

Please do not hesitate to contact the department on: - 0203 004 0092 and we will be happy to answer any queries you may have.

**A large print of this leaflet is available from the department**

Translation is available on request. Please telephone **020 8308 4895**.

تتوفر الترجمة عند الطلب. نرجو الاتصال برقم الهاتف **020 8308 4895**

索取翻譯文字, 請致電 **020 8308 4895**。

به اثر تقاضا، ترجمه مهیا می گردد. لطفاً به شماره **020 8308 4895** تلفن کنید.

ਅਨੁਵਾਦ ਬੇਨਤੀ ਉੱਤੇ ਉਪਲਬਧ ਹੈ, ਕਿਰਪਾ ਕਰਕੇ **020 8308 4895** ਉੱਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

İstek üzerine anadilinizde çeviri hizmeti sağlanır. Çeviri hizmeti için **020 8308 4895** numaralı telefonu arayınız.

گزارش کرنے پر اس کا ترجمہ دستیاب ہے۔ براہ کرم **020 8308 4895** پر فون کریں۔

Bản dịch được cung cấp theo yêu cầu. Hãy điện thoại tới **020 8308 4895**.

Oxleas **NHS**  
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*improving lives*

**PAEDIATRIC  
OCCUPATIONAL  
THERAPY**

At Woodside School



**Paediatric Occupational Therapy  
Queen Mary's Hospital,  
Froggnal Ave, Sidcup,  
Kent, DA14 6LT  
0203 004 0092**

## What is Occupational Therapy?

An Occupational Therapist (OT) helps children achieve some independence in their daily life. This can be achieved through advice/adaptive equipment and carrying out therapy programmes. Children may have difficulty in carrying out everyday living tasks, and these can be divided into 3 main areas: self-care, school and play.

**Self-Care** occupations are personal care activities such as dressing, eating using a knife and fork, accessing the bath or toilet, and brushing teeth. Some children may need adapted equipment or alternative strategies to help them manage these tasks more easily.



**School** occupations include engaging in learning tasks, completing handwriting activities, organising work on a page, using tools such as scissors and rulers and accessing the school environment.

**Play** occupations are fun leisure activities such as riding a bike, catching a ball, playing football and playing with toys at home.

## Sensory Needs

Some children at Woodside have difficulty engaging in functional activities as they have difficulty with their sensory processing. They may be over-responsive to information coming from the environment (e.g. cover their ears when there are loud noises) and are therefore reluctant to engage in activities. Alternatively, they may be under-responsive to sensory input and tend to “seek” more

sensations so are always “on the go.” If you feel your child is like this and it limits their function in the previous 3 areas, they may benefit from a referral to OT. Please see the leaflet on Sensory Processing if you would like more information on this.

## What to expect from the OT service

The current OTs attending Woodside are **Diana Bennett** and **Teayanna Barrett-Cheddie** who visit the school two days a week to see the children. Children are primarily seen on a whole class approach at the beginning of each academic year in order for all children to receive initial observations to assess for potential needs. Children identified with OT needs are then referred to the OT service. Following this, specific child needs are identified and a plan to meet these needs devised. Input may include groups, 1:1 blocks or termly reviews with input provided by class staff following training from OT.

OT Input through 2020 and 2021 has looked different to usual as we have reduced our face to face contact in order to protect the children we work with and their families. Where possible we are currently completing virtual appointments with school and parents and if required then completing face to face appointments with use of PPE.

If you feel your child struggles in any of the 3 areas just discussed, please ask their teacher to send a referral to the OT.

OT do not stay involved with children indefinitely. We work in **episodes of care**

which mean that the frequency of contact is dependent of the child’s OT needs at that particular time.

## How we deliver services

OT input will mainly be within the school. It will first involve completing an observation during class time, discussing concerns with teaching staff, then carrying out assessments. The OT may call to talk to you about your areas of concern. If we consider that OT is required, we will set some goals. An OT may then provide one or several different interventions depending upon the needs of your child. These may include giving advice/support or programmes to meet identified goals. If it is felt that a child would benefit from carrying out a programme, it will be more effective for this to be carried out by school staff or parents who have regular contact with the child in their own environment (school/home), e.g. for a child who struggles with dressing skills, necessary prompts or opportunities within the home and school to practice on a daily basis can be more beneficial. Children learn more effectively through daily routines.



When the episode of care has finished, a therapy passport will be written which will be sent to school, home and your child’s GP.