The Role Of The Occupational Therapist For Primary School Children: Consideration Of Collaborative Practices With Primary School Teachers

This article examines the role of the Occupational Therapist (OT) for children with special educational needs (SEN) in primary schools, with an emphasis on the importance of collaborative practice between the OT and primary school teachers to enhance inclusion. Adopting a qualitative approach, data were gathered from eight teachers using semi-structured interviews. The findings reveal that there is some understanding of the role of the OT despite lack of education and training on the role, and on collaborative practices. Furthermore, many challenges such as poor communication, long waiting lists, inadequate funding, inconsistent reporting, and a lack of knowledge on using specific equipment exists when it comes to the provision of OT on site in schools. Finally, participants' aspirations for collaboration can be seen in a broader desire to get involved with work that promotes inclusion and recommend deeper communication, education, and training and in-school provision.

Keywords: inclusion, occupational therapy, collaboration, primary school teachers

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INTRODUCTION

Occupational Therapy (OT) services for children with special educational needs (SEN) centre on progressing both academic and non-academic skills comprising

play, leisure, social participation, and activities of daily living, all of which are necessary in helping children thrive in their role as a pupil and in their occupation of education (O'Brien and Miller-Kuhaneck, 2020). Essentially, the OT operates as a facilitator for the learning and retention of new skills through a strengths-based approach that nurtures a process of identifying outcomes that are most valued to the child and facilitates their inclusion in education. Despite the need for school-aged children to access OT services, OT provision in Ireland is not always school-based (Clifford O'Brien and Miller-Kuhaneck, 2020). Rather, paediatric OT provision is generally delivered through a nationwide network of primary and community care services that are clinic-based. Such clinic-based approaches hinder a child-led insight into the occupational needs of the child in their own learning environment. Moreover, the opportunity for OT-teacher collaborative practice is impacted. This article considers the importance of a collaborative OT-teacher approach as a framework for effective and efficient provision to enhance inclusion in the classroom.

LITERATURE REVIEW

Current paediatric OT provision in Ireland

A medical model of referral continues to dominate the terrain of OT support for children with SEN in Ireland (Lynch et al., 2021) with clinic-based support mainly offered that does not commonly include educators or classroom staff as part of a team, the latter mostly receiving follow-up information from the clinic. Literature suggests that having OT intervention in a clinic impedes generalisation of skills to the child's learning environment (McCartney, 1999; Babulal et al, 2016) as interventions are most successful when implemented in the child's natural environment versus a clinic environment (Benson, 2013; Bucey and Provident, 2018; Clifford O'Brien and Miller-Kuhaneck, 2020). This further underlines the importance of in-school OT provision for children as advocated by the School Inclusion Model Project (Gardiner, 2023; NCSE, 2019), in collaboration with school staff

Collaboration between education and OT services

Primary school teachers in Ireland are active agents in a distributed model of leadership for inclusive practices (Colum and Mac Ruairc, 2023) having a key role in the inclusion of all children in the classroom setting, including access to relevant therapies (DES, 2017; DE, 2020). This model is predicated on collaboration between the school community and national organisations, one such example is between the education and health sectors (HSE, 2009; HSE 2016). In terms of SEN,

collaborative practices, in all its forms, is imperative for social inclusion (Colum and Mac Intyre 2019; Layachi et al. 2023) as well as for children presenting with behaviours of concern (Colum, 2020), as a multi-disciplinary approach means that key stakeholders, including the child, have input into preferred outcomes. One such collaborative approach was the pilot "In-School and Early Years Therapy Support Demonstration Project" that combined both education and therapy support, building upon experiences and expertise across a range of disciplines. The project was implemented in the school year of 2018 to 2019 across 75 schools and 75 early years' settings. It has since continued as part of a wider pilot of a School Inclusion Model into the 2021 school year (Lynch et al., 2021).

Benefits of Collaborative Practice through School-Based OT: "In-School and Early Years Therapy Support Demonstration Project"

Results of this pilot project revealed positive experiences from participating pupils and parents valuing the avoidance of long waiting lists and removal of children from school to attend appointments. Similarly, teachers reported positives such as being able to integrate the OT activities into class work leading to more effectual differentiation, which in turn, promotes a culture of inclusion. Furthermore, teachers felt that they were able to more accurately address the children's needs given the direct input from therapists who in turn viewed the collaborative practice as a strength of school-based practice. This is reflected in both international (Bayona et al., 2006) and Irish (Patton et al. 2015) studies though some challenges remain.

School-based Occupational Therapy Challenges for OTs

Ireland still experiences challenges for OT access, with statistics from the HSE demonstrating that 15,941 children aged between 0-17 were waiting for first-time assessment for occupational therapy (Phelan, 2023). Another challenge in Ireland is a lack of government funding and a difficulty in recruiting therapists (The Association of Occupational Therapists of Ireland (AOTI) 2021; Lynch et al., 2021). In schools, challenges comprise a poor understanding of OT interventions, limitations of time onsite and inability of educational staff in fulfilling recommended OT strategies (Patton et al., 2015; Rens and Joosten, 2014). In some instances, there is a perception of the OT as one that offers solutions to 'fix' a child's difficulties (Cahill and Reyna, 2013). On the other hand, OTs reported challenges such as a lack of training for school-based practices (O'Donoghue et al, 2021). Essentially, there is evidence that OTs require continual education on school practice within the Irish context and a more specific clarification of their role while on site (Lynch et al., 2021: O'Donoghue et al. 2021; Patton et al., 2015; Rens and Joosten, 2014).

METHODOLOGY

The research question underpinning this study is: 'What are primary school teachers' perceptions of school-based occupational therapy in facilitating the inclusion of children with additional needs in primary schools?'. Data were collected via 35 - 40-minute semi-structured interviews with eight teachers, purposively selected, who collaborate with OTs as part of a multi-disciplinary approach for children with SEN. This purposive sample allowed for their knowledge and expertise on the subject (Palinkas et al. 2015) and could best advise the researcher about the topic being explored (Creswell, 2013). Semi-structured interviews were deemed most suitable as they gather robust assumptions, values, and beliefs (Cohen et al., 2018) and allows for openness of responses (Rubin and Rubin, 2012). Ethical approval was sought and approved from the ethics board in the third level institution associated with the research. Plain language statements and letters of consent were distributed to the teachers and reminders of confidentiality and anonymity and the right to withdraw at any stage was stated. The researcher was conscious of any bias and took steps to ensure reflexivity such as checking in to make sure that there would be no bias and accepting each answer as given. The interviews were recorded digitally and were transcribed verbatim by the researcher. All names and details were anonymised, and pseudonyms were used. To ensure confidentiality, the data were stored on a password-protected personal laptop, which was only accessible to the researcher

Data analysis

Braun and Clarke's (2006; 2021) six-step approach was used for thematic analysis.

Table one: Six stages of thematic analysis (Braun and Clarke 2021)

Phase		Description of the Process
1	Data familiarisation	All data was transcribed verbatim, was read
		through and initial ideas were noted.
2	Generating initial codes	Preliminary codes were identified in a
		systematic way relating to the data.
3	Searching for themes	Codes were grouped into potential themes. Data
		relevant to each emerging theme was gathered.
4	Reviewing themes	Themes were reviewed and refined.
5	Defining and naming	Data was read through and analysed to create
	themes	a narrative to address the research question.
		Definitive terms for each theme were produced.
6	Producing the report	Following analysis and synthesising the data, a
		final report was created.

Limitations

The small data set does not allow for a wide variety of perspectives, nor is it reflective of every single primary school teacher in the Republic of Ireland, therefore results are not generalisable.

FINDINGS

Findings are categorised under three broad headings: (1) Understanding the role of the OT; (2) challenges for in-school OT provision and (3) teacher recommendations.

Understanding the role of the O.T.:

All participants (n=8) felt that the role of the OT was to support "children to enhance their fine and gross motor skills as well as sensory development so that they can participate in their everyday activities both at home and here in school" (Emily). Furthermore, there was knowledge that the OT supports children with "poor muscular control and the basic day-to-day things such as eating, going to the bathroom, buttoning up coats, managing belongings, social skills" (Rachel) and for "supporting children with sensory processing difficulties and the processes required for the participation in the everyday school activities" (Sharon). The OT was seen as an advisor "on what type of equipment is specifically suited to a child, and where to get it and that sort of stuff." (Rachel) and assist with "using equipment safely" (Niamh). Their presence was seen "a holistic support" (Mary), helping "with practical stuff we could be doing in the classroom with a child, improve their developmental levels and their ability to self-regulate" (Conor), and not just focusing "on the child's academic goals but also play in the class and yard and self-care skills like taking on or off coats, washing hands" with "the goal of reducing barriers for the child" (Ciara). Adrian summed up his understanding of the role of the OT as an

"equality of provision, and then levelling the playing fields for all children. So, if you look at a group of students through an OT lens it would be seeing how we can give them all the fairest chance. And how can we adapt our learning environment to create the most successful situation for each child".

Most participants (n=5) revealed they had no prior knowledge or understanding of the role of the OT prior to their professional collaboration with OTs in their respective schools. Emily explained that she "always knew the importance of motor skill development or sensory regulation, but I didn't realise there was a person specifically to help with that". What became apparent from the data was that all the participants (n=8) learnt of the role of the OT through professional

interactions, from family information provided to the school and from their own research. All participants (n=8) felt that they had little or no input on the role of OT in their initial teacher education programmes or didn't "recall [...] information on other professionals that can support children like OTs being discussed" (Adrian) and felt that "if you want to learn more about OT it is up to you to do your own research or find available training" (Niamh). There was added concern that "there is little to no training concerning collaborative practice with OTs which is a pity because you can learn so much from their outlook" (Sharon) while Adrian stressed receiving no "formal training or professional development in this area". This was a concern for all of the participants (n=8) as there were reports of "a high prevalence of children requiring OT or who are already in the process of being referred" (Conor), while Mary highlighted that "most years I had at least one child in my class who was receiving OT". Niamh pointed out that "there's an increase in children being referred to OT but unfortunately so many are spending years on long waiting lists". With children on waiting lists, participants felt that they could not intervene as they didn't have the skills or knowledge to assist.

Despite the prevalence of primary aged children requiring OT, the data disclosed that schools face some common challenges around OT provision in schools.

Challenges to OT provision

Some participants (n=3) found a lack of consistency in the delivery of reporting mechanisms from OTs that they worked with. Emily was vocal in her frustration at an ad hoc approach to reporting, stating, "I received an OT report for one child in the class, but I got the same report for another child despite the children have completely different needs. I just felt it was a copy and paste job". Other negative interactions elucidated in this study was little or no consistent communication with OTs, long waiting lists and the poor availability of the OT. At times, participants found a lack of direct interaction with the child and/or teacher frustrating, and some participants (n=2) felt that they got information second hand and carrying out activities was left up to them with little or no guidance. While equipment was seen as an essential component of OT services, Niamh described the additional pressure associated with the physical use of equipment prescribed by the OT for a child and a fear "that I may not be using the prescribed OT equipment properly.". There was an added pressure of "carrying out all the interventions and achieving the goals set out by the OT while also carrying out your teaching duties" (Conor) as well as trying to integrate the OT activities into the curriculum (Emily). Similarly, it was felt that parents added to this pressure and because they "have either waited years on a waiting list to see an OT or are paying a lot of money for private OT... The parents want to know that the OT recommendations are carried out in school" (Adrian). What became apparent from the data was a commitment of all participants in supporting the children in their classes and although these added pressures were highlighted, there was no animosity towards the OT activities. While there was full support and a belief in the necessity of OT activities to support children with SEN, poor access to OT services was an additional challenge. Sharon explained that:

"a lot of children with mild or moderate additional needs are missing out on direct OT interaction ... I understand that the child with more complex needs need direct OT intervention, but it is difficult for children that are not getting interventions that are specific to the child and their interests."

Conor commented on the lack of support for some children: "I would refer a child to OT, but that child would then move on to another class and not gotten the support for that year".

Following these challenges, the participants had some recommendations for a more consistent and equitable approach to OT services.

TEACHER RECOMMENDATIONS:

The three most popular recommendations from the participants around how to improve OT services in school were: (1) improved communication between OTs and teachers, (2) education and training on OT-Teacher collaborative practice and (3) in-school access to OT services.

Improved OT-Teacher communication:

All participants (n=8) called on improved communication with OTs as the current practice was dominated by poor interactions. Niamh, having received a report on a child in her class, wanted "to be more informed on how to carry out these interventions... and who can I get advice from on these?". It was a case of being left in limbo, having a report but no guidance on how to engage in certain exercises with the children. The participants suggested many ways to improve communication comprising consistent and regular online or face-to-face meetings with an emphasis on "child-centred communication" (Emily) as crucial in supporting a child with SEN. This practice provided opportunities to set goals thus enhancing pupil outcomes and Rachel described a positive experience how:

"meetings were held with the OT and attended by me, the parent, the SET, and the principal...We reviewed old targets and new ones. We had

individual responsibilities and support from the OT in helping the child to achieve their targets."

Education and training

The majority of participants (n=5) reflected on the lack of information and training available around working with OTs and suggested that "teacher training colleges could definitely provide an insight into OT" (Mary). There was also dissatisfaction towards a lack of existing supports in place for pupils awaiting OT assessments and a lack of specific education and training on how teachers can support children through OT. Despite this, participants took proactive steps to mitigate against a lack of education and training. Emily explained that she had "reframed [her] thinking with how I teach and think" and took it upon herself to "figure things out". There was a call for professional development for teachers on working with OTs to become "confident and comfortable" in creating inclusive classroom environments (Sharon). Peer-to-peer learning was suggested to develop knowledge on working with the OT:

"If a teacher worked with a child with a specific need, they would then share their learning from external professionals such as OTs with the others in the school community. That way it is not just one teacher with all the knowledge on how to cater for a specific condition or need" (Sharon).

In-school access to OT services

Reflecting on a previous employment, Rachel lauded the provision of an in-school multi-disciplinary team where continuous access meant greater pupil progression. The team set targets and if they experienced any difficulties, they "could link in with the OT if we required further guidance". Similarly, having an in-school system, keeps everyone on the same page and having "files mean the new teacher knows why the previous teacher referred the child to OT or offer an insight into the child's progress with OT" (Adrian).

DISCUSSION

The research in this study has highlighted the importance of collaboration between the OT and the teacher (O'Donoghue et al, 2021) to support children in their inclusion in education yet this is not without some difficulties. Participant narratives demonstrated that understanding the role of the OT came mainly from the practice of working with OTs. There was some dissatisfaction from the lack of input for student teachers from Initial Teacher education (ITE) institutes, congruent with research that suggests that teachers, particularly newly qualified

teachers (NQTs), need more general input on SEN (Hick et al, 2019; O'Reilly and Colum, 2021). This was further exacerbated by the fact that all participants had children requiring support in their classrooms, with some on long waiting lists and, as teachers, participants felt somewhat redundant in what they could do for the children as they lacked specific knowledge. However, in line with the literature, this did not deter participants from acknowledging the positive impact of OT input for better outcomes (O'Donoghue, 2021) resulting in positive attitudes towards OT-Teacher collaborative practice (Bayona et al., 2006; Bazyk and Case-Smith, 2010; Lynch et al., 2021).

Echoing findings from international research into the experiences of teacher / OT collaboration (Benson et al, 2016; Echsel, 2019; Missiuna and Pollock, 2012), the propensity of some OTs to rush through work was evident in some participants' experiences with 'copy and paste' jobs a source of annoyance. Such experiences were particularly problematic given the reliance on the OT but a word of caution is warranted here as this is not reflective of the profession nor of all OTs, and all participants' narratives also speak to the critical role of the OT. The continuous challenges such as inadequate funding, long waiting lists, lack of input, poor communication, and a lack of knowledge on using specific equipment sheds more light on the systemic difficulties for inclusion. Furthermore, a lack of education and training around collaborative practice with OTs can contribute to undesirable outcomes for both the child and teacher (O'Donoghue, 2021; Echsel et al, 2019; and Missiuna et al., 2012). Participants' sense of commitment to the inclusion of children in their class is driven by the need of improved communication between OTs and teachers, education, and training on OT-Teacher collaborative practice and in school access to OT services. These recommendations are mirrored in the research (Benson et al, 2016; Lynch et al., 2021; Patton et al, 2015) and reinforce the sense of duty of both parties to collaborative practices for improved inclusive outcomes for children with SEN

CONCLUSION

This article has examined the important role of the OT for primary school children with an emphasis on the collaboration between the OT and the teacher. The role of the OT centres on the learning and retention of new skills through a child-led, strengths-based approach that nurtures a process of identifying outcomes that are most valued to the child as well as being a support and collaborative advisor for the school community. This is turn is a necessary piece of the jigsaw for beneficial inclusive practices for children struggling with OT difficulties. To effectively

enhance the collaboration process formed by OT-education professionals with conflicting philosophies of service provision and for whom services are constructed differently, an evident need for more education and training exists. The current research has also highlighted that there is a requirement for operative collaboration for inclusion and mirroring the work of Gardiner (2023), calls on the relevant bodies to provide the necessary funding, guidance, and professional development to move forward with initiatives such as the school inclusion model to further embed inclusion in our schools.

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