

Implementing the Child Admission Policy

Linda Bishop-Bailey of ISRM Consultants updated delegates at the Sporting Future conference on a survey about the Child Admission Policy

There is no doubt that child admission is the most controversial of our policies ever introduced, and it is important for us both to acknowledge this and understand why that is so. We also need to look at what the issues are about this policy and its implementation, and what we need to do in response to it.

However, it is important to remember that the policy is not new. It is a review of our 1992 recommendations. It is more flexible, but I know that, in itself, is an issue for many managers who would like it to be black and white – unfortunately that is not possible, as all pools are different. While you would not expect us to provide a standard risk assessment for the whole of the pool, in the same way we cannot assess the risks to children at your pool without knowing the pool. It is essential to undertake your own risk assessment and to understand the specific risks to children, and then deal with them.

The main purpose of the guidelines is to give you help to identify the level of risks in a risk assessment and then formulate your own policy based upon them – particularly in relation to appropriate ratios of responsible adults to children of different ages and/or swimming abilities.

In a standard pool, we say that children aged four to seven should be accompanied on a 1:2 basis, and children under the age of 4 on a 1:1 basis. And what is a standard pool? Well, it is the traditional tank with a deep end and a shallow end of about 900mm, with no obstructions or features. Where there is a greater level of identified risks, or, where there is less risk, so this standard guidance will change.

Managers have no option anyway but to undertake such a risk assessment, merely to be in compliance with the law. *The Management of Health & Safety at Work Regulations 1999* make it clear that where there are more than five employees, the employer must have a written risk assessment. The regulations also point out the special risks of the inexperience of young people and place a requirement upon employers to guard against these. While this is employment legislation, child swimmers are those 'others' affected by the work operation, for whom there must also be care.

Additionally, there is a duty of care under common law that operators have for their

customers, that parents and that schools/clubs have for their children, and our customers must have for themselves and each other. The law is quite clear – you need to know what risks children face and you need to do something about it.

The policy is designed to help operators to do that, and is based upon years of experience and research into child-drowning incidents. In our estimation, it is the clearest and best advice to operators to help them keep children safe. It also helps flesh out the advice given to operators in

Management of Health and Safety in Swimming Pools, which says that ratios need to be set and that they should be based on a risk assessment.

As I say, we have had quite a lot of feedback and comment on the effects of the policy, and we know that you need to be brave in its application. Your pool must be looked at critically and honestly, as must your operation and your programme. The challenge is to find a way of operating the pool without putting children or management at risk.

Drowning is not a frequent problem in swimming pools in this country and, therefore, we do need to make sure that we don't blow it up out of proportion. There are on average some 12 to 14 per annum in pools, of which you can expect six to seven to be children under the age of 15. The last figures I have are for 2001 – when there were eight drownings in pools, of which two were under 15s.



It is not the frequency, but the severity of the problem, that makes it high-risk. The association with enjoyment makes this all the more serious.

In total there are about 400 to 500 drownings each year – in rivers, reservoirs, the sea, baths, garden ponds and pools. Horrifiably, drowning represents that third-most likely way in which children under 15 will die. This makes it an imperative that as many children as possible learn to swim within the safety of swimming pools. Whatever we do, we must increase children, safety in pools – but not stop children swimming.

Of accidents in swimming pools, they happen mainly to children – much as you would expect. So what is it that makes children so vulnerable? Well, I would suggest that it is a combination of factors:

- No or weak swimming ability;
- Height versus depth of water;
- Age and inexperience;
- Lack of maturity and judgement;
- Possible inability to read warning signs; and
- A potential to be over-excited.

To protect against these we need to understand those factors and put them into the context of the environment in which children come to our pools to swim. The first and most important thing that we need to do is to make sure children learn to swim. Until they can swim, put them in armbands or other suitable buoyancy aids, and ensure that we

as management give them every support and encouragement, as well as helping parents and carers to do that too. Then ensure proper supervision – by parents as well as lifeguards. Raising parental awareness to the risks of drowning, and their role and that of the lifeguard in relation to their child's safety, is a critical part of the equation. I also think we have to do something to promote the building of not just more cost-effective or beautiful pools but also safer pools!

What I would, however, urge you NOT to do is to apply our standard ratios without undertaking your own risk assessment! The reason for this is that if you do not do your own risk assessment, you may not accurately assess the risks or take the appropriate corrective action. You could be overlooking risks that children are exposed to and could be protected from or, in being over-cautious, you may be making life unnecessarily difficult for some families, and stopping children from learning to swim.

The risk assessment is only the starting point for action. The required action is the elimination, removal or reduction of identified risks. Any risk assessment you do must be both suitable and satisfactory. Saying you followed our standard guidance does not do that.

Be aware: there is no doubt that any policy that has the effect of restricting or controlling admissions will affect some people, whether it is a child who wants to swim on their own, a single parent, or

operators and nearly 500 pools – some 25 per cent of the total stock of public swimming pools.

Nearly all of them have some kind of child admission policy. The vast majority were introduced between 1991 and 2000, some 17 per cent only after our guidance was issued, although again nearly all of them – 93 per cent – reviewed their policy in the light of our guidance.

The vast majority again base their policy on risk assessment. Some 38 per cent found they had fewer risks than the traditional pool or, perhaps, were able to introduce an environment that reduced the risk. Just seven per cent said they had greater risks. So, on that basis the vast majority of operators would be able to introduce a less restrictive admission policy than that for the standard pool.

Surprisingly, only 76 per cent looked at child accident records – an important aspect of risk assessment, I would have thought. The average accident level was 10 per pool, although the range was enormous from 0 to 100. Where 0 was the figure this could have led to an identification of very low risks to children. I think it is only fair to expect some accidents – after all, children are accident-prone – but it is important to monitor those and know if the trend is towards increasing, decreasing or static levels of incidence. Policies can then be adapted in response to these trends.

So, in the light of risk assessments and accident records, what are operators doing? Some 80 per cent

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someone with health difficulties who cannot accompany their children.

Managers need to know what the range of problems are likely to be, in order to do something about it. It is not acceptable to apply a ruling that could stop significant numbers of people swimming. Even if it is only one or two people, they count – and there must be an answer to their problem. We know it is not easy, and that managers will need to think outside the box and work hard to find ways to keep people swimming but keep them safe at the same time.

Our recent survey contained some long-awaited information. What everyone wants to know is: what is everyone else doing?

We posed a number of critical questions:

- How many pools use the policy?
- When was it introduced?
- On what was it based?
- What was it?
- What was the effect?
- How have problems been overcome? and
- What else do we need to take into account?

We had a 10 per cent membership return – not great – but in total that represented more than 102

apply the four-to-seven age range ratio – this seemed to be the most widely accepted and least controversial feature of the guidance. Sixty-three per cent apply the under-three ratio, but only 61 per cent are applying both ratios together.

Given that 96 per cent undertake a risk assessment, with 38 per cent saying they had lower risks, this would indicate that only 58 per cent should be applying the ratios, so three per cent may be being a bit more cautious. Of course, it is difficult to precisely interpret statistics in this way.

The alternatives form quite a short list – a range of different ratios, depending on risk or circumstance:

- 1:2 for all under-eights;
- 1:3 for all under-eights;
- 1:4 for seven to 12-year-olds;
- 1:1 for under-fives;
- All under-10s/under-15s accompanied;
- Different (double) ratios in teaching pools;
- Different ratios with armbands/swimming competency; and
- Different ratios for special sessions.

Shallow water is the critical factor for most, but for some there are issues about private club



membership and the acceptability or otherwise of children swimming unaccompanied anyway. Remember that HSG 179 ranks unaccompanied children under 15 as one of the factors that require a lifeguard to be present. By insisting on them being accompanied, some clubs can avoid the necessity to lifeguard small, quietly-used and controlled pools.

Other ratios are increased through the use of an arm-band policy or an assessment of swimming ability. I have an issue with armbands as a replacement for an adult – but am happy as long as it is a support to the adult to help them cope with more than one child. I am, however, much keener on promoting good swimming ability.

Special sessions are also widely operated. Why the ratios are so different is down to each individual pool. Some 96 per cent of them say they undertook a risk assessment and that risk assessment should therefore spell out in what way the pool in question has higher or lower risks than the standard pool.

Some quantified the risk with a look at accidents, and found that the incidence level was very low.

For others a range of factors kicked in, such as small, quietly-used pools, a regular customer base,

Try to see it from their point of view and you will understand the upset. There is a real need here for communication and understanding on both sides. Managers have a responsibility for not only implementing policies that work, but also making sure that they are understood. Blaming ISRM does not do that!

Those people who have made their policies work for them have done a number of things. These include:

- Roping off the shallow end to create non-designated swimmer areas that restrict children. In quiet pools this can be done with a marker, beyond which non-swimmers do not roam;
- More programmed sessions – specifically for adult and toddlers, families etc;
- Applying the ASA/ISRM swimming standard or other ability-linked schemes and the use of arm-bands to aid flotation and parental support; or
- Increased staffing or even customer ‘waiver’ forms – where the hazards are pointed out and parent sign that they take their children in at their own risk. Waivers are always hard to implement,

Finally, we are reminded that the policy must be whole-centre based – not just management. It must be implemented at reception and on poolside. Otherwise it is merely lip-service and creates a problem for management. One of the biggest problems in health and safety cases is when an organisation sets its own standards and fails to implement them. Make sure this doesn’t happen!

The real challenge is to enable families and children to swim. I insert here a quote from one of our respondents and one I believe is true: ‘Despite public perception and resistance initially, the guidance offers a more flexible approach than previously, particularly with the inclusion of designated non-swimmer criteria.’

Part of the problem of customer resistance has been that operators previously did not apply the under-fives blanket 1:1 guidance and, therefore, with greater understanding and acceptance of the revised but easier under-fours recommendation, they have had to introduce something new. Where it is new there is lack of understanding and resistance; where conditions have become easier there has not been the same problem.

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children and their swimming ability being well known to the pool and staff, and school-age children.

For others, there was no real logic or understanding behind the ratios and policies set, other than factors such as customer resistance, corporate policy or contractor policy.

We also looked at customer resistance, because this is the main reason our policy is so controversial. Some 60 per cent of operators had experienced it, and 10 per cent gave in. Of the rest, 38 per cent found that it became accepted over time, whereas 27 per cent are still struggling with customer resistance. No wonder it is controversial!

I think we all accept that change is inevitably upsetting – people just don’t like it. Resistance to change usually fades if people see an benefit. But if they are being denied access to swim this is not a benefit! In fact, wouldn’t you get upset if something that is supposed to be good for you, that you have paid for on the council tax and that you previously enjoyed, is suddenly denied to you or your children?

If they have to jump through enormous and difficult hoops – like winking out a friend or relative to come swimming with them every time they want to take the kids swimming, that too will continue to annoy.

If the pool one mile down the road has a different policy at which they can swim, but they would rather swim at the nearer pool and are denied access, you can understand their frustration – even though the further pool might be a much less hazardous pool than their local pool.

When pool management seemingly put in place blanket bans that look autocratic and incomprehensible, people get the hump!

but this is an acceptable strategy for this kind of scenario.

Other suggestions and comments included:

- Links to prices – discounts for inconvenience!
- Adults rated at over-18 rather than over-16, or for some by parenthood rather than age.

Concerns of our respondents also include cost. There is no doubt that, for many pools, the introduction of the policy is seen as costly – mainly because, for them, the answer is employing more staff. It also, possibly, means less income. Given the dire financial straits we all live in all the time, this is a real problem and therefore the answer must be more cost-effective.

There is the problem of parental expectations from us and from our lifeguards, and lack of real parental responsibility.

The answer for many lies in the swimming competency issue, and the promotion of the ASA/ISRM swim standard.

There has also been a noted increase in accident levels to over-eights. I am not sure why this should be so. I think this needs further investigation.

Looking at accident records is important and where they show no need for a different treatment for under-fours, this is a real justification for a 1:2 ratio for this age group. However, keep monitoring the figures...

Concessions can be important. Pricing can be a fundamental issue – but not in all cases. It has been noted that some pools have increased their adult attendances.

Licensing – a bit like the ASA/ISRM swimming standard, but locally determined – is also being found to be effective.

So, as for the future – how can we make it work, or do we change it? We do not change it. The guidance itself is robust and all the bodies associated with swimming agree with it. I therefore suggest a five-point action plan:

- More emphasis on parental awareness;
- More work by managers to make swimming both safe and accessible;
- More work by ISRM to make the guidance clearer to understand and easier to implement;
- Monitoring of child accident records, taking this into account as part of the risk assessment; and
- Promotion of safe swimming – in both learn-to-swim and safer pools campaigns.

Children’s safety is critical and therefore it deserves the best thinking we can put to it. We must seek the right answer rather than the easy answer. But the temptation is to apply the letter of the guidance, rather than the spirit and understanding needed. In doing so, we might protect children but we will threaten access to swimming.

We must think the unthinkable. Accept that children may be at risk and, in accepting that, do our best to minimise it.

However, at the same time, we also need to be reasonable and responsible to other people and ensure that we rethink the way we manage to get a YES answer to swimming rather than just saying NO. We should revisit the way we manage our pools, and the programming and our approach to public swimming. The way we did things in the past may not be the way we manage in the future. We must take our knowledge and understanding of what is right, and use it for benefit, not prohibition. ●