

# **Summary of the Therapy in Specialist Schools Action Research Project**

## **Final Report**

### **Introduction**

The Therapy in Specialist Schools action research was a joint project between Black Mountain School, Cranleigh School and Therapy ACT. The project ran for 15 weeks from June to November 2015, as part of a wider body of work to examine future options for allied health services in ACT specialist schools following the introduction of the National Disability Insurance Scheme (NDIS) and withdrawal of Therapy ACT services.

Staff at Black Mountain School developed a discussion paper to examine potential models and how they might function in the ACT context. The discussion paper was underpinned by the understanding that allied health services are critical in supporting curriculum delivery and educational outcomes, in an environment that meets the therapy, access, and safety needs of students with a disability. A number of Australian and international specialist schools successfully operate integrated service models. It is considered leading practice in the field of specialist education, and this was the model chosen for the action research project.

In developing the discussion paper, Black Mountain staff outsourced their action research grant to RSM Bird Cameron to provide costings for potential integrated models. The Project team presented two options for integrated service models in specialist schools.

### **Project Goals**

The Therapy in Specialist Schools project focused on the following goals:

1. To provide teachers with access to professional learning and support from allied health professionals.
2. To increase the overall confidence of staff to work in a classroom based model which involves learning support assistants, educators and allied health professionals together.
3. To increase the confidence and skills of education staff to assist in the areas of communication, social skills, mealtime management, physical access, physical movement, fine motor skills and sensory processing.
4. To improve student outcomes in the project target classes.
5. To provide a key contact to external allied health professional who are working with students individually outside of the class program.
6. To increase family confidence that class program are informed by allied health support.

### **Project Implementation**

A team of 2.5 FTE allied health professionals was shared between Black Mountain School and Cranleigh School for the 15 weeks. A total of seven classes at Black Mountain School and four classes at Cranleigh School were selected to be involved in the project. The rationale for class selection was based on ensuring coverage of the range of needs in each school within the project timeframe. The aim was to include classes for students with autism spectrum disorders, complex health, physical, and mealtime management needs, and students requiring sensory integration and related behaviour support. Selection was also based on ensuring coverage of the range of programs offered at the schools, to include work education programs, high and complex needs classes and communication support groups.

The project team at Black Mountain was comprised of:

- Two project managers (an Executive Teacher and Deputy Principal)
- A Speech Pathologist
- An Occupational Therapist
- A Physiotherapist (.5FTE)
- The School Psychologist
- The Executive Teacher for Professional Practice (ETPP)
- Communication support teacher

The project team at Cranleigh School was comprised of:

- The Deputy Principal
- The project teachers
- An Occupational Therapist
- A Speech Pathologist
- A Physiotherapist (.5FTE)

The model for the implementation consisted of four main components:

1. Shoulder-to-shoulder support in the target classrooms between the allied health professionals, teachers and learning support staff.
2. Weekly drop-in / consultative sessions offered to all staff in the school to seek advice and strategies from the multidisciplinary team. These sessions were called 'Think Tank'.
3. Professional learning at a whole school level.
4. Project-based collaboration to develop sensory gyms at both schools.

## **Evaluation and Key Outcomes**

The project was evaluated at the end of the 15 week timeframe, in November 2015. Outcomes were measured through teacher impact statements, pre and post project questionnaires, and student ILP outcomes. The following key outcomes in relation to the Project Goals were identified at the completion of the project in November 2015:

Goal 1 - To provide teachers with access to professional learning and support from Allied Health Professionals.

- Staff had access to formal and informal on-site professional learning.
- Staff had access to allied health professionals for drop-in and consultative support specific to the needs of their classes.
- Staff now have a range of concrete and digital resources for ongoing use. The digital resources include tip sheets, social stories, co-designed activities and video samples.

Goal 2- To increase the overall confidence of staff to work in a classroom based model which involves learning support assistants, educators and allied health professionals together.

- Feedback from teachers in focus classrooms indicated they valued the multidisciplinary approach to teaching.
- Teachers reported an overall positive effect on students, particularly around the impact of sensory processing on behaviour and learning.

- Staff reported they felt more comfortable asking for help from school-based therapists than external consultant therapists.

These outcomes were achieved through:

- Teachers in the pilot classes were provided with shoulder-to-shoulder support.
- allied health professionals were able to support staff in a holistic way, gaining an understanding of the daily context of each group. Teachers and allied health professionals indicated this was preferable to 'snapshot' infrequent visits for individual clients in the class.
- Even when teacher release times did not correspond with allied health professionals days, both parties made time to collaborate and plan, indicating the high value placed on having an integrated therapy team.
- Coaching and capacity-building for the Communication support teacher at BMS and the Executive Teacher for Professional Practice, enabling them to implement support in classes when allied health professionals were not on site.

Goal 3- To increase the confidence and skills of education staff to assist in the areas of communication, social skills, mealtime management, physical access, physical movement, fine motor skills and sensory processing.

- All staff participating in the program indicated an increase in confidence and skills particularly in relation to, sensory processing, physical management of students with complex physical needs and opportunities for communication in a whole class setting.
- Sensory gyms were established on both sites and teachers provided with modelling of strategies and resources to complement the gyms. These tangible resources continue to be used and have increased the confidence of teachers to continue this work without therapists on site.
- Teachers reported increased confidence in liaising with private therapists following support from the school-based therapists.
- An unexpected benefit of the project was an increased understanding for allied health professionals of the breadth and depth of content teachers are required to deliver. This understanding enabled allied health professionals to assist teachers to design whole class activities and strategies to maximise participation for students. In post project surveys, all allied health professionals indicated an increase in confidence to work alongside teachers and support staff in classrooms.

These outcomes were achieved through:

- Production of tangible resources including sensory gyms.
- All staff had access to whole school professional learning on wheelchair adjustments and management, speech and language therapy and literacy and manual handling to develop physical independence.

Goal 4- To improve student outcomes in the project target classes.

- Teachers reported more timely achievement of ILP goals, after allied health professionals analysed student tasks and provided strategies for the next steps required to achieve the goal.
- Teachers reported a decrease in challenging behaviour in classrooms where sensory processing and communication were a focus.

These outcomes were achieved through:

- Close collaboration between focus classes and their assigned ALLIED HEALTH PROFESSIONAL.
- Close collaboration with ALLIED HEALTH PROFESSIONALS to ensure correct complex manual handling procedures.
- Targeted goals incorporated into class programs.
- Programs and strategies written to support teachers in meeting class and individual, such as how to implement the correct sequence for toilet training.
- Short-term support for AAC equipment and mealtime management.
- Establishment of sensory and fine motor programs.
- Redesign of a class daily program to incorporate sensory needs.
- Reporting on student ilp outcomes reflected input from the class allied health professional.

Goal 5 - To provide a key contact to external allied health professionals working with students individually outside of the class program.

- Increased confidence of teachers to engage with private therapists through the support of the school allied health professional.
- A substantial reduction for teachers in the time needed to liaise with external providers and families.

These outcomes were achieved through:

- Allied health professional assistance to teachers to complete external provider questionnaires and assessments.
- Allied health professional assistance to the teacher to implement recommendations from private therapists.
- Allied health professional liaison with a private provider around a broken piece of equipment.
- Allied health professional liaison with families around equipment repairs and adjustments required.

Goal 6- To increase family confidence that class program are informed by allied health support.

- Feedback from families indicated the value they placed on having allied health professionals integrated with the education team.
- The Black Mountain School Board and School P&C endorsed the program and subsequently wrote a letter to the ACT Minister for Education requesting support and funding for the continuation of an integrated therapy team at Black Mountain School and Cranleigh School.

These outcomes were achieved through:

- All families in the focus classes gave consent for their child to participate in the project with the exception of one family.
- Families were provided with ongoing information about the project via the school newsletter, the P & C and the School Board.
- One project manager presented the project and a summary of outcomes to the Black Mountain School Board in November.

In addition to these, a number of project achievements and unexpected benefits were identified. Examples of these achievements include:

- The development of sensory gyms on both school sites.
- Protocols for equipment management and repairs were developed for staff use.
- The therapists provided a conduit between private therapists and teachers and this was highly valued.
- On-site and relevant professional learning was delivered on October 29<sup>th</sup>, including topics on the sensory gym, manual handling, Wheelchair 101, and speech pathology communication tips.
- Observed improvements in sensory-related behaviours.
- Close and positive collaboration between the therapy team and the pilot classes, modelling the multidisciplinary approach for the rest of the school.
- Weekly Think Tank drop-in sessions were well-attended and highly valued.
- Improvements in fine motor skills for our work education program students.
- Data indicating rapid and high levels of growth in confidence and knowledge for teachers and LSAs involved in the project.
- A body of anecdotal evidence indicating that school staff require this expertise to deliver quality and safe programs to students.

### **Limitations**

- The program ran over 15 weeks from the end of term 3 to term 4. The timing meant that two of the weeks were stand-down, decreasing the amount of time for teachers and allied health professionals to spend together.
- The program did not correspond with the ilp cycle, making difficult for families, allied health professionals and teachers to establish joint goals.
- Part time allied health professional staff hours did not always correspond with pre-scheduled teacher release time. This would be resolved in an ongoing program.
- A small sample of teachers for pre and post project evaluation impacted data collection.
- Some teachers rated their pre-project confidence as very high. This rating decreased in post-project measures, indicating that some teachers 'didn't know what they didn't know' prior to the project.

### **Recommendations**

Based on the evaluation of the project at school level it is recommended that the Education Directorate considers the implementation of an integrated therapy team model in ACT specialist schools to:

- Ensure funding is designated for the delivery of an integrated service model in specialist schools.
- Provide integrated service provision separate to network student engagement team allied health professionals, due to the concentration of students with high needs in specialist schools and the unique needs of that population.

This outcome would ensure that:

- Individual student outcomes will be improved with a multidisciplinary approach to assessment, planning and curriculum development for students with complex needs.
- Student safety will be improved with dedicated input for meal time management and manual handling.

- Staff in specialist settings are receiving the required level and type of professional learning to meet the needs of students with severe and complex needs.
- The management and coordination of private therapists entering schools for individual students is through the on-site allied health professional team to ensure a link between whole-of-life therapies and therapy for educational outcomes and adjustments.