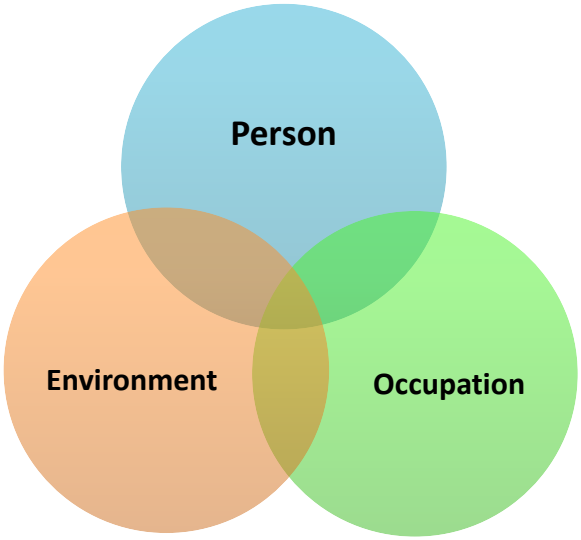
Solihull Children's Occupational Therapy Service

What is Occupational Therapy?

Occupational therapy provides practical support to empower and enable people to do the activities (or occupations) that matter to them at home, at school and during their spare time. "Occupation" as a term refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This is often classified into essential day-to-day tasks such as self-care, work or leisure.

Paediatric Occupational Therapy consider a child's participation in their occupations, including self-care (like dressing, toileting, teeth brushing or grooming), school (such as handwriting, using a ruler, using scissors or getting changed for P.E) and leisure activities (including riding a bike or using skipping ropes), that are age and developmentally appropriate. Our aim is to identify the activities that a child wants or needs to do and consider strategies to make these occupations easier for the young person and/or the adults who support them.



We base our practice and clinical reasoning on the **P** (erson) **E** (nvironment) and **O** (ccupation) model, standing for person, environment and occupation. When using this model, we want to achieve is a good balance between all sectors, facilitating an individuals occupational performance. By doing this, we look at the different factors that are helping or hindering achieving this performance in the occupational goals that have been set by the child and/or family, from the "**person**" (such as their diagnosis, any symptoms, sensory preferences, motor skills, their age and understanding, socioeconomic status, opportunities for practise etc), the "**environment**" (things in the physical environment may be lighting levels, noise, stairs, inaccessible switches. There is also the social environment to consider, such as siblings, parents, teachers, other children in the class) and the "**occupation**" itself (what equipment is required, how long the occupation takes, what time of the day it is done, what purpose it serves, how it is communicated). We do not look at any of these circles in isolation.

Our Eligibility Criteria

Referrals are accepted for young people who are registered with a Solihull GP, aged 18 and under for children who attend a mainstream school or 19 and under for those who attend a special school and who have difficulty carrying out their everyday activities ("occupations"), such as getting themselves dressed, brushing their teeth, handwriting or learning to ride a bike. We operate an open referral system meaning referrals can be made by parents, teachers, health professionals or any other adult who knows the young person well. Incomplete referrals will not be accepted. It should be clearly noted on the form, why the child is being referred and what the referrer hopes to achieve from Occupational Therapy involvement.

Within our service, we follow a graduated approach. Our first line of support is **universal advice**, this includes advice sheets, website and universal services, such as the school nurse, health visitors and in-school strategies. Our next form of support is **targeted advice**, this includes our workshops and staff training for local schools. Our final response is **specialist.** This may include specialist seating assessments, assessments of occupations, DCD assessments or advice and support via a home programme/report**.**

Our Top 5 Reasons for Rejecting Referrals:

1. No evidence of an occupation based difficulty.
2. Requests for a diagnosis of Sensory Processing Disorder (SPD).
3. Requests for an isolated assessment of skills (such as sensory, fine and gross motor).
4. Equipment and adaptions request.
5. Incomplete referral form.

Sensory Processing Disorder (SPD):

We are often asked to assess, diagnose and treat Sensory Processing Disorder. This is not a recognised diagnosis. Every person has their own sensory profile, which cannot be considered as a disorder that needs to be 'treated or cured'. As Occupational Therapists, we use a holistic approach to assess a child's occupations and consider how sensory stimuli may impact their engagement in different environments. It may be that we use the information gathered through the referral and initial assessment process, use of observations or use of standardised sensory questionnaires to facilitate our assessment. It is important to recognise that sensory assessments are rarely completed in isolation and will be a consideration of the therapist when looking at the person, the environment and the occupation.

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Gross Motor Assessment

Gross motor assessments are not completed in isolation. During the referral process, clear evidence should be provided to demonstrate that difficulties with gross motor skills are **negatively impacting a child's occupational engagement**. For example, if it was evidenced that a child is 10 years old and is having difficulty learning to ride their bike (and this is important to them), then we support this. However, if an assessment and support to develop gross motor skills (i.e. a gross motor skill programme) was requested, we would not accept this.

Fine Motor Assessment

Similarly, fine motor assessments are not completed in isolation. During the referral process, clear evidence should be provided to demonstrate that difficulties with fine motor skills are **negatively impacting a child's occupational engagement**. For example, if it was evidenced that a child is 10 years old and is having difficulty doing their school shirt buttons, then we support this. However, if an assessment and support to develop fine motor skills (i.e. a fine motor skill programme) was requested, we would not accept this.

Developmental Coordination Disorder (DCD)

As Occupational Therapists, we can complete assessments to support a diagnosis of DCD (also known as Dyspraxia), as long as the child fits the diagnostic criteria:

- A child's motor skills and coordination are significantly below their expected age norms.
- There is evidence that such difficulties are negatively impacting the child's engagement in occupations (including self care, school and leisure).
- Such difficulties can not be better explained by another factor (such a visual impairment, learning disability, or just not having the opportunity to practice this skill).
- The child is aged 5 years or above.

If deemed appropriate, an assessment will be completed by the Occupational Therapist. If it looks that DCD may be likely, the Occupational Therapist will then discuss this with the parent/carer and refer to the Community Paediatrics to team, so they can decide whether or not to formally diagnose.

Developmental Delay

When looking at referrals for children with a developmental delay, it is really helpful if we know roughly what their developmental age may be (so what age are they actually working at). This means that we can make a fair decision on whether or not they are performing at the expected age. For example, if we received a referral for a 5 year old child, who has a delayed age of 3, then we would be looking to compare their occupational performance to that of a 3 year old, instead of a 5 year old. Therefore, it would be unlikely we would accept a child if they are found to performing as expected for their developmental age.