

# **Newham Children's Occupational Therapy Education Pack**

# Contents page

## Contents

|   |    |
|---|----|
| Occupational Therapy (OT) .....                 | 2  |
| Universal, Targeted and Specialist Service..... | 3  |
| Common Conditions.....                          | 4  |
| Life Skills for Everyday .....                  | 6  |
| Toilet Training .....                           | 7  |
| Dressing Skills.....                            | 11 |
| Shoelaces .....                                 | 13 |
| Ball Skills.....                                | 14 |
| Scissors Skills .....                           | 15 |
| Pre-writing Skills .....                        | 16 |
| Handwriting.....                                | 17 |
| Eating and Drinking.....                        | 21 |
| Play .....                                      | 24 |
| Get Set for Learning.....                       | 26 |
| Let's Get Classroom Ready .....                 | 28 |
| How to Run a Group .....                        | 29 |
| Breathing .....                                 | 30 |
| Equipment.....                                  | 34 |

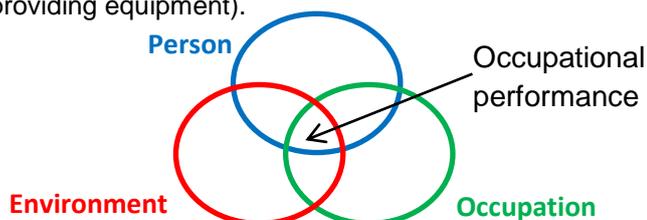
# Occupational Therapy (OT)

Occupational therapy can help babies, infants, children and young people grow, learn, have fun, socialise and play so they can develop, thrive and reach their full potential (RCOT, 2017).

## What do we mean by “Occupation”?

"Occupation" as a term that refers to practical and purposeful activities that allow people to live independently and have a sense of identity. This could be essential day-to-day tasks such as self-care, work or leisure (RCOT, 2017). For children, occupations mean the everyday things that occupy children, which can include play, handwriting, dressing, feeding, toileting and teeth brushing, among many others.

Occupational Therapists (OTs) often talk about “occupational performance” (OP). This is how a child’s/young person’s performance is impacted by themselves (the “person”), the occupation and their environment. Occupational therapists will consider these areas and what needs to be, or can be, changed in order to make the activity accessible to the child (examples include person: the child’s motivation or self-confidence, occupation: making the task easier or using visuals and environment: reducing noises, providing equipment).



## Occupational Therapy in Newham

The OT Service for Children works under the Specialist Children and Young People Service (SCYPS). We see a range of children, including those with developmental delay, physical disabilities and children who have difficulties completing everyday tasks. We offer support to help children and young people be as independent as possible in all areas of their lives.

**How do we work:** In the most part, we see children and young people in episodes of care. These episodes of care, can take many forms depending on need and which pathway is most appropriate for that child/young

person. Interventions can take place at clinics, schools, nurseries, children centres or home depending on the need.

Visit our website for details of our service criteria, what happens during appointments and what happens following intervention:

<https://www.elft.nhs.uk/scyyps/our-services/occupational-therapy>

From January 2023, we will be working more with schools, in ‘school hubs’ covering geographical areas, supporting schools in ensuring OT is embedded into the schools programme to enable children with SEND to be fully included into school life.

## What is the purpose of this pack in regards to OT?

This education pack will be exploring common school-based occupations that children and young people are involved in and common difficulties they may face when participating in these. It aims to provide school staff with useful information about these occupations and strategies they can try in order to maximise a child/young person’s ability to participate in these tasks to the best of their ability, without, or prior to, referring to Children’s Occupational Therapy.

Many of the suggestions in this pack can be utilised by schools in a “whole-school” approach, meaning they can be used with all children in the class, rather than individual children.

It is important to be aware that this pack is not to replace an Occupational Therapist. It should be used as a support to schools in helping children/young people who may not meet the eligibility criteria for specialist OT input or to provide some input prior to referring to occupational therapy, or whilst children/young people are waiting to be allocated to an Occupational Therapist.

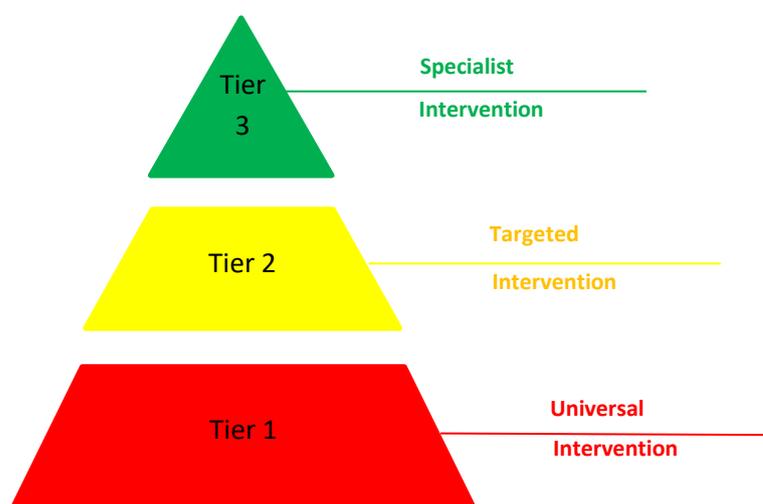
## References

- Hutton, E. (2009) Occupational therapy in mainstream primary schools: an evaluation of a pilot project. *British Journal of Occupational Therapy*, 72(7), 308-313.
- Royal College of Occupational Therapists (2017) What is occupational therapy? Available at: <https://www.rcot.co.uk/about-occupational-therapy/what-is-occupational-therapy> (Accessed: 23/01/18)

# Universal, Targeted and Specialist Service

This is the tiered model of service provision, in which the therapy teams in Newham operate and what we are able to provide at each level.

## Provision



### Universal

A “universal” approach is whole-population programme designed for all children and young people (RCOT, 2015).

The number of children/young people with developmental and/or health-related difficulties and disabilities is rising (Glashan et al, 2004). Therefore, it is useful for schools to be able to implement interventions with a “whole-school” approach. This is more practical for a school to be able to implement and may be seen as more inclusive for the child/young person.

Universal provision may consist of providing training or workshops to school staff, access to video resources, noticeboards as well as assisting in parent coffee mornings or attending meetings.

### Targeted

A targeted approach is designed for children and young people who are at risk of poorer health or wellbeing outcomes (RCOT, 2015). This may run in parallel with universal provision.

Within targeted provision, a small group of children/young people may be seen at once, with recommendations and /or strategies provided for the whole group. This may consist of running, or assisting a school to run a group (eg. Handwriting, messy play), or providing strategies to a classroom for adapting the environment.

### Specialist

A specialist approach is designed for children and young people requiring more specialist support from a therapist (OT), on an individual basis. The child/young person may be identified after targeted provision or following a more in depth discussion with a SENCO or class teacher, which may then warrant a referral for specialist provision (Hutton et al, 2016).

The children/young people receiving specialist support may also continue to receive targeted and universal provision.

### References

- Glashan, L., Mackay, G., Grieve, A. (2004) Teachers' experience of support in the mainstream education of pupils with autism. *Improving Schools*, 7(1), 49-60.
- Hutton, E., Tuppeny, S. & Hasselbusch, A. (2015) Making a case for universal and targeted children's occupational therapy in the United Kingdom. *British Journal of Occupational Therapy*, 79(7), 450-453.
- Royal College of Occupational Therapists (2015) Occupational therapy evidence: Fact sheet. Occupational therapy with children and young people. Available at: <https://www.rcot.co.uk/file/669/download?token=BG CgV7XT> (accessed 9<sup>th</sup> May 2018).

# Common Conditions

This is a list of some common conditions which you may come across or occupational therapy may see, with links for further reading. It is not an exhaustive list.

Sometimes children/young people will have only one of these conditions, but others may present with multiple, such as Down's syndrome and autism spectrum disorder.

**If you notice a deterioration or significant change in a pupil's presentation, such as their coordination, sudden word finding difficulties, memory difficulties or scoliosis, it is imperative that the child is seen by the school nurse and/or their GP as soon as possible. They may also require a referral to the Child Development Service.**

## Attention deficit hyperactivity disorder

**(ADHD):** Those who present with ADHD will demonstrate symptoms such as difficulty staying focused and paying attention, difficulty controlling behaviour and hyperactivity. Symptoms will usually improve with age, although difficulties can persist to adulthood.

<https://www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd/>

**Autism spectrum disorder (ASD):** This is a lifelong developmental disability. It is a spectrum condition where the individual will have persistent difficulties in social interaction and communication as well as restricted and repetitive patterns of behaviours, activities or interests. Research suggests those with ASD are also more likely to be experiencing anxiety which can exacerbate difficulties further.

<https://www.nhs.uk/conditions/autism/>

**Blood disorders:** There are many different types of blood conditions and it is worth researching these separately. Common ones are sickle cell disease and thalassaemia. Those with blood conditions often experience fatigue, weakness and shortness of breath. Some may experience pain (which can be severe), hormone problems and problems with their heart and liver. <https://www.nhs.uk/conditions/sickle-cell-disease/>  
<https://www.nhs.uk/conditions/thalassaemia/>  
<https://www.anthonynolan.org/patients-and-families/blood-cancers-and-blood-disorders/what-blood-disorder>

**Brain injury:** Brain injury can be traumatic (following a traumatic event such as a road traffic accident), acquired (following an infection like meningitis) or non-accidental (resulting from assault). It can be temporary or permanent and can have physical (e.g. difficulty moving), hormonal (e.g. underactive thyroid), sensory (e.g. not being able to control body temperature), cognitive (e.g. memory problems) or emotional/behavioural (e.g. loss of inhibitions) effects. Following brain injury there is also increased risk of epilepsy (see "*epilepsy*").

<https://www.nhs.uk/conditions/severe-head-injury/complications/>

<https://www.headway.org.uk/about-brain-injury/>

**Childhood stroke:** A stroke happens when the blood supply to part of the brain is cut-off. There are two main types of stroke. Ischaemic strokes are caused by a blockage in the blood supply to the brain. Haemorrhagic strokes occur when blood leaks from a burst blood vessel into the brain.

<https://www.stroke.org.uk/childhood-stroke>

**Cerebral palsy (CP):** This is the name for a group of lifelong conditions that could affect muscle control, coordination, tone, reflexes, posture and balance, speech, language and learning, caused by problems with the brain that occur before, during or soon after birth.

<https://www.nhs.uk/conditions/cerebral-palsy/>

<http://www.cerebralpalsy.org.uk/cerebral-palsy.html>

## Developmental coordination disorder

**(DCD):** Otherwise known as **dyspraxia**. Problems with movement and coordination are the main symptoms of DCD, such as catching or kicking a ball or getting dressed. Those with DCD may also have difficulties with concentrating, following instructions and copying down information, organisational skills, picking up new skills, making friends, behaviour and self-esteem.

<https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/symptoms/>

<https://dyspraxiafoundation.org.uk/about-dyspraxia/dyspraxia-glance/>

**Developmental delay:** This is where when a child takes longer to reach certain development milestones than other children their age, e.g. learning to walk or talk. For some it may be short term and overcome with therapy or additional support.

<https://www.mencap.org.uk/learning-disability-explained/conditions/global-development-delay>

**Down's syndrome:** This is a genetic condition that typically causes some level of learning disability and certain physical characteristics, such as low tone, which can mean they are delayed in meeting physical milestones. It is caused by the presence of an extra chromosome and in most cases this is not inherited.  
<https://www.nhs.uk/conditions/downs-syndrome/>  
<https://www.downs-syndrome.org.uk/about/general/>

**Epilepsy:** Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms.  
<https://www.nhs.uk/conditions/epilepsy/>

**Hemiplegia:** Hemiplegia is complete paralysis of one side of the body. Weakness of one side of the body is called hemiparesis. Many different things can cause hemiplegia or hemiparesis, such as cerebral palsy, a tumour or a stroke.  
<http://chasa.org/medical/hemiplegia/>

**Hydrocephalus:** Hydrocephalus is a build-up of fluid on the brain. The excess fluid puts pressure on the brain, which can damage it. It can be congenital (from birth) or acquired (developing later). Hydrocephalus can be caused by various things, such as Spina bifida or serious brain injury. It can cause many long-term complications, such as learning disabilities, impaired speech, visual impairment or epilepsy.  
<https://www.nhs.uk/conditions/hydrocephalus/>

**Learning disability:** A learning disability affects the way a person understands information and how they communicate. They can be mild, moderate or severe. **Profound and Multiple Learning Disability (PMLD)** is when a person has a severe learning disability and other disabilities that significantly affect their ability to communicate and be independent.  
<https://www.nhs.uk/conditions/learning-disabilities/>  
<https://www.mencap.org.uk/learning-disability-explained>

**Muscular dystrophy (MD):** This refers to a group of conditions that gradually cause muscles to weaken. Therefore, children/young people may learn to walk and then lose the ability to do this over time. There are different types of MD and some affect the heart and muscles used for breathing.  
<https://www.nhs.uk/conditions/muscular-dystrophy/>  
<https://www.muscular dystrophyuk.org/about-muscle-wasting-conditions/>

**Scoliosis/spinal concerns:** Scoliosis is where the spine twists and curves to the side. There are other types of spinal concerns where the spine curves in unusual ways, such as kyphosis. Spinal difficulties can affect people of any age; scoliosis is most common between 10 and 15 years. Some spinal concerns need surgery whereas others may be corrected with non-surgical techniques, such as braces.  
<https://www.nhs.uk/conditions/scoliosis/>  
<https://www.nhs.uk/conditions/kyphosis/>

**Spina bifida:** Spina bifida is when a baby's spine and spinal cord do not develop properly in the womb, causing a gap in the spine. There are several different types and differing severities. Symptoms may be weakness or total paralysis of the legs, bowel and urinary incontinence and loss of skin sensation in the legs and around the bottom.  
<https://www.nhs.uk/conditions/spina-bifida/>  
<https://www.shinecharity.org.uk/spina-bifida/what-is-spina-bifida>

**Visual impairment:** A visual impairment (low vision) is when sight cannot be corrected with glasses or contact lenses, or by any medical or surgical treatment. Visual impairment may be something congenital (from birth) or acquired (happens later in life).  
<https://www.nhs.uk/live-well/healthy-body/living-with-low-vision/>  
<https://www.rnib.org.uk/eye-health/registering-your-sight-loss/criteria-certification>

**Syndromes:** Many children may present with specific syndromes not covered here. It is worth researching these syndromes to understand their impact on a child's function. Some may have common co-occurring difficulties, such as Marfan syndrome, often also causing heart defects.

# Life Skills for Everyday

# Toilet Training



**Toilet training is a complex task for both the learner and the teacher. It is an important part of a child becoming independent. We appreciate this may vary a lot between a child and a young person but have included it in this pack in response to feedback from school staff.**

**The following information is for parents. Once parents and school staff have identified that they would like to work on toileting with a child, this information should be provided by school staff to parents in order for them to work on these recommendations at home.**

Toileting may look different for different children/young people; some will take themselves to the toilet and complete the full process independently, some may need help with certain parts of the task and others may need to be “habit trained” where an adult takes them when they have predicted the child/young person is most likely to go, rather than the child informing an adult.

## Readiness



Children and young people develop readiness (physically and psychologically) for toilet training at different ages. Parents also need to be ready to devote time and effort to develop this skill in the child.



It is important to assess in the first instance whether a child is ready to start the process of toilet training. The key points to consider are:

- ☞ Can stay dry in a nappy for at least 2 hours.
- ☞ Can sit on toilet for five minutes
- ☞ Child should have a fibre rich diet and have a regular fluid intake to begin toileting.

The first thing to see if a child/young person is ready is to complete a toileting chart (*ask your OT to assist*) over a two-week period to monitor their bladder and bowel habits. This is where the child’s nappy is checked every hour during waking hours and it is record whether they are dry/wet/soiled. This will then indicate if they are able to “hold” as well as whether they have any pattern with their eliminations that you can use, such as taking them 15 minutes before they normally eliminate, increasing the chance of success.

## Awareness

Is the child/young person aware of their toileting needs, or even what a toilet is or what it is for? Are they indicating their urges at all, such as wiggling when they need a wee, or hiding to have a bowel movement?

There are ways in which you can increase awareness for toileting before they are being toilet trained. These are:

- ☞ Teach a word, sign or gesture for “toilet”.
- ☞ Take them to the toilet using the word, sign or gesture you have taught them each time they need their nappy changed, and change them in this room.
- ☞ If they have had a bowel movement, you should empty the nappy into the toilet in front of them so they understand that this is where poo’s go.
- ☞ Using simple and consistently language when changing nappies/pants/knickers, for example “you have had a wee”.
- ☞ Use of modelling: this is where a child watches another child or adult (such as their siblings or parents) go to the toilet. This is a powerful way to learn.
- ☞ Read a social story that explains the toileting process.
- ☞ It may be useful to put the child in pants/knickers if they are able to hold their eliminations to encourage their awareness of wet/dry.
- ☞ Watch for signs (pulling self, fidgeting) that may mean they have to go. Praise them, say the word/sign/gesture associated with toileting and immediately take the child to the bathroom.



## They won’t sit on the toilet!

Some children/young people can find the toilet scary or uncomfortable, and will refuse to stay on the toilet or even go near it. There are different ways to encourage them to remain seated. These are:



- ☞ Use a reward for when they sits on the toilet. Give this immediately afterwards so they understand why it has been given, gradually increase the length of time that you expect them to stay on the toilet.
- ☞ Some children find change difficult so it will be necessary to introduce the toileting routine gradually, first requiring the child/young person to enter the bathroom clothed, then to sit clothed on the toilet, then in a nappy, then unclothed. Start with the toilet seat down if necessary.
- ☞ Read a social story about toileting.
- ☞ Use a visual timer (a sand timer or an app) so they can see how long they need to sit for.
- ☞ Try to distract them when they are on the toilet.
- ☞ Don’t expect them to sit for longer than 5 minutes!

## Developing a routine

It will be useful to develop a toileting routine with the child/young person, either if they are or are not ready for toilet training.

- Encourage them to be part of the toileting routine with peers, therefore going at the same time as them even if they are not using the toilet but instead sitting on it, flushing then washing and drying their hands.

This increases their understanding of the toileting process, but also gets them used to the environment.

- If a child/young person does not eliminate when you expect them to, allow them to sit for maximum of 5 minutes then take them again 15 minutes later.



## Environment

The toileting environment is a very important factor to developing toileting skills. It needs to be comfortable and set up to enable the child/young person to develop the skill. It is important that:

- The toilet is the correct height for the child/young person where their feet can touch the floor; if the toilet is too high a step should be used to support their feet.
- Consider the size of the aperture on the toilet. If it is very wide, this can both be scary and uncomfortable for the child. A toilet seat minimiser (often called a toilet trainer seat or a ring reducer) should be placed on the toilet<sup>1</sup>.
- Try to keep the toilet a calm and quiet environment.
- Consider if a toilet frame<sup>2</sup> is required for the child. This can enable them to independently get on/off the toilet and sit comfortably.

For some, it is the room that is scary or uncomfortable; there may be strange or strong smells, sounds or temperatures for example.

- Consider, is it possible to make changes to the room, the way it looks or smells.
- Create a calm and relaxing atmosphere suited to the child's sensory needs, using music or their favourite calming toys or materials as appropriate.
- Some children/young people may benefit from the use of a padded toilet seat<sup>3</sup>.

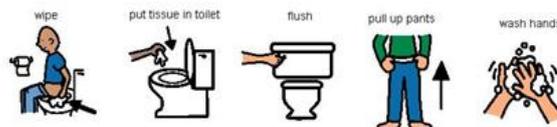


## Remembering the steps

For some children/young people they may understand toileting and their urges, but often forget part of the

process. It may be worth sticking a visual aid on the wall that details each step of the task so they can follow this process as they go.

See example below:



## Dressing/undressing

Use clothing which is easy to remove for the child/young person in order to reduce stress, but also so they can take it off quickly as often they cannot hold long once they realise they need to go. See chapter on dressing for further information.

## They won't get rid of the nappy!!

[We appreciate this may not be appropriate for all, but have included this at the request of some staff]

For some children in nappies this is a big change which they find difficult. Some tips to assist with this are:



- Introduce underwear gradually. Initially leave this out for them to touch/look at and tell them that they are theirs, but do not make them wear them for now.
- Allow them to have choice by taking them to choose their own underwear from the shop, or when they are tolerating wearing them for a small period of time, give them 2 options of underwear to put on.
- Encourage parents to provide motivating underwear, such as those with the child's favourite character on.
- Put underwear on for a limited time at first and gradually build this up. Use a timer to show them how long to leave them on for at first.
- Use a positive reinforcer when they have worn their underwear.
- Read a social story about toileting, which discusses underwear.



## Generalising

Some children/young people find it difficult to use the toilet in other places. You may find they use the toilet at home but not at school or vice versa.

- Take them as normal to the toilet they do not use and complete the toileting routine regardless of whether they eliminate or sit on the toilet.

- 👉 See the other sections if this is relevant (e.g. will not sit on the toilet).
- 👉 Allow them to see other children using the toilet.
- 👉 When beginning toilet training, try to use different toilets (e.g. different toilets around the school, not just the nearest).

## Bottom wiping

Many children/young people have challenges in learning how to wipe their own bottom. For some, they find it difficult knowing where to reach without being able to see their bottom, for others it may be because they are scared about getting their hands messy or just don't know what to do.

- 👉 Explain why they need to wipe their bottom, such as to stop a bad smell or an itchy bottom.
- 👉 Make sure their feet are supported as this helps the child to be able to reach.
- 👉 Show them what they need to do, either encourage parents to do this at home or with by using a doll. This may include showing them how many pieces of toilet roll to get, how to fold it, how to wipe and how to check. You can make a mixture of brown paint, water and corn flour to create fake poo.
- 👉 Encourage them to practise this with wiping the mixture described above off a doll's bottom in the way they would do their own (wipe then check, new toilet roll, wipe then check).
- 👉 It may be easier for the child/young person to stand to wipe their bottom, rather than sit.
- 👉 Have them pass something, such as bean bags, between their legs as this will demonstrate whether they have the movement in order to reach around to their bottom.
- 👉 Use flushable moist towelettes rather than toilet roll.



## Smearing

There are many different reasons a child/young person may smear their poo, such as finding wiping difficult, behavioural difficulties, boredom, being uncomfortable or in pain, not understanding, to gain attention or sensory seeking.



You can try:

- 👉 Encouraging parents to dress child/young person in clothing where they will have difficulties accessing their bottom to do this, such as dungarees.
- 👉 Try to change the child/young person as soon as possible after they have passed a bowel movement if they are in nappies.

- 👉 When clearing up providing as little attention to the child as possible in order to not provide any positive reinforcement for the behaviour.
- 👉 If it is due to difficulties wiping their bottom, see section on "Bottom wiping".
- 👉 If smearing happens at certain times, prevent this by providing an alternative activity or a distraction.
- 👉 Ensure they have different activities to do in their time. Some children/young people find it difficult to think of how to fill their time and therefore engage in "unwanted" behaviours. It may be useful to provide workshop style activities, where they are able to go between many different short activities to reduce boredom.



## Other things to be aware of

- 👉 For consistency, home and school should start toilet training at the same time. It may be useful to plan a meeting and set an action plan.
- 👉 Times of stress or sudden change are not suitable times to start toilet training.
- 👉 Accidents happen! They should be treated lightly with little attention. Use simple language with little emotion to increase awareness of what happened if they do not appear bothered "wee's go in the toilet", or if they are upset "it is ok, wee's go in the toilet". Do not change them immediately, and when you do encourage the child to do as much of changing clothing themselves.
- 👉 With children/young people who find change or transitions difficult (e.g. children with a diagnosis of ASD) it is not recommended to use potty chairs as they may find the transition from this to the toilet difficult.
- 👉 Running water whilst they are seated on the toilet may increase the chances of urination.
- 👉 Both school and home should try to use the same language and toileting set up.
- 👉 If difficulties are not improving with intervention, the child may need to see their GP for further help. Some difficulties may be because of medical reasons that need ruling out.
- 👉 It is important that if a child/young person is showing any signs of constipation that lasts for a prolonged period of time, the family should be encouraged to seek further help from their GP.



## What should school staff do to help?

- 👉 School staff can provide these recommendations to parents.

- 13 School staff can discuss and offer suggestions of when the child should start to learn to use the toilet.
- 13 Some parents will need some visuals to teach their child the toilet routine or may need a social story to be made for their child, which school staff can help with.
- 13 It's a good idea for parents to start toilet training on school holidays such as half term. School staff can then carry over the progress made at home or can advise parents to stop and try again at another time of the year if progress is not being made.

## **Resources**

1. Toilet seat minimiser:  
[https://www.ikea.com/gb/en/p/tossig-toilet-seat-white-green-10272788/?gclid=EAlaIqobChMIn7LEtba3-QIVqo9oCR28gQ-8EAQYASABEglwCfD\\_BwE&gclid=aw.ds](https://www.ikea.com/gb/en/p/tossig-toilet-seat-white-green-10272788/?gclid=EAlaIqobChMIn7LEtba3-QIVqo9oCR28gQ-8EAQYASABEglwCfD_BwE&gclid=aw.ds)
2. Toilet frame:  
<https://www.nrshealthcare.co.uk/bathroom-aids/children-s-bathroom-equipment/children-s-toileting-showering/nuvo-childrens-toilet-frame>
3. Padded toilet seat:  
[https://www.zoro.co.uk/shop/cleaning-and-hygiene/toilet-rolls/padded-toilet-seat/p/ZT1097507S?utm\\_source=google&utm\\_campaign=pla%2B%7C%2BCleaning%20%26%20Hygiene&utm\\_term=ZT1097507S&utm\\_medium=pla\\_css\\_2&targetid=pla-1674910576709&loc\\_physical\\_ms=9046004&dev=c&gclid=EAlaIqobChMlxanB4ba3-QIVIp3VCh3HOWIHEAQYAiABEgl7wvD\\_BwE](https://www.zoro.co.uk/shop/cleaning-and-hygiene/toilet-rolls/padded-toilet-seat/p/ZT1097507S?utm_source=google&utm_campaign=pla%2B%7C%2BCleaning%20%26%20Hygiene&utm_term=ZT1097507S&utm_medium=pla_css_2&targetid=pla-1674910576709&loc_physical_ms=9046004&dev=c&gclid=EAlaIqobChMlxanB4ba3-QIVIp3VCh3HOWIHEAQYAiABEgl7wvD_BwE)  
ERIC, The Children's Bladder and Bowel Charity:  
<https://www.eric.org.uk/>

# Dressing Skills

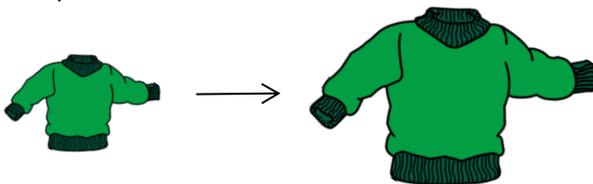


**Dressing may seem like a simple task, but it requires multiple skill sets from children/young people.**

Dressing includes all these different tasks that we all do every day such as: putting on and taking off shoes, socks, garments and fastening buttons and zips.

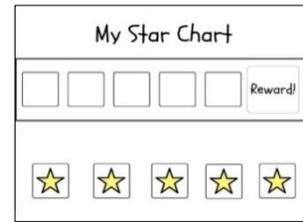
## Top general tips

- 📁 Undressing is learnt and mastered before dressing. Work on this area first!
- 📁 Make sure the child/young person is well supported physically during dressing. Use a small chair to sit on or sit on the floor against a wall to give a stable base.
- 📁 Encourage using a mirror while getting dressed to check that their clothes are on correctly!
- 📁 Teach dressing in the same order each time, e.g. underwear first, then trousers, t-shirt etc.
- 📁 Try the 'backward chaining' method! Let the child complete the last part of the dressing task and you do the rest. As their skills gradually develop they can carry out more and more steps of the activity until they can do it independently!  
For example – socks:  
Start by putting the sock over the foot and heel encourage the child to complete the end of the task by pulling up the leg. When they have learnt this, they can pull it over their heel.
- 📁 Choose clothing of larger sizes when practicing as it would be easier for the child to put larger garments on. Loose sleeves and elasticated waistbands can also help with achieving independence!

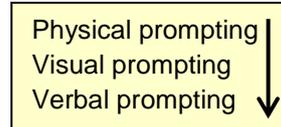


- 📁 It is important to talk through the steps of the tasks using simple 'describing' words e.g. 'Now pull your t-shirt over your head'. This is even if you are assisting.
- 📁 To better help the child save time and be more organised, you can lay the clothes out in order they are put on (laid out in the same way each time).
- 📁 Use star charts to motivate them! Award with a sticker either when a piece of clothing is put on independently or within a certain time allowed.

- 📁 Never forget to give plenty of praise for hard work and achievement!



- 📁 Make sure there is time to practise dressing and in an environment that is not stressful, e.g. dressing for P.E. may not be the best time to practise a completely new skill due to the time constraints to get dressed, however they may be able to practise one element (for example if working on buttons, child to complete 1 button, not all).
- 📁 Grade the level of prompting you give when teaching dressing skills. Start by giving physical prompts, then move to visual prompting, and at last verbally prompt the child.



- 📁 If there is a weaker side to their body, prompt them to dress the weaker side first and when undressing, remove the stronger side first.
- 📁 Some children/young people may need adaptations made to school clothing in order to make it more accessible for them, e.g. for those with reduced fine motor skills it may be better for school clothes to have Velcro rather than buttons to allow them to dress independently and quickly.
- 📁 Watching videos on YouTube of children practising their dressing skills – or visit the OT website and following the links to our resource section.
- 📁 Try, as much as is possible, to keep dressing practise meaningful and motivating. This may mean practising with a purpose (e.g. when changing for P.E., when putting their coat on for breaks or home time, practising when playing dressing up or when going swimming).
- 📁 Remember that repetition is key! It may take many times to learn the skills to complete dressing.
- 📁 Try to practise dressing skills in a calm and quiet environment with as least distractions as possible.
- 📁 A visual aid can also help with moving towards independence and remembering what to do next.
- 📁 Consider whether using equipment to assist with dressing, such as a dressing stick, long handled reaching aid, shoe horn or sock aid may help.
- 📁 Some children/young people's sensory needs can impact their dressing skills and therefore it is important to consider these! For example, a child may be aversive to certain textures and not be able to tolerate the feeling of zips or labels

touching their skin. Cut out the labels. Zips should not be used unless the inside can be covered (and they can tolerate this).

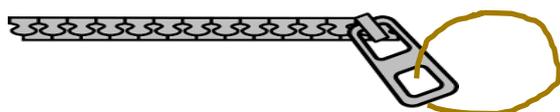
## Mixing up

- 📁 Use clothing items that have a clear front and back, e.g. has a logo on the front or big buttons to reinforce front and back. You can also use reminders that the clothing label goes to the back of the jumper or T-shirt.
- 📁 If the clothing items do not have labels you can add small labels to them to indicate front/back.
- 📁 A helpful strategy is also to lay out the garment face down.
- 📁 For those who put shoes on the wrong feet, it could be helpful to draw half of something in each shoe (on the right hand side of the left shoe and the left hand side of the right shoe) such as a smiley face. If the shoes are placed correctly together, the drawing will match up to create a whole; if they are the wrong way around it will not.



## Tips for zips and buttons

- 📁 Start practicing with large buttons and gradually reduce the size as larger buttons are easier to hold and manipulate. Bear in mind that buttons are easier if flat and textured.
- 📁 You can always adapt zips to make it easier for the child to do their zips independently! Buy clips that attach to zips to make them larger or loop a piece of elastic or a hair band through the eye of the zip to make a loop.



- 📁 Practise doing the buttons and zips on toys, or start with the garment placed in front on a table, not on them.
- 📁 Break down the task and demonstrate each step!
- 📁 Some children/young people may need adaptations made to school clothing in order to make it more accessible for them, e.g. for those who have poor fine motor skills it may be better for school clothes to have Velcro rather than buttons to allow them to dress independently and quickly and sew buttons on to top flap. Some retailers sell adapted clothing, e.g. M&S.
- 📁 Others may need equipment to use in order to enable them to be independent with fastenings, such as a button hook or zip pull.

- 📁 Use the backward chaining method described in the “Top general tips” section for teaching buttons/zips as well.
- 📁 Practise when sitting rather than standing as then children do not have to concentrate on their balance and other physical skills whilst also concentrating on completing this.

## Resources

- 📁 Marks and Spencer kids Easy Dressing range (including school uniform)  
<https://www.marksandspencer.com/l/kids/easy-dressing>
- 📁 Button hook with zip pull:  
<https://www.nrshealthcare.co.uk/bedroom-seating-aids/comfort-posture-aids/getting-dressed/button-hook-with-zipper-pull>
- 📁 Dressing stick:  
<https://www.nrshealthcare.co.uk/bedroom-seating-aids/comfort-posture-aids/getting-dressed/dressing-stick-deluxe>
- 📁 Long handled reaching aid:  
<https://www.nrshealthcare.co.uk/household-aids/reachers/nrs-combi-reacher>
- 📁 Sock aid:  
[https://www.amazon.co.uk/Slider-Assistance-Elderly-Pregnant-Diabetics/dp/B07WLMB1SW/ref=asc\\_df\\_B07WLM B1SW/?tag=googshopuk-21&linkCode=df0&hvadid=463159247745&hvpos=&hvnetw=g&hvrand=5794589991164293776&hvp one=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvl ocint=&hvlocphy=9046004&hvtargid=pla-990422874214&psc=1](https://www.amazon.co.uk/Slider-Assistance-Elderly-Pregnant-Diabetics/dp/B07WLMB1SW/ref=asc_df_B07WLM B1SW/?tag=googshopuk-21&linkCode=df0&hvadid=463159247745&hvpos=&hvnetw=g&hvrand=5794589991164293776&hvp one=&hvptwo=&hvqmt=&hvdev=c&hvdvcmdl=&hvl ocint=&hvlocphy=9046004&hvtargid=pla-990422874214&psc=1)
- 📁 Shoe horn:  
<https://www.nrshealthcare.co.uk/bedroom-seating-aids/comfort-posture-aids/getting-dressed/plastic-shoe-horn-2>

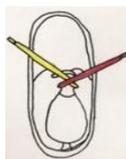
# Shoelaces



Shoe lacing is often a skill that children/young people learn later in their childhood and many find difficult. It is a complex task that requires many different skills to complete.

## Tips for shoelaces

- 👉 Shoe lacing is best learned step by step. As this task is particularly tricky for most children/young people, it is helpful to master the first step before moving onto the next.
- 👉 Demonstrate the step and talk through what you are doing. Go slowly and exaggerated and use simple language.
- 👉 Practise with two different coloured laces to make following the shoe lacing instructions easier.
- 👉 Thicker shoe laces are easier to start practising with than thinner. Rope might be even easier for those who really struggle.
- 👉 Some children/young people will benefit from using a visual aid to continue practising independently.
- 👉 It is often good to use a mnemonic, with simple language, for the step shoe lacing you are teaching (e.g. "loop, wrap and pull!" to make the bow for method 1 below). This helps with remembering the steps of what they need to do.
- 👉 It may be useful for some children/young people to first learn the method without wearing the shoe, then transition to completing it when wearing as they become more competent.
- 👉 Video modelling



## Methods

Remember there are 2 typical methods to tying shoe laces. It may be worth trying both to see which the child finds easier.

### Method 1: Single loop

1. Cross the laces over and push the one in front behind, under the other and through the hole underneath. Pull tight.
2. Make a loop (a "bunny ear") with one lace and hold the bottom of it between your thumb and finger; try to get the bottom of it as close to the knot you made in step 1 as possible.
3. Wrap the other lace around the loop and push it half way through the "burrow" (the hole underneath the bunny ear) until you have another loops or "bunny ear" and Pull them tight!

### Method 2: Bunny ears

1. Cross the laces over and push the one in front behind, under the other and through the hole underneath. Pull tight.
2. Make a loop ("bunny ear") with both laces and hold the base of both of these as close to the knot you made in step 1 as possible.
3. Cross the loops/bunny ears over then fold the one in front behind the other one and push it through the "burrow" (hole) between the bases of the 2 loops then Pull them tight!

### Method 3: One-handed

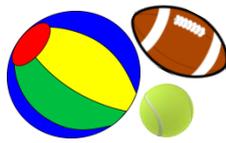
For some, such as those who have paralysis or weakness of one side, they may find shoe lacing difficult to complete independently. They may benefit from learning how to tie their shoes with a different method called the one-handed method.

## Adaptations

Some children/young people may not be able to complete laces. Consider using elastic shoe laces, spring shoe laces or lock laces; It may also be worth encouraging parents to use shoes without laces to enable more independence.

## Resources

- 👉 Elastic shoe laces:  
<https://www.nrshealthcare.co.uk/bedroom-seating-aids/comfort-posture-aids/getting-dressed/elastic-shoe-laces-3-pair-pack>
- 👉 Lock laces:  
[https://www.amazon.co.uk/YIKEDA-Reflective-Shoelaces-Suitable-Sneakers/dp/B0967R7TG4/ref=sr\\_1\\_4\\_sspa?crd=248WRGW0HSBUI&keywords=lock+laces&qid=1659968300&srefix=lock+laces%2Caps%2C87&sr=8-4-spons&psc=1&smid=ALGD1XWGE513A&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUFHREdVNIzDQjhYVEUmZW5jcnlwdGVkSWQ9QTA3NDQ0NjYzN1F1V0NOMThHRFpVJmVuY3J5cHRlZEFkSWQ9QTzAzOTk4MjU4SEs3UIFZVEhFSEEmd2lkZ2V0TmFtZT1zcF9hdGYmYWNoaW9uPWNsaWNRUmVkaXJlY3QmZG9Ob3Rmb2dDbGlicj10cnVl](https://www.amazon.co.uk/YIKEDA-Reflective-Shoelaces-Suitable-Sneakers/dp/B0967R7TG4/ref=sr_1_4_sspa?crd=248WRGW0HSBUI&keywords=lock+laces&qid=1659968300&srefix=lock+laces%2Caps%2C87&sr=8-4-spons&psc=1&smid=ALGD1XWGE513A&spLa=ZW5jcnlwdGVkUXVhbGlmaWVyPUFHREdVNIzDQjhYVEUmZW5jcnlwdGVkSWQ9QTA3NDQ0NjYzN1F1V0NOMThHRFpVJmVuY3J5cHRlZEFkSWQ9QTzAzOTk4MjU4SEs3UIFZVEhFSEEmd2lkZ2V0TmFtZT1zcF9hdGYmYWNoaW9uPWNsaWNRUmVkaXJlY3QmZG9Ob3Rmb2dDbGlicj10cnVl)
- 👉 Spring laces <https://www.amazon.co.uk/Shoelaces-Anti-fall-Elastic-Suitable-Shoelace/dp/B083K7K92C>



# Ball Skills

**Ball skills are a complex set of skills to develop; they take a combination of many elements, such as timing, eye tracking, and ability to adjust speed, distance and direction. All ball skills require a lot of practise and repetition to develop.**

## Throwing

To successfully throw a ball you need to:

- 🏀 Be in the correct position to throw
- 🏀 Be able to judge the distance and direction for the ball to be thrown
- 🏀 Be able to judge the force to be applied to throwing the ball

### Tips to develop throwing skills in the beginning:

- 🏀 Begin rolling the ball to a target (e.g. bowling skittles), prior to throwing. This allows them to develop control over the ball in an easier way.
- 🏀 Start with large balls and gradually reduce the size as the child increases their skills.
- 🏀 Begin with a close target, and then as skills are acquired, move this further away.
- 🏀 Some children/young people will require explicit advice to improve their skills, for example they may need to be told how to move their arms or where to look (such as at the target).
- 🏀 Some may benefit from watching videos of other people throwing balls to reflect on the way they do this and the skills they use.

### Tips to develop throwing as skills begin to develop:

- 🏀 Start to introduce balls (or similar, e.g. beanbags) of differing sizes and weights to practise with.
- 🏀 Plan activities so the child/young person aims balls at different heights and throws to different lengths.
- 🏀 Use different objects for them to knock down which requires different amounts of force to knock, e.g. filling up bottles with sand to change their weight.
- 🏀 Complete throwing/catching in a group with their peers.

## Catching

To successfully catch a ball you need to:

- 🏀 Be prepared to catch
- 🏀 Keep your eyes on the ball
- 🏀 Successfully trap the ball in the palm of your hand(s).

### Tips to develop catching skills in the beginning:

- 🏀 Start by using a large, light object, such as a volley ball or balloon. As this will move through the air at a slower pace, it provides time for the child/young person to get in the position ready to catch. The size also makes the object easier to catch.
- 🏀 Start with close proximity as their skills develop move gradually further away.
- 🏀 Some children/young people will benefit from explicitly being told (or even placed) in the correct position to catch a ball and may need reminding to think about how their body feels to remember the position for next time. They may also need reminding to watch the ball rather than the thrower.

### Tips to develop catching and skills begin to improve:

- 🏀 Begin throwing slightly to one side, so they have to change their position to catch the ball.
- 🏀 Start introducing a bounce into the throw.
- 🏀 Have the child/young person throw a ball against a wall and try to introduce a clap in before catching

## Important things to remember

Motivation is an important factor when learning a new skill, such as ball skills. For this there are a few ways to improve motivation:

- 🏀 practise with a peer rather than an adult; an adult can still provide instructions to ensure the activity still follows a “just right challenge” (not so challenging they are likely to fail but challenging enough that they feel a sense of achievement with success).
- 🏀 Some may enjoy when there is an aspect of competition. This could be built-in in other ways to the activity, rather than the ball skills themselves.
- 🏀 Some may prefer completing the activity in a more covert way, e.g. tossing a scrunched up piece of paper into the bin, rather than using a ball.
- 🏀 Other games, such as swing ball or tennis ball, where the child is not throwing or catching can also help with ball skills as the child has to develop the same skills, such as tracking the ball, however consider the skill level of the child and activity (e.g. swing ball is often easier than tennis for children/young people).

# Scissors Skills



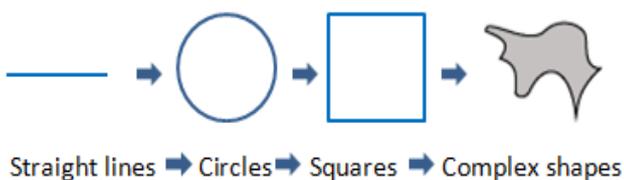
Scissors are a complex occupation requiring postural, fine motor and hand-eye coordination skills as well as using both hands together and isolating movements of fingers and thumb.

Children are usually ready to start cutting by the age of three.

## Developmental sequence of scissors skills

Before cutting actual shapes, make sure that the child is able to open and close the scissors first and snip a piece of paper after!

- ✂ Maintaining a good posture with feet flat on the floor
- ✂ Using two hands – one hand should hold the paper, while the other cuts
- ✂ Holding the scissors with the thumbs of both hands pointing upwards
- ✂ Moving the hand that holds the paper not the scissor hand
- ✂ Looking at what they are doing!



## The basics of scissors use

Before starting a cutting activity, make sure that the child has:

### Scissor grasp

The correct scissor grasp is with thumb and middle finger through the loops. The index finger needs to be placed on the underside of the scissors to provide support and direct the cutting movement.



Remember that the dominant hand is the one holding the scissors and the 'helping hand' is holding the paper!

## Scissor control

In order to control the scissor the following are essential:

- ✓ Grasping and releasing the scissor so that the scissor blades can open and close effectively
- ✓ Isolating the 3 fingers involved in the scissor grasp in order to move independently

## Tips for developing scissor use

- ✂ As paper is flimsy and difficult to hold, practise with cutting thin card paper instead or straws and play dough!
- ✂ Cut in short snips following straight lines, and then increase the length. Remember the developmental sequence of scissor skills and gradually move from cutting basic to complex shapes!
- ✂ Consider using other types of scissors such as ones with larger finger loops or rubber loops for children who struggle with grasping regular ones (See links in Resources). Try different ones and ask the child's opinion on which one feels more comfortable and of course motivating!
- ✂ For those who find it hard to open and close the scissors, try scissors that spring open again themselves!
- ✂ For those who struggle with holding a big piece of paper, cut along wide strips of paper/lines, then grade the activities to narrower lines!

## Left-handed

- 👍 For those who are left-handed, always use a left-handed pair of scissors otherwise they will cut using an awkward technique and will not be able to see where they are cutting.
- 👍 When cutting directionality is really essential! Left-handers find it easier to cut out shapes clockwise and right-handers anti-clockwise.

## Resources

- ✂ Adapted easi-grip scissors: <https://peta-uk.com/shop/mini-easi-grip-scissors-3/>
- ✂ Adapted long loop scissors: <https://peta-uk.com/shop/long-loop-scissors/>
- ✂ Table top mounted adapted scissors: <https://peta-uk.com/shop/mounted-table-top-scissors/>
- ✂ Adapted scissors kit: <https://peta-uk.com/shop/essential-scissors-kit/>

# Pre-writing Skills



**Pre-writing is the developmental stage before a child learns to write. During pre-writing a child will develop their pencil grasp, control and ability to draw the shapes that make up complex letter and number shapes.** It is important that a child has plenty of opportunities to draw in order to learn how to hold and control a pencil. Any drawing is a good way to encourage these skills!

contain this (it may not stay on the page). The next stage is scribbling shapes (such as straight lines).

After that children will start to learn how to draw the basic shapes which are required in order to be able to write letters and numbers. These shapes are:



A child will learn how to form straight lines and a circle first, followed by diagonal lines and crosses, then a triangle.

## Tips for developing pencil control:

## Pencil grasp

A child's grasp will develop as they grow. The grasp they use is important, but it is also important not to force a child to change their grasp but rather encourage a more functional grasp.



**1 – 1½ years** Palmar Supinate Grasp

**2 – 3 years** Digital Pronate Grasp

**3½ – 4 years** Static Tripod Grasp

**4½ – 6 years** Dynamic Tripod Grasp

Please note that some children/young people may not fall in the parameters above in development of pencil grasp therefore follow the tips below, however do not expect children to be able to learn these earlier than the ages above.



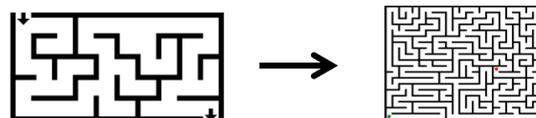
## Tips for developing a more functional grasp:

- ✎ Use small, chunky pencils or chalk; the width makes them easier for a child to hold and the length means a child cannot use a less-functional grasp, such as a palmer supinate grasp.
- ✎ Pen(cil)s with a grip (sometimes built in) will provide a visual prompt for where to place their fingers. If you do not have these you can also place a marker on the pencil (such as a bit of contrasted tape, a hair bobble or some playdoh shaped around the pencil, which can mould to the shape of their hand).
- ✎ There are some specialist pencil grips and pen(cil)s that can be used to encourage a tripod grip, such as a triangular pencil, triangular grips or Twist 'N' Write pen.

## Pencil control

When learning how to mark make, children will first develop the ability to scribble without the ability to

- ✎ Any freehand drawing is good to develop pencil control.
- ✎ Straight lines are developmentally the easiest shapes to draw therefore you should start with them, transitioning to large curved lines, then tighter curved lines and eventually zig-zags.
- ✎ Have the child draw between 2 lines, starting wide apart and with straight lines, then decreasing the width and changing to curved/wiggly/zigzag lines as the child's pencil control increases.
- ✎ Mazes are also a fun way to increase a child's pencil control. Start with mazes that are less complex and have wider spaces, then transition to thinner spaces and more complex mazes:
- ✎ Keep in mind that activities to develop pencil control do not need to only use paper and a pencil; any



activities using hands, such as painting and writing in sand or shaving foam, are good, and at all angles, for example on the floor, on an easel or at a desk.

- ✎ Motivation and low self-efficacy can be factors in poor pencil control. Try to keep activities motivating for children by giving them choice or using things you know they like, such as certain characters like leading George Pig to his dinosaur!
- ✎ Always remember to keep a "just-right challenge" where the task is hard enough for the child that it is challenging, but not too hard that it is impossible to be successful. This will be individual to each child.

## Resources

- ✎ Pre-writing sheets: <https://www.teachhandwriting.co.uk/pre-handwriting-patterns.html>
- ✎ Pre-writing ideas: <https://tinyurl.com/ybstesz7>

# Handwriting



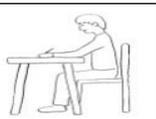
Despite the introduction of laptops, iPads etc, the ability to produce neat and legible handwriting is still seen as essential. Handwriting that is slow can also impact on the ability to complete work and, as a result, this can cause low self-esteem. (Zwicker & Montgomery, no date).

## Positioning

In order to produce good handwriting, children/young need to sit in the 90-90-90 position:

- ✎ If they cannot get their feet on the floor, place a **box/step underneath**.
- ✎ Trial different sized chairs and tables if they are too

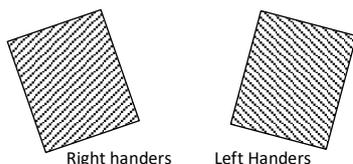
- ✓ Feet supported
- ✓ Bottom back in chair
- ✓ Arms rest on the table



tall or too short.

- ✎ **Height-adjustable tables<sup>1</sup>** are very useful as they can change height to suit all chairs.

Paper positioning is also important! The paper should be positioned at 35° to 45° with the right-hand point up for right-handers, or the left-hand point up for left-handers. Do not assume a child/young person knows this. It may be good to provide a prompt, such as tape on the desk to ensure they can place their paper correctly themselves.



Pupils should be encouraged to use their “strong, supporting hand” (i.e. the hand they do not write with) to stabilise the paper when writing.

## Pencil grasp

The type of grasp can affect legibility and neatness. See the pre-writing chapter for tips to develop this.

## Motivation

Motivation can be a major factor in producing neat and legible handwriting. Motivation can be intrinsic (coming from within ourselves) but often needs to be extrinsic (from outside of ourselves).

## Tips for improving motivation:

- ✎ Making sure the handwriting task is meaningful. Instead of making a child/young person write for the sake of practising handwriting, try to encourage them to write for a purpose. This could be by writing their name to sign the register or writing a card to their friend.
- ✎ Ensure that writing has a “just-right” challenge, meaning it is not impossible for the child to achieve success, however does provide a level of challenge.
- ✎ Using a reward system, such as certificates, for achievements in handwriting.



## Letter formation

In order to form letters, children need to already be able to form the shapes shown below. If they are unable to form these shapes, see the pre-writing chapter for advice.



Common difficulties with letter formation include forming in fragments rather than a fluid motion or using incorrect patterns. As a child gets older these habits become more difficult to change, therefore it is important to teach the good foundations whilst a child is young. Some letters are developmentally easier to form than others. These go:

**Downers:** l, i, t, f.

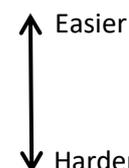
**Rounders:** c, o, e, a, d

**Curvers:** s and u then r, n, m, h, b.

**Diggers:** j, g, q, p.

**Sliders:** v, w, y, x, z, k

Capital letters are also developmentally easier than lower case. See *Printing Like a Pro in Resources for more information*.



## Tips for improving letter formation:

- ✎ Using mnemonics can be a useful tool for children/young people to remember the correct formation.
- ✎ Ask them to review their work themselves to see if they can identify their “best” letters and why, as well as to see if they can identify their own mistakes.



## Pressure Problems

Some children/young people will press very hard onto paper to form letters. This can cause their hand to

fatigue faster than their peers, which can then slow their handwriting. It can also result in poor work presentation due to holes in page or smudging of written work. Others may press too lightly, meaning work is unclear. Some pupils may have problems with squeezing the barrel of the pencil too tightly, causing their hand to tire quickly affecting legibility of work.

### Tips to improve pressure problems:

- ✎ Use a writing game where you place carbon paper between 2 pieces of paper and try to get them to write without it coming through onto the other bit of paper if they press too hard, or get them to get it to transfer between pages if they press too lightly.
- ✎ Try an angled writing slope to change the angle of the wrist and arm.
- ✎ If pressing too lightly try a pen with a thicker nib to produce bolder work.
- ✎ Try a thicker barrelled pencil which will make it easier to hold and therefore may improve pressure.
- ✎ There are some pencils that will light up if too much pressure is pushed through them – for those who press too hard encourage them not to light the pen and those who press too little, encourage them to turn the light on!
- ✎ For those who press too lightly, try writing on materials where they would have to press harder for their writing to be legible, such as ribbed cardboard, or using a pencil with softer graphite.
- ✎ Some children/young people will benefit from completing some “scribbling” before starting written work to loose up their grip on their pencil if holding too tightly.

### Not on the line and sizing difficulties

Common difficulties are not placing their letters on the line, having inconsistently sized letters or having unnecessarily large or small letters. Not placing letters on the line is often because the child is not starting their letter at the correct point.

### Tips for improving difficulties with sizing or letters not on the line:

- ✎ Use “earth, grass, sky” sheets to provide children with a visual prompt of which letters “dig into the soil” or “reach for the sky”:



- ✎ Teach pupils to “bump” the lines to emphasise that they need to touch them every time.
- ✎ Teach pupils that letters come in 2 sizes: Tall letters – **capitals** and **b, d, h, k, l, t**. Small letters: **all the rest**.
- ✎ Highlight the line to prompt a pupil to write on it. This can also make it easier for those with visual difficulties.
- ✎ Some pupils will use all the space you provide them therefore if the width of the lines is large, try paper with smaller lines. Others may find it difficult to contain their writing without a prompt, therefore lined paper should be provided rather than plain.

### Important things to keep in mind are:

- ✎ If a pupil has a visual impairment they may write in slightly larger writing. Do not expect the child to write smaller than the writing they are able to read.
- ✎ If children/young people are having difficulties with letter formation, this should be worked on first as it is difficult to teach these at the same time.

### Word spacing

Even once pupils has mastered handwriting, they still have difficulties spacing their work correctly when learning to write, which can make it difficult for others to read.

### Tips to encourage appropriate spacing:

- ✎ Ensure worksheets have plenty of space for children to complete handwriting to discourage them from squeezing their work together into a small space.
- ✎ Write on graph paper and instructing them to leave a square between words.
- ✎ When writing say “space” after each word as a verbal prompt.
- ✎ When writing a sentence pupils have to copy, highlight the spaces in the words to draw children’s attention to this.
- ✎ Encourage pupils to review their work so they can recognise when they have left enough space or not.

### Reversals

Reversals are common in younger children who are learning to write; they are not a concern unless there are a high number of these after 7 years old. Reversals most commonly affect the letters b, p and d and are more common in left handers.

### Tips on managing reversals:

- ✎ Teach the correct letter formation (see letter formation section) to learn the correct movement.
- ✎ Use a visual prompt on a child's desk with the letters they commonly reverse, such as placing a pencil box and labelling this on all sides **pencil box** so they can see how the letters are formed.

### Printing vs cursive

Within school it is generally accepted that younger children print and eventually move on to cursive. Neither method is preferred over the other and both have advantages and disadvantages. For children with handwriting difficulties it is beneficial to let them use the script that is easier for them; improving the presentation of their work and reducing the physical effort.

#### The benefits of printing are:

- ✎ Letters are simpler, therefore easier to learn and remember.
- ✎ Often it is more legible than cursive.
- ✎ Younger children developmentally have skills appropriate for printing and it can take them longer to learn cursive styles.

#### The benefits of cursive are:

- ✎ In the long term cursive writing facilitates faster and more automatic writing.
- ✎ It prevents reversals of letters and words.
- ✎ Can be easier for children/young people with certain diagnoses, such as dyslexia.

### Speed of handwriting:

There are many different reasons for handwriting being slow; they may have poor letter formation, hands fatiguing when writing or difficulty copying from the board.

Most of the things discussed above can impact the speed of a child's handwriting.

- ✎ *If letter formation is a problem, see the section entitled "Letter formation" above.*
- ✎ Hands can fatigue due to pressure problems. If this is the case see section above on "Pressure problems".
- ✎ Reduce the amount of writing a pupil is expected to do if possible, such as by providing handouts rather than expecting them to copy from the board.
- ✎ Start small with length of handwriting work and build this up over time e.g. start by writing a

shopping list then gradually move on to writing longer pieces of work such as songs.

- ✎ They may have difficulty processing their thoughts or with their working memory which can affect the speed of their handwriting. To help this encourage them to plan their work before they write, such as by writing a mind map and putting the main words/points down.
- ✎ Some pupils may produce less work than their peers not because their handwriting is slow, rather because they have difficulty in organising themselves and therefore start the work later than their peers.

### Left-handers

Left-handed children make up around 10% of the population. Most things are therefore set up for right-handers. Most left-handers are able to problem-solve and discover solutions themselves, however some develop awkward grips and incorrect letter formation.

#### Tips for left-handers:

- ✎ Ensure left-handers are sat on the left hand side of a right-handed child. This is so they do not have to concentrate on avoiding banging elbows when writing.
- ✎ Most left-handers find it better to hold the barrel of the pencil slightly further up than their right-handed peers (around 2.5-3.5cm up from the tip).
- ✎ When a child is young, practise writing on vertical surfaces, such as on a blackboard or an easel. This discourages hooked grips.
- ✎ Most left-handers benefit from the use of a sloped writing board to assist them to see their work and place their hand and wrist in a better position.

It is important to note that often left-handed children form their letters slightly differently than a right-hander. For example the letter t, the vertical line would be drawn as normal but the cross on the t would be formed from right to left rather than left to right.

### When we should consider alternatives to handwriting:

When a child/young person has significant handwriting difficulties or the options above have been explored and they are continuing to struggle, it may be time to look into using an alternative to handwriting. This could be in the form of:

- ✎ Typing, including touch-typing.
- ✎ Scribing
- ✎ Dictaphone

It is important that if alternatives to handwriting are being utilised, the pupil continues to have experiences to practise handwriting when possible. This could be when completing smaller amounts of work, such as in Maths rather than English.

Some pupils may also be able to continue to use handwriting, however need support such as extra time when completing exams or homework.

## Resources

1. Height adjustable table:  
<https://www.educationsupplies.co.uk/furniture-and-storage/classroom-tables/height-adjustable-tables/valencia-rectangular-4-seater-table>
2. Printing Like a Pro:  
<http://www.childdevelopment.ca/SchoolAgeTherapy/SchoolAgeTherapyPLaPWorksheets.aspx>
3. Pencil grips: <https://www.tts-group.co.uk/get-a-grip-pencil-grips-selection-box-33pk-/1002033.html>

## References

- Hoy, M. P., Egan, M. Y., & Feder, K. P. (2011) *A systematic review of interventions to improve handwriting*. Canadian Journal of Occupational Therapy. 78(1), 13-25.
- Ryan, R. M., & Deci, E. L. (2000a). *Intrinsic and extrinsic motivations: Classic definition and new directions*. Contemporary Educational Psychology, 25, 54-67.
- Zwicker, J. G., & Montgomery, I. (No date) *Application of Motor Learning Principles to Handwriting Instruction and Intervention*. Handwriting today, 11, 9-19.

# Eating and Drinking



**Eating and drinking are tasks that can be difficult to master. They require good postural control, fine motor and eye hand coordination.**

When developing feeding skills, such as using cutlery or attempting to increase a restricted diet, it is important to keep the eating experience as stress-free as possible.

This page only focusses on developing the handling of feeding and drinking. It does not offer strategies for children with swallowing difficulties. If any of your children/young people experience swallowing difficulties, please consult the speech and language therapist.

Signs of aspiration (where food and liquid enter the airways) are:

- Coughing when eating or drinking
- Having a wet/gurgly voice during and after meals
- Watery eyes during meals
- Frequent lower respiratory tract (chest) infections

If you have any concerns that a child/young person may be aspirating, immediately refer to Speech and Language Therapy.

## Key things to know for lunchtime:

- 🍎 Good sitting position during mealtime is essential! Make sure the child is sitting with:

- ✓ Feet supported
- ✓ Bottom back in chair
- ✓ Arms resting on the table



If the pupil's feet cannot reach the floor you could place something, such as a box, under their feet to support them.

- 🍎 If the plate is slipping around, use an anti-slip mat<sup>1</sup> or blutack under it to prevent it from moving.
- 🍎 If it is difficult for the pupil to keep the food on the plate while scooping it up, use a plate guard<sup>2</sup>.
- 🍎 If the pupil has difficulty carrying their tray, you can have a table allocated a short distance from the

collection point, or replace their tray with one that has handles.

## Using cutlery

Using cutlery is a skill that children develop at different times. There are many factors that influence development of skills in these areas, including cultural and physical factors, where it may be more appropriate to eat with their hands at meal times. This will mean when children come to school this skill may not be fully mastered.



## Tips for achieving independence:

- 🔗 If the child/young person struggles with using cutlery, it may be easier to introduce the cutlery away from lunch time and into other activities first e.g. feeding the doll. This also allows them to learn without the pressure of needing to eat quickly.

**Teach one step at a time! And allow each step to be mastered before attempting the next:**

- 🔗 Stab Playdoh with a fork
- 🔗 Saw backwards and forwards with the knife
- 🔗 Use the knife and fork together

- 🔗 Observe how they hold the cutlery. For the knife and fork, their hands should be pointing down towards the plate. Some may need help in placing their fingers correctly on the cutlery.
- 🔗 Ensure the cutlery is the correct size! There are child-sized cutlery sets or specialist cutlery with wider or shaped handles<sup>34</sup> which are easier to hold and use. The specialist cutlery comes in two sizes: adult and paediatric. They have indents to prompt where the child puts their fingers, assisting in the grip.
- 🔗 It may be useful to begin using the 'hand over hand' technique. Guide the pupil's movements by placing your hands over theirs while using the cutlery. This allows them to feel the movements necessary for the task. As they begin to master this you can phase out this prompt by moving up their arm e.g. begin by holding over their hand, then holding their wrist, then move to their forearm and so on.
- 🔗 When teaching pupils the movement of using a knife and fork, keep movements slow to allow the child to feel and process this.
- 🔗 For many reasons young people may not instinctively put the knife and fork in the correct hands and may need prompting. A knife should

**Spoon** When learning to load the spoon, use foods that are more likely to stick e.g. porridge, mashed potatoes, rice pudding.



**Fork** Practise with pieces of food that are easy to pierce, for example soft fruits such as banana, before moving onto tough items, such as cucumber or tomato.



### **Cutting with a knife**

- 79 Start practising with soft foods, which require only a push through (e.g. boiled potato, fish fingers, banana) then gradually increase the difficulty.
- 79 Slice 'round' foods in half to stop them from rolling round the plate! This makes it easier for the child to cut.



always go in the child's dominant hand, with the fork in the other.

- 79 The use of a mnemonic may help pupils remember where their fingers go, and which hand the cutlery goes in.
- 79 Begin with soft foods, such as banana and potatoes. As the child's skills develop, gradually move onto tougher foods (e.g. pear, cucumber and eventually meat).
- 79 A spoon is developmentally the easiest to learn to use, therefore you should start here before moving on to fork and knife use:
- 79 Be prepared for mess when a child is first learning how to use cutlery.
- 79 Start by cutting up the majority of the food and encourage the child to finish off the rest. As competence grows, increase the amount you expect them to cut.
- 79 Move to cutting up food on your own plate so the child can watch and copy your movements.
- 79 Some may have difficulties getting the food to their mouth. They may benefit from a small mirror to be able to watch what they are doing until this becomes natural.
- 79 Cutting practise can be completed as part of a normal kitchen routine, not just at lunch time or play time, e.g. during cookery groups when cutting up sandwiches, or cutting biscuit dough.

### **Drinking:**

- 79 Thicker drinks are easier to learn to sip such as milk shakes or smoothies
- 79 Once they are able to hold the cup, fill the cup part of the way. Use small cups or cups with handles
- 79 Don't fill the cup right up. The more liquid in the cup, the more difficult it is to drink from!
- 79 When teaching how to hold a cup with one hand provide a narrow cup that is easy to grasp or has one handle or a weighted bottom.

- 79 When learning to drink from an open cup some children may have difficulties tipping their head back. These children may benefit from a specialist cup.



### **Fussy feeders**

**"Fussy feeders" is a common term used to describe children who have a restricted diet. This often causes stress and anxiety for everyone involved. When meal times become stressful this can reinforce the behaviour of avoiding new foods. It is important to try to keep meal times stress-free.**

#### **Outside of meal times:**

- 79 It is useful to complete a food diary for a week prior to trying any strategies. By doing this you will develop a thorough understanding of what the child already eats, what they always refuse, if there are any foods they occasionally eat etc. It also allows you to highlight how much the child is eating in a day and whether they are hungry when new foods are being offered. See appendix for a food diary template.
- 79 Encourage involvement in food preparation where possible. If they have made it themselves, they may be more motivated to eat it.
- 79 Avoid giving drinks for at least thirty minutes before a meal. Try giving a drink at the end of the meal or at a snack time instead.
- 79 Food play can be useful method to explore tolerance of new foods. For example, you could complete finger painting using tomato ketchup or use carrot sticks as stamps. You could use their favourite toy in this (a car going through "mud" made of chocolate spread) which may encourage them to tolerate the new foods more. If they do not like getting messy they may prefer doing tasks such as building cheese block towers or vegetable monsters.



#### **During meal times:**

- 79 Try to encourage a calm mood before foods are presented. Use methods that you already know work.
- 79 Give as much information as possible to prepare for meal times, for example what they will be eating (even if familiar) and who will be there. At school you may be able inform them of the menu, say what adult will be supporting them and what other children will be at their table if this is consistent. This will help reduce anxiety.

- 🍎 Offer small portions that are not overwhelming.
- 🍎 Provide them with their own wet wipe to wipe their hands and face as they feel they require.
- 🍎 When providing new foods to try, always include an item that the child already eats and is comfortable with to reduce anxiety at meal times.
- 🍎 Always praise them for eating, even if they only eat a little! If they do not eat anything, try to keep attention to a minimum.
- 🍎 The meal should end in a predictable way. Allowing tidy up time and wash hands provides this, as well as another way to interact with food (and develop lots of other skills too!).
- 🍎 It may also be beneficial to provide some way of a knowing when the meal is coming to an end, such as a timer.
- 🍎 It is also useful to have peers as role models. Ensure they are eating with their peers, particularly those who have a varied diet.
- 🍎 Food may be more appealing and motivating to eat or interact with if it looks interesting or funny. You could try strategies such as cutting vegetables into unusual shapes or presenting food as a smiley face.
- 🍎 Some children/young people may appear to be “fussy” when they begin at school due to their poor attention, or being overwhelmed by sensory experiences. Dinner halls are often noisy with lots of things going on to watch. You may need to put things in place to reduce this for a child, such as going to the hall at quieter times, sitting the child facing a wall to reduce visual stimuli or using ear defenders.

## **Resources**

1. Visit our Resources section on our website where there is more information on this.  
<https://www.elft.nhs.uk/scyps/our-services/occupational-therapy>
2. Non-slip mat:  
<https://www.nrshealthcare.co.uk/eating-drinking-aids/non-slip-mats-and-grips/dycem-reel-20cm-x-9m-red>
3. Plate guard:  
<https://www.nrshealthcare.co.uk/eating-drinking-aids/plates-bowls/plate-surround>
4. Specialist paediatric cutlery:  
<https://www.nrshealthcare.co.uk/eating-drinking-aids/cutlery-aids/kura-care-childrens-cutlery-set-2>
5. Specialist paediatric cutlery:  
[https://aids4mobility.co.uk/products/homecraft-caring-cutlery-junior?currency=GBP&variant=41542370296002&utm\\_medium=cpc&utm\\_source=google&utm\\_campaign=Google%20Shopping&gclid=EAlaIqobChMI](https://aids4mobility.co.uk/products/homecraft-caring-cutlery-junior?currency=GBP&variant=41542370296002&utm_medium=cpc&utm_source=google&utm_campaign=Google%20Shopping&gclid=EAlaIqobChMI)

[kJzl-aS5-QIV0ed3Ch3weQCrEAYYCCABEgLpnPD\\_BwE](#)

6. Specialist paediatric cup:  
<https://www.nrshealthcare.co.uk/eating-drinking-aids/cups-straws-beakers-mugs/flexi-cut-cup-pack-of-5>
7. Specialist paediatric cup:  
<https://www.nrshealthcare.co.uk/eating-drinking-aids/children-s-eating-drinking/childrens-cups-straws-beakers-mugs/doidy-cup>

# Play



**Play can be defined in many different ways. It is one of the main occupations that most children/young people engage in.**

It is a way of learning and can serve as an outlet for activity; it is purposeful.

## What does play have to do with language development?

- Play is a motivating way to learn; children can learn to map language to objects and concepts while discovering their own likes and dislikes, as well as developing their emotional awareness and problem solving skills.
- Children can learn to understand the feelings of others and to develop empathy, skills that are crucial for healthy peer relationships.
- Play helps to develop social interaction skills which are important for communication (e.g. taking turns, attention & listening, using eye contact, body language, gestures).
- There is often repetition in play, which helps children to learn.
- Children gain confidence and social interaction skills through play

## Development of Social Play

|  |   |
|--|---|
| <p><b>Solitary Play</b></p>     | <p>The child does not want to engage with others and pushes them away. The child appears happier on their own, directing their own play without concern towards others. The child is exploring and learning about the materials they are playing with.</p>  |
| <p><b>Parallel Play</b></p>     | <p>The child plays alongside each other without interaction. The child watches but only makes fleeting attempts for meaningful contact. They might ask to use a toy that another child is playing with, and may take turns with at least one child. Towards the end of this stage the child may share toys.</p> |
| <p><b>Cooperative Play</b></p>  | <p>Children are beginning to interact with each other, playing together, sharing toys, taking turns. Arguments can occur but they are able to enjoy each other's company and start to cooperate. Small groups of children are able to play together.</p>  |

## Supporting Solitary - Parallel Play

- ✓ Join the child in their solitary play.
- ✓ Copy their actions. If the child is playing with toys or objects, play with your matching set of toys or objects alongside the child.
- ✓ Copying you is a key way in which the child will learn. Encourage imitation of your play by playing alongside the child with something they have a strong interest in.
- ✓ Once you know that the child is aware of you, try sharing a toy or a game.
- ✓ Initially, the child will need to have a longer turn with the toy, but work towards sharing the time playing with the toy.
- ✓ If the child glances at you, reward them. Reinforce any interactive behaviour however slight. Gradually move closer to the child and thank them for allowing you play with them.
- ✓ Give the child access to a range of toys that they find motivating. This will help improve the child's interest and concentration.



## Supporting Parallel - Cooperative Play

- ✓ Become more interactive when playing alongside the child, e.g. roll a ball or push a car, and ask for it back.
- ✓ Gradually draw in another child and encourage them to play together.
- ✓ Reward any attempt the child makes to work with the other child or with you. Choose a child with appropriate social interaction skills to give a good model.
- ✓ Encourage turn taking with simple games that involve 'give and take', such as one child holding the water wheel while the other pours water in, or one holds a bucket while the other fills it with sand.
- ✓ Some children find rule based games easier as there is a clear pattern of turn taking, e.g. skittles, picture lotto, pop-up pirate. Initially avoid games of chance and play all the games with an adult first.



## Assisting participation in play

- It is important to think about where play activities are taking place and how the child can access them, for example is the park wheelchair accessible? Are play activities taking place in a loud, noisy environment? Is the child sitting in an appropriate chair?
- Some children may need equipment or adaptations in order to access play activities, e.g. using easy-press switches.

- For some children, the adult will need to extend play possibilities for the child, using what they know about the child's interests to make meaningless activities into personally meaningful, intrinsically motivating play.
- Many children, such as those with autism spectrum disorder, may need to have play activities structured for them by the adult to assist participation. This could be by the adult selecting what to play with, creating play opportunities that naturally facilitate social opportunities or providing a visual structure.
- Many children may require activities modelled to them, to teach them explicitly how to play with certain objects; others may need you to talk them through what is happening (e.g. those with visual impairments).

It is important to remember that some children may engage in less conventional forms of play, but that this is recognised by the adult as another relevant form of play. Above all remember that play is always meant to be fun!

### **Resources**

- ✓ For small group work, refer to the Chatter Box Programme by Newham SLT Service.
- ✓ Early Sensory Skills Activities Book provides ideas for very early sensory play skills for babies and complex needs children:  
<https://www.amazon.co.uk/Early-Sensory-Skills/dp/0863883710>
- ✓ Free eBook, Guidelines for supporting children with disabilities' play:  
<https://www.degruyter.com/document/doi/10.1515/9783110522143/html>

# Get Set for Learning



**The classroom is set up and lessons are about to start... Now let us think about what we can do to help your class feel alert, organised, calm and all set for learning...**

Participation in a short, sensory-motor circuit can provide a range of sensory experiences that help a child/young person become regulated through alerting, organising and calming feedback. It is important these activities be offered in this order (alerting, organising and calming) as this helps the nervous system reach an optimal level of arousal. Below are some example exercises which could be used (as a whole class) during morning and afternoon registration.

|   |  |
|---|--|
| <p>Alerting</p>    | <p>The aim of the alerting stage is to provide vestibular stimulation through fast and multi-directional movement of the head. This helps increase arousal levels.</p> <p>Example activities:</p> <ul style="list-style-type: none"> <li>- Star jumps</li> <li>- Spinning</li> <li>- Bouncing on a trampette</li> <li>- Being pulled/self-propelling on a scooter board</li> <li>- Swinging</li> </ul> <p>*Be mindful that too much vestibular stimulation can overload the nervous system so it is important to monitor the use of these and be aware of negative responses such as becoming giddy, irregular breathing, sweating, motor agitation.</p> |
| <p>Organising</p>  | <p>The aim of the organising stage is to provide proprioceptive stimulation through providing heavy-work activities for the muscles and joints. As the name suggests, this helps organise and settle the nervous system.</p> <p>Example activities:</p> <ul style="list-style-type: none"> <li>- Stair climbing/bumping down stairs</li> <li>- Crawling</li> <li>- Tug of war or other pulling games</li> <li>- Pushing activities</li> <li>- Catching/throwing heavy objects</li> <li>- Walking whilst carrying heavy items (like a back pack)</li> <li>- Silly animal walks</li> <li>- Wheelbarrow walking</li> </ul>                                  |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>- Pulling apart resistance toys/objects (such as lego)</li> <li>- Body stretches</li> <li>- Joint compression</li> <li>- Stirring (ideally thick liquids/batters)</li> <li>- Biting, chewing and crunching resistive foods</li> </ul>  |
| <p>Calming</p>  | <p>It is important to conclude any engagement in vestibular and proprioceptive activities with some calming activities so the child leaves the circuit calm and ready for learning. Calming activities generally include slow, rhythmic motion (primarily back and forth), deep pressure, calm music and low stimulus environments.</p> <p>Example activities:</p> <ul style="list-style-type: none"> <li>- Having balls rolled over their backs (ideally medium/large gym ball)</li> <li>- Hot-dogs (rolling child/young person up tightly in a blanket)</li> <li>- Massaging hands, feet, arms or legs.</li> <li>- Wearing sunglasses or spending time in a non-visually stimulating environment.</li> <li>- Sitting in a soft bean bag with a heavy blanket</li> </ul> |

## How to spot when young people need to move

- Restlessness
- Disruptive to other children
- Fidgety
- Can't stand still in line
- Getting up and moving around
- Getting up and constantly going to a teacher to show them work or ask questions

**... If you spot these signs, you might need to consider a specific task for this child. This could include:**

- Carrying the register back to the office
- Handing out books or pencils
- Putting things away (such as tools, moving chairs etc...)
- Giving out morning snacks.

## Some activities and games are useful for developing attention and concentration:

- *Kim's Game* - Look at a selection of items, cover them up with a scarf or blanket, and then try to recall items.
- *Shopping list* - In a group take turns thinking of items on a shopping list, with each new item named the child must repeat the whole list of items already named.
- *Memory games* – Lay playing cards face down on a table - turn 2 cards face up at a time and try to match pairs.
- *Silently, softly* – during the lesson everyone has to complete all actions as quietly as possible, move as slowly as possible and speak in whispers.



## For some children transitions can be difficult. Here are some things that can help:

- Give a warning and then a countdown before changing activity.
- Give a visual warning such as a picture card or visual timetable showing what is next, and/or an auditory prompt, such as a timer going off.
- Use some of the deep pressure calming activities prior to the transition



# Let's Get Classroom Ready



Classrooms can be bustling places with lots of movement, noise and visual information being presented, often all at once. Some children and young people may find all of this stimuli too much to process and become overwhelmed or switch off, to shut out some of this stimuli. Here are our top tips to manage this and get class rooms ready for learning.



## Auditory:

- Can you reduce or remove any background noise? For example, if a clock is on a wall directly behind a child with sensitive hearing, they may be able to hear this, which could be distracting for them.
- If you cannot reduce background noise, can you cover it? White noise is effective at covering small background noises and in some cases can improve attention.



## Positioning:

- If a child/young person is uncomfortable whilst working, their attention will be split between this feeling and their work. It may also result in them developing a dislike for activities that require them to sit at a table/desk.
- When sitting at the table try to make sure they sit back fully in their chair with their feet flat on the ground (or a box or a stool, if the chair cannot be altered).
- Consider if different workstations can be provided (i.e. a standing desk, beanbags or gym ball).
- During quiet reading time, is there a space where alternative sitting/lying positions can be adopted.



## Consider the pupil's basic needs:

- Do they have access to water?
- Can the air be circulated in the classroom? Is the temperature appropriate?
- Is it clean? Are there any strong odours?



## Try to create a low stimulation environment.

Consider the following senses and sources of stimuli that could be altered to help a child maintain attention.

## Visual:

- Desk clutter – Keep only the work and tools required for the task on desks. Try to clear these away before moving on to the next task (this will also provide a timely movement break to help the pupil's maintain their attention).
- Displays items hanging from the ceiling – can these be kept out of pupils visual fields (when looking at a whiteboard)? Could they be covered up? Alternatively, can you make the whiteboard more visually appealing (for example, putting a bright border around it)?
- Reduce movement in the child's visual field - can children leaving their chair and staff moving around the room go round the back of pupils?
- Make sure sunlight is not shining directly into a child's eyes. Consider positioning or use curtains and blinds.



# How to Run a Group



There are many different reasons to run groups. Some reasons are that it allows many children/young people to be provided intervention at once, while allowing them to interact with others. They will be provided with the opportunity to relate to those of a similar ability to them, where they may not be able to relate easily to their peers in class.

## Tips for running a group:

- ★ Set clear **group rules**, decided together (if possible), and write them on cards with pictures.
- ★ Ensure the group is **purposeful** for your students, for example instead of completing a “Fine Motor Skills Group”, ensure the students fully understand the purpose behind a group by calling it, e.g. a “Dressing Group” instead. This is more meaningful for the student and works on fine motor skills. By doing this you will increase the students’ understanding for the group as well as their motivation.
- ★ **Decide who is eligible** to come into the group. Are you going to have students with a similar ability grouped together (e.g. all those who can complete buttons), or will you have students of different levels together, but adapt the expectations for them?
- ★ Ensure you get a **baseline level** for those attending the particular aim of the group (e.g. If it is a dressing group, what skills does the participants already have in regards to dressing?). This way you can ensure you tailor the group towards the participants and can record the improvements made over the course of the group.
- ★ Set **reasonable goals** for the participants, tailored towards the baseline you have already gathered. Allow time at the end of each session for the students to talk about what they have done, how they found the activities and whether they have made progress with their targets.
- ★ Think about the group **environment**. There are a few considerations that need to be made in regards to this. Is the size of room correct for the amount of participants? Would the group be better completed in context (e.g. if working on dressing, would it be better to complete this when the

children are getting changed for P.E.?) and will the environment suit the some individual needs (e.g. for those who are sensitive to noise, does the room echo? Are there too many group participants? Can they hear each other speak?).

- ★ Ensure you work out **how the pupils will remain motivated** within the group. This can be achieved in a few ways, such as by providing a reward (this could be a certificate or something more tangible. You could also provide some competition within the group which is tailored towards the participants’ abilities, or give each of them certain roles within the group.
- ★ The activities themselves should also be motivating and **include different ways that the pupils learn** within the group. For example if thinking of a dressing group focussing on zips:
  1. Go through group rules
  2. Watch videos of dressing (completing zips).
  3. Participants choose clothes from dressing up box to practise skills with, which all have zips.
  4. Participants encouraged to complete the zips themselves and help each other where possible. Visual aids for zips are on walls to help as required. 1:1s help those where required.
  5. Participants tell each other about who they are dressed as/children play as their roles.
  6. Participants can open a “special bag” (the zip) and choose something out of it to play with for remaining 5 minutes.
  7. Participants receive certificate for “completing zips”.

**NOTE:** If you need more help. Approach a member of the OT Team allocated to your Hub who may be able to support you setting up groups.

# Breathing



Playing activities using the mouth can be beneficial to child development for many reasons.

Deep breathing can reduce tension in the body to support relaxation.

Engaging the lungs during whole body movement play, like singing/breathing/drinking water, can prevent children holding their breath, to ensure they get the calming benefit of the movement.

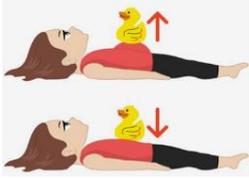
These games can encourage the development of oral-motor skills to support with feeding and tooth brushing. Games using the mouth can also reduce anxiety and build tolerance for putting food, cutlery and toothbrushes in the mouths.

Blowing activities can encourage children to understand sensations related to pushing for toileting.

These games can strengthen mouth muscles, improve body awareness of where the muscles are in space, and build coordination of movements using the mouth for talking and playing.

**Beginner:**

*For children who find it hard to take deep breaths or cannot yet blow, asking them to 'breathe' often doesn't help! They need to learn the concept, the motor control and develop the strength to focus their lungs and lips. These games are designed to build these abilities.*

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|    | <p><b>Play with bubbles:</b> The visual reward &amp; immediate consequence helps develop understanding of the concept. If they can't blow yet, demonstrate and model. You can blow the bubbles for them, and have them try and blow them away in the air.</p> |
|    | <p><b>Wind on the Hands:</b> Play a game, blowing on each other's palm/hand. Talk about it, what does it feel like? If they close their eyes, can they tell when it happens? Talk about the wind being invisible and blowing the trees.</p>                   |
|  | <p><b>Hoberman Sphere Breathing:</b> Holding a Hoberman Sphere in hands to visualize the breathing movement. Open the sphere when breathing in and close the sphere when breathing out.</p>   |
|  | <p><b>Flying Animals:</b> Have your child lay down on their back and put a stuffed animal on their belly. Have them breathe in and move the stuffed animal up, then breathe out and bring the stuffed animal back down.</p>                                   |

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|   | <p><b>Animal Sounds:</b><br/>Encourage a long exhale through animal noises, singing or humming. This naturally prompts a deeper inhale, extending the breath. Lion's roar, bee's buzz, dragon, bears grrrr. Add an arm or body movement, pretend to walk like the animal and copy a simple movement e.g. bees wings.</p> |
|  | <p><b>Trees Blowing in the Wind:</b> Pretend to be trees, stand up tall, arms waving, come around and blow on their arms and hands to create wind! Swap roles.</p>   |
|  | <p><b>Blowing Flowers:</b> Go for a walk in the park and find a flower to blow the leaves from.</p>  |
|  | <p><b>Blowing Windmills:</b> Make or buy a windmill to blow, talk about blowing it outside like the wind blows the grass or flowers in the park.</p>   |
|  | <p><b>Falling Waterfalls:</b> Pouring light-weight food items from a cup into a tray, and blowing them as they fall. Watch what happens, do they move further away? Use a large tray to catch the mess!</p>  |

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|    | <p><b>Blowing a paper mobile:</b> You can make a paper mobile with your child and watch it moves when blowing.</p>   |
|    | <p><b>Be a detective:</b> Hide a picture under a thin layer of flour and ask your child to blow and reveal what is underneath! Use a large tray to catch the mess!</p> |
|    | <p><b>Little sailor:</b> Make a little boat using a bottle lid and put it on a bowl of water. Ask your child to blow the boat to see where it sails.</p>               |
| <p><b><u>Focused:</u></b></p> <p><i>For children who have the skills to take deep breaths, the following activities can build on their focus and control, by introducing 'tools' such as straws and party blowers.</i></p> |  |
|    | <p>Encourage drinking through a straw, to support the lip seal muscles to develop. Try wider straws, and thicker liquids to build sucking muscles.</p>                 |
|    | <p><b>PomPoms Race:</b> Blowing pom poms along a line or within a trail using a straw!</p>   |

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|     | <p><b>Party Time:</b> Use whistles, party blowers, khazoos, harmonicas. These will require a cleaning technique for health and safety, but are well worth the effort! Very motivating for children, and the sound/auditory feedback is very reinforcing reward for the consequences of blowing, which otherwise can be a very invisible and abstract concept!</p> |
|   | <p><b>Football match!</b> You can use a pom pom or a cotton wool ball as a football. You can also use tissue paper or tinfoil to make the football as well. Have a competition with your child and see who scores more goals!</p>   |
|   | <p><b>Blow Painting:</b> Using a straw to blow paint to make an artwork! Blow pens are another option as well.</p>  |
|  | <p><b>Bubble Volcano!</b> Put a few drop of dish washing liquid in a bowl of water and use a straw to blow in the water to see how the bubbles come up! You can also add some food colouring in the water to make it colourful!</p>   |

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|  | <p><b>Snowball challenge</b><br/>Use a straw to pick up a cotton wool ball by sucking it up from one bowl and move it to another bowl.</p> |
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**Out & About:**

*For children who have the skills to take deep breaths and understand the concept, the following activities can help focus and create rhythm in breathing, without equipment. Consider printing out a poster for a classroom, having a child choose for the whole class and drawing this on the board at the beginning of the lesson. When out & about, talking about the shape, or showing a picture on a phone, can be a reminder of the breathing rhythm.*

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|  | <p><b>Rainbow Breathing:</b> start at one end, breathing deeply in move the finger along to trace the length of the rainbow, stop at the other side. Hold for a minute, then trace the finger back, breathing out slowly.</p> |
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|  | <p><b>Star Breathing:</b> trace the picture in and out, tracking the breath.</p> |
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|  | <p><b>Hand Breathing</b><br/>Hold one palm out, with the pointer finger of the other hand, trace up and down, taking a breath in with the up and out with the down, tracing all the way from the base of the thumb to the little finger.</p>                |
|   | <p><b>Figure 8 Breathing</b><br/>Tracing the shape of a figure eight with your finger while breathing deeply. Trace one half of the eight as breathing in for three seconds then trace the other half of the eight as exhaling slowly for three seconds</p> |

# Equipment

Specialist equipment is often provided by the different children's therapy services to schools, such as static seating, standing frames or communication devices.

It is the responsibility of the school to maintain the upkeep of any equipment provided by the therapies service. Each piece of equipment must be cleaned regularly and if it has screws, these should be tightened on a regular basis. Equipment must be kept inside the school and should not be stored outside, even if sheltered as this may impact on the mechanics and workings of the equipment.

## Occupational Therapy

The only equipment provided by occupational therapy to schools will be static seating. If you notice any changes with regards to the functions of the seating, you must notify a member of the children's occupational therapy service immediately on **0208 586 6480**.

## Speech and Language Therapy

The only equipment provided by the speech and language therapy team to schools will be communication devices. If you notice any changes with regards to the functions of the communication devices, you must notify a member of the children's speech and language therapy service on **020 8221 9300**.

## Physiotherapy

Equipment provided by the physiotherapy team would be standing frames or mobility equipment. If you notice any changes with regards to the functions of the standing frames or mobility equipment, you must notify a member of the children's physiotherapy service on **0208 586 6380**.

NB: School may be provided with other equipment, such as hoists or slings, by the Complex Needs and Dyslexia Service. For any concerns with these, contact the team on **0208 475 2304**.

The children's occupational therapy service does not provide home equipment or adaptations, other than static seating. If children require any or require a reassessment, the social care occupational therapy team should be contacted on **0208 430 2000 Option**