

Occupational Therapy into Schools

“Incredibly motivating – one of the best things we have done”

Head Teacher

The popularity of the project with schools and possibly the reason for its impact appeared to rest on the close working relationships the therapists established with the school team. Several of the teachers and teaching assistants said how different the therapists approach was to other initiatives and services, which come regularly into the school. Adjectives used to describe the therapists were ‘approachable’, ‘warm’, ‘flexible’, ‘fluid’, ‘working as an equal’. One teaching assistant said that she ‘never felt ashamed to ask a question’. The therapists were consciously aware of the way in which they were working they wanted to be ‘part of the school team’. We didn’t want to be seen as a service going into the school’.

The success of the project depended on the positive working relationships established between the therapists and school staff. Therapists worked alongside teaching staff as equals, a flexible approach and negotiated goals contributed to a shared purpose.

Timing and structure of OTIS

“I could do with the therapists coming back – but I feel more confident in myself and the children sense this” Teaching assistant

“There was a beginning, a middle and an end, and the project was drawn to a conclusion on the last training evening the therapist ran” Head of Early Years.

The timing of the intervention was important. Having a relatively short intervention over one term helped the project to focus on achieving specific goals. It was hoped a sort term initiative would assist in gaining the interest and motivation of staff. Schools mentioned that they wanted to ‘make the most’ of the therapist whilst she was there. However both schools would have preferred a longer period of intervention, they felt that a longer time was needed to build trust and relationships with parents and families. One school felt that they hadn’t had time to see the effect of the changes fully. However both school said that they felt confident that they could carry on with the initiatives the OTIS project had started, and that they had the knowledge and skills to do this. They would appreciate having ‘top up sessions’ to maintain motivation, or the ability to contact one of the therapists now that they had a built a relationship with them to ask them any questions. When asked about how they could see the project developing in the future teachers mentioned the idea of a rotating initiative shared between several schools. The project provided an opportunity to assess the impact of the initiative in a designated school where there was an assumed level of expertise amongst teaching and support staff. The therapist in this school identified similar difficulties in implementing programmes and gaps in the knowledge and skills of staff and also identified opportunities for the school to engage the children with physical disabilities in making choices affecting their school life.

The project was designed to achieve maximum impact over a relatively short period of time, with limited resources. The timing of the project allowed sufficient time for therapists to establish close working relationships within the school and to achieve a set number of targeted goals.

Implications for practice & recommendations

Acknowledging the limitations of this small-scale qualitative evaluation the following recommendations can be proposed.

- The positive response of the schools to OTIS suggests scope to develop the OTIS model as a means of enhancing OT services in mainstream primary schools in the future.
- The project has highlighted the need to review the equity and accessibility of OT services by socially disadvantaged children and families. Health and education need to consider the opportunities that exist for the future support and funding of the project in the context of Every Child Matters and the NSF for Children (DfES 2004, DOH 2004).
- Therapy services need to identify training and support structures for occupational therapists working with the OTIS model.
- The project has also highlighted gaps in the understanding of teachers and assistants about children’s motor and sensory development. The possibility of developing educational strategies and shared education and training opportunities between therapists and teachers should be considered.
- Finally, further research and an evaluation, which considers the cost effectiveness of the project, needs to be carried out if the team are to successfully extend the OTIS model, in order to generate evidence of effectiveness and to support it as a model of service delivery into schools.

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About the project

Wendy Clarke is Head Occupational Therapist based at the Children’s Centre in Canterbury. Wendy initiated and supported the OTIS project development. Marion Nairac and Lesley Perry are both Occupational Therapists working in schools in South East Kent. All therapists work within the Children & Family Service, Eastern & Coastal Kent PCT. Eve Hutton is an occupational therapist and Senior Lecturer at Canterbury Christ Church University. Eve assisted in the design and development of the project and carried out the external evaluation. The evaluation was funded through a consultancy arrangement between Eastern & Coastal Kent PCT and Canterbury Christ Church University. Two mainstream primary schools volunteered to be the pilot sites for the project. At the conclusion of the project interviews and focus groups were conducted with the Head teacher and SENCO, teachers and teaching assistants in both schools. The OTIS team were also interviewed and asked to reflect on their experiences. The question schedule included questions on.

- What were the expectations of the project,
- The notable outcomes of the project,
- The drawbacks or limits to the project
- And finally, what did the schools and therapists think should happen next.

For further information

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Occupational Therapy Into Schools (OTIS) evaluated a model of occupational therapy (OT) based on principles of inclusion offered to all children attending two mainstream primary schools in the South East of England. Located in the schools over one term, therapists worked in partnership with schools with the aim of helping children acquire the skills they need from the classroom to the playground. Based on interviews with the therapists, teaching and support staff this evaluation demonstrates the impact of the project on the knowledge and skills of staff and the quality of the children’s school experiences. The positive response to OTIS suggests scope to develop the model as a means of enhancing future services in mainstream primary schools.

- The OTIS project team were described as approachable and flexible and worked alongside teachers as equals.
- Teaching and support staff expressed how much their knowledge of a young Child’s motor and sensory development had increased over the duration of the OTIS project. For example, understanding of the normal development of pencil control in children had transformed their approach to the teaching of handwriting.
- Teaching staff at the conclusion of the OTIS project felt confident in being able to identify children who required early occupational therapy intervention.
- Teaching and support staff gave examples of how they would be able to generalise their knowledge and understanding of a child’s motor and sensory development to other contexts and felt that they could maintain the changes they had made in their practice at the end of the OTIS project.
- Support staff had seen improvements in the children’s skills and abilities during the OTIS project, they attributed this to their greater understanding of how programmes should be implemented and the reasoning behind it.
- OTIS therapists had introduced new ideas into the schools and demonstrated the practical application of a range of specialist therapy and play equipment. This had generated enthusiasm amongst the staff and encouraged fresh approaches to teaching
- Teaching staff mentioned renewed enthusiasm of the children and staff for the FIZZY programme as a result of OTIS therapists explaining how and why the programme worked.
- OTIS therapists were described by teachers as a ‘fresh pair of eyes’ they had identified outdated routines and practices that needed to be reviewed.

Background

Occupational therapy services in the UK are currently being re-designed following the introduction of the National Service Framework (2004) and Children Act (2004). A key feature of these new structures is the expectation of delivering a seamless service for children and young people, through the development of Children’s Trusts. At the time of the OTIS evaluation extended schools were being established in the locality offering an opportunity for the findings from the evaluation to influence the future direction of services. It is the governments intention that by 2010 extended schools will offer a range of services, including swift and easy access to a range of specialist support provided by primary care trusts.

Alongside changes in health, the introduction of the Special Educational Needs and Disability Act (2001) has had an impact on mainstream schools. Whilst therapy roles are well established within the special school environment, there is less direct contact and involvement of therapy services within mainstream schools. Educational inclusion has resulted in mainstream schools having to meet the needs of an increasingly diverse group of children with a wide range of health related difficulties and disabilities.

Therapy services had developed a range of motor coordination programmes as a means of meeting the needs of a range of children with mild to moderate motor coordination difficulties in mainstream schools. FIZZY facilitates the development of gross motor skills, Clever Hands focus on fine motor control and handwriting, and BEAM is a programme designed to promote balance and postural stability in young children. Regular workshops to promote the understanding of the importance of delivering motor skills for improving classroom skills and training in how to use the FIZZY, BEAM and Clever Hands programmes are offered to schools, but these are usually delivered off the school site. As a means of

reducing waiting lists, Occupational Therapy services have required schools to implement the FIZZY programme for two terms before a referral to occupational therapy can be accepted.

Prior to the introduction of OTIS, occupational therapy services in mainstream schools were prioritised to meet the needs of the individual child with a statement of special educational need. In an attempt to manage referrals to OT, only those children identified with severe problems have been able to access therapy services. This has meant that children with mild to moderate problems, who do not have an identified difficulty, or children whose family or carers find it difficult to attend clinic appointments have been unable to benefit from OT support. This is a picture familiar to many occupational therapy services around the UK. In 2004 a service review was undertaken in an attempt to secure funding for additional therapy posts, to meet increasing numbers of referrals especially from the mainstream schools. When funding was not forthcoming the service developed OTIS, responding to the need for allied health professions using existing resources to ‘work smarter’.

The concept of the OTIS project was to deliver occupational therapy across the whole school by working alongside children, teaching, support staff and wherever possible parents. Therapists provided information and advice through workshops, demonstrating techniques and role modelling ‘good practice’. The interventions provided were not prescriptive but tailored to the needs and wishes of the individual school. Therapists in conjunction with the children and teaching staff identified a shared set of goals for the duration of the project, these focused on engaging all children and enabling them to participate in a range of school based occupations in the classroom and the playground.

OTIS stages	
Stage	Activity
Identification of schools	Contact made with school clusters to identify schools.
Observation period – 2 weeks	Therapists observed and worked alongside staff during school classroom and playground activities.
Consultation and goals setting	Individual goals were negotiated for the duration of the project.
Intervention phase – 1 term	Therapists worked alongside teaching staff, role modelled activities, delivered workshops and training sessions, demonstrated new equipment and techniques.
Reflection and evaluation	The views of the key stakeholders gathered through interviews and focus groups.
Dissemination	Sharing the main findings & recommendations of the project

The schools

Following a short presentation, describing the OTIS project to the school cluster leads, The lead education officer identified two schools from the special educational needs audit as having the greatest level of need out of all the schools that volunteered to participate in the pilot. Both schools were located in the third most deprived local authority area in the South East. The index of multiple deprivation (IMD) scores of the wards in which the schools were located was 48.15 and 35.47 respectively (Indices of Deprivation 2004). In one school no referrals had been made to the occupational therapy service for some time because the school were unable to implement the referral criterion of children attending two terms of the Fizzy programme, and because the school felt that parents would find it difficult to attend a clinic based service. The other school was a designated school for children who are physically disabled. These children already received therapy input from the local services. At the outset of the project the team anticipated that the designated school already had expertise, and that the impact of OTIS may be less marked.

Examples of OTIS goals	
Goals at School 1	Goals at School 2
Beam & Fizzy groups established	Work with school council to identify area of change in school environment
Increase staff understanding of child motor & sensory development	Workshops with physically disabled children to explore & improve their school experience
Introduce staff to strategies which will encourage children's participation	Provide new resource box on scissor skill development & training
Practical creative workshops for children and their families	Parent advice sheets on motor skills and link with classroom skills

The Therapists

“ It was hard to go and even harder to leave’ OTIS therapist

“There seems to be a teacher’s way of seeing a child and a therapist’s way, we hoped that teachers would start to ‘see’ the children differently, a middle way, that it’s not always about behaviour.” OTIS Therapist

“ The project has questioned my whole approach to my practice – how I give information and my approach to the training of school staff – I feel now that working with teaching staff is far more powerful than doing something clever with an individual child ” OTIS therapist

The two occupational therapists involved in the project were senior children’s occupational therapists with a range of clinical experience in community and school settings. Both therapists, although familiar with the local schools and context, found the project challenging at the outset. It was important for them to have the support of each other and the wider support of the project lead as they made the

transition from a clearly defined ‘expert practitioner’ role located in the familiar health environment to an uncertain and negotiated role within the mainstream school environment.

The challenges of health professionals working in new roles within schools needs to be further understood and researched in order to prepare them for change and identify the best way to support them.

Findings

Interviews and focus groups were carried out with the SENCO and head teacher, teaching and support staff in both schools. As part of the interview they were asked to talk about what they felt were the most notable outcomes from the project. The responses from both schools were overwhelmingly positive. The comments below highlight the impact the project had on the motivation of the staff, the knowledge and skills and the changes that occurred as a result of the project in the classroom.

“Incredibly motivating – one of the best things we have done ” Head Teacher

“ I have learnt more in two terms than I ever did at college, or in my 26 years of teaching ” Head of Early Years.

“ We have seen benefits in terms of improved handwriting, more relaxed sitting and fidgeting has become less of a problem in the classroom ” Trainee Teacher.

Fizzy Time – implementing motor coordination programmes

“We had a boy who used to raise his hands in defence if we threw a ball for him to catch – he is now catching and playing football with his friends in the playground” Teaching Assistant

“Children look forward to the sessions whereas they don’t with exercise programmes or keep fit – its fun and the children enjoy it. It’s FIZZY Time !” Teaching Assistant

Both schools identified a goal of the project as help with delivering the coordination programmes (FIZZY, BEAM & Clever Hands). The day-to-day implementation of these is often the responsibility of support staff. A few staff had attended training sessions off the school site, but many had experienced training ‘second hand’. This had resulted in them not understanding the principles underlying the programme, how to identify children who would benefit from the programmes or how to move children on through the programme. Staff described themselves as being ‘stuck in a rut’.

During the project the OT explained and demonstrated how the programme worked by encouraging staff to try out the activities themselves. At the conclusion of the project the support staff felt they now understand the programme, and in two terms had seen most children make progress, this has been incredibly motivating for both children and the staff. Importantly, ‘the children also know why they are doing Fizzy’.

In assisting support staff deliver the Clever Hands programme, the OT worked in the classroom, explaining the programme and giving alternative ideas for activities, which matched the child’s abilities. The teaching staff agreed that this experience of learning was very different to going on a course when afterwards they were not sure ‘what to do when’, ‘Having someone working alongside with you’ was important. ‘We now have the confidence to go and find our own resources and use our own ideas’. The school bought some new scissors and resources before they ‘wouldn’t have known what to buy’.

Providing situated learning opportunities in the school helped teachers and teaching assistants to understand the principles of the coordination programmes, enabling them to generalise their learning and giving them the confidence to adapt and develop the programmes creatively to meet the needs of the children. Therapists assisted in guiding teachers towards the resources they need to implement the programmes successfully in their particular setting.

Engaging children with physical disabilities in decisions about their daily life

“Teachers have an overly conscientious approach to managing the child with physical disabilities without the understanding to underpin it ” OTIS therapist

“Before the project we would have followed without question the therapists advice, we feel more confident now to challenge this advice if we felt that a therapy programme disadvantaged a child” SENCO

Children with physical disabilities in mainstream school are provided with a range of specialist equipment and therapy programmes designed to manage their postural care, these are the responsibility of the teaching staff to implement and maintain, therapists typically visit the school to make recommendations and check equipment. During the project a child with physical disabilities was observed by the OT to be transferred 31 times during one day. Another child was unable to join his friends in the playground at lunchtime. The therapist brought these and other incidents to the teaching staff attention and discussed with the child their own views. As a result, programmes were adapted to strike a balance between good postural management and the child’s desire to influence the structure of their day and take more control over their routine. Part of the problem seemed to lie in the lack of communication between different therapists involved in developing the programmes and the fact that there was an ‘overly conscientious’ approach of school staff in implementing the programmes. Therapists and teachers alike had not taken into account the child’s point of view. The SENCO mentioned that this incident and the ability to take a step back and ‘see the whole child’ had been one of the most important outcomes of the project for her.

Being located within the school over a period of time, enabled the therapist to have the opportunity to see the whole child and to ensure that therapy programmes are appropriately designed to meet the postural needs of the child, taking account of the child’s own views and the other demands on the child within school environment. Therapists were also made aware of how teachers and families perceive them as powerful and how difficult it was for teachers to challenge or question therapists recommendations.

Knowledge and understanding of child development

“Children don’t have to be sitting still looking at the teacher to be learning - this has been a revelation” Head teacher

“There were ripples throughout the staff of ‘I never knew that’” Head of Early Years

One of the most striking findings from the project was the impact that therapists had on teachers and teaching assistants, through the sharing of their knowledge and understanding of a child’s motor and sensory development. In one school the issue of ‘good sitting’ had become a particular focus of classroom tension. Children were asked to sit either crossed legged on the floor or upright on chairs, and this was seen as good classroom management –in the eyes of OFSTED inspectors. The therapist highlighted how for a range of developmental reasons it was difficult for young children to sit for long periods of time and maintain their attention. Teachers were at first apprehensive about relaxing their attitudes towards sitting and allowing children to sit with legs outstretched or on heels or to lie on their tummies, one teacher said it felt like ‘going against the grain’. However the overall impact of this had been that teachers now understood the importance of allowing different sitting positions and as a result the atmosphere in the classroom was more relaxed and more focused on learning rather than managing the children’s behaviour. Teachers felt that they would be able to justify this approach if an OFSTED inspector challenged them. The knowledge and skills teachers described extended to a greater appreciation of the normal development of pencil grip and the pre-requisites skills required of handwriting. Therapist ran training sessions in the development of handwriting. One teacher gave an account of how armed with this information she had watched a child develop his pencil grip in his own time without unnecessary direction and intervention.

The project has highlighted gaps in both novice and experienced teachers knowledge and understanding of a child’s motor and sensory development, and how this impact’s on the child’s ability to engage in learning. Therapists shared their knowledge in child development and encouraged the development of teaching staff’s observational skills through running training sessions using examples from the school.

Referring on to specialist services

“The referral system let us down with this one child” Teacher

“We don’t tend to refer because the referral criterion is difficult for us to achieve – our parents wouldn’t attend clinic appointments” Head teacher

Referral to specialist therapy services are restricted to children who have completed two terms of the Fizzy programme within the school and show no signs of progress. A positive outcome of this referral criterion has been fewer but more appropriate referrals to therapy services and a reduction in waiting times. However the project highlighted that by narrowing the gateway to therapy services, many children who could benefit, did not have the opportunity of occupational therapy support. In one school no referrals had been made for several years, a decision taken by the school partly because of the schools difficulty in implementing the Fizzy programme successfully and also because the school felt that families would not attend a clinic based service. In the other school an incident with a child who was recognised by the therapist as having significant problems highlighted that in some cases the stipulation for a two term Fizzy programme would have delayed unnecessarily the opportunity of a child to receive early and appropriate intervention. Teachers mentioned that having a therapist located in the school meant that parents would be less anxious about a referral to specialist services. Having personal contact with a therapist meant that they were ‘listened to’. As an result of the project teachers felt more confident in their own ability to recognise and identify children who needed specialist occupational therapy services.

Being located within the school enabled the OT to identify children who needed to be referred onto specialist therapy services. Families felt less anxious about a possible referral having had contact with a therapist in school. Occupational therapy services need to consider how best to deliver equitable services which don’t further disadvantage children and families who are already socially disadvantaged.

Working with the families

*“The therapist provided a reason and explanation for why we were encouraging parents to play with their children and parents listened to her”*Teacher

The therapists attempted wherever possible to involve parents in the project. One therapist developed an information leaflet and talked with parents about activities they could engage with at home, this was achieved through collaborating with an existing parent’s group. For one parent a workshop run by the therapist was the first time she had painted with her child and she hadn’t realised the importance of ‘messy play’ to his development. The teacher involved highlighted how having the therapist present ‘backed up ’ a lot of what she had been saying.

How did the OTIS work with the schools ?

“I was expecting someone to come in and tell us how to do things – that it might be just another initiative, it was completely different right from the start, the therapist’s approach was flexible – less prescriptive and more ‘use me’ ” Head of Early Years

“She joined in worked with everyone as an equal, her work was practical using demonstrations not sitting at a desk writing” Teaching Assistant.

“It took wiping down tables and acknowledging a good job done before being accepted by some of the school staff” OTIS therapist.

“You don’t have to be liked but you need to maintain a good relationship with the team and understand the reality of school life and experience that and try not to impose your own views” OTIS therapist.