Current Issues and Trends in School-Based Occupational Therapy Practice & Research
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Introduction
The inclusion of students with disabilities in mainstream schools has led to a growing number of occupational therapists to practice in mainstream schools (1, 2). Contemporary school-based occupational therapy has been frequently described as integrated service delivery using a consultative approach, involving a high level of collaboration with school staff, families and students (1, 2, 6, 8, 11). Both Health and Education sector have set clear directives for agencies to work together for the well-being of the child with special needs attending mainstream schools (4, 5). However, day-to-day school-based practice remains widely elusive and subject to continuous debate.

Current Issues in School-based OT Practice & Research

School-based Practice & Processes

1. U’s have reported practice difficulties in daily model of intervention in school-based settings (9, 10). However, therapists also feel inadequately prepared to work collaboratively in schools (9, 10). Research on day-to-day implementation and practice reality of collaboration practice is rather limited.
2. Theoretical and/or consultative service provision models for school-aged children with special needs have been proposed (2, 8). These models have not been supported by research in terms of validity or effectiveness. Generally, core elements of models have been rather vaguely defined (1, 2, 6, 8, 11). Additionally, it is difficult to determine whether intervention provided in various school-based research papers is similar or distinctly different (1, 6, 9, 11).

Client-centeredness, Collaboration & Consultation

1. Teachers value OT, however they struggle to clearly identify OT’s role (2). Additionally, teachers identify lack of training as an obstacle that keeps them from actively supporting and assisting children in the classroom (2). Teachers also frequently have limited understanding of different disabilities and their implications in day-to-day life, as well as age specific skills (3). This situation leads to a lack of knowledge to refer to (3).
2. Staying within their "comfort zone", teachers usually focus on child’s academic performance and progress with little consideration of children’s motor and performance in other school occupations (9, 10) or persisting issues with long-term implications such as coordination difficulties (3). Therefore, these other issues might go unrecognized or untreated (3, 9, 10).
3. Little research has been undertaken to show the effectiveness of specific materials or methods of providing advice to teachers in terms of an increased a) understanding of children’s needs and challenges, b) ability to assist children with diverse needs and/or c) confidence in terms of referral requirements and processes.
4. School-based OTs highly value collaboration with teachers, but the reality of collaborative practice can be rather complex and challenging within resource and time constraints (9, 10, 24). The presence or absence of mutual respect and relationship building actions promotes or hinders collaborative working (3, 9, 10).

Organizational factors in schools such as rules allocated to staff, as well as availability of adult support in the classroom, and the head teacher’s influence, could be a facilitator or barrier to working collaboratively with therapists on a day-to-day basis (3). In addition, designated roles of school staff and how these roles influence the effectiveness of therapy have not been sufficiently investigated.
5. Maintaining active involvement of parents might be challenging at times as services are provided during school hours in the school context (9, 10). While additional home visits might be possible, practitioners have developed a range of innovative ways to overcome distance (9, 10).
6. Little research has been undertaken to show the effectiveness of various communication as well as collaboration approaches and methods a) in parent engagement and b) parent satisfaction with services. Additionally, little research has been undertaken to show the effectiveness of specific materials and advice which is given to parents.

While actively engaging the student in school-based therapy provision has been acknowledged, the challenges of ensuring a child’s voice is heard amidst all the adults has also been highlighted (9, 10). At present there is no research focusing on students perspectives of how they perceive their needs and the potential for their involvement in their own care.

Consistency & Reality of Service Provision

1. Service provider often struggle on how they are to ensure service consistency delivered by different practitioners. Ensuring the consistency and validity of materials that are produced is questioned (7). Past research investigating effectiveness of school-based occupational therapy has lacked effective measures of fidelity (treatment integrity) (2, 8).
2. Establishing and maintaining quality services can be challenging as demand for OT service exceeds the service provision (7). Currently and for some time to come, Therapists are and will be faced with the dilemma of providing prompt, effective and efficient services with limited resources.

These issues reflect the level of intervention provided in research (e.g. weekly 60 minute consultation meetings (6, 11)) and the practice reality encountered by therapists within the UK context (3, 7).

Effectiveness – Measuring Meaningful and Relevant Outcomes

1. Research on effect has been part of past research, however the usability and usefulness of some of the chosen tools are questionable (6, 11). Additionally, traditional methods based on measuring outcome of intervention are not always suitable for fine motor difficulties, however, participation and performance in a wide range of school occupations has received little attention (1, 6, 11).
2. Satisfaction questionnaires found that parents and teachers were highly satisfied with services provided in general (12).

Your child, your schools, our future: Building a 21st century school system (White Paper) (6)
In every school, excellent teaching and the extra help each child needs.
10. Every pupil will go to a school where they are taught in a way that meets their needs, where their progress is regularly checked and where additional needs are spotted early and quickly addressed.
Where young people face barriers such as disability or special education need, or where they or their family are facing wider problems and where additional needs are spotted early and quickly addressed (p. 7).

Figure 1 to 5: Children participating in typical school occupations

Paediatric occupational therapists are concerned with children’s needs and issues and their participation and performance in typical childhood occupations, which include self-care, leisure, play and academic work within a school environment (14). Paediatric occupational therapists enable children to participate in and perform their chosen and valued daily occupations, including a wide range of school occupations (13). This naturally takes paediatric occupational therapist into the school environment, challenging and transforming their practice along the way.

Trends and Opportunities in School-based OT Practice & Research

Collaborative and Co-ordinated Approach to Research & Practice Development

1. Collaborative and co-ordinated OT practice is an emerging trend that has the potential to develop cohesive, effective and efficient practice.
2. Consultation and thorough ‘road-testing’ of models and frameworks in practice settings is required for models developed by a) individual service providers (11), b) practice research (9, 10) and c) theoretical processes (2, 8).
3. Practice evaluation and high-quality research focusing on the effectiveness will be essential.
4. Increasing cohesion between services explored in research and current practice reality will also be key (6, 11).
5. Development and implementation of appropriate ‘fidelity tools’ will be another step towards transparency and consistency of services provided (1, 6, 11).
6. Effective and wide dissemination of practice development projects, service evaluation and research.

Expanding and Consolidating our Understanding of School-based Practice Principles:

Client-centeredness, Collaboration & Consultation

1. Trusting relationships have been identified as key to successful practice (9, 10, 3).
2. Training of school staff in the identification and management of children with special needs has been widely recommended but it is not carried out with consistency or regularity (3).
3. Further research to investigate in particular the long-term outcomes of collaborative working between teachers and OTs on enabling children’s occupational participation and performance within the school context is required.

Contextualising & Individualising School-based Occupational Therapy Services

1. U’s need to be more aware of the format and content of environmental modifications, task adaptations, generic and child-specific recommendations they make to teachers. For example:
   a) Contextualising school-based intervention to fit within the respective classroom culture (9, 10).
   b) Adapting intervention to the teacher’s attitudes, values, and the way of working (9, 10).
   c) Provision of programme material suited to a teachers’ preferred layout & learning style (3).

Conclusion
It is clear that there is a necessity for paediatric therapists to work differently in schools. In the long-term, co-ordinated strategic planning between health and education at a national and local level will be essential to the widespread implementation of effective and evidence-based school-based occupational therapy practice. For practitioners and service providers, the challenge is to find frameworks, systems and strategies that facilitate effective school-based practice for children who have functional difficulties in their everyday school occupations. Research protocols that assist with the implementation of evidence-based practice are an essential way to move forward, ensuring that changes that are introduced are evidence based and not merely a result of service or practice pressures.

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References
7. Department of Health. (2009). Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality care and family-centred services which are based on assessed needs, which promote social inclusion and wherever possible, which enable them and their family to live ordinary lives.

The National Service Framework for Children, Young People & Maternity Service

1. DCSF. (2007). Consultation and thorough ‘road-testing’ of models and frameworks in practice settings is required for models developed by a) individual service providers (11), b) practice research (9, 10) and c) theoretical processes (2, 8).