Paediatric Occupational Therapy
Pre-referral Problem Solving Resource Pack
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**Introduction**

This pack has been developed by the Birmingham Community Healthcare Paediatric Occupational Therapy team. This resource is designed to provide support and advice for problems a child may be facing with functional participation in their everyday tasks.

The resource should be used as a pre-referral problem solving tool to ensure that all strategies have been tried before a referral to Occupational Therapy is made.

This pack is intended as a guide only, and the Occupational Therapy service should always be consulted if;

- The need appears more complex than the solutions offered or when all solutions offered are trialed and improvement is not seen
- The child has a neurological condition which may impact upon the appropriateness of strategies given
- The child has a degenerative condition and their needs are changing rapidly
- There are safety concerns related to the activity or strategies provided

By providing advice and strategies at a universal level, a more specialised and targeted service can be provided for children who are presenting with complex difficulties.

If after using the advice provided in the pack the child still continues to find tasks hard it may be appropriate for the child to be referred to the occupational therapy department. The strategies you try can then be used as part of the referral. We have also included a suggested format of how to log the strategies that have been tried.
**Problem solving strategies - Self-care – Feeding**

- Ensure you are using any special seating as advised by the child's therapist.
- Ensure you are positioned in front of the child, placing food and drink in front of them on their tray / table and reduce distractions which may cause them to look to the side.
- Ensure the child has their feet flat on a stable surface (consider use of footrest if they cannot reach the floor).

- Reduce visual distractions within the environment - e.g. wall decorations and items the child may find interesting
- Face the child seated away from any distractions
- Consider using visual aids to cue the child into the task
- Praise 'good looking'
- Use auditory cues to direct the child’s attention to their food e.g. tapping bowl with the spoon
- Wait for the child to initiate each stage of feedback - do not put food in their mouth when they are not ready

- Reduce distraction and stimulation where possible
- Stagger lunch break to quieter session if possible
- Identify somewhere quiet for the child to sit within the lunch hall e.g. close to the edge and far away from busy spaces such as the food hatch or door
- Consider using a weighted lap pad on the child’s lap (no more than 5% of body weight) – see guidelines within equipment list
- Use calm down techniques prior to lunch time e.g. listening to music, using a quiet ‘safe’ space
- Use calm down techniques after lunch e.g. listening to music, using heavy blankets, quiet ‘safe’ space
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Child has difficulty holding cutlery

- Try using a cutlery strap to help maintain grasp
- Spoons or forks with thick and/or textured handles are easier to hold
- Prepare the child’s hands with ‘warm up games’ prior to eating; clapping games, pat-a-cake, rubbing hands together and using vibrating toys
- Engage in functional hand games with tools during play e.g. mixing / pouring / stirring rice or water, using paint brushes and opening/closing containers
- See ‘cutlery progression’ advice sheet for further information

Child has difficulty loading cutlery

- Use a shallow spoon with a short handle for better control
- Use a plate guard, sloped plate or lipped bowl to prevent food slipping off the edge
- Place a non-slip mat (dycecm) underneath the plate/bowl to prevent slipping
- Use ‘hand over hand’ support initially, gradually reducing the amount of support given
- Draw the child’s attention to the task frequently using visual and auditory cues (above)
- Provide ‘loading tools’ opportunities within play for practice e.g. scooping sand, rice, water
- See ‘equipment for mealtimes’ advice sheet for further information

Child has difficulty bringing cutlery to mouth

- Guide the movement of the cutlery to the child’s mouth by supporting under their elbow – gradually reducing the amount of support given
- Use an angled fork or spoon
- Weighted cutlery is generally easier to control
- Play body awareness games to increase the child’s understanding of the areas of their body e.g. action songs
- Use touch feedback to face and mouth prior to eating to ‘wake up’ this body area
- Encourage the child to wipe their face and mouth with a cloth
- See ‘equipment for mealtimes’ advice sheet for further information
If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

For any feeding issues where safety, swallowing or oral motor skills are a concern refer to Occupational Therapy and/or Speech and Language Therapy.

**Child does not use both hands e.g. using knife and fork together**

- By around 7 years of age, the child will typically be using a knife and fork together to cut up food and independently self-feed
- If the child is having difficulty in using a knife and fork together;
- Break down the skill into smaller steps e.g. first practice ‘stabbing food with the fork’ then practice cutting with the knife
- Practice holding both the knife and fork at the same time without introducing food
- Support using ‘hand over hand’ gradually reducing the support provided
- Practice using both hands together for tools with games such as cutting play-dough, threading games and baking
- Practice with soft, easy to cut foods first e.g. banana before building on the skill

**Child has unusual sensory responses e.g. poor tolerance to textures, poor awareness of food around mouth**

- Avoid light touch around the face and mouth – use firm touch e.g. when wiping face
- Use firm dabs around the mouth and face rather than wiping
- Consider referral to Occupational Therapy and/or liaison with Speech and Language Therapy
- See Sensory strategies advice sheet for further information

**Feeding Resources:**
- Equipment for Mealtimes advice sheet
- Cutlery Progression advice sheet
- Sensory strategies advice sheet
**Problem solving strategies - Self-care – Dressing**

**Child has difficulty balancing whilst dressing**
- Provide a stable chair with arm rests for the child to sit on or sit on the floor with their back to the wall for stability
- Encourage balance games in order to improve their general balance
- Allow the child to practice the skill in ‘less stressful’ environments e.g. school holidays & weekends

**Child has difficulty grasping clothing**
- Use ‘hand over hand’ support to support the child to initiate the action
- Work on grasp and hand strength using fine motor activities, play-dough, threading, mixing, pouring and stirring
- Use dressing role play games such as dressing dolls, teddies and action figures
- Use dressing up games e.g. pyjama parties, fancy dress outfits and using aprons/large shirts for craft activities

**Child has difficulty with fastening buttons**
- Practise fastening of buttons on clothes laid out in front of your child on a table rather than on the body
- Start with larger, flat buttons and then progress onto smaller ones
- Sew different sized buttons on to strips cut from flannels or old pieces of material and cut holes in strips of flannel or pieces of the material. Encourage your child to attach the pieces together in a chain.
- Start the task of fastening or unfastening the button by poking it through the hole then allow your child to finish by pinching and pulling the button using their finger and the thumb. When your child is able to consistently do this, add another stage of the task.
- While learning, allow the child to fasten the buttons they can see (e.g. at the bottom of a shirt) rather than all of them in one go. Use a mirror to help the child see top buttons.
Child has difficulty with *fastening laces*

- Choose one method of lace tying, and teach it consistently. If the child is left handed find a left handed adult to help them with this skill.
- Make sure that you and the child are side by side rather than opposite each other when you demonstrate. That way they'll be able to copy your movements rather than mirror them.
- When starting with shoe laces try with two differently coloured laces tied together as it will make it easier for you to describe which lace you want the child to manipulate.
- Split up the entire process and teach it in steps. Remember to undo and redo each step repeatedly, until it appears the child seems comfortable with it.

Child has difficulty with *fastening zips*

- Practise fastening of zips on clothes laid out in front of your child on a table rather than on the body.
- Use a pipe cleaner to thread through the clasp of the zip to help with identifying where the zip needs to be housed.
- Attach a key ring or toy to the end of the zip to make it easier to grasp and pull up.

Child can’t *organise clothing* onto their body

- Play peep-po games for pushing body parts through clothing
- Use labels/pictures/features on clothing to help identify the right way round
- Lay clothing face down for the child to put on
- Encourage the child to dress in front of a mirror to help them see what they are doing
- Use body awareness games e.g. simon says, rolling, jumping, obstacle courses to increase this skill
- Use ‘*backward chaining*’ approach – see advice sheet
If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

**Dressing Resources:**
- Dressing Skills advice sheet
- Equipment aids for dressing advice sheet
- Dressing Skills for a child with a Hemiplegia
**Problem solving strategies - Self-care – Toileting**

- **Child is unable to get on/off the toilet and unable to sit/balance on toilet**
  - Use a plastic step/stool to help them reach the toilet and place their feet whilst sitting
  - Try the use of a trainer seat or comfy trainer with handles (both available from online stores and Mothercare)
  - Use rails where available to help practice
  - Practice stepping on and off steps/over surfaces during play or P.E

- **Child has difficulty managing clothing and pulling up/down clothing**
  - See ‘dressing’ section above for specific advice in this skill
  - Ensure the child has time to practice with fastenings and dressing when there is not time or pressure to avoid ‘accidents’

- **Child has difficulty wiping self**
  - Apply body lotion (different colours) around the child’s bottom area and encourage the child to wipe that cream with a soft toilet tissue.
  - Moist toilet tissue (Wet Ones) may be more effective. Some children are sensitive to touch and so may benefit from using extra soft toilet roll.
  - Use a mirror in the bathroom to give the child an additional visual cue when wiping their bottom.
  - Practice twisting skills needed for bottom wiping and introduce games in which they have to do activities without their sight – see bottom wiping advice sheet
  - Allow plenty of time to practice this skill e.g. weekends & school holidays
If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

- Prompt the child to use the toilet at different intervals throughout the day
- Encourage the child to participate in body awareness games to encourage their general skills in this area
- Teach the child ways in which they might indicate they need to use the toilet e.g. verbal, visual cue cards
- Consider referral to community/school nursing if this problem persists

**Toileting resources:**
- Toilet training advice sheet
- Bottom wiping advice sheet
Problem solving strategies - **Self-care – Sleep**

If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

**Child has difficulty ‘winding down’ for sleep**
- Try to get into a regular routine where the child gets up and goes to bed at the same time. This will assist the child to know when to start switching off.
- Introduce a consistent night time routine e.g. warm relaxing bath, change into pyjamas, read for twenty minutes etc
- Avoid sweets or other stimulating foods 2 hours before bed time.
- An hour before you want your child to go to bed, begin to slow the house down. Dim the lights, put on some calming music etc
- Consider massaging your child doing or another activity that they find calming before bed.

**Child has difficulty staying in their own bed through the night**
- Discourage the child from drinking 1-2 hours before bed time so they don’t need to get up in the night to use the toilet.
- Avoid frightening or exciting books or stories just before going to bed.
- Make sure their room is in a state that they find relaxing e.g. reduce unnecessary mess, visual or noise stimulation.
- If the environment is noisy then consider filtering this out with ‘white noise’ e.g. from a fan or by playing soft relaxing music.
- Regulate the temperature of the room during hot / cold weather e.g. opening a window, using a fan or hot water bottle
- Use a sleep chart or reward chart as appropriate for nights they have managed to stay in bed

Sleep resources:
- Preparation to sleep advice sheet
Problem solving strategies - **Productivity – Hand use**

**Child has difficulty picking up small and/or flat objects**
- Practice picking up larger items then work towards smaller to develop pincer grip
- Have the child hold something in the palm of their hand e.g. marble then ask them to pick things up just with their finger and thumb
- Practice activities that encourage hand strength e.g. play-dough, scrunching paper, pinching pegs, squeeze toys
- See ‘fine motor skills’ advice sheet for more activity ideas and information

**Child has difficulty holding things still during an activity**
- Prompt them to stabilise items with the hand that is not in use – a physical or verbal prompt may be required regularly e.g. “hold with this hand” whilst placing their hand on the item
- Try using a non-slip matting e.g. dycem to assist in stabilising
- Practice activities that require bilateral co-ordination (using both hands together) to develop this skill

**Child has no clear hand preference e.g. switches between left and right for writing**
- Hand dominance is not usually established until age 4 to 6.
- If the child is not demonstrating a preferred hand, do not force them to use one hand
- Carefully observe them in a variety of activities and take note of which hand they most often use or are more successful with
- Place items for activity in the middle and allow them to make the choice
- Once noted, encourage them to use this hand. Use words such as ‘doing hand’ for preferred hand and ‘helping hand’ for the other
- Encourage the child to finish the activity with the hand they started with, providing lots of positive feedback
**Child is unable to use scissors**

- Show the child how to hold scissors correctly by demonstrating. Talk about where your fingers are inside the scissors. Let the child try to copy this.
- If it is difficult for the child to open and close the scissors to cut, let them practice this action without cutting, as long as you are supervising.
- If the cutting action is physically hard work for the child, allow them to try with looped ‘easi grip’ scissors or spring loaded scissors.
- Show the child how to support the paper with the other hand. Help them turn the paper initially.
- Practice scissor skills during play with craft activities.
- Break down the task of cutting using the step by step approach – see scissor skills advice sheet.

**Child has difficulty with pencil grasp**

- Practice using large triangular pencils / pens e.g. marker pens.
- Trial various types of pencil grips to support the child in developing a tripod grip.
- Encourage activities that develop hand strength and finger isolation – see handwriting advice sheet.

**Child has difficulty forming letters, shapes and numbers**

- Use a multisensory approach.
- Draw the letter on the child’s body and ask them to identify it.
- Collect different forms of the letters r, h, n, m, u, v, w made out of sponge, magnets, card, sandpaper, tin foil etc and ask the child to collect together the same letters although they are made of something different.
- Motivate by using noises e.g. ‘zip & whoosh’ when forming a letter.
- Draw out the letter first rather than asking the child to copy so that they are able to imitate the movement.
- Practice skills to encourage visual motor integration – see ‘handwriting advice’ sheet.
If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

Hand use resources:
- Scissor skills advice sheet
- Handwriting advice sheet
- Fine motor skills advice sheet
**Problem solving strategies - Productivity – Seating & Positioning**

- **Chair is too high for the child e.g. when sat in chair feet do not touch the floor**
  - Use a foot step
  - Good posture involves the child sitting with their knees flat on the floor and directly under their knees. Their hips, knees, and ankles should at 90 degrees
  - Ideally identify a chair that ensures the above posture

- **Table is too high for the child e.g. cannot rest forearms without elevating shoulders or elbows**
  - Use a lower table wherever possible
  - Provide a firm cushion if height needed is minimal
  - Provide a higher chair with the use of a foot step (see above) – child should be able to transfer independently into and out of the chair and be able to use the back as support

- **Child leans excessively over the table despite effective seat positioning**
  - Try use of a wedge cushion and sloping board to improve posture
Child is unable to maintain a functional or an upright sitting position when sat on the floor or on

- Please consult the Occupational Therapy team

If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

Please note any wheelchair related queries should be directed to the child's local wheelchair service.
### Problem solving strategies - Productivity – Attending to activity

**Child excessively touches objects or people compromising attention and function**

- Allow access to a box of fidget items e.g. tangle toys, squeeze balls, putty. The child may be able to better attend to the task whilst manipulating these items.
- Carry out deep touch pressure exercises to increase their focus.
- Note – if you have any concerns regarding a complex medical condition in relation to the above strategies, please consult the Occupational Therapy team.

**Child excessively seeks movement that compromises attention and function**

- Allow regular movement breaks particularly prior to and after times in which the child needs to concentrate on an activity.
- Consider the use of a move & sit cushion which will provide movement feedback whilst seated.
- Consider following movement with deep touch pressure activity or weighted items for children who become over-alert following movement.

**Child appears sluggish, has poor visual / auditory attention**

- Incorporate regular movement breaks throughout the day.
- Consider sensory feedback that helps the child remain alert e.g. certain types of music, visual stimulation, tastes, textures etc.
If the child continues to display function difficulties that are in excess of their developmental stage or medical diagnosis consider a referral to Occupational Therapy.

- Wherever possible reduce the amount of noise within the environment, especially when the child is expected to attend to an activity
- Ensure the child is made aware of any loud noises e.g. ringing bells or alarms and household items such as the hoover
- Provide headphones or ear defenders to allow them to manage noisy environments

- Consider the child’s developmental level – it may still be expected for mouthing to occur
- Provide opportunity for chewing e.g. chewellery items or crunchy foods

**Attending to activity**
- Attention advice sheet
- Sensory advice sheets
Problem solving strategies – **Play**

1. **Child is displaying repetitive play**
   - Encourage a variety of leisure activity options – see leisure activity advice sheet
   - Copy the child’s play then try to encourage them to copy you (intensive interaction) to encourage different kinds of play

2. **Child avoids getting ‘messy’ during play**
   - See sensory advice pack on supporting sensory needs at home and school

3. **Child prefers sitting during activity**
   - Offer a range of activities focusing on movement
   - Introduce movement into preferred activities
Child has difficulty settling after play

- Use deep pressure activity to help lower arousal levels
- Consider the use of weighted equipment (you may need to consult an OT)
- See guidelines attached
We hope that you have found this resource useful in developing your child’s independent living skills.

If your child continues to have difficulties after following the advice outlined within this pre-referral resource then you may wish to consider a referral to the Occupational Therapy Team. Details on how to refer to the team are located on the ‘Birmingham Community Healthcare – Paediatric OT’ webpage.