

School-based Occupational Therapy (OT) helps children succeed. Occupational therapists in schools promote student's participation in all school activities; fulfilling their role of student by supporting foundations for academic learning and promoting positive behaviours that are needed for learning (AOTA, 2016). Extensive research to date supports the effectiveness of occupational therapy in school settings by helping children attain goals and develop skills in foundational areas and support school performance (Whalen, 2003).

Whether a child has received a diagnosis or not, school-based occupational therapists focus on identifying students' strengths and factors that may be interfering with learning and participation in the educational environment, and collaborate with school teams to help children succeed through practical classroom strategies, individual adaptations or developing new skills. This support from occupational therapists can reduce future costs to health, education, and social services systems (CAOT, 2002).

School Occupational Therapists are the ideal candidates to collaborate with school staff to develop mental health promotion programs.

Public school systems are an area of practice in which occupational therapists can positively impact and should continue to expand their role to promote mental health of school-aged children and support school administrators in implementing school-wide programming (Ball, 2018). Teachers report needing "improved instructional resources and training to reach all students" as 87% report teaching students with behavioural issues, the majority of which interfere with teaching (Bill & Melinda Gates Foundation p. 51-52, 2012). Most of those teachers reported a strong or very strong impact on student achievement with the in-school behavioural support of clinicians, such as Occupational Therapists.

The numbers of students with diagnoses of ADHD, ASD, and anxiety continue to be on the rise, and occupational therapists strive for collaborative service delivery to best meet the diverse challenges experienced by individuals with ASD (CAOT, 2015), as well as the needs of all individuals with diverse challenges. When a child experiences stress for a variety of reasons (biological, social, emotional, cognitive or prosocial reasons), they become dysregulated and unavailable for learning, display inappropriate behaviours, struggle with social participation and negatively impact the safety in the learning environment. Stress often shows up in misbehaviour (Hopkins & Shepherd, 2019), mood, attention and physical well-being. A stressed brain is not ready or available to learn, and misbehaviour negatively impacts the learning of others in the classroom.

With strong roots in mental health, occupational therapy is recognized as a core mental health profession (AOTA, 2010). With an entry-level Masters' degree, occupational therapists are equipped to address mental health challenges experienced by children & youth (De Ruiter Blackwell & Bilics, 2018) using a person-centered, trauma-informed lens and culturally safe practices that can be helpful in observing the root cause of behaviours, reframing the understanding of behaviours and altering expectations of the adults in the environment (Whalen, 2003).

With an understanding of trauma and sensory processing needs, occupational therapists can support a healthy climate, decrease negative stress and promote positive mental health in the school setting (Arbesman et al, 2013, Bazyk et al., 2015) through individual or classroom-based strategies to strengthen the preventative and proactive components of the entire education system. Occupational therapists can also support increased engagement through practical strategies such as: classroom management strategies, co-teaching about self-regulation, learning tools and movement breaks, classroom safety and proactive crisis management, sensory hallways or collaborating with school counsellors to provide emotional-regulation lessons, improving social skills and social thinking skills on the playground (Ball, 2018) and building capacity through mental health promotion initiatives, such as Every Moment Counts, (Bazyk et al., 2015; [www.everymomentcounts.org](http://www.everymomentcounts.org)).

#### School Occupational Therapists support educational outcomes by collaborating with educators.

Occupational Therapists are skilled in understanding and supporting appropriate educational programming for all students, particularly adapting tasks to the level a student needs to feel successful, breaking down tasks or modifying to meet individual student needs and identifying appropriate supports to ensure all students are able to be active participants in their learning and social life as required by the Appropriate Education Programming regulation in Manitoba.

Demonstrated to be a cost-effective and builds capacity, current research highlights the success of using the 3 tiers of response to intervention (RTI), or Partner for Change Model (P4C) support to deliver Occupational Therapy supports in educational settings (CanChild, 2012; Chu, 2017). This model supports a change in thinking from an individual deficit-driven model, to a whole-school strength-based approach where occupational therapists provide service as a collaborative member of the team through school-wide, whole classroom, small group and/or individual interventions benefitting more students, teachers and parents (CanChild, 2012,). In a scoping review, Anaby et al. (2019) recommend best-practices and considerations in delivering school-based services to promote participation and inclusion.

Recent research highlights that Occupational Therapy is perceived by teachers as a valuable contribution to the educational team that is underutilized. Positive educational outcomes occur with effective collaboration between these professions (Benson et al., 2016; Truong & Hodgetts, 2017).

Another significant theme that emerged from Benson et al. (2016) was that more than 50% of teachers wanted “more” – more opportunities to work with the Occupational Therapist, more direct involvement with the Occupational Therapist, more time for the Occupational Therapist to be in their building/classroom, more time for the Occupational Therapist to spend directly with students, more flexibility in their schedules, and more time to build a collaborative relationship for teachers to receive strategies that can support students in all environments.

Barriers to effective collaboration include when occupational therapists are not in a direct relationship with school divisions or fully integrated with the educational team due to “high caseload numbers and itinerant status” (Benson et al, 2016). In addition, occupational therapists’ fast-growing workloads include immense demands of time and resources (Jackson et al, 2006) and may leave them unable to be as directly involved with the school, or with the ability to interact with teachers or students on a regular basis. Finally, Truong & Hodgetts (2017) found that most teachers do not learn about occupational therapy in their entry to practice education, and this lack of understanding could limit referrals to occupational therapy which may negatively affect student outcomes.

Rehabilitation assistants (under the supervision of Occupational Therapists) can be used as an alternative to educational assistants. Rehabilitation assistants (RA) require less direct time training as they receive education and training and a strong foundation of knowledge in areas such as: safe lifts and transfers of students with mobility challenges, running small group interventions or providing individual intervention in Occupational Therapy, Physiotherapy or Speech & Language Pathology.

### School Occupational Therapists support development of foundational skills.

While educators have the primary responsibility for literacy, occupational therapists address literacy through supporting the development of the underlying components (Frolek Clark, 2016). The most recent Manitoba Early Development Index (EDI) report from 2016-17 (Healthy Child Manitoba) indicates that 25% of Kindergarten students have difficulty performing skills requiring gross & fine motor competence and 23% do not demonstrate advanced literacy skills (reading, writing simple words/sentences or writing voluntarily). Fine and gross motor skills form the foundation for printing. When children acquire good printing skills, they write with ease and speed in all subjects (Feder & Majnemer, 2007). Occupational Therapists have education in early childhood development, to support the development of foundational skills and milestones needed before printing, leading to proficient writers who can write with ease and speed in all subjects.

Research extensively documents the consequences of poor handwriting on academic performance, and many children who experience difficulty with printing may avoid writing and decide that they cannot write (Graham, Harris & Fink, 2007). Struggles with writing can affect students’ testable skills in many subjects (e.g. writing, reading, math, critical thinking) and the

single best predictor of length and quality of written composition for Grades 1–5, and for high school and college, is the ability to automatically write letters (Frolek Clark, 2016). If you wait too long to intervene, it costs more and there are more secondary effects, such as decreased self-esteem and lower overall academic performance (Engel-Yeger et al, 2009).

Successful children will become successful, productive adults who are able to contribute in meaningful ways to society, rather than a burden on social services, health services, and other government funded systems. Timely access to Occupational Therapy support using a 3-tiered model of service delivery can save money by supporting children to learn new skills or adapt the learning environment, and by building capacity of educators. Occupational Therapists are trained to support foundational skills and ensure students are ready to be engaged learners, which leads to improved educational outcomes.

### Recommendations:

1. Utilize a 3-tiered model to deliver Occupational Therapy services to schools, as it effectively supports Occupational Therapist's contribution to education and learning, emphasizing collaboration, building capacity, early intervention and addressing student learning needs before a student gets too far behind or needs to be referred to specialized services. This will strengthen the preventative and proactive components of the entire education system, and has been shown to be a cost-effective method of using school-based occupational therapists.
2. Implement systemic changes to enable occupational therapists adequate time required to establish collaborative, dynamic team relationships with teachers and administrators by having adequate time allotted and reasonable workload to be in each school environment on a regular and frequent basis to provide both formal and informal meetings to collaborate, provide support and implement programs. Having a direct relationship with a school division supports collaborative teaming with educators and other members of the clinical team (i.e. physiotherapists, speech language pathologists, psychologists and social workers).
3. Utilize Occupational Therapists to develop, teach and implement mental health curriculum, including health promotion and self-regulation strategies to improve classroom safety.
4. Engage Occupational Therapists to support safe, positive school and classroom environments through education, observation, collaboration and implementation of practical tools and strategies including: sensory hallways, self-regulation, movement breaks and classroom management tools, and proactive crisis management to decrease stress and improve student attention and engagement.

5. Provide access to Occupational Therapy services in early years to support early intervention and promote development of foundational skills (e.g. fine & gross motor skills and printing skills), which are critical for children to write with speed and ease in all subject areas, improve educational outcomes and decrease secondary effects of poor self-esteem and academic performance in later years. Implementation of programming may include Tier 1 or 2 screening assessments, co-teaching, and/or small group work. In addition, decrease wait time for individual student assessment for Occupational Therapy to ensure students requiring additional supports are identified earlier upon school-entry (Tier 3).
6. Provide explicit education for teachers and administrators about the specific role of occupational therapists in the school context, both for pre-service teachers and current school staff to enhance understanding and collaboration, as indicated in the literature.
7. Consider Occupational Therapists for positions currently filled as specialized teaching positions. Occupational Therapists have a unique skill-set to support schools in these roles.
8. Utilize Occupational Therapists to educate and support teachers better understand and implement inclusive (Universal Design for Learning) teaching methods of instruction and evaluation during pre-service teacher training, in-services and co-teaching in classrooms.
9. Consider utilizing rehabilitation assistants to support small group or individualized interventions instead of educational assistants with the additional clinical knowledge and support they can provide, decreasing the amount of time required for training by the Occupational Therapist thereby saving time and money.
10. All children deserve the supports they need to succeed in school, and participate in meaningful ways. Timely access to Occupational Therapy services province-wide will improve appropriate educational programming for all.

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Submitted as a Brief to the Education Review by Heidi Garcia, Executive Officer  
on behalf of the Manitoba Society of Occupational Therapists (MSOT)  
[executiveofficer@msot.mb.ca](mailto:executiveofficer@msot.mb.ca)

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