the 10 points programme, games with a teaching point and her notes. After reading this information I realized this could be adapted to our needs.

A few more volunteers with cars were found and our numbers increased to ten swimmers and ten helpers. One thing I learnt very quickly, when working with these people it must be a ONE to ONE ratio for the sessions to work.

We played it very safe to start with by only taking people we thought would not cause us too much trouble. So the seven additional swimmers to the group were severely retarded with minor physical handicaps.

I tried to teach the other volunteers the Halliwick method, but to be honest I was having trouble making it work myself. I knew it should work, but could not put my finger on the reason why it wasn't. Over the weeks we did become more confident in the handling of the swimmers. The dressing and undressing, became easier as we learnt little tricks to assist us. Slowly we were learning about intellectually disabled people. At this point I took a hard look at the sessions and realized

At this point I took a hard look at the sessions and realized we were not really achieving very much. We had transported our swimmers to the pool and we had them in the water. Instructors were going their own way, which in most cases was just holding the swimmer and talking to a friend about their family. As a volunteer like everyone else in the water, I was not in a position to take over and tell everyone what to do. So I took myself off to Kew Cottages and suggested they pay me on an hourly basis. This would make me a staff member and give me the authority I felt I needed to take over the group. Everyone was very happy about this arrangement, most of all the volunteers, who now felt they were receiving official directions. They really could not have minded me being bossy as most of them are still working with me, and have been the driving force behind the programme and fund raising etc. I gave the money I received towards a drink for the swimmers at the end of the session.

The first thing to be done, was to take a good look at the programme, what were our aims? To swim. Objectives communication, head control, breath control, balance, etc., but how, with people as severely physically and intellectually disabled our swimmers are. Communication - that was a problem. There were no means of communication, none had ever been established. We wanted to teach "Put your head forward and blow". The swimmers had no sense of direction, they did not know what a head was, above all they had no idea how to blow. Over many weeks of trial and error a structured programme began to emerge. We found by using the Halliwick holds, we could easily move the swimmer into any position we wanted. If we wanted the head forward, mouth near the water, with a short arm hold and instructors arms being used as levers, the head was moved forwards. We always encouraged the swimmers to keep their mouth near the water as we felt this was the only way they would cope. It was hoped they would stop swallowing and licking the water, learn to not breath in, therefore, stop coughing.

By chance, one day someone started singing a lullaby when we were floating the swimmers on their backs. It has a soothing, relaxing sensation on swimmers and instructors from then on we sang quite a lot until we realize that some swimmers were

responding to the songs. I felt that it might be possible to have one song one activity, and that if we stuck with it, the swimmer might learn to anticipate the movements through that song. Our people could not respond to verbal instructions, so if there was to be any chance of them reacting to songs then they would have to be simple in language, a definite, different, beat for each activity, and an easy melody.

This was the break through we were looking for. Up until now we had just been going through the programme, with no idea if the swimmers knew what was happening next. We rather felt they had no idea. If by adding music, they could anticipate what was coming next, I was sure this would improve their confidence.

Now all we had to do was make up our minds which song went with what activity. Some of our clients have difficulty filtering noise, if there was to be any chance of them "singing" along with us, then the song had to be extremely simple. We were struggling to know what to use. We started with nursery

rhymes, this worked really well, but some of the nursery rhymes are more suited to a funeral than a happy swimming session. Also they are not age appropriate.

Again luck was with me a Music Therapist was employed at Kew and she came to our sessions and helped brighten our singing. We now sing folk songs and negro spirituals. Their origins being to either get people to join in and be happy - have fun or to create a rythum to work by. Both areas are applicable to our sessions. We tried taped music, but found it kept playing regardless of any problem we might be having with our swimmers. The session was then dictated to us by the tape recorder. We all agreed we enjoyed singing, it was most relaxing. In the meantime we were increasing our numbers to the swimming sessions. We had to persuade bus drivers to give up their lunchtime to transport us and our swimmers. Radio stations and newspapers were once again asked to advertise for more volunteers. We had a lot of problems convincing local pool managers and owners to let us use their pools. They really didn't like the idea of our people using their water. We had to be grateful to use anything from a little bigger than the family bath, sure the less active used the warm water and the more active used the colder water.

One day I was told the wonderful news, we were to have a pool built at Kew Cottages. The Parents Association had raised the money. This was good news as it would mean an opportunity for everyone at Kew Cottages to experience the wonderful feeling of freedom that being in water creates.

By the time the pool was opened in 1977 one hundred clients were being taken to outside pools for swimming therapy. These hundred residents were a cross section of the population at Kew. The range covered the severely intellectualy disabled with physical handicaps, right through to our higher functioning young adults.

With the opening of the therapy pool we seemed to have much the same problems as we did when taking swimmers to public pools. Lack of transport, staff, volunteers. We had no hoist, dressing beds and 750 people needing swimming therapy. I firmly believe all intellectually disabled people are capable of learning to swim, they may take a very long time to learn an extremely basic skill but they are capable of learning to some degree. It is the duty of all of us to ensure that they are given the opportunity to develop whatever potential they have and swimming is one area where we can offer this opportunity to anyone regardless of any physical or intellectual disability.

With this in mind an all out effort was made to get as many people as possible into the pool. One thing in our favour, we did have a good structured programme, that was working and some very well trained dedictated volunteers.

First we had to sort out the transport. Kew Cottages is built on 60 acres of land. It is also on a hill with the swimming pool at the bottom of the hill. The physiotherapists and nursing staff thought it would be best if we took the most physically handicapped residents, as they would gain most from the sessions. This meant pushing numerous wheelchairs down to the pool and then after sessions in the water pushing resi-

dents back up the hill. This meant two thirds of our time was spent pushing wheelchairs.

I contacted a gentleman who designed a trailer capable of negotiating our narrow covered pathways, leading to the units where the clients live. The trailer has seats for twelve people. The seats can be let down allowing room for four wheelchairs. The volunteers and staff raised the \$ 10.000 for the motor vehicle, with the cottages providing the trailer. This vehicle is affectionally known as the "People Mover". The biggest problem of all is manpower. Through continually pestering the management, my staff was increased to another swimming instructor, two people to drive and maintain the people mover, four trainee Intellectual disability officers. To make optimum use of the pool more volunteers were needed. I was rescued again by the radio stations and newspapers. I also contacted and encouraged parents to help. We usually manage to maintain a team of approximately 60 volunteers, attending on a regular basis.

All people working on the swimming programmes attend training sessions. We have come along way from our unsure start. Thanks go to the many professionals who have guided and encouraged me over the years.

It is the policy of the pool that all instructors have a sound knowledge of the Halliwick method and are taught safety procedures, which include mouth to mouth resuscitation, dealing with epilepsy, incontinence, etc., they are also instructed on the correct way to lift and handle our people.

As everyone is trained in the Halliwick method, it does not matter that our swimmers take so long to learn, and that staff and volunteers change. The Halliwick method being the standard practise, ensures continuity of the programme. The holds have been wonderful for our programme, as it allows the swimmers to be held with confidence by new instructors just joining our sessions.

We now have a hoist, which we brought ourselves, and dressing beds which we designed ourselves. All equipment can be stored away leaving an uncluttered pool for recreational swimming during the evenings and weekend.

At the moment there are 450 clients attending regular swimming therapy sessions. All swimmers have a record sheet. On these sheets are all relative information on the swimmer, e.g. medication, epilepsy, mobility, behaviour problem, etc. Attached to this is a progress sheet. The Halliwick Basic Programme is used. Any instructor from our programmes can tell straight away, the level of the swimmer.

As stated before we have the full range of retardation and the full range of physically handicapped.

Our sessions start with the completion of a General Service Plan. All intellectually disabled people are entitled to one and it is made up by a multidisciplinary group of people and must include the intellectual disabled client.

If one of the recommendations are for swimming then this is brought to the notice of a Team Leader who in turn refers the recommendation to the Swimming instructor and where possible the client is accommodated into one of our swimming programmes. A register of attendance and progress is then maintained. The client and their participation in the programme is reviewed at least every twelve months, this ensures that clients receive the best service to meet their needs.

We have a large number of severely and profoundly intellectually disabled people with multiple physical handicaps. This group was recommended by the physiotherapist. It was felt we could maintain any movement the person had and maybe improve on it. By using the weight and turbulence of water, we could improve circulation, a serious problem for people who just sit or lie, respiration, relaxation etc. I felt head and body control could be taught allowing the swimmer to experience the special freedom water can offer.

We started these programmes by bringing the swimmer to the pool and letting them experience the sounds, smells, size, etc., that a new environment offers. Because of their physical handicaps it was impossible to sit on the pool side or steps and just play with the water. So we took them into the water holding them very firmly. If they showed signs of stress they were taken straight out, and we tried again the next week. If they appeared to accept the situation they were left in the water, still held firmly by instructors. We allowed the swimmer to ajust to this new environment, over the next few weeks. Then we slowly introduced the programme one activity at a time. The programme lasts approximately 30 minutes, spending 20 minutes on group activities and 10 minutes on individual needs. These people have been attending swimming sessions for five years. The results have exceeded all our hopes. They have become a happy relaxed group. Aware of what is going on. A lot are now floating independently having mastered the skills neede to control body movements. Because of the very long time it takes our swimmers to learn, staff and volunteers must exercise, discipline and patience themselves.

We have another group, recommended by one of our psychologists. These are ladies between 20-30 years, are severely intellectually disabled, with disturbed behaviour and some aggressive tendencies. It was felt that in an area where there were strict guidelines for behaviour, and a one to one working situation, we might be able to get through to these ladies and help to quieten them down. These ladies have the ability to gouge out eyes, with a single punch or kick, break an arm or leg. As you can imagine these people were and are still treated with great respect.

A standard of behaviour was set, before the acquisition of any skills in the water. The standard had to be one that was acceptable to people outside in the community, e.g. proper use of toilets, showers, changing rooms. We did not intend putting up with all their screaming, shouting and fighting. We aimed at establishing a working relationship between swimmers and instructors, building confidence through trust. We wanted to gain eye contact, improve concentration and co-ordination. It was hoped to stop some of their frustration through exercise. We were so grateful for our knowledge of the Halliwick holds as it enabled us to guide the swimmer through the 10 point programme. The holds also gave us the advantage of controlling

the swimmer should they try to punch us. We sing our way through the programme and we repeat it over and over. Most of the swimmers join in the singing and can now anticipate the activity. We do not use a reward system as such. We expect them to behave, when they don't they are told, if they do well they are praised. We have found by expecting a high standard of behaviour and by setting an example ourselves, we have had no need to use reinforcers. Aggressive behaviour is down to the very occasional outburst. The sessions have now become very enjoyable for all concerned, although we are still aware there is a chance of an attack. Groups like these are run by staff and very experienced volunteers.

A group we are very proud of are our swimmers. These are people with a wide range of intellectual disabilities, and in a lot of cases physical handicaps as well. All have been on the Halliwick programme for many years and have mastered all the skills needed to allow them to swim on their own safely. All have been introduced to competition. They start as spectators and we watch to see how they cope with noise, crowds, excitement. Then they enter as participants in what we call fun and fitness days. Swimmers are not put under any stress and all further steps are taken at the speed indicated by the swimmers. We have competition within the Cottages, we also compete against other schools, centres etc. around Victoria. Some are lucky and may be invited to travel interstate. When running our club training sessions again Halliwick is used for our warm up. This confirms in the swimmers mind that he can control his own body movements, allows them to adjust to being in the water and prepares them for accepting instructions. All the staff at the pool are trained swimming instructors. I have found that this qualification plus their knowledge of Halliwick makes them very good swimming instructors. We have had a lot of luck and success at Kew Cottages with our swimming programmes. Due to our success people come to learn about our techniques. It has been possible to encourage people from other area's working with intellectually disabled swimmers to use the Halliwick method. This has been a wonderful opportunity to get a standard practise throughout the State of Victoria. No one can tell another person how they should teach, but by giving them the chance to learn about the Halliwick principles and the 10 point programme. Then showing how it works, it gives instructors something to work on. There is a very good working relationship between the multi-disciplinary professionals, teaching swimming, which allows us to pool our knowledge and help each other.

In service training is organized for all people coming under the umbrella of mental retardation. Because Kew Cottages is central for most Victorians a lot of sessions are held at Kew. Weekend training camps for intellectually disabled people are held throughout the State of Victoria. We aim to take any one regardless of their intellectual or physical handicaps. I have made it my aim to try and include everyone. These camps are a two way approach. While teaching the swimmer we also teach the instructor. Because of the wide range of people attending the camp, we can start with the Halliwick method, how it is used, make sure the principles are understood and how there is a carry over to advanced teaching and coaching.

We run coaching clinics throughout Victoria. These clinics are for anyone working with intellectually disabled people or swimming coaches and teachers who would like to include intellectually disabled people into their sessions. These weekend clinics give people a chance to choose a sport they would like to learn more about. Participants may choose only one sport and we spend the two days trying to cover all aspects of the sport they have chosen.

Swimming is very popular as the benefits are widely accepted and it is something nearly everyone can join in. We start these weekends with the Halliwick method and how it can be used for everyone, we then go on to basic strokes and more advanced coaching techniques. We do not modify the rules of competition. Our swimmers are taught the same as everyone else, as our aim is to get them accepted into regular clubs and competition.

We have come a long way since 1974 when we started with a small handful of people. There is now a truly worthwhile programme running at Kew. Halliwick is used widely throughout Victoria. A lot of schools activity centres, sheltered workshops are now having swimming sessions. There is no restriction on the age of the swimmers, our eldest is 78 years. Because a standard has been set and maintained, swimmers moving from school to workshops, from centres to houses, can continue their lessons with a minimum of interuptions. Progress sheets go with them.

There are now over 4.000 intellectually disabled people enjoying swimming sessions throughout the State of Victoria. Proof that the Halliwick method works can be seen, when watching our severely and profoundly intellectually disabled with multiple physical handicapped swimmers, enjoying the water and swimming. These are swimmers that only a few years ago people thought incapable of anything, they were left to just lie around in their units.

We have introduced underwater sound. This is working well. It is hoped that deaf people will be able to pick up the vibrations. Although there is no proof, there are signs that these swimmers are aware that something has changed.

There are other disabled groups, enjoying swimming. All of us make full use of Vic. Swim a government backed organization who run Halliwick workshops.