

SPLASH Study Questionnaire

Response ID	Start date	Completion date	
682252-682243-75465543	29 Mar 2021, 17:23 (BST)	29 Mar 2021, 17:38 (BST)	

Answers to Questions 1-10 (Participant Agreement Form, Screening and Contact Details sections) removed as these contained non-anonymised participant information.

11	What is your relationship with the person/people with Severe LD/PMLD you care for? (e.g. son, daughter, sister, brother, 1:1 support worker, or physiotherapist in community adult LD team)	Support worker, previously an SEN Teacher
12	How often/many hours per week do you care for them? (e.g. 37.5 hours per week, evenings and weekends, monthly visit)	30
13	Age: (if you would prefer not to say, please type this in the box below)	19
14	Gender: (if you would prefer not to say, please type this in the box below)	Male
15	Diagnoses:	Angelman Syndrome
16	Level of Learning Disability:	Profound and Multiple
17	Thinking about their muscles, how might you describe their tone? (e.g. high (hypertonic), low (hypotonic), spasticity, rigidity, variable, unknown/unsure)	High

18	Which limbs are affected by altered tone and how? (e.g. increased tone in both arms / both legs / left side / right side, unknown/unsure)	Increased tone in both arms and legs
19	Do they have any issues affecting the position/posture of their trunk? (e.g. bent forwards (kyphosis), bent to their left / right (scoliosis), unknown/unsure)	Yes, scoliosis - bent to their right and slightly forward
20	Do they have any contractures (unable to fully bend or straighten any joints)?	Yes
20.a	If yes, where and what movement are they unable to do? (e.g. unable to straighten their right elbow, unable to bend either knee)	Legs - particularly left leg, finding it difficult to bend. Both legs are difficult to fully straighten.
21	What postural equipment do they have in place at home or use at day centre? (e.g. wheelchair, armchair, sleep system, pacer/body support walker, unknown/unsure)	Standing frame, rifton walking frame, static seating system, wheelchair
22	Can they walk or transfer at all? (Please select the answer which best fits)	Yes, but - only using a full pacer/body support walker, or with a lot of physical assistance.
23	Do they have any specific communication support needs? (e.g. easy read, pictures/objects of reference, TaSSeLs, communication aids, unknown/unsure)	Range of communication aids including symbols and TaSSeLs
24	What type of accomodation do they live in? (e.g. family home, supported living, residential care, unknown/unsure)	Family home
25	What care packages are in place? (e.g. at home / day centre, unknown/unsure)	Term time - aprox 70 hours per week at home, non term time aprox 100 hours per week at home. Term time he attends a special post 16 unit receiving a 5 day per week provision (6 hours per day)
26	Who funds their care?	Health / Continuing Health Care (CHC)
26.a	If you selected Other, please specify:	

27	Did they access hydrotherapy as a child?	Yes
27.a	If yes, how often?	1-2 times weekly term time
28	Do they access hydrotherapy now?	Yes
29	How regularly did they used to access hydrotherapy as an adult?	
30	When/why did they stop attending hydrotherapy?	
31	How regularly do they access hydrotherapy now?	1 per week term time
32	Have they ever accessed hydrotherapy more or less often than they currently do?	Yes
32.a	If yes, could you explain how often they used to access hydrotherapy and the cause for this change?	Previously he accessed hydro twice per week with 1 session being led by NHS staff. Now he only receives a 6 week block once or twice per year led by NHS staff. Also the number of students in the provision now requiring use of the hydro pool has increased meaning there is less availability.
33	Who pays for their access to hydrotherapy as an adult?	<ul style="list-style-type: none"> • Other • Social Care / Local Authority / Council
33.a	If you selected Other, please specify:	SEN school / college
34	When they last accessed hydrotherapy, was the water:	Hydrotherapy pool temperature (e.g. hotter than a public swimming pool)
35	What did they do during the hydrotherapy session?	<ul style="list-style-type: none"> • Active movements (e.g. kicking, splashing, moving) with physical support • Passive movements (e.g. swishing in the water/sea weeding) from caregiver in the water • Passive stretching (e.g. someone giving hands on stretches) from caregiver in the water
35.a	If you selected Other, please specify:	