

Integrated Therapy Service for Children and Young People



Fact File for School Age

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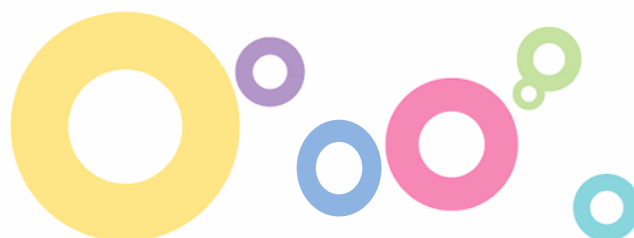
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Integrated Therapy Service
September 2012

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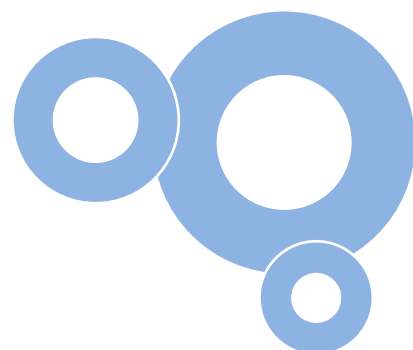
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Section One



Introduction to the Fact File for School Age





Section One

Introduction to the Fact File for School Age

The Integrated Therapy Service for Children and Young People in Somerset Partnership NHS Foundation Trust has designed the Fact File for School Age to support professionals who work with all children and young people aged 4 – 19 years, in order that they will have a greater understanding of children and young people's development and the ways they can help children and their families.

The Fact File for School Age contains information on the following:

- Typical development of children and young people in the areas that fall within the expertise of Speech and Language Therapy, Occupational Therapy and Physiotherapy
- How to identify common and acceptable variations in children and young people's development
- How to decide which children and young people may need additional support to promote their development.
- Practical Advice Sheets which you can also share with parents/carers
- When and how to refer for specialist assessment by the Integrated Therapy Service

General principles of the School Age Fact File

The Fact File for School Age has been developed and produced by the Integrated Therapy Service (ITS) for Children and Young People in Somerset. The ITS is a service comprised of Children's Physiotherapists, Occupational Therapists and Speech and Language Therapists working in the community across Somerset.

Many children and young people will show difficulties at some point in their development but most will progress given the right environment and simple strategies used by those around them. The Fact File for School Age is intended to give practitioners who work with children and young people aged 4 – 19 years the information and confidence to be able to meet their needs and advise their parents and carers. Early identification of children needing extra support is vital but this does not always mean early referral.

A small proportion of children and young people will require specialist support from the Integrated Therapy Service to enable them to carry out the activities that they need or want to do. This Fact File for School Age will help you to identify which children or young people may require this specialist support.

Section Two



Developmental Milestones



	Movement	Hand & Finger Skills	Language & Social Communication
Development Milestones: 4 – 5 Years (Reception)	<ul style="list-style-type: none"> • Uses playground/gym equipment independently (climbing frame with ladder slide, low balance beams, swings – may not be able to initiate the swing) • Stands on one foot for 5 seconds or more • ‘Gallops’ along for 4 – 5 metres. • Hops on one foot 5 or more times • Skips along on alternate feet 4 or more times • Runs around obstacles and turns corners with agility • Goes upstairs and downstairs without support and with one foot to each step • Kicks ball forward with good aim • Throws ball overhand with accuracy • Bounces / catches football to self • Catches bounced ball most of the time with hands only – does not need to use a body grasp • Moves forward and backward and sideways with agility • Walks along a line heel-to-toe and backwards 6 or more steps • Walks sideways on a 10cm beam without stepping off • Dresses/undresses independently. • Shows ability in personal hygiene 	<ul style="list-style-type: none"> • Copies square. • Draws a person with two to four body parts, includes head, legs, trunk and usually arms and fingers • Holds instrument with proper tension and grasp (scissors, pencils, pen, paintbrush) • Turns book pages one at a time • Hands out individual sheets from a stack of paper • Uses scissors • Draws circles and other simple shapes independently • Begins to copy some capital letters • Attempts to do buttons and other fastenings on self or dolls • Able to unscrew and screw up objects 	<ul style="list-style-type: none"> • Produces speech which is mostly intelligible • Produces most consonant sounds but ‘r’, ‘th’, ‘l’, ‘ch’ and ‘j’ may still not be correct • Simplifies some sound combinations e.g. ‘tain’ for ‘train’, ‘boon’ for ‘spoon’ • Words may be less clear in sentences than spoken singly • Attention skills are generally two-channelled i.e. the child can do a task while listening to a simple instruction • Many can remember a sequence of four digits • Understands sentences with four information carrying words • Understands simple question words: ‘where’, ‘who’, ‘what’ • Listens to and follows quite a long story with pictures • Uses regular grammatical endings but often over-applies rules e.g. ‘runned’, ‘mouses’ • Refers to activities and events that are not present • Tells a familiar story while looking at a book • Average sentence length is 5 – 7 words • Uses words such as ‘and’ and ‘so’ to form longer sentences • Vocabulary of around 1500 words • Understands a range of prepositions e.g. ‘on’, ‘under’, ‘behind’ • Understands and names most colours • Starts to link words by meaning e.g. opposites, categories • Can be literal in interpretation of language • Can cooperate with others in play for some periods of time • Not always able to take turns and appreciate other children’s point of view • Begins to have ‘best’ friends • Can role-play and make-believe • Cannot negotiate when things don’t go their way

	Movement	Hand & Finger Skills	Language & Social Communication
Development Milestones: 5 – 6 Years (Year 1)	<ul style="list-style-type: none"> • Stands on one foot for 10 seconds • Skips along for 4 – 5 metres • Walks around classroom/school avoiding collision with stationary objects/people • Carries objects around classroom/school avoiding collision with stationary objects/people • Hops on either leg 5 – 10 times or more • Swings, climbs with agility • Able to ride bicycle without stabilisers (girls can be a little slower to achieve) • Dribbles a ball • Kicks a rolling ball with accuracy • Bounces and catches a tennis size ball • Throws a ball with accuracy • Able to skip with a rope (boys can be a little slower to achieve) 	<ul style="list-style-type: none"> • Can cut/draw/trace with accuracy and precision • Uses blocks, beads, puzzle pieces to complete appropriate tasks • Copies triangle and other geometric patterns • Colours neatly • Draws person with body • Prints some letters • Dresses and undresses without assistance • Uses fork, spoon and (sometimes) a table knife 	<ul style="list-style-type: none"> • Produces most consonant sounds but 'r' and 'th' may not be established • Some words may be hard to understand in connected speech but clearer if repeated • Some long words with difficult sound combinations may show errors • Two-channelled attention should be well established across a variety of situations. • Many children can remember a sequence of 5 digits • Understands more complex questions such as 'why?' and 'what is going to happen?' • Understands cause and effect sentences e.g. 'if x then y' • Uses sentences of around 8 – 10 words on average • Uses words such as 'because' and 'to' to join phrases e.g. 'I am going to Joe's house later to play on his trampoline' • Beginning to use irregular verb forms and plurals e.g. 'ran', 'mice' • Uses narrative skills to tell a story or event but may be disjointed or lack key information • Tells simple jokes • Has vocabulary of 3,000 to 5,000 words • Knows left and right • Uses comparatives and superlatives e.g. 'louder', 'sharpest' • Uses some conditional concept words e.g. 'should', 'might' • More aware of language – points out words with more than one meaning and discusses connections between words • Some awareness of non-literal language – sometimes questions or comments when they hear a new 'saying' • Is developing ability to see another person's point of view • Able to cooperate with others for extended period of play • Understands and can tell jokes with simple word-play

	Movement	Language & Social Communication
<p>Development Milestones:</p> <p>6 – 7 Years</p> <p>(Year 2)</p>	<p>By this age children should have acquired most of their developmental milestones for movement.</p> <ul style="list-style-type: none"> • Basic motor skills acquired – improvement in speed and skills of tasks should be observed • Able to use ball skills whilst running at speed and changing direction • Accuracy with aim and throwing whilst on the move • Able to co-ordinate bat and ball activities • Skills can be incorporated into team games. • Able to copy a diamond or rectangle • Able to tie a bow or do shoe laces. Mastering a tie usually takes a few more years • Emotionally confident and independent of adult <p>Children are not expected to be consistent with identifying right and left until 8 years.</p>	<p>As for children aged 5 – 6 years (Year 1), plus:</p> <ul style="list-style-type: none"> • Uses adult-like grammar and word order in their oral language. • Has learned the ‘rules’ of conversational etiquette (e.g. “Excuse me”) • Can start and sustain conversations over multiple turns (five or more) with two or more partners. • Produces stories that centre around a theme and contain a logical chain of events. • Becomes more explicit in their language when they recognise that the listener is not understanding. • Follows spoken and unspoken rules about communication and behaviour in school, including when to talk, when not to talk and how to speak to adults versus peers. • Uses language to learn about the world (e.g. “Why can I hear my voice when I put my hands over my ears?”).

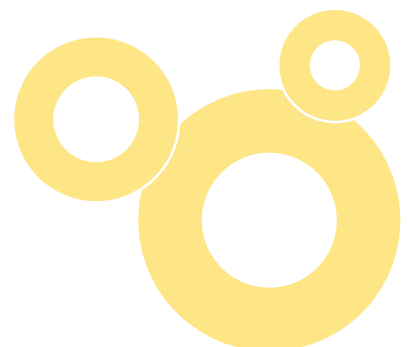
Movement		Language & Social Communication
Development Milestones: 8 – 11 Years (Key Stage 2)	Milestones are achieved.	<ul style="list-style-type: none"> • Has most speech sounds and sound combinations including ‘th’ and ‘r’ unless errors are related to dialect • Certain sounds may be produced in a slightly unusual way giving a different quality to the child’s speech, e.g. a lisp, although this will not affect intelligibility • Multisyllabic words may contain the occasional mistake • Many children can remember a sequence of 6 – 7 digits • Understands questions requiring inference or prediction e.g. ‘How do we know he is feeling sad?’ or ‘What could he have done?’ • Able to listen to and understand a story without pictures if the vocabulary is familiar • Can use regular and irregular verb tenses and plurals • Uses higher-level connectives like ‘although’, e.g. ‘I had a good birthday although some of my friends couldn’t come to my party’ • Can tell a sequence of events coherently with beginning, middle and end and in logical order • Acquires some technical vocabulary related to interests or school subjects • Has increasing knowledge of abstract concept words • Can define words and understands words have multiple meanings • Is developing good awareness of a range of non-literal language e.g. idioms, metaphors and sarcasm • Understands a range of types of jokes and humour including those that rely on word meaning ambiguity • Varies the ‘code’ of communication appropriately e.g. uses different structure, vocabulary and pronunciation when talking to friends compared to talking to teacher • Has deeper understanding of how non-verbal cues change the intention and meaning of what is said

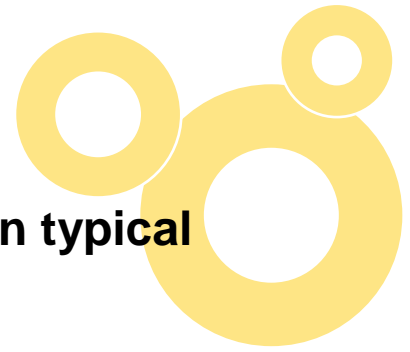
	Movement	Language & Social Communication
<p>Development Milestones:</p> <p>Into the teenage years</p> <p>(Key Stages 3 and 4)</p>	<p>Milestones are achieved.</p>	<ul style="list-style-type: none"> • Speech can seem to deteriorate in clarity and become more mumbled • Boys' voices deepen • Understands jokes and riddles based on ambiguity which is embedded in the structure of sentences rather than in individual words • Able to extract key information from extended amounts of verbal information • Knowledge of grammatical rules reaches adult level • Develops knowledge of how stress changes the meaning of what is said • Able to vary structure of language for different verbal and written purposes • Average vocabulary by end of this stage is around 10,000 words • Able to give abstract, dictionary-like definitions of words • Can take part in very quick verbal exchanges, picking up on humour and banter and responding quickly to the changing direction of conversation • Uses language to maintain social bonds – more 'just talking' with peers than at younger ages • Persuasive and argumentative skills reach near-adult level

Section Three



**Common and acceptable
variations in typical development**





Section Three

Common and acceptable variations in typical development

Common variations in speech and language development

There is a range of normal variation in how children say words. The following areas are often a cause for concern to parents, carers and teachers but are all normal variations that do not require speech and language therapy assessment.

- **Lisping in children aged under 7 years.** This is when children are observed to use a forward movement of the tongue and instead of 's' a 'th' is heard. This is a normal variation and usually disappears as children mature and develop. If this habit persists beyond the age of 7 and is causing difficulties with intelligibility or teasing, then consider contacting the Integrated Therapy Service for advice.
- **'w' substitution for 'r'.** This is part of normal development and may persist up until the age of 7, although most children will have acquired the 'r' sound by the age of 5.
- **Omitting 't' in the middle and at the end of words.** This is a common speech habit and, in the absence of any other difficulties, is not indicative of a speech problem requiring advice from the Integrated Therapy Service.
- **'f' substitution for 'th' in words like 'thing' and 'v' substitution for 'th' in words like 'that'.** This is another common speech habit which in the absence of any other difficulties does not require advice from the Integrated Therapy Service.

Common variations in children using their right and left hands for different tasks

Children tend to show a definite hand preference from about 4 – 5 years when they start attempting more fine motor tasks. Children establish hand dominance at approximately 7 – 8 years. It can be common for some children to use one hand for writing but then choose to use the other hand for different fine motor tasks.

Quite often children who write with their left hand find it easier when cutting to hold the scissors in their right hand and the paper in the left hand. This allows the action hand (left) to move the paper whilst the scissors tend to remain fairly stationary only needing to open/close.

Common variations in dressing skills

Some children can take longer to learn dressing skills due to lack of opportunity. Parents sometimes find it easier and quicker to dress their child in the morning if they are short of time but this may mean that the child does not get the practice they need to learn to dress themselves.

Common variations in gait (walking patterns)

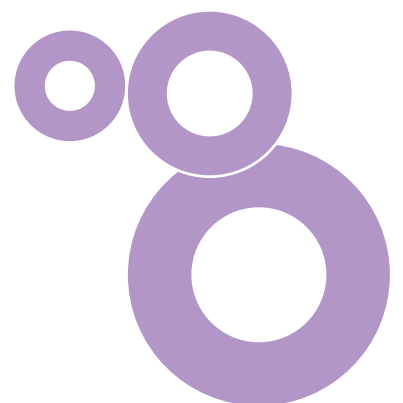
There is a wide range of normal variation in children's walking patterns. The following areas are often a cause for concern to parents and carers but are all normal variations that do not require physiotherapy assessment.

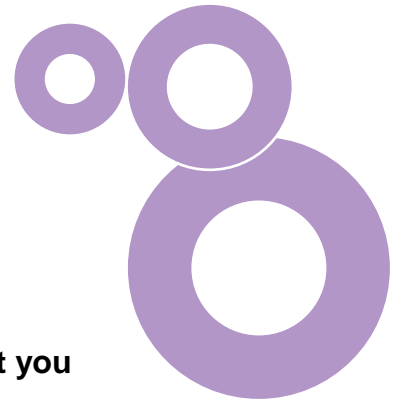
- **Flat feet.** All children are born with flat feet; the medial arch of the foot develops gradually over the first 10 years of life. 20% of 6 year olds still have flat feet with no evidence of a medial arch. There is no evidence that insoles will help an arch to develop in the foot, however they may be useful if a child is experiencing foot and ankle pain associated with walking.
- **Intoeing.** This is where the knee and foot turn inwards in standing. This is common in children, girls more than boys. Often children who intoe sit in a W kneeling position to play. Up to the age of 7 or 8 you can expect gradual improvement and many will resolve completely without requiring treatment. Physiotherapy assessment is not required unless the child is having difficulty with walking or running. The child should be encouraged to sit cross legged and not in a W and to participate in sports. You should not ask the child to try and correct their walking pattern as this can be counterproductive.
- **Bow legs.** This is when there is a larger gap between the knees than the ankles in standing. This usually corrects naturally by the age of 3 with no long-term consequences. Assessment by a Physiotherapist is required if one leg only appears bowed and one leg is straight or if the gap is very large (greater than 10cm).
- **Knock knees.** This is when there is a larger gap between the ankles than the knees in standing. It is common in children aged 3 – 8 years. This usually improves over time without treatment. Assessment is required by a Physiotherapist if one leg appears more bent than the other or if the gap is very large (greater than 10cm). Knock knees that first become apparent in adolescence need to be assessed by a Physiotherapist.
- **Curly toes.** This is common in young children and often runs in families. No treatment is required unless there is pain or skin or nail changes.
- **Toe walking.** This is where a child walks on their tip toes. There are several different reasons why this might occur and it often runs in families. Assessment from a Physiotherapist is advised as treatment may be required.

Section Four



Problems you may see and what to do





Section Four

Problems you may see and what to do

The Problems Table, on the next two pages, will help direct you to Advice Sheets relevant to your concerns.

How to use the Problems Table:

- Identify your main concern.
- Look through the observations column on the left to find the most appropriate description of the area of difficulty.
- Follow this row along to the right to find the suitable Advice Sheet or Sheets. These will be highlighted by a large dot. The page number where the Advice Sheet can be found is also given.

Please note: Some observations may have more than one recommended Advice Sheet.

We suggest you look at each Advice Sheet and either choose an individual Sheet or combine activities from two. This decision will depend on your observations of the child.

The Advice Sheets specify a time period for the activities to be implemented. After this time, if no improvement has been noted, please contact the Integrated Therapy Service by calling the Telephone Advice Line.

If your concern or observation is not listed on the table, please contact the Integrated Therapy Service by calling the Telephone Advice Line.

What are the hours of the Telephone Advice Line?

09:00 to 12:00 in the morning
Monday, Wednesday, Thursday and Friday
(excluding Bank Holidays)

What is the number?

0303 033 3002

OBSERVATIONS	COMMUNICATION							MOTOR SKILLS							SENSORY/COGNITIVE							SELF CARE									
	Speech sounds: 111	Vocabulary: 124	Expressive language: 64	Verbal comprehension: 121	Pragmatics/social skills: 99	Stammering: 113	Core stability: 48	Balance: 34	Ball Skills: 38	Motor planning: 86	Flexible joints: 68	Crossing the midline: 53	Pelvic stability: 95	Shoulder stability: 109	Developing fine motor skills: 57	Hand gym for older child: 71	Confidence and self esteem: 45	Handwriting: 75	Scissor skills: 102	Bilateral integration: 39	Perceptual skills: 97	Organisational strategies: 89	Auditory processing: 31	Calming: 42	Maximising attention: 83	Letter & number reversals: 81	Transitions & settling to task: 116	Dressing skills: 62	Fasteners: 66	Shoes and socks: 106	Tying shoelaces: 119
Does not understand/ process verbal instructions				●																			●								
Difficulty sequencing sounds	●																														
Speech sounds immature and may be unintelligible	●																														
Difficulty with the phonological skills required for literacy	●																														
Unable to mark plurals or tense endings e.g. hats, walked	●	●																													

OBSERVATIONS	COMMUNICATION							MOTOR SKILLS							SENSORY/COGNITIVE							SELF CARE										
	Speech sounds: 111	Vocabulary: 124	Expressive language: 64	Verbal comprehension: 121	Pragmatics/social skills: 99	Stammering: 113	Core stability: 48	Balance: 34	Ball Skills: 38	Motor planning: 86	Flexible joints: 68	Crossing the midline: 53	Pelvic stability: 95	Shoulder stability: 109	Developing fine motor skills: 57	Hand gym for older child: 71	Confidence and self esteem: 45	Handwriting: 75	Scissor skills: 102	Bilateral integration: 39	Perceptual skills: 97	Organisational strategies: 89	Auditory processing: 31	Calming: 42	Maximising attention: 83	Letter & number reversals: 81	Transitions & settling to task: 116	Dressing skills: 62	Fasteners: 66	Shoes and socks: 106	Tying shoelaces: 119	
Difficulty naming familiar items and or learning new vocabulary		●	●																													
Distractible and does not attend/poor listening skills				●																					●							
Does not participate in group discussions/reluctant to contribute			●																													
Uses main content words but misses out many of small function words			●																													

OBSERVATIONS	COMMUNICATION							MOTOR SKILLS							SENSORY/COGNITIVE							SELF CARE									
	Speech sounds: 111	Vocabulary: 124	Expressive language: 64	Verbal comprehension: 121	Pragmatics/social skills: 99	Stammering: 113	Core stability: 48	Balance: 34	Ball Skills: 38	Motor planning: 86	Flexible joints: 68	Crossing the midline: 53	Pelvic stability: 95	Shoulder stability: 109	Developing fine motor skills: 57	Hand gym for older child: 71	Confidence and self esteem: 45	Handwriting: 75	Scissor skills: 102	Bilateral integration: 39	Perceptual skills: 97	Organisational strategies: 89	Auditory processing: 31	Calming: 42	Maximising attention: 83	Letter & number reversals: 81	Transitions & settling to task: 116	Dressing skills: 62	Fasteners: 66	Shoes and socks: 106	Tying shoelaces: 119
Talks about a limited range of subjects					●																										
Talks hesitantly, mispronunciations, repetitions or inappropriate choice of words						●																									
Poor social communication skills					●																										
Stammers/repeats word sounds or syllables						●																									
Easily excitable/frustrated and has difficulties calming down																							●								

OBSERVATIONS	COMMUNICATION							MOTOR SKILLS							SENSORY/COGNITIVE							SELF CARE										
	Speech sounds: 111	Vocabulary: 124	Expressive language: 64	Verbal comprehension: 121	Pragmatics/social skills: 99	Stammering: 113	Core stability: 48	Balance: 34	Ball Skills: 38	Motor planning: 86	Flexible joints: 68	Crossing the midline: 53	Pelvic stability: 95	Shoulder stability: 109	Developing fine motor skills: 57	Hand gym for older child: 71	Confidence and self esteem: 45	Handwriting: 75	Scissor skills: 102	Bilateral integration: 39	Perceptual skills: 97	Organisational strategies: 89	Auditory processing: 31	Calming: 42	Maximising attention: 83	Letter & number reversals: 81	Transitions & settling to task: 116	Dressing skills: 62	Fasteners: 66	Shoes and socks: 106	Tying shoelaces: 119	
Difficulty remaining or transitioning to task					●																				●		●					
Can't maintain an upright sitting posture for more than 10 minutes							●				●															●						
Trips and falls/bumps into people and objects								●		●			●																			
Low energy levels/poor stamina/ gives up easily							●				●																					
Handwriting difficulties																		●								●						

OBSERVATIONS	COMMUNICATION							MOTOR SKILLS							SENSORY/COGNITIVE							SELF CARE									
	Speech sounds: 111	Vocabulary: 124	Expressive language: 64	Verbal comprehension: 121	Pragmatics/social skills: 99	Stammering: 113	Core stability: 48	Balance: 34	Ball Skills: 38	Motor planning: 86	Flexible joints: 68	Crossing the midline: 53	Pelvic stability: 95	Shoulder stability: 109	Developing fine motor skills: 57	Hand gym for older child: 71	Confidence and self esteem: 45	Handwriting: 75	Scissor skills: 102	Bilateral integration: 39	Perceptual skills: 97	Organisational strategies: 89	Auditory processing: 31	Calming: 42	Maximising attention: 83	Letter & number reversals: 81	Transitions & settling to task: 116	Dressing skills: 62	Fasteners: 66	Shoes and socks: 106	Tying shoelaces: 119
Difficulty with throwing, catching and aiming a ball									●																						
Struggles with pencil grip											●			●	●																
Difficulty using scissors																			●												
Difficulty coordinating two hands together for an activity												●				●				●											
Struggles with sequencing movements										●																					
Unable to sit without causing a disturbance or fiddling																									●						

OBSERVATIONS	COMMUNICATION							MOTOR SKILLS							SENSORY/COGNITIVE					SELF CARE												
	Speech sounds: 111	Vocabulary: 124	Expressive language: 64	Verbal comprehension: 121	Pragmatics/social skills: 99	Stammering: 113	Core stability: 48	Balance: 34	Ball Skills: 38	Motor planning: 86	Flexible joints: 68	Crossing the midline: 53	Pelvic stability: 95	Shoulder stability: 109	Developing fine motor skills: 57	Hand gym for older child: 71	Confidence and self esteem: 45	Handwriting: 75	Scissor skills: 102	Bilateral integration: 39	Perceptual skills: 97	Organisational strategies: 89	Auditory processing: 31	Calming: 42	Maximising attention: 83	Letter & number reversals: 81	Transitions & settling to task: 116	Dressing skills: 62	Fasteners: 66	Shoes and socks: 106	Tying shoelaces: 119	
Problems with visual perception																					●											
Struggles with organising self and belongings																						●										
Difficulties with dressing and undressing																									●			●				
Difficulties doing buttons, zips and fastenings																													●	●	●	

Section Five



Advice Sheets for schools, parents and carers





Section Five

Advice Sheets for schools, parents and carers

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Stammering	CYP ITS ASSA027	113
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Auditory processing

Auditory processing is the ability to perceive and understand what is heard in the environment.

This involves more than the sense of hearing. Understanding auditory information requires intricate processing by the neurological system.



Discriminating, associating and interpreting sounds, remembering and comprehending what is heard and relating words in a meaningful way are all parts of auditory processing.

Auditory Processing is essential in the development of language skills, communication and comprehension.

If you have used this Advice Sheet and not seen any improvement after 3 months, please contact the Integrated Therapy Service.

What you may see

- The child may have difficulties concentrating
- They may be easily distracted
- They may have trouble hearing what is being said within a noisy classroom
- The child can have difficulty distinguishing the teacher's voice against other background noise and may appear not to respond when their name is called

Strategies and Advice

- Give one direction at a time.
- Use short, simple, one-concept phrases to give directions. Repeat if necessary, using the same language.
- Give the child some extra time to listen and process the information before expecting them to start an action/task.
- Give visual cues such as pictures, gestures/signing or visual demonstration to support the verbal information.
- Use a Somerset Total Communication (STC) approach.

- Reduce auditory distractions where possible. Earplugs or headphones may help.
- Limit the time that focused auditory attention is required.
- Sit the child close to what they are listening to.
- Start with one step instructions and increase as competence grows.
- Put the instruction to rhythm or music to support the verbal information.

Some activities can help to develop a child's auditory processing. A few examples are listed below.

- Simon Says
- Recognition of everyday noises / sounds on CDs
- When reading a story, have a selection of props relating to the story beside you on a table. As each item is mentioned in the story, the child has to pick up the related prop.
- Clapping when children hear a particular word or phrase.
- Musical chairs/statues
- Acting out simple stories as they are narrated.
- Sound lotto games.
- Counting how many times a specific noise is heard.
- Playing Twister
- Find a hidden ticking clock/watch.

Remember – it can be very tiring for a child if they have difficulties with auditory processing because it requires increased concentration to understand instructions and complete tasks.

The suggested activities may therefore need to be completed little and often, so as not to cause fatigue and de-motivate the child. Try doing one of the activities before a session that will require a lot of auditory processing.

Suggested Resources

www.iheadphones.co.uk

For Timers:

Special Direct, TTS, Park Lane Business Park, Kirby-in-Ashfield,
Nottinghamshire NG17 9LE

www.specialdirect.com

ASCO Educational Supplies Ltd, 19 Lockwood Way, Parkside Lane, Leeds
LS11 5TH

Tel: 0113 270 7070

www.ascoeducational.co.uk

GLS Educational Supplies Ltd, 1 Mollison Avenue, Enfield EN3 7XQ

Tel: 0208 344 4000

NES Arnold

Hyde Buildings, Ashton Road, Hyde, Cheshire SK14 4SH

Tel: 0845 120 4525

www.nesarnold.co.uk

LDA

Pintail Close, Victoria Business Park, Nottingham NG4 2SG

Tel: 0845 120 476

www.ldalearning.com

Somerset Total Communication

C/o Resources for Learning, Parkway, Bridgwater, Somerset TA6 4RL

Tel: 01278 444949

email: stc@somerset.gov.uk

Balance

Balance is our ability to maintain a stable posture while engaged in motor activity.

It allows us to complete all tasks required of us throughout our day in a safe and productive manner.



If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.

What you may see

A child with balance difficulties may demonstrate:-

- Frequent tripping
- Difficulties with activities with feet off the ground
- Can't ride a bike
- Difficulties staying sat upright on a chair
- Difficulties going up and down steps and stairs
- Difficulties accessing playground equipment
- Poor performance in PE and Games
- Difficulties negotiating new, unfamiliar and uneven surfaces
- Poor concentration and attention
- Difficulties joining in some peer games

Strategies and Advice

Encouraging your child to experience a variety of movement sensations will help improve balance and build up confidence when standing or sitting on unstable surfaces.

Playground equipment

Playing on swings, slides, balance beams, climbing frames and ladders.

Trampoline

It is important to supervise your child at the beginning. You can start with a mini trampoline with a support bar at the front, if the child is nervous. If using a large garden trampoline, please ensure that there is a surrounding safety net. Start off sitting and bouncing, then kneeling and standing. Once they have gained confidence they can try:

- Jumping and clapping hands in front, behind the body and over the head.
- Jumping with feet apart and then together.
- Hopping on alternate feet.
- Jumping sideways, forwards and backwards. Twirling around.
- Catching a ball while jumping.

Rolling

- Let your child roll down a grassy slope at the park or in the garden.
- Roll at home with use of a blanket/parachute

Hopscotch

- Let your child try jumping with both feet together and then move up to hopping on one foot.

Walking along a taped length

Start off with tram tracks of parallel lines and progress onto single tape line.

- Place the tape on the floor and let your child pretend they are a circus performer.
- Encourage your child to walk forwards and backwards, heel/toe along the line.
- Take turns with your child and keep a score on how many times the line was stepped off.
- Make it fun and have prizes.

Stilts

- You can buy these in toyshops. The ones to start with are shapes that support the whole foot with a length of rope to hold onto.

Stepping Stones

- Place cardboard or carpet cut-outs of circles, squares or triangles on the floor. See if your child can follow the course by placing one foot on each 'stone'. Vary the distance between them.

Balance in crawl position

- Let your child practise keeping balance by lifting up one leg or one arm. Make it more difficult by getting them to lift up a leg and arm at the same time.

Statues

- See if your child can jump off a chair and maintain the landing position for a few seconds – like a statue.

Standing on one leg

- When standing on one leg, initially hold their hands. Then encourage letting go of your hand support by reducing the point of contact i.e. from whole hand to fingertip touch.
- Get your child to try to maintain balance on one leg with hands on hips. Make it more difficult by getting them to swing their free leg and, later, to slowly make shapes in the air with their other foot.
- When learning to stand on one leg, get your child to pinch one earlobe with their index finger and thumb, to look straight ahead, focus on an object and slowly lift their leg and hold it raised as long as possible.

Aeroplanes

- Have your child lie on the floor on their tummy. They then need to lift their head, shoulders and arms off the floor.
- Count to 10.
- Now lift their legs off the floor as well, keeping the legs straight. Count to 10 and relax.
- Progress to maintaining this position while lying on their tummy on a therapy ball.

Suggested Resources

Balance Boards

Davies Sports- Lee Fold, Hyde, Cheshire SK14 4LL

Tel: 0845 120 4515

www.daviessports.co.uk

Physio Med Services Ltd- Glossopbrook Business Park, Glossop, Derbyshire SK13 7AJ

Tel: 01457 860444

www.physio-med.com

Disc 'O' sit/Wobble cushion

Homecraft-Roylan- Nunnbrook Road, Huthwaite, Sutton in Ashfield, Nottinghamshire NG17 2HU

Tel: 08702 423305

www.homecraft-roylan.com

Special Direct- TTS, Park Lane Business Park, Kirby-in-Ashfield, Nottinghamshire NG17 9LE

Tel: 800 318686

www.specialdirect.com

Ball Skills

You have been directed to this Advice Sheet to help a child develop ball skills.

If you have implemented the strategies and not seen improvement after 4 months, please contact the Integrated Therapy Service for advice.



Purpose

To improve co-ordination and motor planning for throwing and catching activity

- Any ball activities should be modified so that they require less accuracy, less complex spatial judgments and/or less reaction speed. Use a large, light, soft ball first, used over a short distance. Beanbags are often good for providing variety and helping with accuracy when a child is able to manage small sized balls.
- Throwing balls and beanbags at targets (into buckets and through hoops): start with a large target close to the child. Gradually decrease the target size and increase the distance to the target as their skills improve. Target games include 'Velcro Darts', throwing a large hoopla onto sticks, throwing rings/balls into bowls or water and/or 'baskets'. You can use waste paper bins, storage boxes etc.
- Bowling – rolling a ball between people or towards the wall and receiving it back. Using lightweight skittles will provide more time to plan and co-ordinate. Adapt the distance between the child and the object to suit their skill level.
- Children with motor planning difficulties find it hard to anticipate the various positions where a ball may reach them. This is additionally hard when the speed of the ball does not give them time to co-ordinate their movements to catch it successfully. Games which include bounces to the front and to the side, and which require two handed catches initially, will offer them opportunities for practice, as will varying the direction of the throw and catch of the ball.
- Additional activities that do not depend on visual motor co-ordination but which will have benefits for ball skills include: swimming, dancing, running games, climbing and jumping plus many more usual childhood pastimes.

Bilateral integration

Bilateral integration is the coordination of the right and the left sides of the body to complete a task.

It is important to develop this skill as it helps to develop hand preference and allows the hands to work together effectively.

We use it for complex fine motor tasks such as doing up shoelaces, dressing, cutting with scissors and driving a car.



If you have used this Advice Sheet and not seen improvement after 3 months, please contact the Integrated Therapy Service.

What you may see

The child may be experiencing difficulties with:

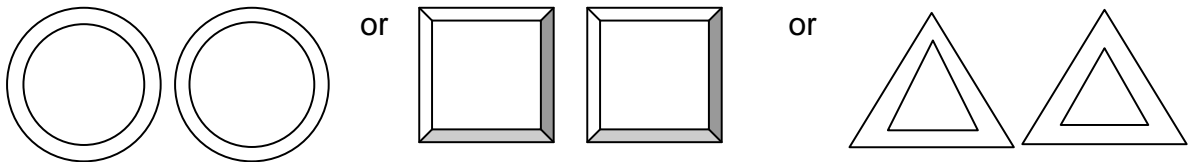
- Tying shoelaces and school tie
- Doing up zips and buttons
- Coordinating knife and fork
- Cutting with scissors
- Dressing and undressing
- Opening packets
- Threading
- Ball skills

Strategies and Advice

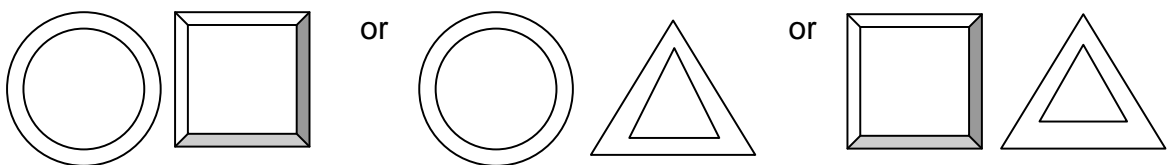
- While standing and holding their hands out in front of their body, ask the child to touch their left hand with their left knee by bringing their knee up to touch it. They then need to change sides so that their left hand touches their right knee.

- Put a large sheet of paper on the wall and draw the following patterns onto them. Then ask the child to trace over the patterns with both hands at the same time:

Symmetrical Patterns:



Asymmetrical Patterns:



- Tapping their tummy with one hand while moving the other hand in a circular pattern above their head.
- Jumping rope or skipping.
- Games with a large ball – the bigger the ball the more a child has to use both hands to control it for rolling / throwing / catching.
- Bunny hops.
- Holding onto a sheet of material with someone else and rolling / bouncing a football around on it while having to control the sheet so that the ball doesn't fall off.
- Holding a bat with both hands to hit a ball.
- Pretending to ice skate around the room with shoe boxes on their feet.
- Moving a hula-hoop up and down the body – step into it, move it up and over the head.
- Ball games – catching, throwing and target games.
- Balloon games – you can use one hand or two together.
- Clapping games and rhymes.
- Construction toys such as Duplo, Lego, Megablocks or Sticklebricks.
- Water play – tipping, playing with water toys, wringing out flannels, washing up.
- Bursting bubbles using two hands.
- Making paper chains with gummed strips of paper.

- Pushing with two hands such as shopping trolleys, large toys and wheelbarrows.
- Building with toy bricks.
- Action songs involving two hands such as 'Heads, shoulders, knees and toes'.
- Messy play – using shaving foam, squirty cream etc.
- Musical instruments such as banging cymbals together.
- Threading beads and buttons.
- Cookery – kneading dough and pastry, rolling, using shape cutters.
- Swimming.
- Park equipment such as swings, slides and climbing frames.
- Riding a tricycle or a bicycle holding on with two hands.

Calming

You have been directed to this Advice Sheet because you are concerned with the stress levels of a child or young person you may be working with.

If you have implemented these strategies and have not seen improvement after 3 months, please contact the Integrated Therapy Service.



Some children, for a number of reasons, can become highly anxious, stressed or have a heightened arousal or alertness. They may respond inappropriately or out of context to a particular event, stimulus or the environment, for example by hitting out at another pupil because they brushed past them or by running out of the classroom or shouting at an adult when asked to complete a task.

This can indicate that they have difficulties with processing and integrating sensory information. This inability to correctly process sensory information can result in a child going into Flight, Fight or Freeze responses to a stimulus. These reactions are beyond the child's control. They will be incapable of logical thought and reasoning until they have calmed down.

Children can become stressed and anxious for a variety of other reasons such as illness, difficulties at school, difficulties at home and poor peer relationships. No matter what the reason, once a child becomes stressed, over anxious or over alert they will not be able to concentrate on the task at hand and this will therefore hamper their learning.

What you may see

They may:

- Become very fidgety and not be able to keep still
- Become flushed in the face or go very pale
- Be hyper vigilant to what is going on around them
- Increase their vocalisations or suddenly become very quiet
- Act out in class or become very withdrawn
- Run away from a situation

- Show aggressive behaviour towards themselves and others
- Be unable to concentrate
- Refuse to cooperate
- Cry
- Shake
- Show lack of eye contact

Strategies and Advice

- Any 'deep / slow breathing' exercises
- Talking in a calm even tone
- Listening to 'calming' music e.g. Baroque / Mozart or music that has a regular beat – not heavy metal / loud rock music! Listening through a walkman / disc man with headphones on can help to 'shut out' other distractions
- Sucking thick fluids through a straw (e.g. yoghurt, thick shakes, smoothies). This can have a calming and 'organising' effect
- Pushing against walls with their hands, shoulder, back and head
- Weight bearing activities e.g. activities on all fours / laying on their tummy and forearm propping. Board games can often be played this way
- Having a 'sports bottle' with water to drink from throughout the day / around the house. As with drinking through straws, this can be calming and organising
- Rocking in a rocking chair
- Swinging – encourage (but never force) the child to swing. Gentle linear movement is therapeutic
- Being rolled up in a blanket like a hot dog and having deep pressure applied with hands to put the 'condiments' onto the hot dog
- Blowing bubbles
- 'Push-pull' activities that involve deep muscle work, for example moving a wheelbarrow full of dirt, moving furniture or pulling a bungee rope attached to a tree or post
- Running an 'errand' so you have removed the child from a situation but given them the structure of a task
- Giving the child an option to leave the situation or environment to go to a "safe place"

Prepare a safe special place

- Behind a chair or couch
- Inside a large box or tree house
- Set up a cupboard like a play closet with lots of pillows
- Bean bag chairs / huge pillows
- Inflatable chairs
- 'Koosh' balls for squishing/pulling

Offer a soothing environment

- Dim the light switch
- Have quiet

You will probably need to experiment with these ideas to see what suits the child best. Try out a few different things and see if they start asking for any of them in particular. You may find they begin to seek out the things they find calming and 'organising' for themselves.

Confidence and self esteem

Children with motor difficulties can be vulnerable due to the difficulty in attaining a level of physical competence that seems to come easily to others. They can therefore lose confidence in themselves.

'Self-esteem' refers to how we feel about ourselves and how we perceive what others think of us.



'Self-worth' is another way of describing these feelings. If we feel great about our achievements and ourselves, the inner drive to meet challenges and to succeed is reinforced.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.

Developing Self Esteem

When teaching motor tasks to children, a common mistake is to have too high an expectation of the child. For example, we may have in our minds an image of a superstar tennis player and so, when teaching children how to handle a tennis racket, somehow we expect them also to be superstar tennis players.

For those children who already have difficulties achieving age-appropriate motor skills, trying to perfect complex motor skills to a level far beyond their competence is not only unrealistic but stressful and promotes a high level of frustration.

Children with such difficulties need to be able to develop motor skills at their own pace under gentle and encouraging guidance.

- Do not overload with too many instructions and avoid negative comments such as:

'Keep your eye on the ball!
'Throw the ball up straight!
'Follow through!
'Don't just stand there!'

'Don't drop the racquet head!
'Try harder!
'Not that way!'

- When teaching motor skills, focus on one aspect at a time and back it up with encouragement. Use comments like:

'Well done!'

'That's better!'

'Try it this way'

Think about:

- Are the skills being taught age-appropriate?
- Is your child ready to attempt that level of motor competence?
- Am I giving encouraging feedback?

The main thing to remember is that your child needs their confidence boosted. The aim of encouraging specific activities is to provide the opportunity for them to practise the things that they find hard in a caring and supportive environment where there is no pressure to achieve a certain standard in a set time.

Your child needs the opportunity to practise the skills at their own pace. To boost their confidence and overcome their feelings of failure, the activities should be fun and carried out when everyone has the time and is feeling relaxed.

Praise should be given for any attempts your child makes at a motor skill that is obviously difficult for them. They need these boosts to keep practising and achieving. The aim is not to wait till the 'perfect result' is achieved before credit is given but, instead, to encourage whatever attempts are made as children with these needs are prone to giving up easily.

Encouraging strengths

Every child is good at something. It is important to recognise children's strengths and encourage their development. It is easy to focus on a child's weaknesses and lose sight of, or overlook, potential talents and interests.

Through interests we meet others with similar interests and so friendships develop. If your child appears to be linking up with another child, encourage that child to come to your home so the common interest can be fostered. Suggest also that they come on family outings and picnics so that the children can experience the same events and 'happenings' together.

Some children may be interested in collecting certain toys to make up a series, while others may gravitate towards computer games. Other children may have a vivid imagination and enjoy making up stories that can be recorded or written down. Keep your eyes open to the games and activities that your child tends

naturally to gravitate towards and see if there are ways that these interests can be developed and channelled in a positive way.

Remember, the aim is to foster a positive self-esteem by giving your child the message that they are good at something and that they do have their own special gifts and talents.

Core stability

Core Stability is necessary to help maintain a good posture and give a stable base to allow the arms, legs and head to move in a coordinated manner. It involves the muscles in the trunk, shoulders and hips.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.

What you may see

A child with poor postural stability will demonstrate difficulties with:

- Remaining upright in their seat
- Leaning on walls or other people
- Holding postures against gravity
- Carrying out both fine and gross motor activities
- Dressing and undressing
- Poor concentration and attention

Strategies and Advice

The following activities will help improve the muscle strength in the shoulder, hips and trunk and therefore help improve core stability.

Children should be supervised at all times whilst completing these activities and, if working indoors, shoes and socks should be removed. Choose a couple of activities each time to help prevent boredom and keep the activities interesting.



Chair push ups

Whilst sat on a chair hold on to the edge of it and push your body up from the seat whilst pushing down through your arms. Aim to complete 5 – 10 in a row.



Arm spirals

Hold both arms out to the side at shoulder height and begin to circle them, starting with small circles and progressing to larger circles. When the circles have reached full size, gradually reduce the circles to get back to the smallest size (approx 10 circles in total). Start with a few repetitions aiming to get up to 10 with practice.

Wall push ups

Face the wall standing approx 1½ arms' lengths away. Then stretch out your arms at shoulder level placing your hands flat on the wall. Bring your face to the wall without moving your feet and keeping your body straight, then straighten your arms pushing yourself away from the wall. Repeat 10 times.



Aeroplanes

Lie on your tummy, initially raising your head off the ground, then arms, then legs until the only thing that is touching the floor is your tummy. Hold this position for 10 seconds if possible.



Bridging

Lie on your back, with your body in a straight line. Bend your knees up, whilst keeping your feet on the ground and keep your arms by your sides. Tip your pelvis backwards to flatten your lower back into the floor and then raise your bottom off the floor keeping your heels on the floor. Hold this position for 10 seconds if possible.

Sit ups

Lie on your back with your knees bent up but feet on the floor. Place your hands on your thighs, **tuck your chin onto your chest** (it is important not to try to overuse your neck muscles when sitting up and keeping your chin tucked in will prevent this). Then run your hands up towards your knees whilst lifting your head and shoulders off the ground. Do this slowly and try to get a little further up each time you practise.



Crab Football

Support your weight on your hands and feet in a crab position. Then kick a ball to a partner and back whilst maintaining this position.



Hip Walking

Sit on the floor with your legs extended and arms crossed. Then move forward by weight shifting from hip to hip whilst moving the leg forward. Keep alternating which leg moves forward.



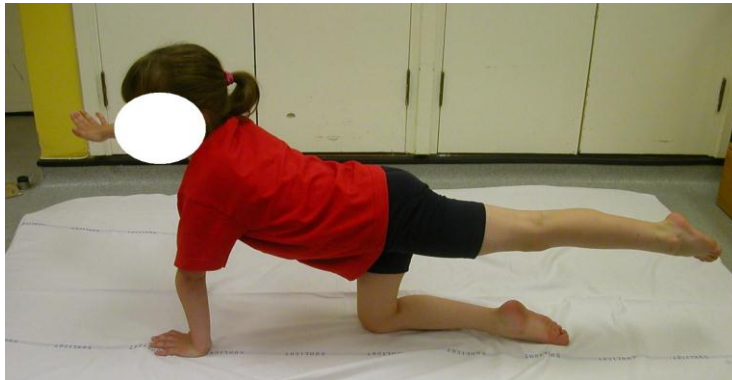
High Kneeling

Maintain a good posture in high kneeling whilst carrying out the activities of your choice.



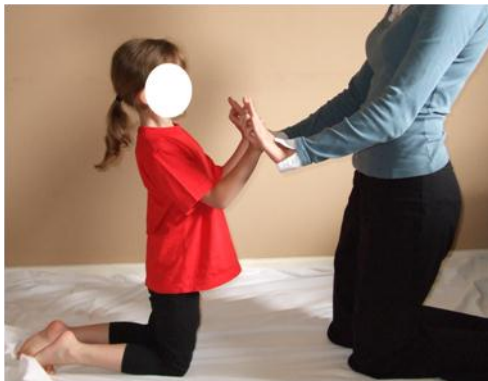
Kneeling on hands and knees lifting alternate legs and arms

In four point kneeling, lift your right arm straight out in front and your left leg out behind. Then repeat this with the opposite arm and leg. To start, just try lifting an individual arm or leg and keeping it there without losing your balance



Body Wrestling

Face a partner in half kneeling then place flat hands together and push against each other whilst keeping a good upright position. Then try and pull against each other.



Crossing the midline

Definition

We all have an imaginary midline running down the centre of our bodies. In order for us to effectively coordinate the two sides of our bodies together, we need to be able to cross that imaginary midline.



When a baby begins to reach with one hand across to the other side of the body, it is the beginning of being able to use both sides of the body together.

Each side of our brain is responsible for the opposite side of our body, so that the right side of our brain affects the left side of our body and the other way around. Both sides of our brain need to work together, as do both sides of our bodies, in order to carry out bilateral activities (using two sides together) and to develop co-ordination. Learning to cross the midline of our body is therefore important in the development of bilateral co-ordination.

Midline activities are important to help coordinate the two sides of the body together and encourage communication between the right and left sides of the brain. When there is a lack of easy two-sided movement, each hand tends to operate on its own side of the body.

Children who avoid crossing the midline work the right side of the body with the right hand and the left side of the body with the left hand or they turn their body to avoid crossing the midline. This interferes with the normal development of a dominant hand and makes bilateral motor tasks very difficult.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.

What you may see

The child may demonstrate difficulties with:

- Tying shoelaces
- Coordinating a knife and fork
- Reading and writing
- Ball games

- Drawing and cutting skills
- PE and with general gross and fine motor coordination skills

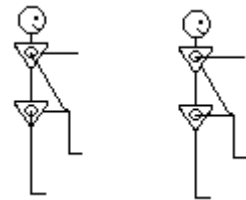
Strategies and Advice

The following activities will help facilitate crossing the midline to become an automatic response rather than one that has to be thought about. The brain will be ready for left to right eye movements and binocular vision (both eyes together) which are necessary for spelling, reading and writing. Left/right coordination, stamina and spatial awareness will be enhanced. Concentration and listening skills will become easier.

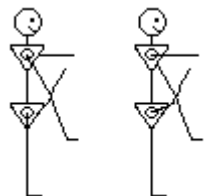
Gross Motor Activities

Cross Crawls

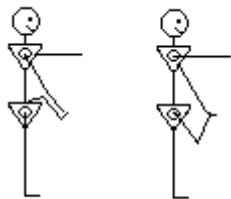
While marching on the spot, tap your left knee with your right hand and then your right knee with your left hand. This is repeated four times.



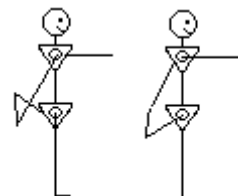
When you can manage this, touch your left knee with your right elbow and then your right knee with your left elbow. This is repeated four times.



Now bring your left foot in front touching your heel with your right hand and then bring your right foot in front touching your heel with your left hand. This is repeated four times.



And finally, bring your left foot up behind you touching your foot with your right hand and then bring your right foot up behind you touching your foot with your left hand. This is repeated four times.



When you have mastered this, try the above with eyes closed.

‘Simon Says’

- Play a game telling your child to touch somewhere on their body, such as ‘Simon Says touch your left shoulder with your right hand’. They should only do it when the sentence starts with ‘Simon Says’.
- Criss-cross walking along a line, either standing and crossing the line with each step or crawling along a long bench and crossing the hands.
- With the child sitting on the floor with legs outstretched, place a pile of beanbags between the knees. Ask the child to place beanbags on their left leg with their right hand and other beanbags on their right leg with their left hand.
- Ask the child to stand or kneel with a streamer/ribbon in one hand and draw a sideways figure of 8 in the air (∞). Make sure the arms are stretching to the other side of the body.
- Moving objects from a box on one side of the body to a box on the other side, while using one hand only. You can turn this into a sorting game or a building game etc.
- Balloon tennis using one hand only and ensuring there are a lot of movements that encourage crossing the midline.
- Throwing a beanbag with one hand to a container placed on the other side of the body.
- You can do the same with kicking into a goal or a bucket.
- While they are kneeling down, ask the child to draw a large rainbow on paper on the floor, ensuring the rainbow covers the whole page and the child uses the same hand.
- While they are kneeling, encourage the child to draw an arc around themselves. You can turn this into a rainbow and colour it in.

Fine Motor

On a chalkboard, whiteboard or paper fixed to a wall, the child can

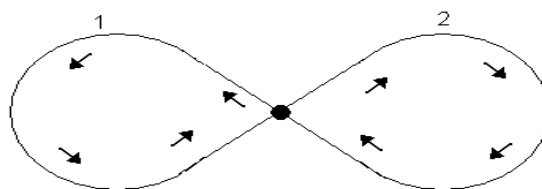
- Trace designs
- Complete dot to dot pictures
- Draw lazy 8s (see below)

On a tabletop or on the floor, the child can do

- Pegboard designs
- Board games
- Collages
- Sorting tasks with containers and small objects e.g. buttons, pegs, counters, dried beans or peas. Place the container the opposite side of the body to the hand that is picking up the objects.
- Mazes
- Block designs
- Lazy 8s (see below)
- Puzzles – spreading the pieces around the body
- Drawing lines across a page using a ruler when the writing hand is crossing over the hand supporting the ruler.

Lazy 8s

- Begin at the centre dot. Draw a sideways figure of eight first using the left hand, then the right, then both together going in the same direction and keeping the hands together. Always go up and to the left first.
- Practise on a black or white board or paper taped to the wall and make the shape as big as your child can reach.
- Progress to paper on a tabletop but always make sure the centre dot is in line with the centre of their body.



Developing fine motor skills

You have been directed to this Advice Sheet because of concerns over fine motor delay in a child.

Fine motor skills are needed to complete activities such as writing, cutting with scissors, dressing, brushing teeth and hair, feeding and playing. They require muscle and joint stability, hand-eye co-ordination, tactile (touch) awareness, grips and grasps, finger isolation, hand arches, manipulation skills and motor planning.



If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.

What you may see

The child may demonstrate difficulties with:

- Writing
- Drawing
- Construction toys
- Cutting with scissors
- Threading beads
- Jigsaw puzzles
- Buttons
- Zips
- Shoelaces
- Using a knife and fork
- Washing and drying hands
- Opening packets

Strategies and Advice

The following activities will support the development of better grip strength, finger isolation, precision grips and hand arches.

Palmar grasp and release

This is one of the first stages of a child's development and is a building block for all other fine motor skills. Activities to help promote gross grasp, strength and release are:

- Squeezing water from sponges at bath time
- Posting toys
- Squeezing play dough
- Scrunching up paper into balls
- Stacking blocks on top of one another
- Throwing objects

This grasp then develops into more functional grasps, such as a cylindrical grasp, which begins to involve the movement of the wrist. Activities that help to develop such a grasp are:

- Pushing / pulling toys
- 'Row, row, row your boat' – holding a broom stick
- Tug-of-war
- Tipping water from a beaker or pouring it from one container into another
- Holding onto the rope of a swing
- Holding onto the handles of a tricycle or pedal car

Pincer grip

A pincer grip is the use of an index finger and thumb to pick up, hold and release an object. This is a more precise and refined grip than a 'palmar grasp' or 'cylindrical grip'.

Your child will initially use their thumb and the side of their index finger. It is important to develop this grip as it comes before pencil and scissor grips. It is important for functional activities such as doing up buttons, zips, laces, handwriting and scissor skills. Activities to help develop and refine the pincer grip include:

- Using tweezers to pick up objects and dropping them into containers
- Threading beads
- Playdough – pinching, squeezing, patting, poking and pulling it
- Pulling toys using a string

- Lacing and sewing boards
- Picking up small objects such as rice, beads, marbles, raisins and lentils between the thumb and forefinger and placing them into containers
- Tearing paper into strips
- Peeling off small stickers to make into a picture
- Turning pages in a book
- Making paper chains
- 'Fuzzy Felt'
- Playing games with clothes pegs
- Making pipe cleaners into shapes, objects or animals
- Popping bubble wrap

Finger isolation

This refers to the ability to point with one finger at a time. This is important for your child to be able to do as it helps with the development of more refined grips such as pincer grip and pencil grip which will aid them with functional activities such as handwriting, using scissors, doing up buttons, zips and laces and using a knife and fork.

Activities to help promote finger isolation are:

- Drawing in shaving foam or whipped cream with a finger
- Flicking a ping-pong ball or cotton wool ball using fingers
- Playing with finger puppets
- Finger rhymes such as 'Round and round the garden like a teddy bear' or 'Incey Wincey Spider'
- Using a typewriter, keyboard or piano
- Pressing beads or poking holes into Playdough using each finger in turn
- Dialling the numbers of a toy telephone

Hand arches

The development of arches in the hand is essential for fine manipulation. They help to shape the hand while holding objects such as a pencil. They allow for controlled pressure and skilled movements of the fingers. They also help the hand to hold objects with sufficient strength.

If these arches are not developed appropriately, your child may experience difficulties with gripping and using tools such as a knife and fork, pencils and scissors. Activities to help develop hand arches are:

- Shaking dice using a cupped hand
- Cutting Playdough using a knife or pizza slice
- Writing with chalk on a chalkboard using all four fingertips and the thumb
- Using a dress maker's wheel to make dotted lines on paper or card
- Using a turkey baster to blow ping-pong balls or cotton wool balls across a table
- Using Playdough to make balls and press them into the palm of the hand
- Using tweezers or tongs to pick up small objects
- Playing games with pegs
- Any activity with buttons, coins or small objects
- Card games
- Squeezing games using sponges, bubble wrap and Playdough.

Suggested Resources

ASCO Educational Supplies Ltd

19 Lockwood Way, Parkside Lane, Leeds LS11 5TH

Tel: 0113 270 7070

www.ascoeducational.co.uk

Consortium

Hammond Way, Trowbridge, Wiltshire BA14 8RR

Tel: 0845 330 7780

www.theconsortium.co.uk

Galt Educational and Pre-school

Johnsonbrook Road, Hyde, Cheshire SK14 4QT

Tel: 08451 20 30 05

www.galt-educational.co.uk

The Happy Puzzle Company

PO Box 586, Elstree, Hertfordshire WD6 3XY

Tel: 0844 8482820

www.happypuzzle.co.uk

Early Learning Centre

Dressing skills

Why do some children find dressing difficult?

Some children find dressing difficult due to movement or learning difficulties.



All children learn to undress first. You can help your child by breaking the task down into little steps and getting them to assist you at first. Then, as their ability grows, you can let them carry out that stage of dressing for themselves.

If you have used this Advice Sheet and not seen improvement after 3 months, please contact the Integrated Therapy Service for advice.

What you may see

- The child being reluctant to take part in dressing themselves
- The child seeking help and reassurance
- Clothes put on backwards or inside out
- Clothes left twisted on the body
- Some items of clothing left off because it was missed during the sequence
- Frustration due to their inability to dress independently

Strategies and Advice

- Choose loose fitting clothes with minimum fastenings. Look for tops with easy openings, stretchy socks and elasticated waists
- Start by encouraging your child to assist in the process of undressing / dressing, for example by waiting for your child to push their arm through a sleeve
- Make sure your child is well supported in sitting or standing so that their hands are free to use. If they have poor balance, get them to sit on a chair or use a corner wall for support
- Start by teaching your child to undress as this is easier than dressing
- Talk your child through the order in which clothes are put on, that is which ones are put on first. Draw attention to different parts of the body and name them to help improve their body awareness

- Establish a routine to avoid confusion, so that the activity becomes predictable. Keep the sequence of dressing / undressing the same
- Try to practise when you are not rushed. Allow time for your child to cooperate in the process e.g. pause when their arm is placed in the sleeve hole so that they can push their arm through independently
- Practise dressing in the evening or at weekends when there is time
- Lay the clothes out in the order they are put on. Lay jumpers out with the bottom edge nearest the child and the neck furthest away
- When you are assisting the child to dress, give simple verbal and gestural instructions e.g. “give me your foot”
- Practise dressing / undressing during doll play or in dressing up games
- Dress in front of a mirror for added reinforcement
- Provide a visual timetable / schedule. This can help the child by giving a pictorial sequence of the stages involved
- Remember to reinforce their effort and give positive feedback

Suggested Resources

Ball, F. (2002) Hints and tips for activities of daily living. London, Jessica Kingsley.

Klein, M.D. (1995) Pre-dressing skills. Tuscan A.Z, Therapy Skill Builders.

Symbols from Somerset Total Communication

Websites for visual symbols:

www.do2learn.com

www.ispeek.co.uk

Expressive language

You have been directed to this Advice Sheet for strategies to help children who have difficulties with expressing themselves verbally.

Expressive language is the way we put words together into phrases and sentences to express meaning. It includes aspects such as word order, use of small function words such as 'of', and 'are' and word endings, for example those that signal plurals and different verb tenses.



Expressive language development follows a recognised sequence. If a child's expressive language development is following this typical progression but at a slower rate than their peers, they have an expressive language delay. If they are not following this progression, their expressive language is considered to be disordered.

If you have used this Advice Sheet and not seen improvement after 3 – 4 months, please contact the Integrated Therapy Service.

What you may see

In the class, the child may:

- Use the main content words and miss out many of the small function words
- Struggle to express their ideas clearly, pausing and revising what they have said
- Use incorrect word order and, as a result, distort the meaning of what they are saying
- Use a limited range of verb tenses, for example just the present tense
- Sound immature compared with their peers, for example “Me do that”
- Use grammatically correct phrases but not join these together with conjunctions or joining words such as 'and' or 'because'
- Make errors in their written language that mirror their expressive language or, sometimes, errors that are not present when they are speaking
- Have difficulty telling a coherent narrative, for example a piece of news or retelling a story

- Over use grammatical rules such as past tense 'ed' as in 'falled' or plural 's' as in 'mouses' when their peers are no longer doing this

Strategies and advice

- Repeat the child's language using the correct sentence structures. This checks that you have understood their meaning and provides them with a good model
- Expand what they have said a little, for example if the child says 'Man walking', the adult says 'Yes, the man is walking home'
- Give the child extra time, if necessary, to express their ideas and avoid finishing their sentences for them
- Use picture sequences to develop their narrative skills. Ask them to put the pictures in order and then say one or two sentences about each picture to produce a coherent story
- Explain grammatical rules and allow them to have plenty of practice. Explain any exceptions to the general rules
- Use writing frames to help the pupil plan their written work

Suggested resources

- Primary and Secondary Inclusion Developmental Programme for Teaching and Supporting Pupils with Speech, Language and Communication Needs
- Early Language Builders – ELKLAN, www.elklan.co.uk
- Language Builders – ELKLAN, www.elklan.co.uk
- Secondary Language Builders – ELKLAN, www.elklan.co.uk
- Language Builders for post 16s – ELKLAN, www.elklan.co.uk
- Language Steps - Amanda Armstrong STASS 44 North Rd, Ponteland, Northumberland, NE20 9UR (tel: 01661 822 316)
- Black Sheep Press resources for speech and language – Black Sheep Press, 67 Middleton, Cowling, Keighly, W Yorks. BD22 0DQ www.blacksheepress.co.uk
- Developing Baseline Communication Skills - Winslow Press - as above
- Teacher Net - An interactive resource to support head teachers, leadership teams, teachers and support staff www.teachernet.gov.uk/publications

Fasteners

You have been directed to this Advice Sheet because the child is having difficulty with buttons, zips and other fastenings.

If you have used this Advice Sheet and not seen improvement after 6 months, please contact the Integrated Therapy Service for advice.



Why do some children find this difficult?

A child may have difficulties doing up buttons and zips for a variety of reasons such as poor bilateral coordination, postural instability, poor fine motor manipulation, reduced muscle tone or visual perceptual difficulties.

Strategies and Advice

Buttons

- Start by using large buttons on a doll, a jumper worn by someone else or a toy.
- Teach the child using the 'Backward Chaining' technique. This means that you first break the activity down into steps. You carry out most of the steps but leave the last step for the child. When the child has mastered that step you allow them to do the last two steps and so on until they can complete the whole task. This will ensure that your child finishes the task every time. For example you may start your child off with the last stage of the task, which is to pull the button through the button hole.
- Once the child has mastered large buttons, move on to fastening items with smaller buttons.
- Reattach the buttons with a thick thread, leaving about half an inch of thread between the button and the fabric for easier buttoning.
- Make a 'Button Box' for a fun and interesting toy. Use a shoe box and make slots on the top (horizontal and vertical). Let the child post buttons or coins through the holes.
- Make a 'Button Board' out of fabric and large buttons. Make the button holes at least a quarter of an inch larger than the button. Sew the button on loosely with strong thread. Place an attractive picture on the button board under the fabric so that after the button is unfastened, it reveals the picture.

- Use threading cards / games / activities. The same skills and principles in threading are used when fastening buttons
- When teaching the child to fasten shirt buttons, remember to start buttoning from the bottom to the top to ensure the button and button hole correspond correctly.
- Encourage the child to check him or herself in the mirror.
- Top buttons are often very difficult and can be replaced with Velcro or a popper (sew the button on permanently on the outside). Alternatively, all buttons, including sleeve buttons, can be replaced with Velcro fastenings or poppers.

Zips

- Demonstrate how to fasten and unzip a zip by pulling on the tab. Allow your child to assist you by pulling the zip up or down with you.
- Zip tags can be adapted by attaching a piece of ribbon, a zip ring or a large paper clip. This makes it easier to grasp.
- Start with heavy-duty large zips which have big tabs or rings as these slide more easily.
- Practise unzipping a purse or pocket to reveal a surprise!
- Velcro tabs can replace zips to encourage independence.

Flexible (hypermobile) joints

‘Hyper’ means more and ‘mobility’ means movement so children who are hypermobile have more movement in their joints than their peers. They can put themselves in strange positions and do party tricks with their joints e.g. bending their thumb to get it to touch their forearm!



This is in most cases due to the child having more elasticity in their connective tissue (the bits that hold the body together).

Children are generally more flexible than adults and will stiffen up in most cases as they get older. They may be flexible in one or two joints or in all the joints in their body. Most children with hypermobility will have no problems with their joints but in a few cases they may experience discomfort which can cause problems at school.

By trying the strategies below, any symptoms relating to hypermobile joints should improve and be manageable.

However if the child is still complaining of significant pain or has functional difficulties after 3 months of consistently applying the strategies, please contact the Integrated Therapy Service.

What you may see

The problems seen with hypermobility depend on which joints are affected. You may see in PE that the child can do the splits easily or contort themselves into odd positions. You may notice that they have very flat feet or struggle to keep on daps or slip-on shoes if they have flexible feet and ankles. When running, they may go over on their ankles and frequently sprain these joints.

If they have hypermobile fingers, they may struggle to hold a pen correctly or manipulate buttons when dressing. They may complain of their hands hurting when they write and be slower than their peers to finish their work due to having to stop to stretch out their hands.

When on a school trip that requires a lot of walking, they may be slower than their peers and tire more quickly, requiring more frequent rests. After a lot of

repetitive activity, they may experience pain due to muscle fatigue as the muscles surrounding the hypermobile joints have to work harder to support the joints.

Children with hypermobility also have poor proprioception (knowing where your body parts are in space with your eyes closed) and therefore can appear less co-ordinated during movement. If they are in pain with hypermobility, there will be no physical signs to see as the joints will not swell up or look any different. Pacing activities that cause discomfort is very important to prevent pain.

Strategies and Advice

In the classroom

If children are having difficulties with hypermobility in their upper limbs:

- Try using thicker pens and pencils which are easier to grip or using pen grips (see resources). You can also attach pipe lagging around pens or cutlery to increase their width.
- When writing, encourage frequent rest breaks to allow stretching of the hands and fingers to prevent muscle cramp. A good stretch is to place the palm flat on the seat of the chair with the elbow straight and the fingers facing forwards and put weight through the hand.
- If struggling to fasten buttons, then Velcro, zips or larger buttons can be used instead.
- If struggling to do laces, Velcro can be used on shoes or gripper laces (see resources).
- Encourage the child not to W sit (kneeling with bottom between knees) as this can cause leg alignment problems due to the abnormal forces put through the joints. Encourage cross legged sitting or sitting with legs straight out in front. If they struggle with either of these, offer a chair to sit on instead.
- Encourage a good posture in sitting with bottom well back in the chair and the chair pulled right up to the table. A writing slope may help if they still struggle to sit up correctly.

In PE lessons

If children are having difficulties with hypermobility in their lower limbs:

- They need to wear trainers rather than daps to give support to their feet and ankles.
- Avoid jumping from heights onto hard surfaces. This is because it is hard to control hypermobile joints on landing and they may be damaged by being overstretched.

- They will tire more quickly on repetitive movements so be prepared to offer rest breaks. Long distance running will be difficult, especially over uneven surfaces, and this activity may need to be adapted.
- If any activity causes pain, allow them to rest and return to the activity if the pain subsides.

Around the school site

- Encourage school bags to be carried over both shoulders and for the weight of the bag to be decreased as much as possible by making use of lockers and not carrying unnecessary books etc.
- Encourage well fitting shoes avoiding high heels and slip-ons. Ideally, shoes should be securely fastened with laces or Velcro. If children go over on their ankles frequently, boots are recommended for giving the ankles more support.
- Children may be tiring by the end of the day if the school site is large and they may need to make use of lifts, if available, if their legs become sore.
- Pace high impact activities

Suggested resources

No-tie shoe laces/cutlery – **Homecraft/Roylan**, Nunnbrook Road, Huthwaite, Sutton in Ashfield, Nottinghamshire NG17 2HU

Posture Pack – **Back in Action**, 11 Whitcomb Street, London WC2H 7HA
Tel: 0207 930809

www.backinaction.co.uk

Pen grips – **Special Direct**, TTS, Park Lane Business Park, Kirby-in-Ashfield, Nottinghamshire NG17 9LE
Tel: 0800 318686

www.specialdirect.com

www.hypermobility.org

www.arthritisresearchuk.org – provide information on hypermobility.

Hand gym for the older child

Sometimes it is difficult to make our arms move as quickly and precisely as we would like and therefore we need to warm the muscles up and loosen the joints in order to make our upper limbs work more effectively.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.



What you may see

The child or young person may demonstrate:

- Stiff uncoordinated upper limb movements
- Difficulties with handwriting and scissor skills
- Difficulties with ball games
- Difficulties with self care tasks such as dressing, using a knife and fork and brushing teeth
- Difficulties with fine motor activities

Strategies and Advice

The following activities aim to warm up your arms and hands before tasks requiring controlled use of your upper limb. Following this type of activity, wind down activities can be used, particularly if you experience pain or fatigue. Both warm up and warm down activities can be used during activities if you are too tense. You do not need to use all the activities at once – select one or two from each section and alternate to prevent boredom!

Warm Up

Shoulders and forearms

Chair Push ups

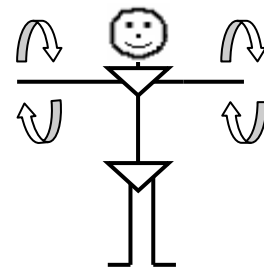
When sitting on a chair, hold on to the edge of it and push your body up from the seat while pushing down through your arms. Aim to complete 5 in a row.



Arm spirals

Hold both arms out to the side at shoulder height and begin to circle them, starting with small circles and progressing to larger circles.

When the circles have reached full size, gradually reduce the circles to get back to the smallest size (approx 10 circles in total). Start with a few repetitions aiming to get up to 10 with practice.



Wall Press Ups

Facing the wall, stand approx 1½ arms' lengths away. Then stretch out your arms at shoulder level placing your hands flat on the wall. You should bring your face to the wall without moving your feet and keeping your body straight. Then straighten your arms and push yourself away from the wall. Repeat 10 times.



Hands

Walking

Walk the middle and index finger along the table.

Drumming

Rest arm and wrist flat on the table; tap each finger in turn, starting with the thumb.

Making Circles

Touch each finger in turn to thumb tip to form a circle; do this with each hand in turn then both together.

Spiders

Keep forearm and wrist flat on the table; slide the wrist up towards the fingers and then flatten.

Inch Worm

Hold hand flat on the table, palm down. Slide wrist up to meet fingers (while keeping finger tips on the table) then flatten your hand again – travel the width of the table using this method.

Pencil Olympics

Twirl a pencil in between fingers, around them and walk your fingers up and down the length of the pencil.

Wind Down

- Tense each part of the upper limb in turn and then release (fingers, lower arm, upper arm, shoulders)
- Stretch arms up towards the ceiling and lower gently
- Swing arms back and forth
- Shake arms like a floppy rag doll

Hand gym for the older child

The following activities aim to warm up your child's arms and hands before handwriting activities or other tasks requiring controlled use of their upper limb. Following this type of activity, relaxation activities can be used, particularly if the child experiences pain or fatigue. Relaxation activities can also be used during activities if the child is too tense.

You do not need to use all the activities at once – select one or two from each section and alternate to prevent boredom!

Warm Up

Make a Tent	Rest forearm and wrist flat on the table; make a tent shape with one hand; open the door – thumb; open the windows – little finger then middle finger.
Walking	Walk middle and index finger along the table.
Drumming	Rest arm and wrist flat on table; tap each finger in turn, starting with thumb.
Making Circles	Touch each finger in turn to thumb tip, form a circle; do this with each hand in turn then both together.
Spiders	Keep forearm and wrist flat on table; slide the wrist up towards the fingers and then flatten.
Draw Circles	With forearm flat on table, make a dot on the paper with a pencil and then, keeping forearm flat and still, draw an enlarging spiral outwards from the dot.

Wind Down

- Tense each part of the upper limb in turn and then release (fingers, lower arm, upper arm, shoulders)
- Raise lower arm and then let it drop onto your lap. Repeat a few times and also with upper arm
- Swing arms back and forth
- Shake arms like a floppy rag doll

If the child experiences frequent hand pain, or can only use their hands for short periods of time, the following strategies can be used:

- Plan the day so that periods of writing are spaced out with other activities
- Encourage good posture (sitting straight, feet flat on floor)
- Use one or two warm up activities before lengthy handwriting tasks
- Use wind down activities before any pain begins

Handwriting

You have been directed to this Advice Sheet due to handwriting concerns for a child you are working with.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.



Difficulties with handwriting can be caused by many factors e.g. poor sitting position, lack of fine finger movements, incorrect pencil grip and visual perception.

Poor sitting position

Sitting in a good, comfortable position with a firm stable base will enhance the child's ability to control the pencil and allow them to concentrate on their writing skills.

- Make sure that the table and chairs are at the appropriate height for the child's size. This means that when sitting, the child should be able to put their feet flat on the ground with their knees at right angles and the table should be at elbow height.
- Teach the child to 'check' himself before starting to write with bottom back as far as possible in the chair, chair pulled into the table, feet flat on the ground.
- Incorporate positioning games before writing, for example get the class to make outrageous positions in their chairs and then when you shout "Writing" the children have to resume the correct position for writing.
- An angled writing slope can also help to achieve a more upright sitting position. These can be purchased cheaply from educational suppliers.

Very dark writing – hard pencil pressure

Sometimes some children use deep pressure to provide their brains with feedback as to how the pencil is moving on the paper. You can help these children by teaching them how to shift the weight of their hand towards their

little finger side to free up the thumb, index and middle finger for pencil control and movement.

- Have the child play 'ghost writing' by writing a word very lightly on the paper and then erasing it without leaving marks.
- Set up a reward system for light writing. Give points for every letter in the sentence that is written with the appropriate pressure.
- Some children who have visual perceptual / sensorimotor difficulties think that their writing can only be read if it is as black as charcoal. These children require ongoing positive reinforcement to write lighter.
- Place a piece of carbon paper underneath the child's work and tell him that you do not want his writing to come through onto the underlying paper. The child may need to practise this first with writing shapes and then with letters.

Very light writing – soft pencil pressure

These children typically do not have enough finger dexterity or have a very weak grasp. If they were to push hard on the pencil tip, the pencil would slip out of their hands.

- To keep the pencil from slipping, start with using larger pencils or use pencil grips over the pencil. You could wrap a rubber band around the pencil about one inch up from where the point begins and the child can place their fingers on the rubber band to reduce slippage.
- You can get the child to rub a crayon hard on large paper to cover a picture.
- Activities to increase finger strength will be beneficial, for example working with plasticine or putting clothes pegs on a ruler.
- Activities to enhance overall shoulder girdle strength are also important. These activities include weight bearing activities on the arms such as wheelbarrow walking, animal walks, climbing up a climbing frame, pushing activities (keep the arms straight).
- Writing on a vertical surface, such as the chalkboard, whiteboard or wall, for part of the day is good for developing shoulder girdle strength.
- Set up a reward programme - the same as for dark writing.
- A verbal cue before writing starts is helpful for the child to remind them.

Poor pencil grip

By the age of 9, most children have developed a grip that is comfortable for them and it is very difficult to change this. Here are some suggestions that could be tried:

- If the child has difficulty placing their thumb in the correct position, put a coloured dot on the place where this thumb needs to go to provide a visual reminder.
- Use pencil grips over the pencil to help the child use the thumb, index and middle finger to hold the pencil.
- For children who have a hard time keeping their ring and little finger in as they write and hold the pencil, have them hold a small piece of paper in these fingers as they write or tape these fingers together with micropore for a few weeks during periods of writing.
- For a child that does not have a circular space between the thumb and index finger (webspace), let them hold a paper ball in the thumb, index and middle finger while they write. This may help to open the hand for writing.
- To ensure that the pencil rests in the webspace, place a weight at the end of the pencil. Alternatively, place a rubber band around the wrist and around the end of the pencil and allow the band to pull the pencil down.
- Trial different types and sizes of pencils and pens. Some children work better with rollerball pens, others with fountain pens. It is sometimes just a case of trial and error.
- Writing on a chalkboard using very small pieces of chalk encourages the use of the thumb, index and middle finger.

Very small writing

- Allow the child to write on the chalkboard / whiteboard using large movements resulting in large letters (for the children in the back of the class to see!)
- Writing on triple lined paper will help them to see the borders of the letters.
- As they improve, slowly progress to one line only.

Very large writing

- Ensure that the child understands why they need to write smaller and demonstrate to them the size that you would like the letters to be.

- You can play the game 'Human Copy Machine' where you provide the child with a good handwriting sample with letters the appropriate size and height. The child must try to copy it exactly, getting a point for every letter or word that matches the sample.
- Try using small squared paper prompting the child to contain the letters in the squares.

Very slow writing

- Ensure that the child knows how to form each letter before asking for speed.
- Have the child write spelling words one at a time, giving them 2 seconds per letter. Start with short words and slowly progress to longer words with only 1 second per letter.
- As the child progresses with single words, have them copy short phrases to time.
- Have the child practise other fine motor activities to time, for example putting coins into a slot, picking up marbles etc.
- Set up a programme where the child copies one sentence a day while being timed and then chart their progress.
- Have the child practise other pen and paper tasks to time, for example give them 1 minute to make crosses on circles or 1 minute to make dots in squares (graph paper). Record progress on a chart.

No spaces between words

- When practising writing, have the child say the word 'space' after each word to remind themselves to leave a space.
- At first, encourage the child to leave an exaggerated, exceptionally large space between each word. One can expect that under stress, the child will shrink the size of the spaces.
- The child could draw squares in the places where the space should be to make them more aware of its presence. You could also use coloured, round stickers in the place of the spaces to increase the child's awareness of spaces.

- For children who are beginning to understand the concept of leaving spaces, but are still not consistent in demonstrating it, you can help the child by making a 'spacebar'. This is a piece of paper, preferably cardboard, one or two centimetres wide. Encourage the child to use this after every word to help them keep the spacing a consistent size. Check their work with them by placing the spacebar after each word and indicating which spaces are too small.

Difficulty copying from the board / book

- Teach the child to look at the page as though it were divided up into percentages. Help them visually scan and quickly find the line that is 0% (top), 50% (middle) and 100% (bottom) down the page. As they master this, add 25% and 75%.
- Teach the child to scan only for the last 2 letters of the last word instead of re-reading the entire text. Practise this by asking the child to look for a specific word by just giving the first 2 letters.
- Teach the child how to recognise words by their length so they can scan for them more rapidly.
- Teach the child to memorize larger groups of letters and words when copying, so they won't have to look back at the source so often.
- Encourage the child to write without having to look so closely at their writing hand as the letters are formed. Try writing activities with eyes closed or hand covered.
- Use 'post it' note stickers or a ruler under the sentences for the child to find their place.

Alternative methods of recording

For some older children or young people, it is beneficial to promote alternatives to handwriting. This is particularly so when handwriting problems prevent the child achieving their academic potential.

For the student:

- Use a dictaphone to dictate a story or homework.
- Try using a word processor system - especially for when presentation is required.
- Use diagrams where possible.

- It may be necessary to allow the child to use a laptop in the class. A good resource for IT information is Ability Net. Telephone: 0800 269545 or <http://www.abilitynet.co.uk> . Their helpline provides up to date information about suitable IT equipment and suppliers.
- Contact the local SENITAS adviser for an assessment of the child's needs.
- Write key points only when taking notes.
- Use plans when writing a story - divide into sections and write key points.
- Use answer sheets where the gaps need to be filled in.

For teachers:

- Give out photocopied notes where possible.
- Use carbon copy paper to provide copies of your notes for a child.
- Mark for quality of content rather than presentation.
- Allow extra time for children with handwriting difficulties.
- Recognise that a child may be concentrating so hard on their writing that they miss the verbal instructions
- Sit the child at the front of the class near the board

Letter and number reversals

You have been directed to this Advice Sheet because a child you are working with has difficulties with reversing some letters or numbers.



If you have used this Advice Sheet and not seen improvement after 6 months, please contact the Integrated Therapy Service.

What you may see

The most commonly reversed numerals are **2, 3, 5, 7** and **6** for **9**. Frequent letter reversals are lower case manuscript **b, d, s, c** and **z**. The letters **w** and **m** are also sometimes substituted for one another in a top-bottom reversal.

Strategies and Advice

Here are some strategies to help children learn the direction of letters and numerals:

- Kinaesthetic and tactile activities reinforce letter formation as the student writes and traces their commonly reversed letters and numbers on a blackboard, fine sandpaper or in playdough or putty. When tracing, make sure the student is using the correct stroke.
- Learning cursive script sometimes eliminates letter reversals since the letters are connected and lead into one another.
- Directional cues can also be paired with verbal ones e.g. 'd' faces the diamond (drawn on the left upper corner of each page) and 'p' and 'b' face the pink ball (on the upper right corner).
- Other cognitive cues rely on visual images for distinguishing letters:
 - Lower case 'b' is like the 'B' only without the top circle
 - To remember 'd' – 'c' comes first then add a line to make 'd'
 - With palms facing the chest and thumbs up, the student makes two fists. The left hand forms a 'b' and the right hand forms a 'd'
 - When writing capitals B, D, F, K, L, P, R – put the vertical line down first and then add lines or curves to the right side.
 - Develop an individualised cue card for each student to keep at their desk with their common reversals

- Working on a vertical surface may also decrease problems with directionality for some students, especially when they are first learning to write. With a vertical orientation, 'up' and 'down' literally refer to hand movements the student actually performs.

Maximising attention

Some children have difficulty focusing at home and school, making it much harder for them to learn. This can be seen in different ways.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.



What you may see

- Lots of incessant talking
- Lots of movement or fidgeting
- Sluggish or slumping in their chair

Children may become more attentive and focused when changes in their environment and certain resistive-type activities are adopted.

We, as adults, use various strategies to stay focused at meetings such as drinking, fidgeting with pens and stretching.

Strategies and Advice

Visual Stimulation:

- Place coloured card / paper under the child's workbook which highlights the book / worksheet against the background (orange works well).
- Use bright, shiny, colourful and manipulative materials for fine motor activities.
- Use coloured borders at the start and end of lines for writing e.g. green for go and red for stop.
- Prompt the child to maintain eye contact with the person speaking or with objects they are working with.

Auditory Stimulation:

- Speak to the child with an enthusiastic voice, varying your tone.
- Occasional intense prompts (such as a bang on the table), help some children to increase their alertness and return their attention to the task in hand.

Movement Stimulation:

- Encourage 'movement breaks' before and between desk activities, or at any time the child appears lethargic or fidgety, for example:
- Marching on the spot
- Arm windmills
- Jumping Jacks
- Jumping up and down
- Chair push-ups
- Regular changes of position
- Have younger children 'march' from one activity to another. The rhythmical body motion and input to the feet can help to be organising
- Incorporate errands into the child's day, for example: returning the register, taking messages to another part of the school, chair monitor, door monitor, carrying heavy books etc. This will also provide opportunities for praise and increase self-confidence.

General Organising Activities:

- Place your hands on the child's shoulders or head with safe, firm pressure as this can help them slow down.
- Input to the mouth through drinking or eating chewy or crunchy foods helps with focus and organisation. Although food is not widely promoted during class time, certain snacks may help a child be calm and focused on their schoolwork.
- Consider the following chewy treats:
- Dried fruits (raisins, apple slices, banana chips).
- Crunchy snacks (raw vegetables, apple slices, pretzels, rice cakes).
- Sugar free chewing gum
- Water bottles – sucking through a straw or a water bottle with a sports top may be quite calming. The force required to suck the water up can be organising to the sensori-motor system.

- Have younger children try to 'hold the walls up' or 'push the walls down'. Teach older children to do push-ups with their hands in their seats.
- People often 'fiddle' with small objects such as erasers or paper clips as a way to maintain attention. If it is not interfering with classroom learning, allow 'fiddle' objects during listening activities.

Environmental Concerns:

- Lighting – is there enough natural light?
- Displays – bright, reflective colours can be too distracting
- Clutter – is the table/desk as clear as possible?
- Room temperature – is it too hot or cold? Is there enough fresh air circulating?
- White / black board – to be kept clean when not in use to reduce distraction.
- Noise – keep it to a minimum. Sometimes background music can be helpful.
- Prompts – remind the child to maintain eye contact with the person they are talking or listening to.

Suggested Resources

Line Tracker - **Taskmaster Ltd**
Morris Road, Leicester, LE2 6BR
Telephone: 0116 2704286
www.taskmasteronline.co.uk

Reading Window - **LDA**
Pintail Close, Victoria Business Park, Nottingham NG4 2SG
Telephone: 0845 120 4776
www.ldalearning.com

Fidget Items - **Hawkins Bazaar**
The Old Aerodrome, Worlingham, Beccles, Suffolk NR34 7SP
Telephone: 0870 4294000
www.hawkin.com

The Happy Puzzle Company
PO Box 586, Elstree, Hertfordshire WD6 3XY
Telephone: 0844 8482820
www.happypuzzle.co.uk

Motor planning

Motor planning is our ability to have an idea of how we want to move, to plan how we are going to achieve that movement and then execute that movement. Another word for motor planning is Praxis, which is where the word Dyspraxia comes from – a dysfunction of praxis.

We need good praxis in order to plan and execute movement in response to constantly changing everyday situations.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.



What you may see

The child may demonstrate:

- Poor grading of movements
- Poor timing and sequencing
- Poor anticipation e.g. catching a ball
- Often trips, falls or bumps into things
- Poor at construction activities, including writing and scissor skills
- Difficulties with carrying out everyday self care tasks such as dressing
- Difficulties learning new skills, needs more practice than peers
- Inability to copy motor movements

Strategies and Advice

Help the child identify the steps needed to begin and accomplish the task. Have them repeat the directions and if possible write them down.

- Ask the child questions about what they are going to do and how they are going to do it when they are within the environment that they need to do something.
- Encourage the child to verbalise what they are doing while they are carrying out the activity.

- Give the child a short assignment so that they can feel instant success by completing the task. Keep a track of the length of time they can focus on a task and structure the assignment so that it can be completed in that length of time.
- Set up a system for checking off steps as they are accomplished.
- Give one direction at a time. After one action is successfully completed, add another action.
- Help the child physically move through the action so that they can experience the correct movement, for example hand-over-hand.
- Minimise visual distractions. Check for clutter in the classroom etc.
- Art projects that require assembling parts to create something – this will challenge the child's ability to develop strategies for organising parts as they relate to the whole. Creative activities can also build on a child's self-esteem. Make sure they receive lots of praise for any creation.
- Reviewing how to play the game before actually playing it. Demonstrate verbally, as well as visually.
- Marking the boundaries of the game/task. For example, rope, yarn, masking tape or chalk can be used to mark a game circle or start and finish lines. Learning correct letter formation by making letters between tracks, starting at a green dot for 'go' and red dot for 'stop'.
- Using signals for control e.g. two blows of a whistle to signal 'freeze'.
- Stopping action between turns in order to get everyone's attention and therefore regain attention.
- Rehearse what the child has learned on a regular basis.
- Start with basic 2 step activities, building up to 3 – 5 steps. Use number and temporal concepts to reinforce sequencing e.g. 'first' and 'last', 1 – 2 – 3.
- Encourage checking off steps as they are accomplished e.g. placing a symbol card in a 'done box'.
- Always sequence left – right and up – down and encourage order e.g. line up objects to be counted.
- Using signals for control e.g. two whistle blows mean 'stop', red dot for 'stop'.

Organisational Strategies for School and Home

Difficulty	Suggestions/Strategies
Finding a book	<ul style="list-style-type: none"> • Colour code subjects, for example: Red for Maths, Blue for Science, Yellow for English, etc. This can be done by using: <ul style="list-style-type: none"> ○ coloured spots ○ colouring a white book ○ coloured dividers in file ○ coloured plastic envelopes – or combinations of any of the above • Central store for books / files
Finding relevant page/sheet	<ul style="list-style-type: none"> • In an exercise book, find the next clean page and start work • In a work sheet / book: <ul style="list-style-type: none"> ○ looking for the next unused page ○ use of book mark / paper clip to be placed when have finished work • Teacher / parents open the book to the correct page
Finding place on page	<ul style="list-style-type: none"> • If the child needs Left/Right or Top/Bottom directions, colour code those areas e.g. <ul style="list-style-type: none"> ○ green strip on the left side ○ red strip on the right side • Prompt at the top of the paper e.g. <ul style="list-style-type: none"> ○ Sticky face stamp ○ Coloured dot sticker ○ Can be placed top left where work is initiated or on the right where work finishes. <p>NB: consistent use of these is important</p>

Difficulty	Suggestions/Strategies
Remembering the weekly timetable	<ul style="list-style-type: none"> • Use a drawn-up weekly planner • Colour code subjects to correspond with books • Use pictures to remind the child to bring specific items e.g. sports kit, musical instrument, library book • Duplicate the timetable and keep it in relevant places e.g. locker, diary/rough book, at home, desk
Remembering items e.g. homework games kit	<ul style="list-style-type: none"> • Use of diary/rough book to jot down important things to remember. NB: Writing does not need to be neat as long as it is understandable to the child. • Use of a consistent homework diary/folder which, again, can be colour coded • Use of year/term planner at home to remind of important events as well as daily information • Pack school bag nightly, possibly using a checklist and cross checking with timetable/ planner • Leave items in same place e.g. games kit in bag at school
Remembering set items/ location	<ul style="list-style-type: none"> • Poster notes/pictures on door, e.g. 'Games Kit', 'Library Book' • Alphabet stuck across top of desk • Name of desk to remind of place • Label with written names or pictures e.g., scissors, paint, books
Next step in regular routine	<ul style="list-style-type: none"> • Routine broken into sections e.g. • 'Pack up time' written on prompt card on child's desk or board <ul style="list-style-type: none"> ○ 'tidy up' ○ 'check homework' ○ 'collect messages' ○ 'collect coat and bag' <p>Can also be used at home for getting ready to go to school</p>

Difficulty	Suggestions/Strategies
Finding place on the blackboard	<ul style="list-style-type: none"> • Present ONE subject at a time • Colour code the subject or use a different colour for each line or word: <ul style="list-style-type: none"> ○ In number work – to align columns of units, tens, hundreds ○ In written work – to highlight margins; correct placement of letters on lines • Divide the board into sections • Clear the board of visual clutter
Copying from blackboard/whiteboard	<ul style="list-style-type: none"> • Try the above • Use of worksheets • Allow more time • Sit the child facing the board near the front of the class • Let the child copy off another student
Some general principles	<ul style="list-style-type: none"> • Use handouts to supplement the blackboard/whiteboard • Use auditory and visual information together • Use set methods e.g. numbering to sequence blackboard/whiteboard work • Eliminate as much visual distraction as possible e.g. seat the child centrally at front of the class, clear unnecessary clutter from the blackboard/whiteboard • Present smaller units of work at a time • Avoid visually confusing strategies such as writing over pictures and diagrams

Additional Suggestions

Many children can become overwhelmed by too much visual and/or auditory information. By controlling the classroom environment, you can maximise children's ability to remain focused and organised.

Environmental suggestions

Flashcards – Key words or pictures at strategic locations around the classroom and other relevant places to cue the child as to the 'next step' in a regular routine.

For example, flashcards at pack-up time indicating the need to:

- tidy up
- check homework requirements
- letters to take home
- collect coat and bag

Adjust the chair and table to the appropriate height for the child i.e. feet should touch the floor. You can use a small wooden block, books or Yellow Pages to help achieve this.

Table height should be just below the child's elbow when they rest their fist under their chin.

Minimise, as far as is practically possible, the amount of additional visual material you have hanging from the ceiling or on the walls.

Help desk organisation with a picture template of where each item inside the desk belongs or have stencil outlines on the desk-top for placement of essential stationary items e.g. pencil, ruler and rubber.

Tape a number or letter line directly onto the child's desk if they get distracted when using the one on the board or wall.

Spelling words may also need to be on a separate card/book instead of the blackboard/whiteboard.

By closing the classroom door, you can limit external auditory input from the hallway.

Try seating the child away from open windows or doors.

Consider the places where the child works well, for example in a corner of a room or with the desk facing a wall.

Ensure that the child is looking at the chosen activity before you commence. Reinforce verbally for example, 'Good Looking'. Recall attention by verbal prompting. The child may need prompting to slow down in their approach to an activity.

Ensure that the child is looking at the person who is giving verbal instructions. Deliver instructions for all activities in a concise way, perhaps with some firm contact whilst speaking, for example a hand on the child's shoulder or back.

Encourage the child to feedback verbally the task which you have asked them to do.

Timetable suggestions

Some children may benefit from a predictable timetable to their school day. Each morning, outline the timetable for the day with the class. Highlight any changes from the typical routine that will occur that day.

Discuss or create a 'story' about unexpected events before they occur, e.g. fire drills or assemblies, to help children prepare for these potentially overwhelming situations.

Older children may benefit from a homework organiser to keep their timetable and homework details in. The teacher may have to check this after each class to make sure the homework details are correct and the child understands them.

Further suggestions you may find useful

Use of graph paper to help organise Maths work.

Lined paper for writing is essential for some children. Provide pencil grippers for those children who struggle to use a mature pencil grasp.

Whenever possible, present information in the child's best modality i.e. visual, auditory or multi-sensory learning activities that facilitate understanding and memory for the information.

It is important to involve the child in the selection of the strategies which will be used and that the approach is consistent at home and in school. Reduce the frequency of support and prompts when the child no longer requires them and becomes confident in using the strategies, remembering that, as adults, we all use checklists, diaries, highlighters etc.

Pelvic stability

Pelvic stability is the ability to tense the muscles around your hips and pelvis, in order to secure this part of your body in preparation for movement.

Pelvic stability has an influence on the following areas:



- stabilising our body for sitting, standing and walking;
- enabling balance in weight bearing positions
- allowing coordinated movements of the lower limbs

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.

What you may see

A child with pelvic instability may demonstrate difficulties with:

- Balancing on one foot
- Hopping
- Running, jumping and skipping
- Negotiating steps and stairs
- Playing sports such as football
- Dancing

Strategies and Advice

- **Bridging** – lie on your back on the floor, knees bent up but feet on the ground. Then, while keeping your shoulders on the ground, lift up your bottom and see how long you can hold the 'bridge' up.
- **Kneeling** – catch a ball in high kneeling and then half kneeling (one knee on floor and one foot on floor). Gradually position the foot on the floor closer to your body – this makes it harder! You can play other games in these kneeling positions.

- **Stand with a ball under one foot** – time yourself and see if you get better each time. Use each foot in turn.
- **Dribble a ball** – around an obstacle course, keeping your foot on the ball.
- **Crawling races** – pretend to be different animals and move along the floor or crawl along the floor as fast as you can, blowing a ping pong ball or cotton wool ball as you go.
- **Resisted crawling** – hold onto the child's hips or thighs and try to stop them crawling to a set point.
- **Crab football** – whilst resting on your hands and feet, try to lift your bottom off the floor and walk like a crab. You could try and play a game of 'crab football' in this position.
- **Twister** – the commercially available game.
- **Obstacle course** – on the knees or in crouching position.
- **Floor contact games** – call out the number 1, 2, 3 or 4 to the child and ask them to place that number of limbs on the floor (e.g. 1 = stand on one leg; 4 = knees and hands on floor, etc). Encourage the child to use as many postures as possible.
- **Mouse game** – help the child to build a series of tunnels with furniture, blankets etc. The game is to collect food and take it through the tunnels to your nest/home. When it is all there, you can have your picnic.
- **Roller-skating** – or ice-skating and cycling.

Suggested resources

Davies Sports – Lee Fold, Hyde, Cheshire SK14 4LL

Tel: 0845 1204515

www.daviessports.co.uk

GLS Educational Supplies Ltd – 1 Mollison Avenue, Enfield EN3 7XQ

Tel: 0208 344 4000

www.glsed.co.uk

Perceptual skills

You have been directed to this Advice Sheet to help develop perceptual skills.

Visual perception is the ability to make sense of what we see, so that this information can be used purposefully.



Visual perception helps a child recognise and recall colours, shapes, sizes and forms as well as helping to understand the relationship of objects to other objects and to oneself in space.

If you have implemented these strategies and not seen improvement after 4 months, please contact the Integrated Therapy Service.

What you may see

Visual perception will affect a child's ability to cope in their everyday activities, e.g. a child with visual perception difficulties may not be able to recognise which way round their T-shirt goes on. It also affects their ability to manage school, e.g. they may experience difficulties with copying from the blackboard/whiteboard or be disorganised with their classroom equipment.

Strategies and Advice

- Make sure the whiteboard or chalkboard is regularly cleaned and that only the information needed is written up. Use pens in colours that clearly stand out and pens that make firm/clear lines.
- If using worksheets, don't make them cluttered with needless information or decoration. Make sure they are good quality photocopies that are clear. Cut off any black edges etc.
- Encourage the child to keep their workspace clear of clutter, tidying away each piece of work as it is finished before moving onto the next task.
- Use colour on the chalk/white board to help the child find their place.
- Consider the position of the child's desk within the classroom.
- Identify chosen letters in a text of writing and mark them with a highlighter pen.
- Write the same word in different styles/fonts/colours/prints together with other words and get the child to underline the chosen word in all its many different styles.

- Play scrabble and other word based board games.
- When reading with the child, occasionally cover part of the picture/word and ask the child to predict what that picture or word might be.
- In Maths, play prediction measurement games in the classroom, e.g. “Is the window further away from where you are sitting compared to the door?”, “Who is taller, John or Sally?”
- Practice using maps, mazes, and simple orientation games around the school.
- Show the class a geometric shape (e.g. a circle) and ask them to find everything in the classroom/outside that is also the same shape (e.g. a clock).
- Play preposition games in PE e.g. “place the beanbag under you”, “place the beanbag to your left”, “place the beanbag on top of your back”.
- Also in PE, play ‘Simon Says’ and ‘Imaginary Mirror’ – children work in pairs and pretend there is a mirror between them. One makes a pose and the other copies as if they are the reflection.
- Play memory games where the child looks in one area of the classroom for one minute, the child then turns their back or closes their eyes and has to tell the rest of the class what was in that area of the classroom. The rest of the class can then give the child clues about the objects they have missed, e.g. “It’s red and cube shaped”.

Pragmatics or social communication skills

You have been directed to this Advice Sheet for strategies to help children who have difficulties with understanding and using social communication.

Pragmatics is the way we understand and use language and communication in social situations and can also be termed social interaction skills. This includes both non-verbal skills e.g. body language, facial expression, and verbal skills e.g. taking turns and appropriate conversation skills.



If you have used this Advice Sheet and not seen improvement after 3 – 4 months, please contact the Integrated Therapy Service.

What you may see

In class, the child may:

- Make contributions that are unrelated to the topic
- Have limited understanding and use of facial expressions
- Understand language in a literal way, i.e. fail to 'get' idioms, sarcasm etc.
- Have speech that sounds more like an adult than their peers', i.e. use overly mature vocabulary
- Read accurately without the underlying understanding
- Not use appropriate 'speech codes'. For example, they may talk too casually to a teacher or in a formal way to their peers
- Launch into long monologues with limited awareness of the listener's interest or needs
- Have difficulty with establishing and maintaining friendships. Peers may find them annoying or irritating
- Have rigid, inflexible opinions
- Rely on known routines and find change difficult
- Have obsessional interests and topics of conversation

- Have some difficulties in tasks involving inference, prediction and reasoning
- Have difficulty in appropriately starting, maintaining and ending conversations
- Lack imaginative play and language

Strategies and advice

- Provide visual support within the classroom to help the child's understanding e.g. signs, symbols, real objects, work planning sheets
- Provide and discuss a visual timetable every day. Prepare the pupil in advance for any possible changes to their usual routine
- Keep language simple and sequential e.g. say "Put your books away, then go out to play", rather than "Go out to play after you've put your books away"
- Be aware that the pupil may not understand or respond appropriately to your body language, facial expression, tone of voice etc.
- Try to use literal language wherever possible and explain any use of abstract or non-literal language
- Use Circle Time to help develop the child's social skills and address difficult areas of communication
- Give immediate and specific feedback on the appropriateness of the pupil's communication, e.g. "Well done, you waited for your turn" or "We are talking about holidays now. You can tell us about Thomas the Tank Engine later".
- Arrange for the child to have a talking time where they can choose the topic of conversation e.g. 5 minutes a day with a teaching assistant
- Check the child's comprehension of written material, including the vocabulary, and their ability to understand the sequence of events
- Be aware that the pupil may need support during unstructured times e.g. play and lunch times. This could take the form of supported playground games or guided interaction with others
- Model 'Good Conversation' skills and make the unwritten rules of conversation explicit to the pupil
- Use Social Stories to discuss changes to routines and possible communication breakdowns
- Include the child in supported social skills groups

Suggested resources

- Talkabout, Talkabout Activities and Talkabout Relationships - Alex Kelly, Speechmark Publishing Ltd.
- Socially speaking – Schrober, Winslow Press
- Social Use of Language Programme - NFER Nelson, Darville House, 2 Oxford Road East, Windsor, Berks., SL4 1DF (Tel: 01753 858961)
- Dealing with feelings; Emotional Literacy - Tina Rae Lucky Duck Publishing, 8 Thorndale Mews, Clifton, Bristol, BS8 2HX, Tel; 0117 973 2881
- Think It, Say It - Winslow Press
- New Social Stories - Carol Gary, Winslow Press
- Writing and Developing Social Stories - Practical Intervention in Autism. C. Smith. Speechmark. Telford Rd, Bicester, Oxon., OX26 4L
- Black Sheep press - Pragmatic/Semantic materials - 67 Middleton, Cowling, Keighly, W.Yorks. BD22 0DQ
- Inferencing Cards LDA Duke St, Wisbech, Cambs., PE13 2AE, Tel: 01945 463 441
- I Say - Margaret Valery. STASS Publications. 44 North Road, Ponteland, Northumberland, NE20 9UR
- Social Skills Programmes. An integrated approach from early years to adolescence. Maureen Aarons and Tessa Gittens. Speechmark Practical Therapy Manual.
- Developing Pupils' Social Communication Skills. P. Barrett et al. David Fulton Publishers. Ormond House, 26-27 Boswell St, London, WC1N 3JZ.
- Primary and Secondary Inclusion Developmental Programmes for Teaching and Supporting Pupils with Speech, Language and Communication Needs and Supporting pupils on the Autism Spectrum
- Teacher Net – An interactive resource to support head teachers, leadership teams, teachers and support staff. www.teachernet.gov.uk/publications

Scissor skills

You have been directed to this Advice Sheet for guidance on helping children develop the ability to use scissors.

If you have used this Advice Sheet and have not seen improvement after 4 months, please contact the Integrated Therapy Service.

Scissors skills begin to develop in children around the age of 2 years. Pre-school children will learn to use scissors quickly and pass from unrefined movement to precise skills. There are significant stages of development a child needs to go through before they have the skills required to learn cutting with scissors. These skills are called pre-requisites.



Pre-requisites

The pre-requisites are to have the ability to:

- combine individual movements of the thumb, index and middle fingers
- co-ordinate the hands, arms and eye movements
- stabilise (keep still) the wrist, elbow and shoulder. This will provide a base for more refined finger movements.

Opening and closing the hand and scissor grip

A child needs refined, controlled finger and hand movements for precise cutting skills. A child needs to be able to combine movements of the thumb, index and middle finger in order to hold the scissors correctly and control the opening and closing of the scissors.

Activities and games that will help to develop these skills are:

Pick-up games

- Using a variety of tongs and tweezers, encourage the child to pick up small objects

Squeezing games

- Using water pistols, turkey basters etc. encourage your child to squirt liquid. This can be done by making a game with balloons, patterns on outside walls, soap bubbles in a bowl or squirting paint across a tray of water.

Paper punching games

- Using a hole punch, encourage your child to make patterns across pieces of paper

Hand-eye coordination

In order to develop scissor skills and other fine motor skills, the eyes need to work together in order to effectively follow and concentrate on an object in their line of vision. The eyes must also work with the hands, guiding each other through the cutting activity, to maintain safety and accuracy.

Activities and games to help develop hand-eye co-ordination include:

- Maze activities
- Dot-to-dot
- Puzzles
- Ball games
- Blowing games e.g. blow football
- Computer games
- Finding hidden objects in a picture e.g. 'Where's Wally?'
- Following a beam of light from a torch on to a wall or ceiling.
- Matching games e.g. snap and picture lotto.

Stabilising the wrist, elbow and shoulder

Stabilising (keeping still) the wrist, elbow and shoulder provides a base for refined finger/hand movements required for using scissors. A hand capable of grasping is of little use if there isn't a stable base from which it moves. A stable shoulder supports effective use of the hand. This stability can be achieved by improving the use of the muscles around the shoulder and elbow.

The following activities can promote this:

- Push-ups
- Wall push-offs
- Activities on all fours such as animal walks, donkey kicks, bunny hops, rocking backwards, forwards and sideways

- Body wrestling
- Monkey bars or climbing frames in the park
- Pushing around large toys
- Crab walking
- Play activities on the tummy
- Silly putty or Playdough
- Tug of war
- Rough and tumble play

Another way of helping to stabilise is by working in certain positions such as standing, half kneeling, kneeling up and kneeling on hands and knees.

Learning to use scissors

Once the child has the developmental skills required for using scissors, they can move on to learning to cut. Begin working through each stage below, only moving on to the next stage when the child has learned the previous stage.

Please make sure the scissors you use are child friendly and that you supervise the child to ensure safety whilst they are learning.

Stage One

The child needs to show an interest in scissors. They will attempt to bring the scissors and paper together and imitate cutting action.

Stage Two

The child will learn to hold and manipulate the scissors correctly.

Stage Three

The child will learn to open and close the scissors in a controlled fashion. If they are finding it difficult to cut paper then try snipping Playdough sausages. You do not need to introduce paper at this stage. However, if you do use paper, encourage random or 'free' cutting or snipping.

Stage Four

Encourage the child to hold paper in one hand and scissors in the other. Encourage the child to make short random snips with the scissors. Do not ask the child to cut in a forward motion (i.e. moving arm forwards) or in a specific direction as this comes at a later stage of development.

Stage Five

The child will now learn to cut in a forward motion. Create a mark or a goal on the paper, which the child can aim towards with the scissors. Using stiff paper such as card can help with achieving this skill at the early stages.

Stage Six

The child continues to develop their cutting skills in a forward motion but now staying on a line. Start by asking them to cut within a thick line, e.g. within a 15cm/6inch width, gradually reducing the width as they perfect this skill.

Stage Seven

Once the child can cut on a straight line, you can move on to cutting out simple geometric shapes such as a square and triangle. Allow the child plenty of opportunities to practise and provide a lot of encouragement.

At this stage it will be easier for the child to start with cutting out squares, triangles and rectangles, as they would have already learnt cutting in a straight line. Once they have mastered cutting out these shapes, move on to circles and semi-circles. These are more complicated as they aren't straight lines.

Stage Eight

The child will then move on to cutting out figure shapes. At first they will keep the scissors straight and turn the paper when there is a curve or change of direction. As they become more skilled, they will learn to hold the paper still and turn the scissors instead. Gradually move on to more complex designs and objects.

Shoes and socks

You have been directed to this Advice Sheet for guidance on helping children develop skills with putting on their shoes and socks.

If you have used this Advice Sheet and have not seen improvement after 4 months, please contact the Integrated Therapy Service.



Socks: what you may see

Children often have difficulty putting socks on correctly and end up with the heel on the top of their foot.

Strategies and advice

- Demonstrate to your child how to remove and put on socks correctly and allow them to help you.
- Try buying socks that have different coloured heels and toes.
- Trainer socks can help to establish where the heel goes without a lot of sock that needs pulling over the heel.
- Looser socks are easier so let your child practice with your socks. A little talc can be added to the bottom of the foot to help the sock slide on easily.
- Cotton socks are easier to handle than nylon ones.
- Practice putting socks onto dolls or stuffed teddies.
- Backward Chaining can also be used for teaching your child to put socks on. This means that you will break down the task into small steps, help them with the task and teach the last step first. When they have mastered this, let them do the last two steps and so on. In this way your child will finish the task every time and you will gradually reduce the help you are giving.

Shoes: what you may see

Children can find putting on their shoes a challenge and much prefer to take them off. You may see:

- Laces left untied or stuffed into the shoe.
- The tongue wedged into the toe part of the shoe, causing discomfort and making it more difficult to put on.
- The heel of the shoe downtrodden at the back where the child has not been able to pull it up over their heel.
- Shoes on the wrong feet.
- Velcro straps not pulled tight so the shoe is loose on the foot.



Strategies and advice

- Start with taking the shoe off properly.
- Sit behind the child and demonstrate how to take off their shoes by undoing the fastenings, pulling the shoe open to loosen it and pulling it upwards with the hand under the heel.
- Repeat the task but allow your child to do the last step i.e. to pull the shoe off.
- Continue practising the task in the same way and, as your child progresses, allow them to do more of the task e.g. pull open the shoe and then pull it off the foot.
- Allow them to practise taking off your shoes for you or shoes off their toys.
- Encourage your child to assist with fastenings.

Putting on shoes is a little trickier

- Start with putting on larger/looser shoes – dressing-up games are a good time to practise this.
- Allow your child to practise with your shoes.
- Open-back or slip-on shoes are easier to start with.
- Teach your child one of two methods according to their ability.
 1. Left foot over right knee and put shoe on – and visa versa
 2. Place the shoe on the floor and let the child wriggle their foot into the shoe.

- If your child needs extra support allow them to sit on the bottom step, against a wall or in the corner of a sofa.
- Always do the task in the same order so it is easier to remember which bit comes next e.g. loosen fastenings, pull shoe open, pull out tongue of shoe, wriggle in foot, readjust tongue and fasten.
- Initially you may need to position the correct shoe by the correct feet. If your child has difficulty putting each shoe on the correct foot you can:
 1. Fix something bright onto one shoe and teach your child 'bright is right'.
 2. Buy shoes with a logo on the outer side.
 3. Hold shoes next to each other before putting them on to see if they are 'friends', that is they 'face' each other.
 4. Place shoes in front of your child in their correct position, so that the left shoe is matching the left foot.
 5. Help your child recognise their left and right shoe by drawing arrows inside the shoes pointing together.

Shoulder stability

Shoulder stability is the ability to tense the muscles around the shoulder, in order to stabilise the joint for use. This then allows smooth, free and co-ordinated arm movements for activity.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.



What you may see

A child with difficulties with shoulder stability may demonstrate:

- Poor handwriting
- Poor scissor skills
- Difficulties with dressing and undressing
- Difficulties using a knife and fork
- Difficulties manipulating tools and objects
- Difficulties with ball games
- Difficulties with washing and drying self

Strategies and Advice

- **Painting or drawing** on a vertical surface by drawing onto paper secured to the wall or to an easel. The surface available to the child for drawing should cover the region slightly below their shoulder height and up to just out of their reach.
- **Elevated games** such as darts, basketball, volleyball.
- **Swimming**
- **Lifting heavy objects** e.g. pouring water from one container to another, lifting a toy box etc. Make sure that when lifting, the child bends their knees and avoids hurting their back.
- **Using playground equipment** such as monkey bars, climbing frames, etc.

- **Encourage the child to lie on their tummy** with their head propped up on their hands, elbows resting on the floor to read or watch TV. The child can also prop on one elbow while drawing/playing with the other hand.
- **Carry out activities in four-point kneeling** such as puzzles, drawing, etc.
- **From four-point kneeling**, ask the child to lift the left arm and left leg and then pick up objects from the left side and place them in a container on the right side. Then swap over to the other side!
- **Tug of War** while standing, lying on tummy or high kneeling. Use a rope or hands and try to pull your partner over a line.
- **Wheelbarrows**: place the pelvic region on a small box or stool and support the body with straight arms. Once this feels easier you can support the body with one arm while carrying out activities with the other.
- **Push-ups**: encourage the child to lie on their tummy and then push themselves up on their feet and hands. Ask them to lower their chin to the floor by bending their arms at the elbow and keeping the body straight. You can make this easier for the child by letting them do push ups while on their knees instead of feet.
- **Digging** in the garden.
- **Scooter board races**: ask the child to lie on their tummy on a scooter board and propel it around an obstacle course by using their arms. A scooter board is a piece of wood on four wheels and should be large enough for your child to lie on with their trunk supported.
- **Kaleidoscope**: look through this toy but hold it up towards the light/sky.
- **Commando crawling**: place some mats and rugs on the floor for the child to crawl underneath but keeping their tummy on the floor.
- **Crawling**: through tunnels, around obstacle courses, over cushions, animal crawls.
- **Balance ball**: the child needs to be in a crawling position and you then place their hands on a ball just in front of them. They need to push the ball away from their body as far as they can, while keeping both hands on the ball and not losing their balance. Then roll it back to the starting point.
- **Throwing**: large balls over-arm.
- **Magnetic Fishing**: tie a magnet to a piece of string and fix it to a piece of rod or a stick. Then secure some magnets to fish-shaped cards. Place the fish on the floor and ask the child to stand next to them. The child moves the fish from the floor to a table next to them using the fishing rod. Someone can sit at the table and help the fish off the child's rod once it has reached the correct position.

Speech sounds

You have been directed to this Advice Sheet for strategies to help children who have difficulties with speech.

If you have used this Advice Sheet and not seen improvement after 3 – 4 months, please contact the Integrated Therapy Service.



Development of speech sounds (phonological development)

Speech is a series of sounds or phonemes, usually known as vowels and consonants, that are used together to form words and sentences.

- Children's phonological development follows a normal pattern from simple sounds, e.g. **b**, **m**, **d**, progressing to more complex sounds e.g. 'ch' and to blends (clusters), e.g. **bl**, **sm**.
- Please see the Primary and Secondary Inclusion Development Programmes for Teaching and Supporting Pupils with Speech, Language and Communication Needs for a developmental progression of speech sound development.
- Children with speech sound delay will be following this developmental progression more slowly.
- Those with disordered speech development will not be following this pattern.
- Phonological awareness is the ability to recognise individual sounds and patterns of sounds in words e.g. rhyming and segmentation skills. Some children have greater difficulty developing phonological awareness skills.
- Some children have difficulty with articulating specific speech sounds e.g. lisps.

What you may see

In class, the child may:

- Be reluctant to contribute
- Sound immature, using simple sounds to replace more difficult ones
- Have difficulty sequencing sounds
- Be difficult to understand without contextual clues
- Have difficulty with the phonological skills required for literacy
- Be unable to mark plurals or tense endings e.g. hats, walked

Strategies and advice

- Model and emphasise the correct versions of words rather than asking the child to repeat them after you.
- Let the child use non-verbal ways of communicating e.g. gestures, mime, pointing
- Try to find individual time to listen and talk with the child in order to tune into their speech
- Handle communication breakdowns sensitively and in as low-key a way as possible.
- Provide shared contexts e.g. pictures, books, home/school diary, play activities etc. to help predict the content of their conversation.
- Ask the child closed yes/no questions in whole class discussions
- Encourage the development of phonological awareness skills e.g. rhyming, speech sound discrimination and sorting games.
- It may be helpful to include the child in a small group for listening and phonics activities
- Monitor whether the child is becoming more intelligible over time

Suggested Resources

- Primary and Secondary Inclusion Development Programmes for Teaching and Supporting Pupils with Speech, Language and Communication Needs
- Teacher Net – an interactive resource to support head teachers, leadership teams, teachers and support staff. www.teachernet.gov.uk/publications

Stammering

You have been directed to this Advice Sheet for strategies to help children who stammer.

Please use the information within this Advice Sheet but also immediately contact the Integrated Therapy Service for further guidance.

There are a variety of terms which are used to describe stammering, all of which mean the same thing. These are:

- Stuttering
- Fluency difficulties
- Stammering
- Dysfluency / dysfluent speech



Definition

Stammering is a communication difficulty, not just a specific speech problem. Stammering involves a combination of overt behaviours and hidden feelings.

The exact cause of stammering is not yet known. However, it is likely that there are a number of possible factors which cause a child to stammer. The stammer may be episodic in nature and have periods when it is absent. It is not always possible to predict when the stammer will come and go.

What you may hear and see

- Repetitions of sounds, syllables words or phrases
- Silent pauses which may be gaps or blocks
- Prolonging of speech sounds e.g. 'caaaaaar'
- Visible physical struggles in order to speak such as blinking, mouth contortions, facial tics, grimacing, body tension, foot stamping, fist clenching, shoulder raising etc.
- Unusual breathing patterns, struggling for breath, sounding 'out of breath'
- Avoidance of some words. As a result, some children may avoid and be unable to use some specific curriculum vocabulary

- Avoidance of some situations. For example, answering questions or certain activities
- The child may be anxious, may be left out of social groups or may have difficulty making friends
- The child may be subjected to teasing, even bullying
- The child may appear to be 'quiet', 'shy', 'aloof', 'not having much to say'. This may reflect their hidden feelings e.g. guilt, shame, fear, panic, poor self-image/esteem, anxiety etc.

Strategies and advice

How you can help:

For the older child

- Have a confidential discussion with the child as to what they would find helpful in the school setting
- Have an agreement with the child about strategies which could be used with other members of staff
- When asking questions to the class, try not to keep the child who stammers waiting too long for their turn as the wait may increase their anxiety and lead to more stammering
- Slowing down your own rate of talking can signal to all children that there is no need to hurry. A child who stammers may need longer to express their ideas
- Reading in unison with another child may assist their fluency
- The child may use his stammer to cover up lack of knowledge or understanding so they may need individual time to express any difficulties
- Try to maintain natural eye contact during a conversation, even though the child who stammers may turn away and lose eye contact as they stammer
- Alternative means of responding in class situations, that is use of non verbal responses, may be helpful for the child who stammers, e.g. use of white boards or 'post-its' for written responses
- Finishing off sentences is usually unhelpful as it can reduce self-confidence and increase frustration

For the younger child

- Show you are interested in what the child is saying, not how they say it. Look at the child so they know you are listening
- Slow down your own rate of talking

- Use language that the child can easily understand
- Give the child periods of individual time without competition and interruptions from other children
- Reduce the number of direct questions you ask the child
- Remain calm so the child doesn't feel under pressure to reply quickly
- Accept non-verbal responses from the child (e.g. nod of the head)
- If the child is experiencing great difficulty with stammering, reduce any demands for spoken language
- Talk about their stammering if the child wants to

Suggested resources

The British Stammering Association (BSA), 15 Old Ford Rd, London, E2 9PJ
Telephone: 020 8983 1003, Fax: 020 8983 3591

www.stammering.org

The Michael Palin Centre for Stammering Children.

www.stammeringcentre.org

www.talkingpoint.org.uk

Transitions and settling to task

This is the ability to move from one task to another or from room to room in an effortless and organised manner. Some children can find it difficult to settle to tasks or cope with the transition between different settings or tasks.

If you have used this Advice Sheet and not seen improvement after 4 months, please contact the Integrated Therapy Service.



Why do some children find this difficult?

Children need to organise their behaviour for a wide range of tasks and situations in order to fully access school/nursery/home life. They must be able to adjust their levels of alertness from quiet focus whilst listening to the teacher/parent to the active alertness of the playground or a games session. There is also a wide range of motor challenges from staying seated, crayoning and moving around crowded areas.

Socially the child must be able to adapt to a variety of situations and personalities. School or nursery settings present a number of visual and visual-motor challenges from scanning the environment, looking at pictures or colouring to skilled games such as hop-scotch and football.

What you may see

- The child becoming 'fidgety' and moving around excessively
- Poor concentration and attention
- Inability to stay focused
- Inability to end a task or commence a new one
- Poor sitting posture
- Being unable to find the things they need
- Increased vocalisation
- Possibly 'acting out'
- Possibly becoming withdrawn
- Distress
- Difficulties with learning

Strategies and advice

It can be beneficial to carry out a short burst of activities throughout the day to help prepare for more 'sedentary' tasks and to cope with the changes between activities. 5 – 10 minutes can be spent on one or two of these activities before sitting down to the task.

- Mouth toys such as whistles support transitions. These can help to diffuse frustration and enhance optimal alertness level. Mouth toys can be used when waiting for an activity to begin, while taking turns and before meals.
- Deep pressure or 'heavy work' activities help children to stay organised (see Supporting School Performance below). Some other examples include wearing tight fitting clothing (lycra cycle shorts etc.) wearing or carrying a backpack filled with books, carrying 'pet rocks' (always being aware of the child's size and strength in relation to these weights).
- Special, rhythmic transition songs. These can include drumming, marching (stamping) and chanting.
- Children may feel safer and more emotionally comfortable when 'contained'. This means that being in a large, unstructured space may feel scary and disorganising to them. To counter this, strategies that define space are helpful by, for example, giving each child a carpet square to sit on at carpet time so they have their own defined space. Other objects that accomplish this goal include hula hoops, boxes, and pillows.
- Having children move in different ways when going from place to place, e.g. walking like an elephant or any other animal, walking stiffly, alternating slow and fast walking.
- Children can carry and hug or squeeze small pillows, bean bags, latex squeezies or stuffed toys when moving from one place to another.

Supporting School Performance

- Providing opportunities during the day to blow (e.g. bubbles/whistles) will build the ability to control respiration and build better trunk control for sitting long periods of time without getting restless.
- Joint compression occurs with activity that presses the bones together at the joint. Joint compression is used for calming by pushing together the hands or pulling them apart hard as desired for several seconds or by pushing or pulling against a wall. The following activities work on this area:
 - Magic Room – try to make the room larger by pushing the walls while in different positions e.g. standing, lying on back and pushing with feet.

- Tug of War – using a knotted rope or blanket, encourage the use of bilateral reciprocal movements to walk hands up the rope whilst pulling.
- Supported Wheelbarrow – lay over a large soft ball or another supportive surface, 'prop' up on hands and arms and keep head up. In this position bean bags can be picked up and thrown into a container as a game.

Suggested Resources

Special Direct

TTS, Park Lane Business Park, Kirby-in-Ashfield, Nottinghamshire NG17 9LE
Telephone: 0800 318686

www.specialdirect.com

Taskmaster Ltd

Morris Road, Leicester LE2 6BR.
Telephone: 0116 2704286

www.taskmasteronline.co.uk

Nottingham Rehab Supplies

Findel House, Excelsior Road, Ashby-De-La-Zouch, Leicestershire LE65 1NG
Telephone: 0845 120 4522

www.gl-assessment.co.uk

Tying shoelaces

You have been directed to this Advice Sheet for guidance on helping children develop skills with tying their shoelaces.

If you have used this Advice Sheet and have not seen improvement after 3 months, please contact the Integrated Therapy Service.



Why do some children find this difficult?

A child may have difficulty doing up shoelaces for a variety of reasons such as poor bilateral coordination, postural instability, poor fine motor manipulation, reduced muscle tone or visual perceptual difficulties.

What you might see

- The child may be reluctant to try shoelaces
- The child often walks around with laces undone and trailing
- The child may seek help and reassurance
- Shoelaces tied in a knot and the child attempting to slip their foot in without undoing it

Strategies and Advice

- Teach the child using the 'Backward Chaining' technique. This means that you first break the activity down into steps. You carry out most of the steps but leave the last step for the child. When the child has mastered that step, you allow them to do the last two steps and so on until they can complete the whole task. This way they will always be the person to finish the task.
- Replace thin shoelaces with something easier to grip. Soft, wide (but not too fat) laces are ideal. Avoid round laces as they tend to come undone.
- Thick shoelaces also provide extra friction in the eyelets, which helps keep the starting knot tight while working on the tricky finishing bow.
- Replace slippery synthetic shoelaces with ones made of cotton, or other natural fibres, as these provide better grip and also help keep the starting knot tight.

- Use a double starting knot, which keeps things even tighter.
- Sit comfortably and practice with a shoelace or rope wrapped around the thigh instead of awkwardly reaching down to tie your shoes. Alternatively use your shoe but with it placed on a table surface instead of your foot
- Join two different coloured shoelaces together, or dye one half of a shoelace, so that the shoe can be laced with a different colour on each side making it easier to follow coloured diagrams or verbal instructions.
- Knot the very ends of each shoelace to stop the ends being accidentally pulled through the knot (when tightening) or out of the eyelets (when loosening).
- Practice tying knots and bows on other things, for example on presents or aprons.

Suggested Resources

Early Learning Centre -Plastic shoe with lace attached for practice.

Homecraft-Roylan

Nunnbrook Road, Huthwaite, Sutton in Ashfield, Nottinghamshire NG17 2HU
Tel:08702 423305

www.homecraft-roylan.com

Verbal comprehension (understanding language)

You have been directed to this Advice Sheet for strategies to help children who have difficulties with understanding spoken language.

If you have used this Advice Sheet and not seen improvement after 3 – 4 months, please contact the Integrated Therapy Service.



Definition

Terms often used to describe comprehension:

- Verbal comprehension
- Receptive language
- Understanding of spoken language
- Language processing
- Auditory processing

The ability to understand language involves the following skills:

- Listening
- Remembering information (auditory memory)
- Understanding vocabulary and concepts
- Understanding the importance of word order in a sentence (grammar)

What you may see

In the classroom environment, the child may:

- Look blank when spoken to
- Have poor listening skills
- Not respond to the speaker or echo back what has been heard

- Give inappropriate responses to questions, instructions and in conversations
- Take their cue as to what to do by observing other children around them
- Seek a lot of reassurance from adults
- Be hesitant to start a task following spoken or written instructions
- Read mechanically with little understanding
- Exhibit inappropriate or 'naughty' behaviour

Socially the child may

- Appear isolated, bored or withdrawn
- Play alongside or copy peers
- Have difficulty making friends
- Act aggressively towards other children

Strategies and advice

How you can help the child in school

- Make full use of visual clues to support spoken or written information. These include pictures, photos, symbols e.g. Somerset Total Communication, facial expression, gesture, diagrams and, for older children, concept maps, vocabulary boards, written texts etc.
- Gain the child's attention before giving any instruction by saying their name.
- Allow extra time for the child to understand before responding
- Simplify your own language (KISS - Keep It Short and Simple)
- Check that the child has understood before moving on – ask the child to explain/repeat back what they have to do rather than ask them if they have understood
- Allow the child to read texts below their optimum reading or decoding ability, to allow them to concentrate on the meaning
- Explain non-literal/ambiguous language e.g. idioms, words with multiple meanings, sarcasm etc.

Targeted activities

- Teach 'Good Listening' skills and active listening skills and frequently revise them
- Consider reducing the content of class/ home work activities

- Reinforce key concepts
- Pre-tutor vocabulary (teach new words before introducing a topic), using symbols and signs
- Repeat activities in different ways to reinforce understanding

Suggested resources

- Primary and Secondary Inclusion Development Programmes for Teaching and Supporting Pupils with Speech, Language and Communication Needs
- Early Language Builders – ELKLAN, www.elklan.co.uk
- Language Builders – ELKLAN, www.elklan.co.uk
- Secondary Language Builders – ELKLAN, www.elklan.co.uk
- Language Builders for post 16s – ELKLAN, www.elklan.co.uk
- Language Steps - Amanda Armstrong STASS 44 North Rd, Ponteland, Northumberland, NE20 9UR (Tel: 01661 822 316)
- Listening Skills Collection – Colour Cards, Speechmark
- Spoken Language Difficulties - Stuart, et al. (2002) David Fulton Publishers: London
- Black Sheep Press resources for speech and language – Black Sheep Press, 67 Middleton, Cowling, Keighly, W Yorks. BD22 0DQ www.blacksheepress.co.uk
- Developing Baseline Communication Skills - Winslow Press
- Teacher Net – an interactive resource to support head teachers, leadership teams, teachers and support staff. www.teachernet.gov.uk/publications

Vocabulary

You have been directed to this Advice Sheet for strategies to help children who have difficulties with understanding and using words.

If you have used this Advice Sheet and not seen improvement after 3 – 4 months, please contact the Integrated Therapy Service.



Vocabulary is the bank of words children can understand and/or use meaningfully. This includes nouns, verbs, adjectives, basic concepts, prepositions etc.

Semantics refers to the meaning of words and the meaning relationships between words (e.g. opposites, categories). The meaning of individual words can change depending on the context e.g. 'wave' (in the sea) and 'wave' (your hand).

Vocabulary learning is affected by many factors:

- Listening skills
- Auditory memory
- Life experience
- Expressive language/speech difficulties
- Word retrieval abilities (this is where the child has the word in their memory store but has difficulty accessing it when they need to use it)
- Literacy development

What you may see

In the classroom, the child may;

- Have difficulty naming familiar items
- Talk about a limited range of subjects
- Talk hesitantly with mispronunciations, repetitions or inappropriate choice of words

- Over-use non-specific words e.g. 'it, there, that, thingy, whatsit'
- Use a lot of gesture and pointing
- Have difficulty learning and remembering new vocabulary
- Appear to talk fluently but without clearly expressing their meaning ('talk around the houses').

Strategies and advice

- Basic, everyday vocabulary may need to be checked and specifically taught
- Identify and prioritise key vocabulary items across the curriculum
- Introduce new vocabulary explicitly, using a multi-sensory approach including visual materials/objects, symbols, real experience
- Recap on key vocabulary and ideas at the end of lessons
- Revise new vocabulary at regular intervals
- Display key vocabulary within the classroom using charts, labelled pictures, words and symbols (Somerset Total Communication)
- Encourage the child to use description, gesturing, signing when they cannot recall a word (what it looks like, its function, what sound it begins with etc.)
- Use personal vocabulary books/files to encourage practice and revision at home

More specific suggestions

- Arrange pre-tutoring of curriculum vocabulary to the whole class
- Teach vocabulary using:
 - A simple definition
 - Categories and category names
 - Associations
 - Description
 - Similarities and differences
 - Odd one out
 - Phonological features (long or short word, number of syllables, the starting sound, rhymes with etc.)
 - Mind mapping
- Provide opportunities for reinforcement of key words across a range of concepts
- Develop an individual vocabulary book divided into topic areas. Use pictures, symbols, diagrams, simple definitions to explain word meanings

- In individual reading sessions, identify with the child any words not understood
- Encourage older pupils to monitor their own silent reading by writing down any words they have not understood
- Develop a vocabulary wall
- Label displays

Suggested resources

- Primary and Secondary Inclusion Development Programmes for Teaching and Supporting Pupils with Speech, Language and Communication Needs
- Early Language Builders – ELKLAN, www.elklan.co.uk
- Language Builders – ELKLAN, www.elklan.co.uk
- Secondary Language Builders – ELKLAN, www.elklan.co.uk
- Language Builders for post 16s – ELKLAN, www.elklan.co.uk
- Key vocabulary for curriculum areas - Qualifications and Curriculum Authority – website
- Semantic Links – STASS , 44 North Rd, Ponteland, Northumberland, NE20 9UR (Tel: 01535 631 346)
- Colour cards and Colour Library, LDA Duke St, Wisbech, Cambs, PE13 2AE (Tel: 01945 463 441)
- Talking Semantics - STASS - see above
- Somerset Total Communication symbols
- Communicate in Print
- Teacher Net – an interactive resource to support head teachers, leadership teams, teachers and support staff www.teachernet.gov.uk/publications

Section Six



The Integrated Therapy Service and how to refer



Section Six

The Integrated Therapy Service and how to refer

What is the Integrated Therapy Service for Children & Young People?

The Integrated Therapy Service (ITS) for Children and Young People is provided by Somerset Partnership NHS Foundation Trust to deliver an equitable and integrated service for the children and young people of Somerset.

We provide a local, community-based therapy service for referred children and young people aged 0 – 19 years who have physical, occupational and speech and language difficulties in Somerset. The service is mainly provided within community settings such as schools, children's centres or other pre-school settings, families' homes or our Integrated Therapy Service clinics.

Our vision is to provide family centred therapy as an integrated package of care, tailored to the child's individual needs.

Many children show delays or difficulties with their development and, therefore, a key role of the service is to inform and skill the wider children's workforce to enable them to follow good practice guidelines, give general advice to parents and adopt a 'watch-and-wait' strategy to see if the advice results in an improvement. When this occurs, the child will not need referral for specialist assessment and intervention from the ITS.

It is also vital that other agencies are able to recognise when a referral is indicated and more specific advice or intervention is needed. The ITS aims to support the children's workforce and referrers to achieve this by circulating information such as the Fact File for Early Years and Fact File for School Age and by delivering training courses for other professionals.

Staff teams

The Integrated Therapy Service for Children and Young People is comprised of:

- Speech and Language Therapists
- Occupational Therapists
- Physiotherapists
- Therapy Support Practitioners
- Administrators

Our Speech and Language Therapists, Occupational Therapists, Physiotherapists and Therapy Support Practitioners work together in area based teams to deliver assessments and interventions.

Our Therapists are graduate health professionals who are registered with the Health Professions Council.

Our Therapy Support Practitioners are non-qualified members of staff who may carry out a programme of therapy under the direction of a Therapist, train families and staff in how to carry out the programme, adjust equipment or assist in group therapy sessions.

Each of the four area teams has a Clinical Area Manager, who also acts as a Professional Lead for one of the therapy professions, and there is an overall Service Manager.

Speech and Language Therapists

Speech and Language Therapists work with children and young people with communication or feeding difficulties. These may include needs with understanding or using language, speech production, voice production or fluency.

The Speech and Language Therapist considers the child's communication skills and environment and the impact these are having on his or her life. The Therapist then works with the adults around the child to enable successful communication throughout their daily lives.

Occupational Therapists

Occupational Therapists who work with children and young people help them to carry out the activities that they need or want to do, in order to lead healthy and fulfilling lives.

Occupational Therapists work with people who have physical, learning and/or social problems, either from birth or as a result of accident or illness. They are experts in supporting the development of independence and provide assessment, advice and guidance, therapy sessions and specialist equipment where necessary.

Physiotherapists

Physiotherapists help develop or restore movement and function to as near normal as possible when a child or young person is affected by injury, illness, developmental delay or other disability.

Physiotherapists assess and treat children and young people helping them achieve mobility and function. Treatment might include specific exercises, positions or hands-on therapy. Physiotherapists sometimes use specialist equipment and/or mobility aids.

Area Bases

The Therapy and Administration staff in the four area teams provide a service to different geographical areas in Somerset. The contact details for the four area teams are below:

South Somerset

Charter House
Bartec 4
Lynx West Trading Estate
Watercombe Lane
Yeovil
BA20 2SU

Telephone: 01935 848237

Mendip

Priory House
Priory Health Park
Glastonbury Road
Wells
BA5 1XL

Telephone: 01749 836691

Taunton and West Somerset

Park Gate House
East Reach
Taunton
TA1 3EX

Telephone: 01823 346100

Sedgemoor

Pearl House
Church Street
Bridgwater
TA6 5AT

Telephone: 01278 435858

Who can refer?

Referrals may come from anyone who has professional or parental responsibility for a child or young person and has concerns about their development. Our referrers include GPs, Consultants, Teachers, Advisory Teachers, Educational or Clinical Psychologists, Health Visitors, School Nurses, Children's Centre staff, Social Care Teams, parents/carers and young people themselves.

Following the assessment of a child or young person, the Integrated Therapy Service will ensure that the referrer receives accurate and timely information about the outcome of the assessment and whether any intervention from the ITS is needed.

How to make a referral to the ITS

If you are uncertain whether to refer to the ITS or would like to discuss your referral, please contact us on our Telephone Advice Line. The ITS Telephone Advice Line supports parents/carers and professionals to meet the needs of children and young people whose development may be causing concern.

The line is staffed by therapists from the three disciplines. They can discuss the caller's concerns, advise them on how to support the child or young person and consider whether a referral to the ITS may be needed.

Using the Telephone Advice Line

What are the hours of the Telephone Advice Line?

09:00 to 12:00 in the morning
Monday, Wednesday, Thursday and Friday
(excluding Bank Holidays)

What is the number?

0303 033 3002

Making a written referral

Anyone who wishes to refer a child or young person to the Integrated Therapy Service should complete:

Appendix 1 'Integrated Therapy Service Referral Form'

If you are referring a child for an Occupational Therapy assessment, you will need to complete:

Appendix 2 'Additional Information to Support Occupational Therapy referral'

If you are in a school and referring a child with speech, language and/or communication needs, you will need to complete:

Appendix 3 'Communication Competencies in School Form'

Copies of all three forms are also available on our website at:

www.sompar.nhs.uk/integratedtherapies

You can send the forms electronically to:

ITSreferrals@sompar.nhs.uk

or by post to:

**ITS Referrals,
Integrated Therapy Service for CYP,
Priory House,
Priory Health Park,
Glastonbury Road,
WELLS,
Somerset BA5 1XL**

Triaging referrals

A team of Therapists, one from each therapy discipline, considers all referrals and decides whether the referral is appropriate and, if so, on the most appropriate professional(s) to assess the needs of the child or young person. If the referral is not accepted, the referrer and parent/carer will be informed. If an alternative service is identified that is more appropriate to meet the child's needs, this will be suggested.

Waiting times for initial assessment will vary, depending on service demand. Certain referrals will be prioritised to be seen more urgently, according to best practice guidelines. You are welcome to contact the department for information on the current waiting times.

A convenient time and location for the assessment appointment is agreed with the parents/carers and a letter is sent to confirm the appointment.

Assessment

Assessment clinics are generally held at the area team bases. Any subsequent appointments may take place in the child's school while some children are seen in their home.

During the assessment process, the Therapist gathers further information about the child or young person and their family, to gain a better understanding of their current development and the nature of the concern.

The Therapist may also wish to talk to the child or young person's teacher/tutor or may visit the school to get a clearer idea of how they function there.

At the end of the assessment process, a discussion will take place with the family to determine whether further involvement from the Integrated Therapy Service is required. If no further involvement is needed, a discharge letter will be sent to the parents/carers and copied to the referrer. The Therapist may also recommend that the child is seen by another member of the Integrated Therapy Service or a professional in another service.

The assessment process may highlight a goal that the Integrated Therapy Service can help the child to achieve by providing a form of intervention.

Intervention

Depending on the child's needs and difficulties, one or more of the following options may be agreed with parents/carers in order to help the child to achieve their goal.

- advice and recommendations for achieving the agreed goal
- a programme of therapeutic activities to be carried out at home and/or in school
- training of parents or involved professionals to meet the child or young person's needs
- a review to check the child or young person's progress after a few months
- a block of individual or group therapy sessions

Following the episode of care, the child's progress towards their goal and their continuing needs will be reviewed in order to decide on the next steps.

Discharge

When it is determined that the involvement of the Integrated Therapy Service is not currently required, this is discussed and agreed with the parents/carers. The family's GP and other involved professionals are notified of the discharge.

Referral back into the service can be made at anytime should the child or young person's needs or circumstances change.

Parents/carers need to be aware that non-attendance without notifying the department may result in their child being discharged from the service without being seen.

Appendices

Appendix 1 'Integrated Therapy Service Referral Form'

Appendix 2 'Additional Information to Support Occupational Therapy Referral'

Appendix 3 'Communication Competencies in School Form'

INTEGRATED THERAPY SERVICE REFERRAL FORM

Speech and Language Therapy, Occupational Therapy and Physiotherapy for Children and Young People

Please indicate the profession(s) you would like the child/young person to be assessed by

Occupational Therapist (OT), Physiotherapist (PT) and/or Speech and Language Therapist (SLT)

Please write OT, PT and / or SLT

Identifying details

Record details of infant, child or young person referred or attach a report which contains the required information

Surname <input style="width: 350px;" type="text"/>	First names <input style="width: 250px;" type="text"/>
Any previous names <input style="width: 250px;" type="text"/>	
Male (M) / Female (F) <i>please write M or F</i> <input style="width: 50px;" type="text"/>	Date of birth <input style="width: 150px;" type="text"/>
Address <input style="width: 350px; height: 80px;" type="text"/>	NHS number (if known) <input style="width: 150px;" type="text"/>
	Name of School or Pre-school <input style="width: 150px;" type="text"/>
	Name of GP <input style="width: 150px;" type="text"/>
Postcode <input style="width: 150px;" type="text"/>	Location of GP <input style="width: 150px;" type="text"/>

Details of parents/carers

Name(s) <input style="width: 350px;" type="text"/>	Contact telephone <input style="width: 150px;" type="text"/>
Relationship to infant, child or young person <input style="width: 250px;" type="text"/>	Parental responsibility? <input style="width: 150px;" type="text"/>

Please write YES or NO

Reason for Referral

- Reason: *NB. If preferred, please attach a report with **clear** indication of the reasons for referral*

- Please explain the impact of this problem on the child/young person's daily life:

- Please outline any strategies that have been used to help the child/young person and whether these have been successful:

Previous contact with Speech and Language Therapy / Occupational Therapy / Physiotherapy, if known

Other services working with this infant, child or young person

Date and result of last hearing test, if applicable

Specific requirements

Child's first language:

Parent's first language:

Is an interpreter or
signer required?

*Please write YES or NO and, if YES,
the service required*

Can parents/carers access
written information?

Please write YES or NO

PLEASE NOTE: All boxes below MUST be completed to enable us to process the referral

I confirm that parents/carers have given their consent for this referral

Signed Date:
(unless emailed)

Print name Role:

Address

Telephone number(s)

Email address

PLEASE NOTE: REQUIRED ADDITIONAL INFORMATION FORMS

All forms are available on the ITS website at www.sompar.nhs.uk/integratedtherapies

- If you are in a school and referring a child with speech, language and/or communication needs, you will need to attach a completed **Communication Competencies in School Questionnaire**
- If you are in a pre-school setting and referring a child with speech, language and/or communication needs, you will need to attach a completed **Every Child a Talker Monitoring Form**
- If you are referring a child for Occupational Therapy assessment, you will need to attach a completed **Additional Information to Support Occupational Therapy Referral Form**

Please return the completed referral form and additional information form, as appropriate, either by email to: itsreferrals@sompar.nhs.uk or by post to: ITS Referrals, Integrated Therapy Service for CYP, Priory House, Priory Health Park, Glastonbury Road, Wells, Somerset BA5 1XL

INFORMATION TO SUPPORT OCCUPATIONAL THERAPY REFERRAL

Child's Name DOB

Person completing the form

Name Relationship to child

	<i>Unable to do</i>	<i>Can do with support</i>	<i>Can do well</i>	<i>Not observed</i>	<i>Comments</i>
SELF CARE SKILLS					
<i>Dressing and undressing (including fastenings)</i>					
<i>Getting to sleep</i>					
<i>Using cutlery</i>					
<i>Washing and drying face hands and body</i>					
<i>Going to the toilet</i>					
PHYSICAL ACTIVITIES					
<i>Walking and running</i>					
<i>Balance including jumping and hopping</i>					
<i>Riding a bike</i>					
<i>Swimming</i>					
<i>Ball skills – throwing and catching</i>					
CLASSROOM SKILLS					
<i>Drawing and writing</i>					
<i>Using scissors</i>					
<i>Following instructions</i>					
<i>Organisation</i>					

	<i>Unable to do</i>	<i>Can do with support</i>	<i>Can do well</i>	<i>Not observed</i>	<i>Comments</i>
BEHAVIOURS					
<i>Attention</i>					
<i>Concentration</i>					
<i>Sitting still during a task</i>					
<i>Plays well with others</i>					
<i>Can tolerate changes in their routine</i>					
<i>Will try new foods</i>					

He/she avoids certain activities (more than other children their age)

Please give an example:

He/she seeks certain activities (more than other children their age)

Please give an example:

Has he/she participated in the Learn to Move coordination programme at school?

Please give details:

Any other comments relating to the child's needs:

Please attach this to the Integrated Therapy Service referral form

Integrated Therapy Service Referrals from Schools for Speech and Language Therapy Assessment

COMMUNICATION COMPETENCIES IN SCHOOL

School staff referring pupils who have speech, language or communication needs are asked to provide the following information to accompany the INTEGRATED THERAPY SERVICE REFERRAL FORM. Please attach copies of the Individual Education Plan and Assessment or Review documentation, where appropriate.

Pupil's Name DOB

SEN Code of Practice - please indicate if this child is on one of the following stages by writing YES

School Action Under assessment

School Action Plus SA + Code Statement of SEN

Describe the pupil's strengths and needs with the following

Attention, listening concentration

Understanding of language

Use of spoken language

Speech sounds and intelligibility

Reading, written language, spelling, numeracy

Behaviour, relationships, attitude

Any other observations

Referrer's Name Title Signature

School Tel Date



Somerset
Partnership

Headquarters:
Somerset Partnership NHS Foundation Trust
2nd Floor, Mallard Court, Express Park,
Bristol Road, Bridgwater TA6 4RN

Tel: 01278 432 000 Fax: 01278 432 099
Email: foundationtrust@sompar.nhs.uk
Web: www.sompar.nhs.uk