

"Occupational therapy with children in the United Kingdom: who decides what is important and why does it matter?"

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What do children and families say is important?

(Ingimarsdóttir & Sigrún, 2024; Morris et al, 2015; Swift et al, 2023)



Self care

Community
and social life

Friendships
and
relationships

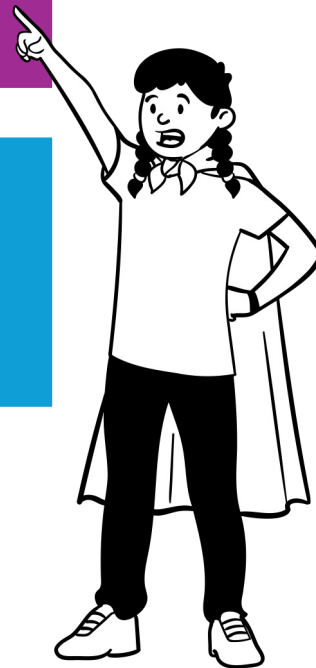
Play and
leisure

Education
and work

Sleep and
rest

Future
aspirations

Choice and
control



What do we know about decision-making already?

Ethics

- collaborative decision-making is recognised as critical in UK national standards (HCPC, 2024)

Effectiveness

- Child and family involvement in decision-making enhances motivation and engagement and improves outcomes (Hwang & Kong, 2025; Pritchard et al, 2022).

Practice

- No current overview of UK practice with children and young people.
- Process often therapist-directed and may be influenced by therapist beliefs and priorities (Angeli et al, 2019; Ryan et al, 2025).

Study: UK National Survey of OT Practice



Cross-sectional descriptive web-based survey using Qualtrics



Two-part survey:
Questions with set responses
8 Vignettes to explore case-specific reasoning



Conducted in UK between Oct 2023 – March 2024



Convenience sampling via social media and direct email:
RCOT – SS
CYPF
Mind the Gap
Community of Practice.



Data analysed using descriptive statistics and content analysis



Ethical approval from University of Huddersfield

Results

Demographics

- 477 participants
- from across UK
- 95% female

- Median 10-15 years experience in paediatrics

Role and Setting

- 85% in current OT clinical / clinical leadership roles
- 64% NHS,
- 15% private / third sector
- 7% school
- 6% local authority

Age of children

- Over 80% (N=380) see school-aged children (5-18 years)

Population

- range of health conditions including
- Autism (81%),
- ADHD (71%),
- Intellectual disability (65%),
- Cerebral Palsy (66%)
- DCD (65%)

Results

Demographics

- 380 participants
- from across UK
- 95% female
- Median **6-10 years experience in paediatrics**

Role and Setting

- **89%** in current OT clinical / clinical leadership roles
- **67%** NHS,
- 15% private / third sector
- 7% school
- 6% local authority

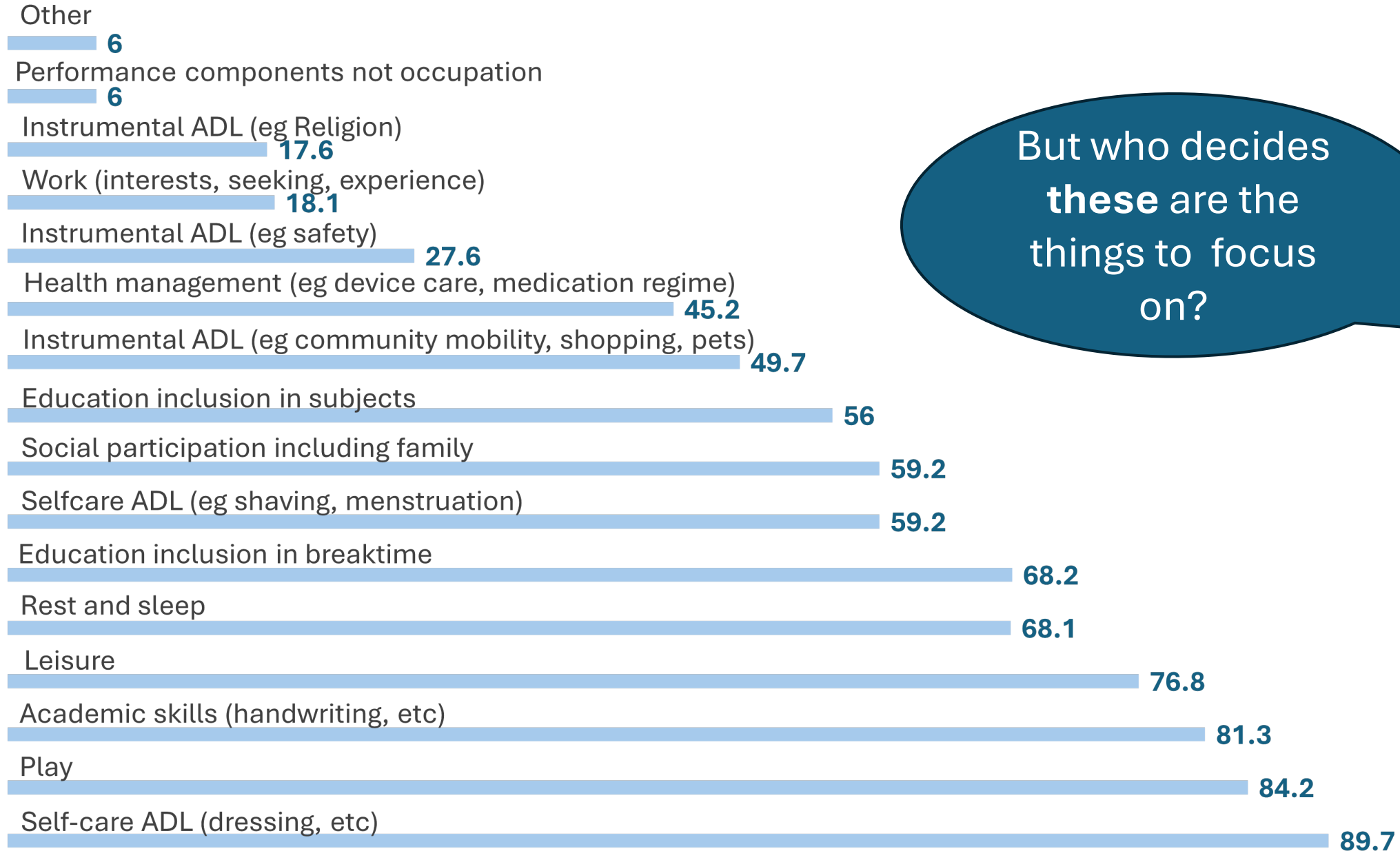
Age of children

- Over 80% (N=380) see school-aged children (5-18 years)

Population

- range of health conditions including
- Autism (**88%**),
- ADHD (**81%**),
- Intellectual disability (**72%**),
- Cerebral Palsy (**73%**)
- DCD (**74%**)

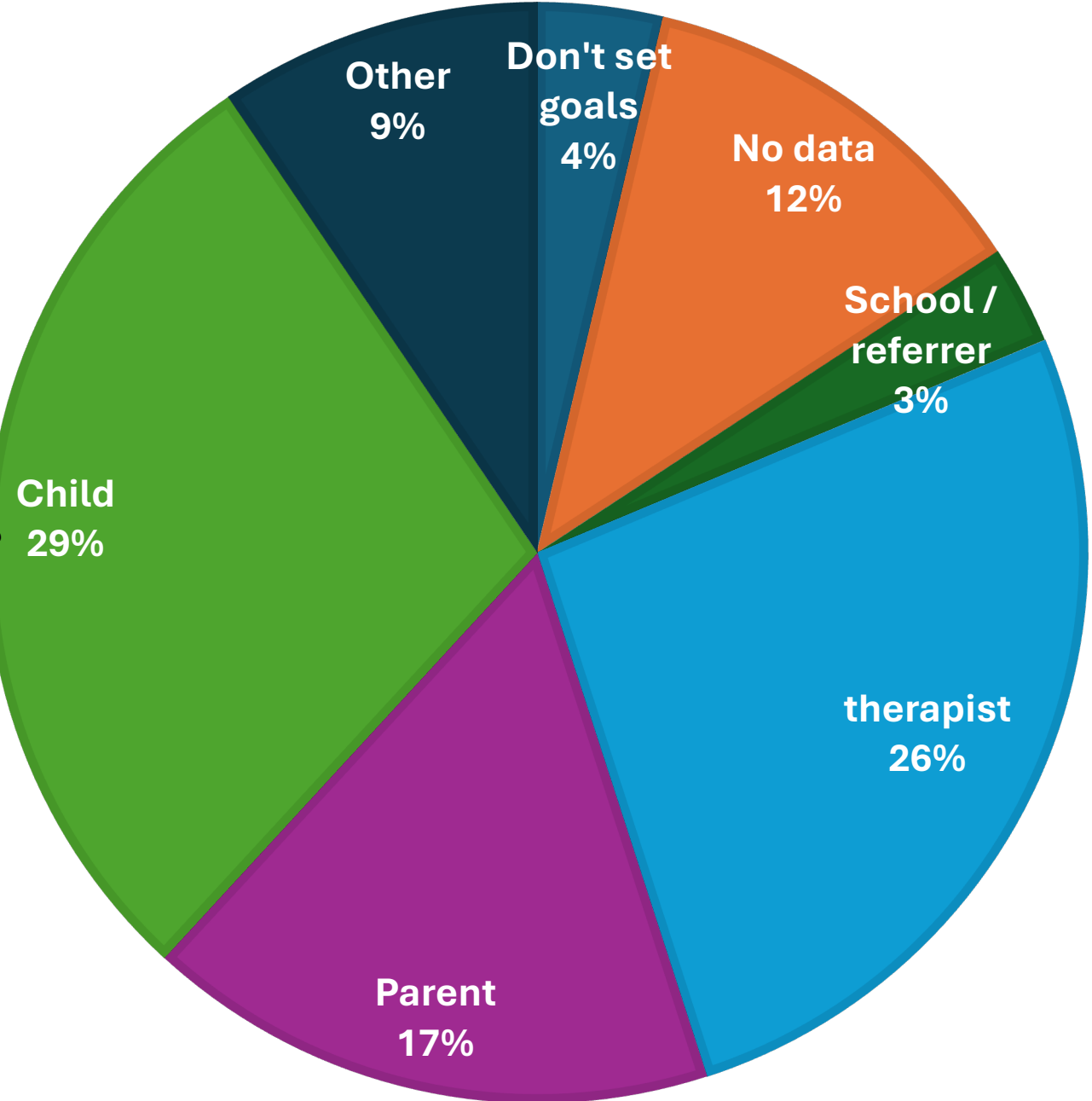
What occupations do OTs for school-age children address?



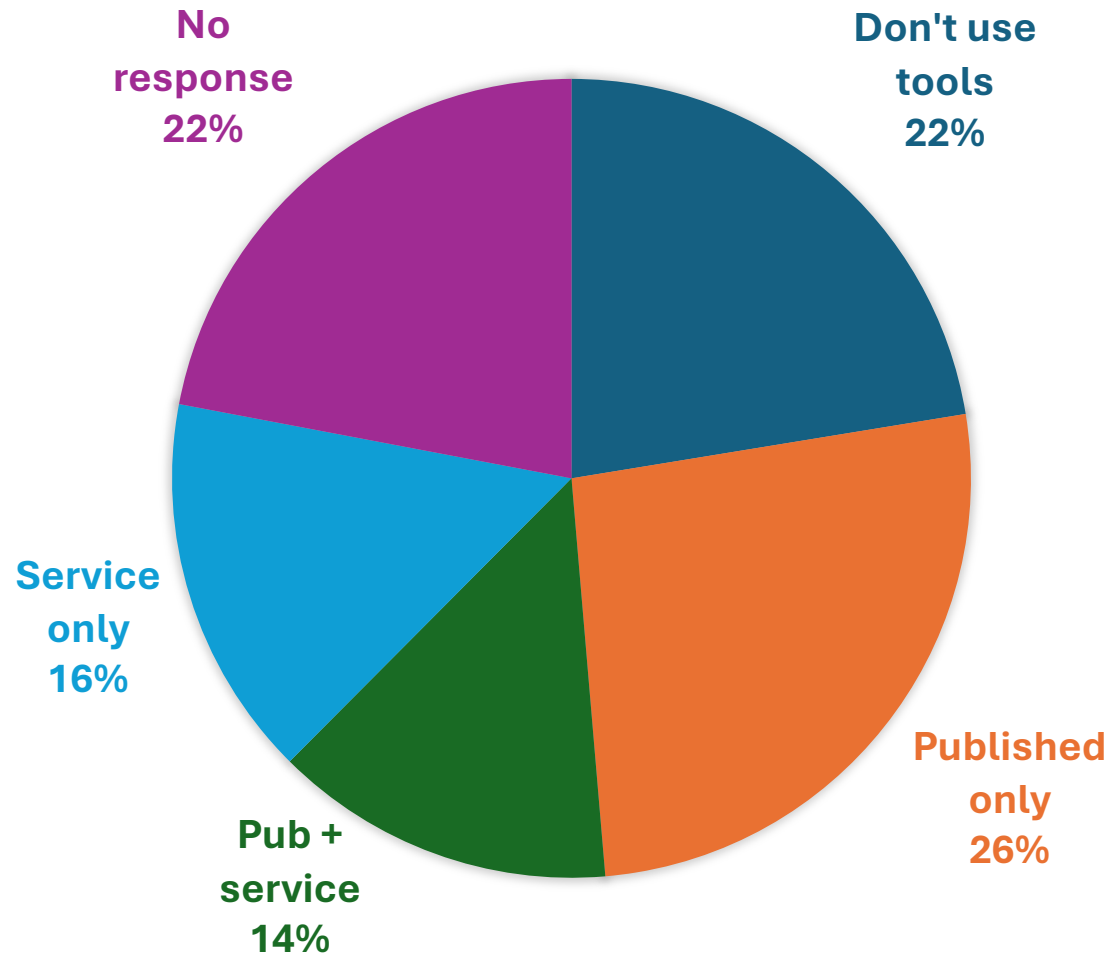
But who decides **these** are the things to focus on?



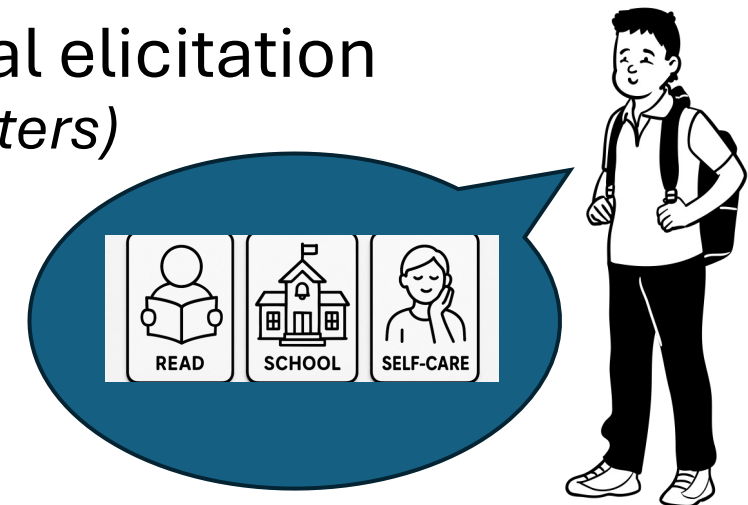
Who leads goal-setting?



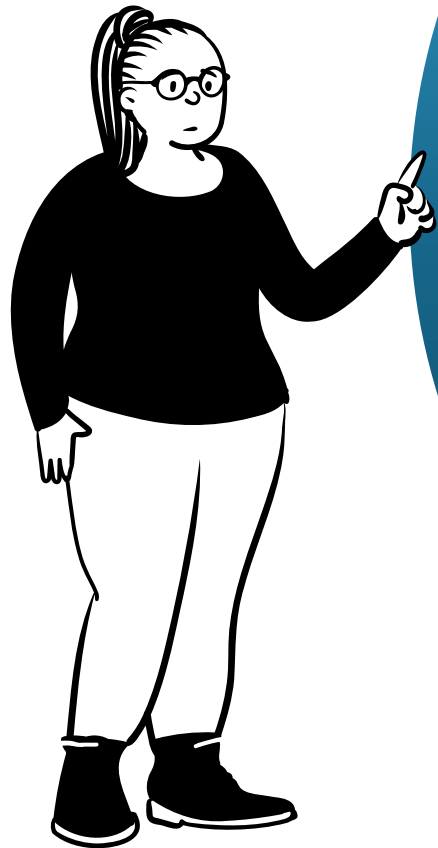
What tools are being used in goal setting?



- 30% Goal-based outcome measure (50% of goal setters)
- 13% other information such as assessment results, care plans, reports (23% of goal setters)
- 18% questionnaires or visual tools to support goal elicitation (32% of goal setters)

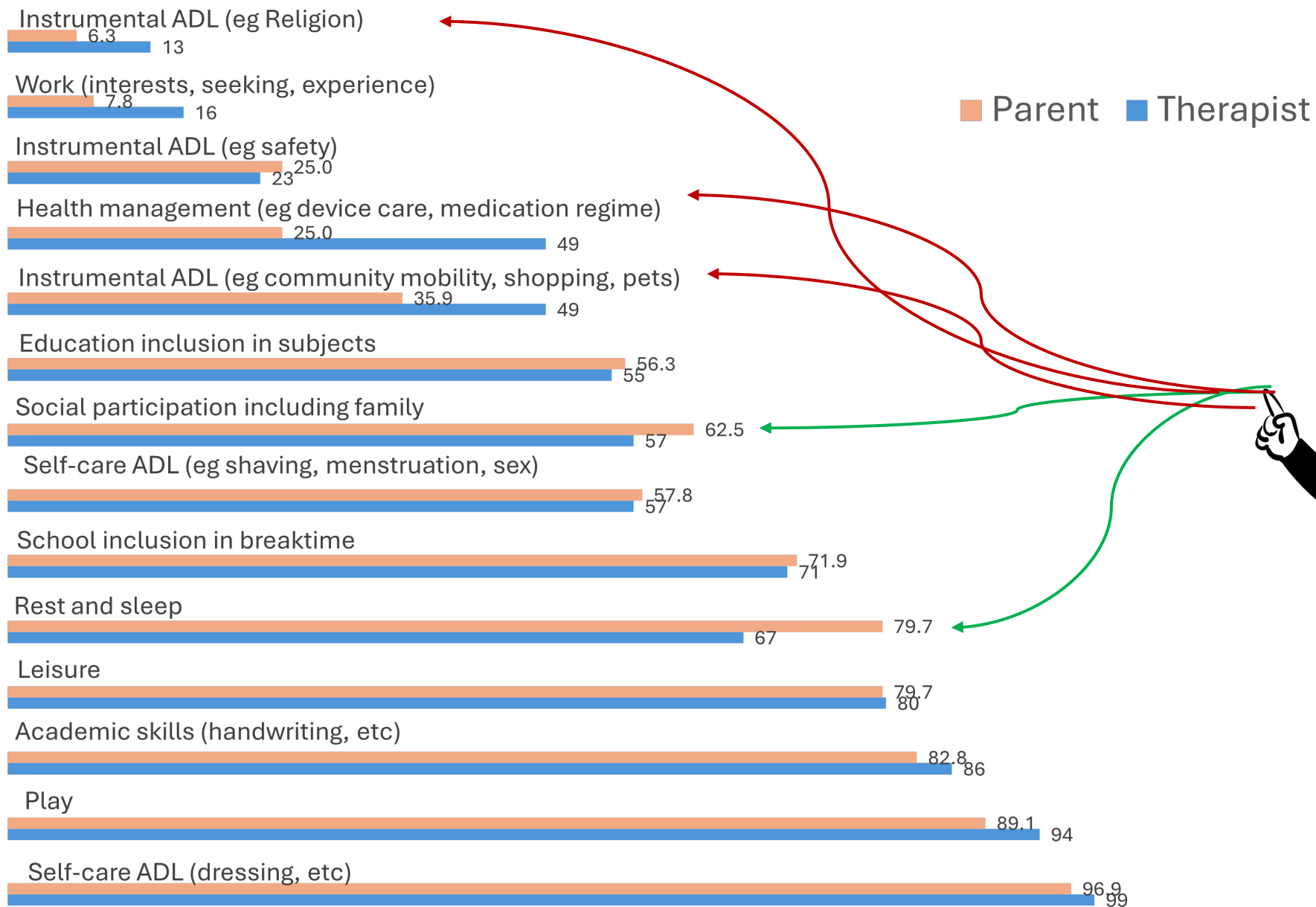


Is there any
association between
goal setting focus
and occupations?

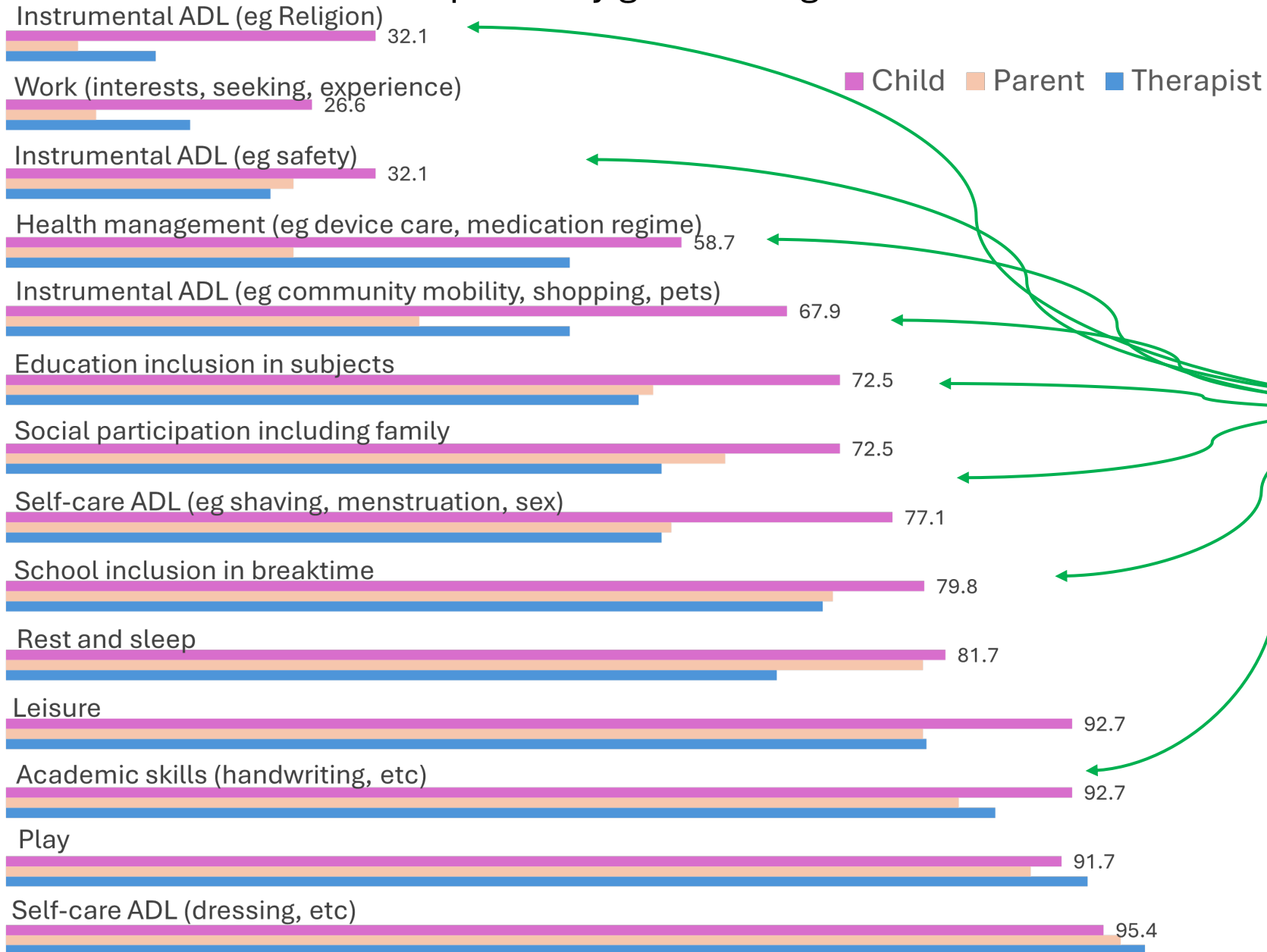


Occupation by goal setting involvement

**Therapists
median 11-15
years
experience**



Occupation by goal setting involvement



**Therapists
median 6-10
years
experience**



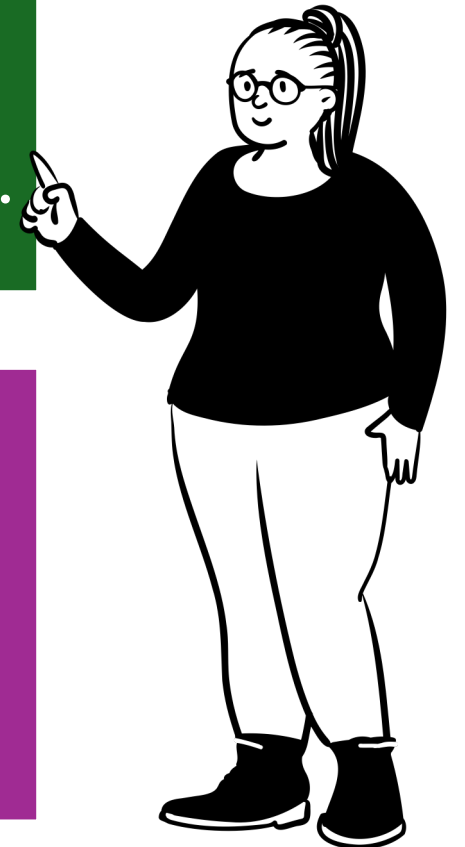
Summary

The person who leads goal setting decides what occupations are valued and given attention.

This may impact on how occupational therapists perceive their scope of practice.

More experienced therapists are less likely to be child led.

There is currently limited use of tools to support goal elicitation.



Recommendations for practice

(Pritchard et al, 2022; Ryan et al, 2025; Vroland Nordstrand et al, 2016)

Children

- Can set goals from five years old
- Set achievable and stable goals
- Find goal setting rewarding, motivating and valued by parents and therapists

Benefit from structured, child-friendly process and tools (Ryan et al, 2025)



Caregivers

- Needs and goals are important for their child
- Motivated by goal setting
- Enhances rapport with therapist



Therapist

- Consider relational-autonomy stance where decisions are shared between child and parent
- Mediate differences in opinion and support negotiation
- Support with elicitation of goals



Who decides what is important for children and families in **your** practice?

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