# Occupational Therapy Students
# Occupational Therapy for Children and Young People

Occupational Therapists are dual trained in mental health and physical disability at the point of qualification. This enables a whole-person approach in understanding the mental health, physical health, emotional and behavioural needs of the individual and their impact on health and wellbeing; enabling Occupational Therapists to support individuals to achieve their full potential. "Occupation" refers to practical and purposeful activities that allow people to live independently and have a sense of identity.

Occupational Therapy enables people to participate in daily life (occupations) that matter to them and the roles they wish to perform which helps to improve health & wellbeing, independence and satisfaction. Daily life is made up of many activities (occupations) that include **self-care** (getting ready to go out, eating a meal, having a shower, using the toilet), **being productive** (going to school, working or volunteering, managing money, planning a travel route) and **leisure** (going out with friends, having a hobby or interest, developing new pastimes). An Occupational Therapist will identify and understand a child or young person's usual occupations to discover what difficulties they face. They will support the child or young person, their family and other relevant people such as teachers, to evaluate challenges and strengths in doing occupations. The Occupational Therapist may suggest alternative ways of doing things, providing advice on learning new approaches and techniques, or making changes to the environment/setting.

## Core Skills Unique to Occupational Therapy

Most Occupational Therapists work in multi-disciplinary teams so it is important to recognise and promote the unique core skills that Occupational Therapists offer to the child and family.

Occupational Therapist's unique core skills are:

**Therapeutic use of purpose and meaningful activity**

These purposeful and meaningful activities include:

- Play
- Exploration and movement
- Development of new skills

**Activity Analysis - physical, cognitive, interpersonal, social, behavioural and emotional**

Activity Analysis is required to consider all aspects of:

- Play
- Self care
- Development of new skills

**Functional Assessment**

Functional assessments appropriate for children include:

- Use of play
- Observation of developmental stages
- Non standardised assessment of basic independence skills
- Standardised assessment of movement and visual perception

## Skills Shared with Other Disciplines

1. Holistic approach.
2. Joint prioritising of aims looking at a balance of personal, home, school and leisure activities.
3. Problem solving approach.
4. Consideration of individual needs of patients.
5. Child centred/Family centred approach encouraging control of their environment e.g. what is important to the child:

    - What is expected at school?
    - What does the child consider a problem and what are their goals?
    - What are parents most concerned with?

## Points to Consider When Treating Children

☑ The Therapist should anticipate future problems and attempt to address them before they become an issue.

☑ Children need to feel safe and secure in their therapeutic environment. If they feel disempowered or imposed upon, they will be unable to achieve the maximum benefit from therapy.

☑ Activities should be age appropriate and fun, as well as incorporating Therapist's and Child's aims.

☑ Every child is an individual.

## Overview of Occupational Therapy Service Delivery across GG&C

Occupational Therapists within Specialist Children's Service work within the Acute Hospital (Royal Hospital for Children), within Specialist Community Paediatric Teams (SCPT) and within Child and Adolescent Mental Health Services (CAMHS) - in-patient setting and in community settings. Your placement is within the Specialist Community Paediatric Teams.

**Specialist Community Paediatric Teams**

Specialist Children's Services (SCS) Specialist Community Paediatric Services are provided by 4 Specialist Community Paediatric Teams (SCPT) across 8 geographical bases. Each delivering within a sector, these teams provide services to children and young people who require assessment, medical management and therapeutic interventions, which cannot be provided by universal and primary care health services.


- North West Sector which includes West Dunbartonshire and parts of East Dunbartonshire
- North East Sector which includes parts of East Dunbartonshire
- South Sector which includes East Renfrewshire
- Inverclyde and Renfrewshire Sector

With each team comprising:

☑ Community Paediatricians.
☑ Community Paediatric Nursing.
☑ Community Paediatric Physiotherapy (PT).
☑ Community Paediatric Occupational Therapy (OT).
☑ Community Paediatric Speech and Language Therapy (SLT).
☑ Administrators.

SCP Teams provide services to children and young people who require assessment, medical management and therapeutic interventions, which cannot be provided by universal and primary care health services. Care Pathways are grouped as follows:

| Multi-Disciplinary Care Pathways | Uni-Professional Staged Care Journey |
|---|---|
| • **Disability Pathway**<br>• **Autism Pathway**<br>• **Vulnerable Pathway**<br>  • Comprehensive Medical Assessment<br>  • Looked After Children (LAC) | • **Medical**<br>• **Nursing**<br>• **Allied Health Professionals (AHPs)** - Physiotherapy / Occupational Therapy / Speech and Language Therapy |

A child or young person may at any time only require input from one specific professional group and therefore they will enter a uni-professional provision which will be tailored to their individual needs. For clarity these provisions are described as **Staged Care Journeys**.

## The Role of Occupational Therapy

The role of the Occupational Therapist is to provide intervention, support and/or advice to children and young people (0-18 years) and their families, where there is disability or impairment which impacts on their performance and participation in everyday activities of life.

Treatment and intervention approaches are developed with the aim of enabling children and their carers to maximise independence and support effective self-management. This is done through a variety of ways:

- One-to-one sessions are offered at the child centre, at home, in schools and nurseries.
- Group sessions are held in the centre or in other community venues.

These give children the opportunity to mix with others who have similar difficulties. Advice and strategy leaflets are offered to the parents and education staff, providing them with information to help the child. Occupational therapy is offered to children who have difficulties such as poor gross and fine motor co-ordination, poor core stability, poor motor planning skills, visual perceptual difficulties or sensory difficulties which are affecting their ability to undertake daily activities. The Occupational Therapists can offer advice and information sessions in schools to develop the staff's knowledge of some of the difficulties the children have and how they can support the child.

The children may have medical conditions such as:

- Developmental Delay.
- Learning Difficulty.
- Developmental Co-ordination Disorder (DCD).
- Autism Spectrum Disorder (ASD).
- Cerebral Palsy (CP).
- Down Syndrome.
- Muscular Dystrophy.

AHPs have a significant and recognised role in the inclusion and integration agenda, particularly in relation to transition and supporting children and young people with additional educational needs. A core function of OT is linked with disability and environmental access, including equipment to maintain and restore function as well as manage risk and address therapeutic needs.

## Care Aims

The Care Aims approach and philosophy has been identified as the preferred service model for Community Paediatric and Acute Paediatric OT services. The Care Aims approach represents a way of defining professional duty, governing the provision of service to both a population and to individual clients.

The focus is on describing and measuring practice across all three levels of the population - U**niversal, Targeted (stage one) and Specialist (stage two)**.

The model looks at the impact of a presenting problem and practitioner's ability to address impact at these stages of care. The Care Aims approach provides a strong strategy that encompasses managing a service, informing the population, empowering the workforce around the client and supporting the client and their family to manage their own risk wherever possible. It therefore allows services the mechanism to focus resources on greatest need/risk. The model describes duty at 6 stages:


## Service Delivery

We operate an open referral system which allows parents/carers and all professionals to access our service to ask for help.

Occupational Therapy is needed when established support is in place and the child/young person (aged 0-18 or 19yrs if still attending secondary school or special education) continues to experience issues with their occupations. Occupations for children/young people are:

**Self Care**

Developing the ability to look after yourself in areas such as dressing, personal care, mealtimes and accessing your community.

**Education**

Learning and being productive is vital to give yourself a sense of purpose, such as school work, life skills, break time & play and moving between activities.

**Play and Leisure**

Having fun is extremely important; it is through play that learning happens and friendships are formed.

In partnership with the child/young person and the team around them strategies for participation will be explored, for example: changing the way a task is done, modifications to the environment, recommending or providing equipment, teaching the child/young person, parents or staff new techniques and/or developing the child/young person's skills and/or abilities.

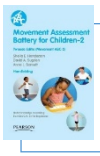
**Assessment and Intervention approaches used within Occupational Therapy**

Occupational Therapist work collaboratively with parents, education, social work and other health staff to enable the child to function as fully as possible within the home and wider community. This is achieved by providing comprehensive assessment and treatment programmes either individually or within groups at the Child Development Centre or by carrying out home and education visits e.g. nursery and schools.

Assessments can be standardised or non-standardised and include use of the following tests:

Test of Visual Motor Integration (VMI)

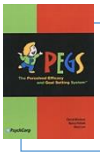
Developmental Test of Visual Perception (DTVP 3)



Movement Assessment Battery for Children version 2 (Movement ABC-2)

Test of Visual-Perceptual Skills (TVPS-R)

The Sensory Profile



Perceived Efficacy and Goal setting System (PEGS)

Detailed Assessment of Handwriting (DASH)

Non-standardised tests include Clinical Observations, Functional and Developmental checklists as deemed appropriate by the Occupational Therapist, as well as observations in a variety of settings (clinic, school, nursery and home).

The aim of assessment is to establish a baseline of the child's level of functioning, review progress, or evaluate possible deterioration, and to contribute to the diagnostic process.

Assessment reports are provided following initial assessment. Reports may also be required for Co-ordinated Support Plan meetings, Future Needs meetings, Review meetings and at transition e.g. primary to secondary school. The service uses the 'Care Aims' Model.

It is essential to refer to the manuals for any of the Standardised Tests to obtain specific information on the Test criteria, administration, age limits, task's assessed, and scoring.

All staff using standardised tests should follow the instructions explicitly as any changes in administration can invalidate the results. Standardised tests should also only be used to carry out more in depth assessment of a child's ability and not as the only assessment tool available. Sometimes children may score low on a standardised test, but actually be functioning within acceptable or normal limits.

Evidence based Interventions are detailed within our clinical pathways. These documents are saved on the s drive, please request access from your practice educator.

## Goal Setting and Outcome Measures

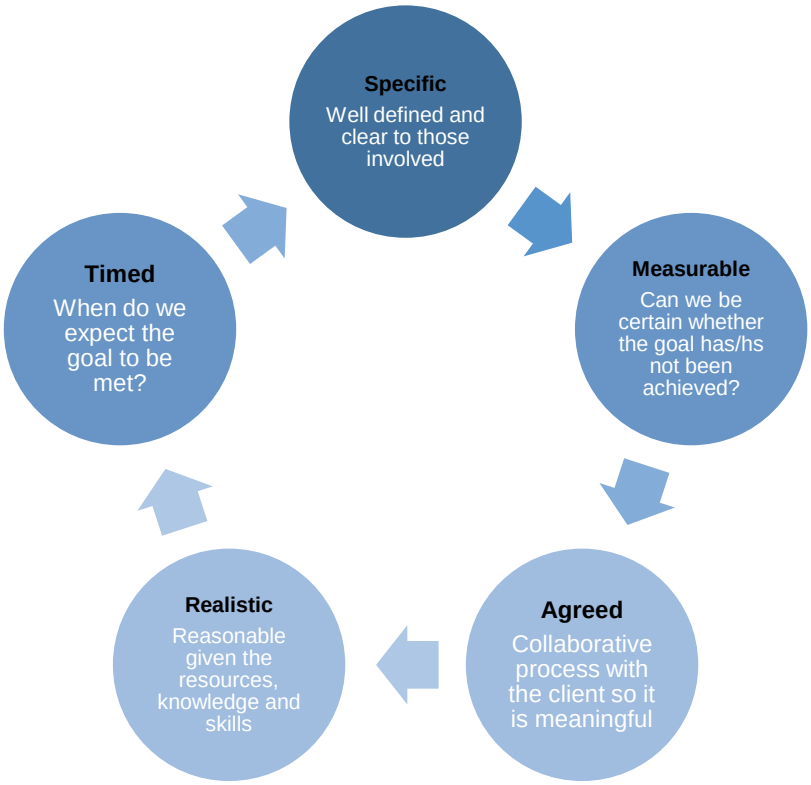
Setting goals can help us to:

- Remain person-centred.
- Remain occupation focussed and therefore improve health & well-being.
- Effective and efficient.
- Contribute to outcome measurement.

A good quality goal is:

- **Person centred** - meaningful to the person in question.
- **Clear** - instantly understandable to the child, family and the team around them.
- **Specific** - have specific criterion that can be used to indicate goal achievement.
- **Time limited**.

## SMART Goals



## Measuring Outcome

"Outcome measurement can demonstrate the effectiveness of intervention for individual service users or population groups, guiding further decision-making and/or intervention. The use of outcome measures, especially standardised measures, allows occupational therapists to build up and use a body of evidence for occupational therapy." (COT 2015, p2)

Outcomes measures can include:

- Improvements in health and/or well-being.
- Improvements in function or level of independence.
- Attainment of intervention goals.
- Service user satisfaction.
- System changes such as reduced hospital length of stay, shorter waiting lists, and lower readmission rates.

Our outcomes should be person and occupation focussed. An outcome measure can be as simple as whether or not a goal is achieved. Outcome measures need to be appropriate for the specific measurement purpose. You may need more than one outcome measure to provide comprehensive information about the outcomes for each service user.