

# Association of Paediatric Chartered Physiotherapists COVID-19 Survey Analysis: Role

**Authors:** Jemma Bell, Kerry McGarrity, Anna Hebda-Boon, Rachel Knight-Lozano, Rachel Evans, Lucy James, Linda Walsh

## Introduction

Physiotherapists, including those in paediatric specialities, have been key contributors within acute care, rehabilitation and public health support throughout the COVID-19 pandemic (The Chartered Society of Physiotherapy, 2020). Recent media coverage has highlighted admirable efforts from a breadth of specialties within the physiotherapy profession, demonstrating the diversity of roles which physiotherapists perform to support population health.

Role has been described as a dynamic social construct which is created through cultural patterns associated with a particular status and societal contribution (Sarangi, 2010). Physiotherapists fulfil a variety of roles across different sectors to support population health throughout the life-course (The Chartered Society of Physiotherapy, 2018). Within this collective purpose, paediatric physiotherapists have many essential roles within child and adolescent health. As a physiotherapy profession we seek to develop our roles with the underpinning value to be responsive to the needs of the population and to improve practice. Personal and professional development, alongside associated role changes, is embedded into our profession. However, the COVID-19 pandemic has forced many unwanted changes upon our professional roles.

To provide essential and safe care throughout the COVID-19 pandemic paediatric physiotherapists had to make sudden and unprecedented changes to their roles, whilst navigating extraordinary challenges. A BBC interview provided one example which explored the importance of adapting paediatric physiotherapy roles to support children and their families during the UK lockdown period (BBC Sounds, 2020). Furthermore, The Royal College of Paediatrics and Child Health (2020) highlighted that the paediatric workforce was drastically reduced during the initial stages of the COVID-19 pandemic. Paediatric physiotherapists were amongst many who were redeployed into entirely different roles. This rapid change in i) caseload needs ii) workforce structure and iii) the continuously evolving COVID-19 impact and response, has transformed many paediatric physiotherapy roles. Such rapid transformation in paediatric physiotherapy, both across the profession and within individual roles, warrants critical consideration.

## Purpose

In view of the significant transformation, Role was selected as a broad a-priori theme to explore the impact of COVID-19 upon paediatric physiotherapy roles. Specifically, this domain aimed to explore i) role changes ii) barriers and facilitators to fulfilling roles and iii) future impact of role change.

## Method Summary

An electronic survey was sent to all APCP members between June 4<sup>th</sup> and June 17<sup>th</sup> 2020. A qualitative approach utilising Framework Analysis (Ritchie 2014) has been applied. A detailed methodology of the design, development delivery and analysis of this electronic survey is reported in the introduction and methodology section of this series. Further consideration of methodological limitations within this project have been detailed in the Introduction and methodology section. This domain of the survey was explored through five key questions. These are presented in Table 1.

<b>Table 1: Survey Questions</b>	<b>Type of question</b>
1) Has your role changed as a result of COVID-19?	Closed (yes/no)
2) What have been the greatest challenges to the change in your role?	Open
3) What has been positive or worked well?	Open
4) Have you felt supported in your role during COVID-19?	Open
5) What were/are the implications of COVID-19 for your usual role?	Open

## Findings

This domain had responses from 472 paediatric physiotherapists from a breadth of paediatric specialities and sectors. Descriptive statistics for participant Primary Speciality and Employers have been provided in Tables 2 and 3. The 472 participants also included a representaton from all geographical regions and NHS Agenda for Change Banding.

<b>Table 2: Descriptive Statistics for Primary Speciality Across Role Domain Responses</b>	
<b>Primary Speciality</b>	<b>N= number of participants (Total = 472)</b>
Education/ Research	1
Independent/ Private Sector	37
Musculoskeletal	76
Neonatal	14
Neurodisability	275
Other	45
Respiratory	24

<b>Employer</b>	<b>N= number of participants (Total = 472)</b>
Academic	4
Charity	25
Independent/ Private Sector	63
NHS	368
Other	8
No answer provided	4

Four key themes emerged from the data analysis i) Role Transformation ii) Fulfilling New Roles iii) Common Barriers and Facilitators to Fulfilling Roles and iv) Impact of Role Change. The four themes have been summarised in Table 4.

<b>Role Transformation</b>	<ul style="list-style-type: none"> <li>• Environment and professional responsibilities</li> <li>• Working conditions</li> <li>• Personal and employment circumstance</li> </ul>
<b>Fulfilling New Roles</b>	<ul style="list-style-type: none"> <li>• Role in supporting children, young people and their families</li> <li>• New caseloads</li> <li>• Adapting and transferring skills</li> </ul>
<b>Common Barriers and Facilitators to Fulfilling Roles</b>	<ul style="list-style-type: none"> <li>• Uncertainty</li> <li>• Communication and leadership</li> <li>• Team Support</li> </ul>
<b>Impact of Role Change</b>	<ul style="list-style-type: none"> <li>• Professional role restrictions and loss</li> <li>• Recovering and restarting</li> <li>• Collaboration</li> </ul>

## **Theme One: Role Transformation**

### ***Environment and professional responsibilities***

A large proportion of paediatric physiotherapists had, and still were, redeployed into entirely different professional roles. The majority of respondents who were redeployed reported being suddenly transitioned into a range of acute adult services. Redeployment environments included a variety of acute hospital wards and intensive care units. Some participants were redeployed directly to support COVID-19 specific environments such as Nightingale Hospitals. Other participants reported being redeployed to support the workforce in other acute adult specialities. Examples of redeployment responsibilities were vast ranging from

working within Discharge to Assess Teams to supporting adult critical care and rehabilitation services. Paediatric physiotherapists also reported being positioned in healthcare assistant roles within various acute settings. Some shared their thoughts and feelings associated with such dramatic and rapid changes to their roles.

*“half of my team were deployed as HCAs to the CV-19 hot site” R035*

*“Redeployed so no longer part of changes within paedics team. Loss of identity” R298*

*“I was redeployed to a care of the elderly ward at the very start of the pandemic and spent several weeks being inducted and working there to replace physios who were sent to the “frontline”” R090*

*“My role disappeared! The realisation that my role will change in the medium & probably long term makes me sad” R309*

The majority of paediatric physiotherapists who were not redeployed from community or outpatient settings reported a transition to virtual consultations and home working. Those who were shielding for personal or family circumstance also reported a transition into home working.

*“...Currently the only children we are seeing face-to-face are those with urgent equipment needs. My work is mainly performing telephone reviews on my patients and developing alternate ways to communicate with them, including making videos for YouTube.” R090*

*“Health issues mean I have been working from home. Most of wheelchair service staff were redeployed so I have, with few colleagues, been holding the fort.” R046*

## **Working conditions**

Most reported change in working conditions associated with the need for social distancing measures and personal and protective equipment (PPE) use. In addition, shift patterns were altered to accommodate on-call rotas, increased access to acute physiotherapy and to facilitate social distancing. Participants added that the change in working conditions led to new roles being both physically and mentally exhausting.

*“doing on call cover on the children's ward for the first time in 15 years!” R315*

*“It was challenging emotionally working with adults on the stroke ward supporting them with all aspects of their stroke in the absence of their family visiting them. It was challenging speaking to relatives as they were trying to comprehend what had happened to their loved one but not able to visit them. It was challenging physically working with bigger and heavier people than I am used to. It was unsettling in the uncertainty of Covid....seeing patients (in PPE) who then went on to develop Covid. I am used to seeing people in scheduled clinics and so working on a ward with new patients each day was quite unsettling initially.” R008*

For those who had to transition to virtual consultations, changes in working conditions also posed multiple challenges. Participants expressed concern surrounding the limitations of delivering their role through virtual platforms. Further exploration of the use of technology and caseload management can be found in the

respective domains of the survey report. However, it is important to address here that some paediatric physiotherapists working virtually did not feel they were fulfilling their role or felt disconnected to their role. Many expressed despair associated with lack of physical and virtual connection.

*"I have not been allowed in to do my job. I am having to work from home"* R297

*"Our clinics have been 95% virtual/ telephone. The internet connection and facilities for this have been challenging. The efficiencies of this at times have been soul destroying as you cannot fully assess a patient"* R147

*"My other significant challenge to my role was not being able to follow-up effectively. Normally I follow up my at risk babies, which I still can do, but only by phone or video which isn't effective, especially for monitoring evolving tone."* R146

Negotiating the demands of new professional roles with personal and family life was also a common report.

*"Working from home: some difficulties with work / home-life balance"* R005

*"Lack of Childcare and working from home"* R093

*"Working on wards again, weekend working with a young family"* R317

## ***Personal and employment circumstance***

Some participants returned to work within the NHS from retirement, career breaks or working in other sectors (charity, private or academia). Simultaneously, there were some paediatric physiotherapists who were Furloughed. Those placed on Furlough were predominantly working in private physiotherapy practices and in hospice settings. A common report from those placed on Furlough was anxiety surrounding the financial implications and future employment security. There were also some NHS clinicians who had concerns surrounding the future of their employment.

*"Not working. No income. Home schooling"* R063

*"As a charity we rely on fundraising to keep us afloat. Lockdown has been financially disastrous for us. My physio role has been significantly changed in the proposed new structure to such an extent that I think I will not be able to fulfil the requirements. My OT colleagues post has been removed: we are currently in the consultation process"* R344

*"We have lost our paediatric ward in the hospital which is a district general...this means huge implications for my post"* R382

## Theme Two: Fulfilling New Roles

### ***Supporting children, young people and their families***

Most experienced restrictions to their roles which resulted in only being able to act when it was deemed to be essential. Participants reported concern, upset and guilt associated with how changes to professional roles impacted upon children, young people and their families.

*“Feeling of abandonment of caseload of children with on-going needs” R060*

*“Reduced face to face as only seeing urgent / critical” 462*

*“Unable to see patients face to face. Difficulties with adjusting equipment, monitoring tone, providing orthotics, sometimes unable to complete full assessments”. R250*

*“Redeployed to adult acute ward...very hard not being able to support long term patients on my caseload” R309*

*“concerns patients/families not seeking help or guidance.” R099*

*“concern for safeguarding” R223*

### ***New caseloads***

A dominant response was adjusting roles to meet the needs of new caseloads. The majority of paediatric physiotherapists remaining within paediatrics experienced an increase in caseload due to the reduced number of paediatric staff (see caseload subtheme).

*“Only Paeds physio for my area to continue treating and assessing all done virtually. Team were redeployed to adult wards.” R061*

Paediatric physiotherapists who were redeployed into other services adjusted their role to the needs of numerous caseloads. In addition, some professionals balanced multiple roles between adults and paediatric services. The following quotes reflect some of the many extraordinary role adjustments.

*“Treating adults with MSK injuries. The last time I did this sort of work was 1992. Working alone from home, away from my usual team.” R084*

*“I had to help on the adult wards however after my NNU and paedics ward cover was completed. This was ad hoc, as needed. It was stressful helping out on these wards as I felt deskilled, after 20 years in paediatrics!” R146*

*“Juggling two areas of work. Redeployed into adult respiratory...Attempting to upskill and get up to date with COVID and adjustment to a new team, whilst also trying to stay part of the paedics team and monitor my caseload” R059*

Some participants who were identified to be redeployed reported their frustrations relating to the consequences for their paediatric caseload.

*“I was redeployed to acute adults - orthopaedics - the biggest challenge was the lack of patients as it was not busy and I felt I had left my own patients and services to go somewhere where I was not actually needed, although I understood the need to be prepared” R326*

*“frustrating that I was obviously not needed in the wards but was not allowed to do any of my paediatric work.” R090*

## **Adapting and transferring skills**

To fulfil new roles most participants described a process of “*upskilling*” (R276) and being on a “*steep learning curve*” (R309). Skills required were vast and ranged from engagement with technology to requirements of PPE. Those continuing to work in acute environments reported adapting their skillset to ensure a safe service could continue to be offered across specialities. Acute clinical skills, including respiratory skills, were most commonly reported from those who held inpatient roles.

*“There was almost daily training to support the work on ITU around ventilators and respiratory management.” R116*

*“I had to do work on the adult wards at weekends so had to relearn a lot of things. All paed appointments were virtual so I had to learn new ways of working with technology.” R204*

Some reported at times they felt “*overwhelmed*” (R125) and experienced “*information overload*” (R070). However, a frequent report was the positive opportunities which the new experience offered for future practice. Positive responses associated with learning new skills were often attached to access to training and being supported by colleagues.

*“I have found this a positive experience that has helped develop my respiratory skills for when I am working on the paed ward” R034*

*“Enjoyed being part of the support system in the hospital for COVID and gaining teaching to further my knowledge. Also the wider physio team coming and working together and getting to know each other better” R059*

*“we had HCA training and there was always someone to ask for support” R008*

In addition to learning new skills, many participants placed emphasis on the transferable skills which they held. It was evident that participants had transferable skills which positively contributed to different specialities throughout the COVID-19 pandemic.

*“It was interesting to work with different professionals and Physiotherapist in a different working role and environments e.g. nursing homes. It re-affirmed that there were useful transferable skills and that experience from over 30 years ago was still relevant.” R125*

*“Transferable skills and knowledge of movement assessment and analysis has helped my new team”*

R200

## **Theme Three: Common Barriers and Facilitators to Fulfilling Roles**

### ***Uncertainty***

The versatility of paediatric physiotherapists resulted in some participants being positioned into considerably unfamiliar environments. Uncertainty was a common report relating to the challenge of adapting to new roles.

*“Working with adults again after a 15-year gap and uncertainty where I would be based each week”*

R034

*“Getting used to the ward environment again and constantly changing instructions”* R020

Furthermore, the uncertainty of being redeployed was a concern for many who were trying to continue to fulfil their roles within paediatrics.

*“Although I have continued to work in outpatients, adrenalin was high with the constant “threat” of being redeployed.”* R147

*“I found it difficult to settle back efficiently and took a while to pick up and start again... on standby to go back at the drop of a hat if required”.* R125

### ***Communication and leadership***

Feedback regarding communication of information associated with role changes varied greatly. Some paediatric physiotherapists received regular team updates which positively contributed to their feeling of support. Many added that regular updates from the Chartered Society of Physiotherapy and other professional forums was a supportive factor.

*“Yes we have had support from managers and signposts to support for wellbeing. Managers have had a difficult time negotiating advice from public health bodies and CSP but have always kept us informed of changes”* R097

Lack of information was often reported with feeling unsupported, especially but not exclusively, amongst clinicians in the private sector.

*“information is very rarely specific to paediatrics and is a minefield with a huge amount of info coming through. It is a case of as an individual having to make it specific to your individual practice and circumstances however the stress of this is immense”* R263

*“I have felt supported by the team around me, but not by senior management. There was a huge lack of communication regarding things like PPE, and getting mask fitted. Our manager was also redeployed so wasn't there to be the join between what was being discussed at higher levels.”* R019

Reports surrounding communication were usually linked with descriptions of leadership. Many participants expressed positive feedback regarding support which was made available to them. Furthermore, feeling supported was also often associated with feeling prepared for new roles through training and supervision.

*“Yes, my physio team and NHS employer have been absolutely brilliant in their support and understanding of the uncertainty and new demands put upon us.” R018*

*“I felt very supported in my new team, it was initially very nerve wracking and the first week I spoke up about needing more support and this was organised and arranged by my team leader which was amazing.” R130*

*“Access to 'upskilling' training to ensure appropriate training for the work environment was provided prior to being exposed to working in this environment.” R027*

*“Having a high level of support and training during this time. Being able to have 1:1 with my supervisor in the paediatric team.” R116*

It is also worth noting here that participants with managerial roles reported the need to make adjustments to typical ways of supporting staff.

*“Restricted opportunities for induction of new staff...other than virtual, shadowing etc.” R339*

*“I had to work differently to maintain team moral, sense of purpose and to look after staff during this difficult time.” R066*

## **Team support**

Supporting others, and being supported by others, was frequently reported as a positive of role change. A strong sense of “Team morale and support for one another” (R 137) was evident throughout responses.

*“Enjoyed being part of the support system in the hospital for COVID and gaining teaching to further my knowledge. Also the wider physio team coming and working together and getting to know each other better. I have loved teaching some of the junior staff my rehab knowledge.” R059*

*“Working alongside colleagues from a range of different backgrounds all redeployed but willing to pitch in and use our practical skills as Physiotherapists to keep services running well under new demands” R097*

*“Received lots of moral support from various ward staff members I have worked with in the past, senior ward staff checking I am okay with my new type of work.” R075*

However, there were some rare but powerful reports of feeling unsupported. Some participants who had reduced or lost face-to-face contact reported they missed the connection with their colleagues. Loss of typical social support from colleagues was often highlighted by those working in different locations. Some added that social distancing measures within the same environment impacted upon their connection to their team.

*“I really felt like I was on my own” R113*

*"I am isolated therefore, no direct contact with colleagues" R061*

*"I have been designated as vulnerable so have been redeployed to a "clean" site. I am very grateful for this and feel safe. I do feel slightly out of the loop with my team, but communication has been really good. I miss out on the "chat" discussions where you actually learn quite a lot." R429*

*"Miss the social part of clinic, working entirely alone in a mostly closed department" R358*

*"I have been having to self-isolate so am working from home. The lack of support from management has been horrendous. They have not supported me in being able to do any of my clinical work remotely despite options being available." R297*

## **Theme Four: Impact of Role Change**

### ***Professional role restrictions and loss***

A dominant focus was surrounding role restrictions that were associated with reduced face to face contact.

*"No longer able to complete face to face treatment, unable to fully complete my job due to this and I feel like I cannot truly assess and treat my patient correctly." R075*

*"I am not sure when I will be able to see most of my patients again and what it will look like (in terms of PPE and procedures) when I do." R090*

*"It has curtailed my teaching role, and currently I am supporting a small percentage of those patients I would usually treat virtually." R153*

There were some powerful reports of paediatric physiotherapists explicitly stating their role had disappeared.

*"My role disappeared! The realisation that my role will change in the medium & probably long term makes me sad. I feel a large part of what I offer depends on touch, so the thought of trying to do my job effectively remotely is daunting. It is making me seriously consider retirement." R309*

*"My usual role disappeared as I was visiting children in their homes and hydrotherapy." R042*

*"Hydrotherapy and Hippotherapy so very close contact. Not able to do remotely" R458*

Many expressed concerns surrounding the consequences of role restrictions or losses upon children, young people and their families.

*"Many of my children require splints and orthopaedic intervention which is not available to them at the moment. Some are unable to wear splints that have got too small but cannot be replaced. Some are awaiting botox/surgery and this has been delayed indefinitely. There will be long-term effects from this!" R090*

*“My normal role is working with children on research trials, these were mostly stopped or changed to remote visits via secure web call which was a huge change. Remote visits are challenging for parents, children and therapists and not being able to get the children in could have huge implications on the clinical trials.” R130*

## **Recovering and restarting**

Many added they were in the process of trying to recover and restart their typical roles. Emphasis was often placed on trying to develop their roles and services using learning from changes during COVID-19 (see moving forwards section).

*“plans in place for getting back to normal role again.” R407.*

*“managing patients remotely and keeping tabs on their progress and ongoing needs as we restart the service in a different way” R379*

*“Usual role was suspended for the duration but has now restarted. Much more work is now being done online including virtual clinics some of which will remain beyond COVID as we now have the equipment to enable them. As a tertiary centre it will allow easier access for those families at a distance and was something we were trying to set up but COVID has facilitated that process.” R346*

*“Increasing number of urgent CF home visits required to reduce footfall in the hospital” R027*

## **Collaboration**

Many participants reported that working throughout the COVID-19 pandemic had improved collaborative working. The majority of participants reported working more collaboratively within their direct and wider teams.

*“Parents and colleagues have all been brilliant at adjusting and understanding the situation and everyone has been willing to make it work.” R018*

*“Team working has greatly improved. Increased communication with school aged parents and families.” R444*

*“Brought acute and community AHP staff together and fostered new relationships.” R326*

*“working as a bigger team unit” R023*

Those who were redeployed into entirely different roles frequently reported the numerous benefits of working with different professionals within new teams. Benefits to working within these new teams included improved patient outcomes, skill development, improved understanding of other roles and strengthening relationships with colleagues.

*“greater understanding of nursing role and forming new relationships with the MDT” R284*

*“Building bridges with other colleagues within the Trust who we wouldn’t normally work with”*R280

A greater understanding of other members of the multidisciplinary team was not exclusive to paediatric physiotherapists with redeployment or acute care roles. Participants supporting community paediatric caseloads also reported *“closer liaison with other agencies to discuss and plan how to meet needs”* (R50). One participant highlighted that collaborative working was facilitating the reform, recovery and restarting of services.

*“Collaborative working across trust with decisions made quickly...ability to think about how to restart services with some improvements rather than to go back to old ways”*. R293

## **Discussion**

The wealth of survey responses provided by participants allowed for a rich interpretation of paediatric physiotherapists’ roles in response to the COVID-19 pandemic. Paediatric physiotherapists’ have endured substantial challenges and changes to their roles to support the collective effort against COVID-19. The chaos created during this pandemic has enforced sudden, extraordinary and unwanted change. Yet, this chaos has also presented an opportunity to reconsider everyday assumptions and processes in order to make positive changes. This analysis has provided a starting point to exploring key questions surrounding the future of paediatric physiotherapy and paediatric physiotherapy roles.

## **Limitations**

The definition of what ‘role’ encompassed and what constituted a ‘role change’ could have been explored further. Through qualitative analysis most participants appeared to have an element of role change, however only 34% reported their role had changed as result of COVID-19. It is anticipated that those who reported their role had changed were those who were redeployed. At the time of writing this report most roles still face major restrictions. It is acknowledged that the impact of this pandemic upon paediatric physiotherapy roles is still unravelling. This analysis is provided as a starting point to exploring paediatric physiotherapy role changes in response to COVID-19.

## **Considerations for future**

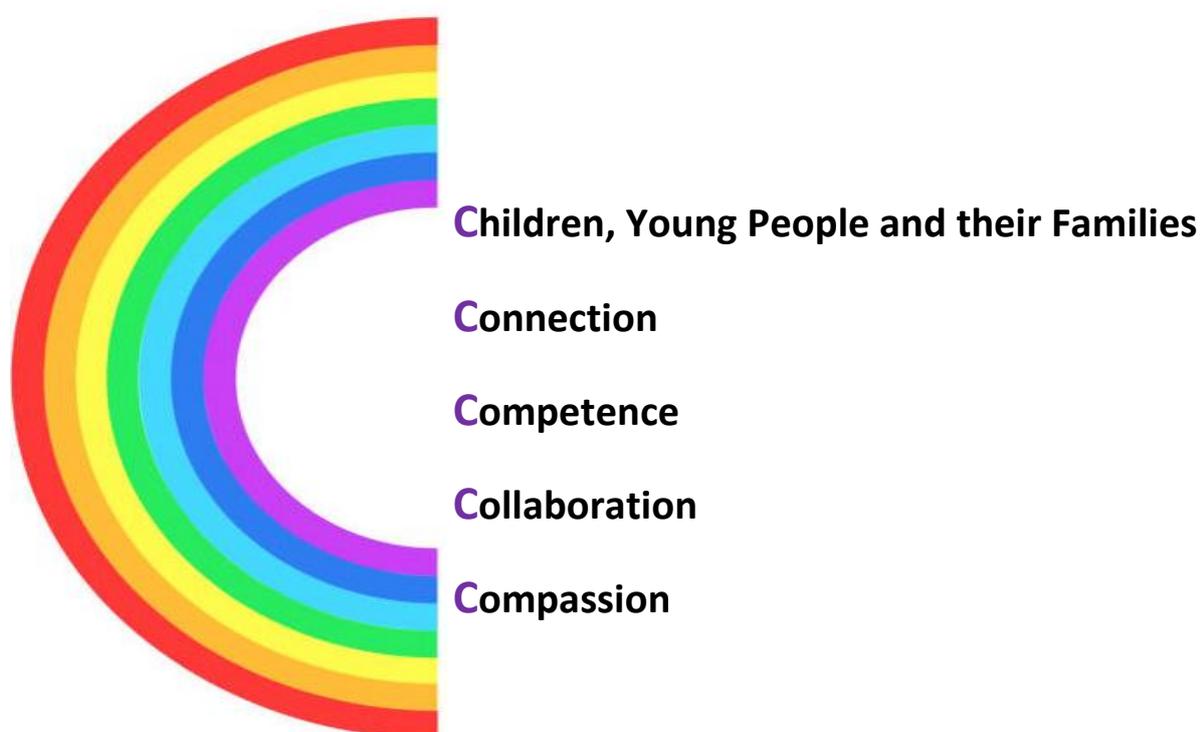
We are not yet in a position to wholly reflect on the impact of COVID-19 upon paediatric physiotherapy. However, we need to critically consider how COVID-19 is shaping our roles. Figure 1 provides a summary of five key areas which influence paediatric physiotherapists roles i) children, young people and their families ii) connection iii) competence iv) collaboration and v) compassion. These five key areas have been provided to fulfil two reflective purposes. First, to reflect key areas for further consideration highlighted from this analysis. Second, to offer as a simple framework to support paediatric physiotherapists when reflecting upon how COVID-19 has impacted their roles. Both purposes are with the ultimate aim to stimulate discussion surrounding how the impact of COVID-19 can be used to develop paediatric physiotherapy roles. The

following section will expand upon these five key areas and Figure 2 provides ideas of reflective questions for consideration.

## ***Children, young people and their families***

Despite rapid innovation (see caseload section), many paediatric physiotherapists still experienced concern and guilt associated with not being able to deliver their typical role. To deliver and improve paediatric physiotherapy roles, the impact of COVID-19 upon specific populations needs to be considered. Recent reports such as that by the Disabled Children's Partnership (2020) provide essential considerations for paediatric physiotherapy roles.

*Figure 1: Critically Considering Physiotherapists Roles' in Response to the COVID-19 Pandemic*



### ***Connection***

Many reported their role was lost or compromised due to social distancing restrictions. Consideration should be given to how roles are fulfilled as many physiotherapy interventions involve physical presence and physical connection. The technology and caseload reports of the survey discuss the rapid shift to virtual delivery of roles in more detail.

## ***Competence***

Emphasis was placed on “upskilling” during the initial stages of the pandemic. Training to support clinical skills was frequently reported, however very few reported training to support the switch to virtual and home working. Furthermore, there was no mention of training to support the leadership and compassionate skills required to fulfil new emotionally intensive roles. Such rapid change in roles warrants reconsideration of what skills are required to fulfil specific paediatric physiotherapy roles.

## ***Collaboration***

Paediatric physiotherapists experienced significant role transformations to support other services during the COVID-19 pandemic. Our professional roles are strongly influenced by the needs and roles of others. To develop paediatric physiotherapy roles, consideration needs to be given to promote effective collaborative working with relevant stakeholders.

## ***Compassion***

Many paediatric physiotherapists highlighted that fulfilling their role during COVID-19 presented many challenges. The wellbeing report discusses some of these personal challenges in more detail. Whilst most felt supported in their roles, some disclosed they felt unsupported, disconnected and isolated. Consideration should be given to explore how we can promote compassionate and inclusive environments to allow individuals to flourish in their roles.

## ***Conclusion***

The impact of COVID-19 is still unravelling, shaping our personal and professional roles. Participants responses have provided invaluable insights into the role of UK paediatric physiotherapists’ in response to the COVID-19 pandemic. The analysis of this domain, and the writing of this article, has helped to identify key changes to paediatric physiotherapy roles imposed by the COVID-19 pandemic. From this analysis, five key areas of focus have been offered to guide critical considerations surrounding the direction of paediatric physiotherapy.

**Figure 2: Examples of Reflective Questions using the 5C's guide\***

**Children, young people and their families:** *What is the role of paediatric physiotherapy in supporting the health and wellbeing of babies, children, young people and their families? What paediatric physiotherapy roles should be protected, recovered and restarted? How could paediatric physiotherapy roles evolve to improve the support for children, young people and their families?*

**Connection:** *How important is physical presence and physical contact to paediatric physiotherapy roles?*

**Competence:** *Other than speciality specific clinical skills, what skills and training do paediatric physiotherapists require to fulfil their roles?*

**Collaboration:** *Who could paediatric physiotherapists collaborate with to improve care quality, and how can this be done?*

**Compassion:** *How do we best promote compassionate and inclusive environments within paediatric physiotherapy, which allow individuals to flourish in their roles?*

*\*These questions have been targeted at a professional network level but could also be considered at an individual level, for example "how important is physical presence and physical contact to **my role**?"*

## References

BBC Sounds (2020)– *You and Yours. Funerals; Alcohol; Book Sales*. [Online] Available at: <https://www.bbc.co.uk/sounds/play/m000h7xq> (Accessed: 16-09-2020)

Disabled Children's Partnership (2020) *Left in Lockdown*. [Online] Available at: <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers%E2%80%99-experiences-of-lockdown-June-2020.pdf> (Accessed: 16-09-2020).

The Chartered Society of Physiotherapy (2018) *What is Physiotherapy?* [Online]. Available at: <https://www.csp.org.uk/careers-jobs/what-physiotherapy> (Accessed: 16-09-2020).

The Chartered Society of Physiotherapy (2020) *Physiotherapy in the news – COVID-19 rehab and lockdown coverage* [Online]. Available at: <https://www.csp.org.uk/news/2020-05-29-physiotherapy-news-covid-19-rehab-lockdown-coverage> (Accessed: 16-09-2020).

Royal College of Paediatrics and Child Health (2020) *The impact of COVID-19 on child health services - report* [Online]. Available at: <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-report> (Accessed: 16-09-2020).

Sarangi, S. (2010) 'Reconfiguring self/identity/status/role: The case of professional role performance in healthcare encounters', *Discourse, identities and roles in specialized communication*, 125, p.33.