



## Therapy in Praxis

The Old Stables and Granary  
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### THE THERAPY IN PRAXIS

#### How can Therapy in Praxis deliver the Personalisation agenda?

Personalisation demands a shift in approach, away from the constraints of resource led/stereotype provision to one where both service users, [including family and caregivers] are empowered to make choices on the solutions to their individual and unique needs.

The philosophy of Therapy in Praxis is founded on the concept that occupation is essential to human existence and good health and wellbeing. Occupation includes all the things that people do or participate in e.g. working, learning, playing, caring and interacting with others. Being deprived of or having limited access to occupation can affect physical and mental health.

Therapy in Praxis supports children and adolescents to optimise their potential and to engage in a range of meaningful activities throughout their daily lives so that they can achieve their aspirations. Therapy in Praxis has always taken a child- and person- centred approach, which is consistent with the principles and practice of personalisation. Therapy in Praxis uses a recognised person- centred process of assessment, intervention and review to achieve outcomes through engagement in fulfilling and meaningful occupation that's right for the individual and recognises the child or adolescent as an individual. This aligns with the values of personalisation, as Therapy in Praxis is skilled in finding and tailoring individual solutions for the child and family in different settings and can work with all providers.

The role of Therapy in Praxis in improving quality of life and as a facilitator of learning means seeking collaborative ways of working with the children who use our services, their families and carers, friends and other social care and health practitioners to co-design and co-produce care and support.

#### Occupational Therapy Key Facts:

Occupational therapists are the only profession where activity (task, performance and/or process focused) is the main method of intervention.

Occupational therapists work holistically and are outcome focused. They have multi-dimensional training that addresses the physical, psychosocial, sensory processing, developmental levels and needs of Children & Young People.

Occupational therapists have specific skills in activity analysis, problem-solving, orthotics, group dynamics, sensory integration, visual perception, and the impact of disability and mental illness upon occupational functioning (COT 2007).

Occupational therapists provide a range of interventions for different conditions to help improve the individual's.

- Functional ability which may be cognitive, physical or emotional (or a combination)
- Co-ordination
- Physical, sensory, intellectual and or psychosocial difficulties.



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Interventions are focused on occupational performance areas of age appropriate personal activities of daily living (washing, dressing, feeding, toileting, personal grooming, and mobility, seating), school access and engagement (e.g. handwriting, attention, copying from the blackboard, participation in PE); and developmental play.

- Social relationships and community living skills (e.g. road awareness, shopping, meal preparation, use of public transport)
- Environment through the provision of equipment and /or adaptations

Assessments take into account: gross motor, fine motor, visual perceptual, cognitive, psychosocial skills, and the environment. The needs of the carer are also considered with respect to manual moving & handling, transportation, and safe management of the child in all their environments, including their carer's emotional well-being.

In the area of mental health, occupational interventions are focused on the emotional and mental health needs of the child or young person using activity based interventions as the main mode of intervention. Interventions are individual and/or group based in nature using a range of treatment approaches, including, developmental, educational, neurodevelopment (Bobath & Sensory Integration) and compensatory. Intervention will also include the use of home programmes and advice to all those within the child's network (COT 2007).

### Cost Benefit

One study has shown that through occupational therapy intervention for adolescents with emotional and behavioural disorders a positive financial cost benefit realised per teenager was £100 (Ikiugu MN, 2007)

### Reference

College of Occupational Therapists (2007); Information produced by the COT Specialists Section Children Young People and Families for the Workforce Review Team. [Unpublished] Ikiugu MN, Anderson L (2007) Cost Effectiveness of the Instrumentalism in Occupational Therapy (LOT) Conceptual Model as a Guide for Intervention with Adolescents with Emotional and Behavioral Disorders (EBD). International Journal of Behavioral and Consultation Therapy, 20 Occupational therapists help children and young people with autistic spectrum disorder to participate in everyday tasks and cope with busy environments

Fact sheet