

## **POSITION STATEMENT**

### **OCCUPATIONAL THERAPY SERVICES IN SCHOOL-BASED PRACTICE FOR CHILDREN AND YOUTH**

#### **Introductory statement of the purpose of the paper**

This statement highlights the contribution of occupational therapy in order to promote inclusive education for children and youth school-based practice. The World Federation of Occupational Therapists (WFOT) believes that inclusive education is a paramount and non-negotiable right. Moreover, occupational therapists are educated and skilled to work collaboratively to enable the participation of all students in the occupation and school environment of their choice as a part of occupational justice. (Tuning Project Group, 2008) (World Federation of Occupational Therapists, 2010).

The World Federation of Occupational Therapists (WFOT) fully endorses the Universal Declaration of Human Rights (United Nations, 1948), the UN Convention on the Rights of the Child (United Nations, 1990) and the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006) which states Parties shall ensure an inclusive education system at all levels. (art. 24, para.1), and states Parties should also ensure that effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion(art. 24, para.2(e)).

#### **Statement of the position being taken**

The unique focus of occupational therapy, on the value of occupation, creates the opportunity for a collaborative contribution to school-based practice, and to work towards inclusion, participation and wellbeing. Occupational therapy must be available to all people who experience any level of occupational deprivation to their everyday life.

#### **Statement of the significance of position or issue to occupational therapy**

The role of occupational therapists is to enable, support and promote full participation and wellbeing of students by supporting the strengths and finding solutions, reducing or removing learning activity limitations and participation restrictions. To achieve this, occupational therapists substantiate clinical reasoning by using occupation-based practice and the principles of the International Classification of Functioning (Child and Youth version) (World Health Organization, 2007).

School-based occupational therapy is client-centered, solution focused, strengths-based, occupation-based, collaborative and context-based, educationally-relevant and evidence-based. Occupational therapy can support all levels of the education system (preschools, primary schools, secondary schools, tertiary educational opportunities and vocational training, adult education and lifelong learning) (Frolek Clark & Chandler, 2013).

Tiered intervention models such as Response to Intervention (Ardoin, Witt, Connell, & Koenig, 2005), the Pyramid Model (Fox, Carta, Strain, Dunlap, & Hemmeter, 2010) and Partnering for Change (Missiuna C., et al., 2012), are examples that offer guidance about how services can be organised within the school system and the contributions that occupational therapy can make at all levels of the support-continuum. These intervention models offer guidance in ensuring that the level of the support is needs-based and reaches all clients in the support-continuum from those who need only classroom-wide supports to those who need customised strategies to maximise their potential (Missiuna C., et al., 2012).

Occupational therapy can be significant in delivering increasingly intensive services at all levels of a fluid support-continuum in school-based practices in order to maximise occupational performance and participation. (See supporting document.).

## **Statement of the significance of the position to society**

Parents as well as students and educators benefit from working together to enhance participation and wellbeing of students in school (Maciver, et al., 2011) (Missiuna C. , et al., 2012). Additional benefits are the support of human rights to citizenship, access and full participation, social, economic, cultural freedom. Also, freedom from exclusion, marginalisation, disabling roles and constraints that limit human potential through labeling and low expectations.

Studies that research the socio-economic effect of occupational therapy show the effectiveness and socio-economic benefits of the occupation-based methods used. The school costs of occupational therapy can easily be compensated by higher productivity of the child/young person, both immediately and in their future (Case-Smith, 2002) (Lammers, Scholte, & Berden, 2014).

## **Substantiating rationale for the position**

The literature about school-based occupational therapy comes from around the world, and describes principles and approaches for best practice. A historical review of this literature demonstrates that occupational therapy practice in schools is shifting from a medical to a bio-psycho-social model. The focus for occupational therapists on school occupations fits with the trends in the education system towards outcomes of inclusion and participation. Research emphasises the benefits of a collaborative approach in which occupational therapists are key facilitators (Missiuna, et al., 2015).

Research shows that children at risk participate less in important school-related activities, which is likely to impact their future potential (UNESCO, 2009) (UNICEF, 2006). The WHO report based on the Spirit level shows that lower educational outcomes affect health outcomes, so for this reason it justifies occupational therapy intervention (Picket & Wilkinson, 2009). The effectiveness of school-based occupational therapy in promoting occupational performance and participation in school life has been shown in several studies (Whalen, 2002).

## **Challenges and strategies**

### **Dissemination**

The World Federation of Occupational Therapists encourages all member organisations to promote school-based occupational therapy as a collaborative practice to reduce and remove barriers to educational participation and wellbeing. The World Federation of Occupational Therapists encourages all member organisations to be a resource for partners seeking expertise in occupation-centered support.

### **Education**

WFOT approved educational programmes provide evidence-informed practice and opportunities for placement, final project and graduate and master theses for student/novice occupational therapists. Individual occupational therapists need to develop and keep expanding their knowledge and skills in relation to occupation-centered and collaborative school-based practice.

### **Research**

Research will ensure provision of best school-based practices through the use of, and the participation in, the development of valid screening and assessment tools and interventions that are focused on relevant occupational outcomes and participation in school life.

### **Member Organisations**

Member organisations inspire occupational therapists to collaborate with professionals, parents and students in order to provide best practices. They encourage the education systems to identify life-long learning opportunities for school-based occupational therapists. Occupational therapy organisations and members of the World Federation of Occupational Therapists embrace their responsibility to advocate for evidence-informed education in school-based subjects in their bachelor and master programs, as well as offering opportunities to further the professionalisation of graduated occupational therapists in school-based practices.

## Conclusion

The World Federation of Occupational Therapists endorses the occupation-based, educationally-relevant approach advocated by the United Nations and World Health Organization that supports all students to perform everyday school occupations. Occupational therapists support inclusive education by offering school-based practice at all levels of the support-continuum. Occupational therapists can provide the necessary collaborative support to enable occupation and reduce or remove barriers to participation of all students and in particular students with specific education needs.

Global policy makers promote the role of community-based rehabilitation to work with the education sector to help make education inclusive at all levels (World Health Organization, 2010). Therefore education legislation must include notions of the collaborative practice between education services and occupational therapy services.

**Please refer below to the “Supporting Document on Occupational Therapy in School Based Practice” for more detailed information and terminology.**

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## **SUPPORTING DOCUMENT FOR POSITION STATEMENT**

### **OCCUPATIONAL THERAPY SERVICES IN SCHOOL-BASED PRACTICE FOR CHILDREN AND YOUTH**

#### **Introductory statement of the purpose of the paper**

This statement highlights the contribution of occupational therapy in order to promote inclusive education for The World Federation of Occupational Therapists (WFOT) fully endorses the Universal Declaration of Human Rights (United Nations, 1948), the UN Convention on the Rights of the Child (United Nations, 1990) and the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006). States Parties shall ensure an inclusive education system at all levels. (art. 24, para.1), and States Parties should also ensure that effective individualised support measures are provided in environments that maximise academic and social development, consistent with the goal of full inclusion. (art. 24, para.2(e)) children and youth school-based practice.

School is made up of numerous occupations which focus on learning activities (e.g. writing stories / essays, completing maths work, art, drama, history), self-care tasks (e.g. toileting, changing for sport, eating lunch) and school-leisure activities (e.g. playing in the school grounds, talking with friends, participating in organized groups). A lot of students are restricted from participating in school occupations as a result of the dynamic interactions between personal and environmental factors and the school occupations they want to, are expected to or need to, perform (World Health Organization, 2007) (UNESCO, 2009) (UNICEF, 2006). Global policy makers and influencers increasingly recognise the impact of occupation on health and wellbeing. (World Health Organization, 2002). This is also recognised by clients who emphasis valued outcomes associated with progress in day-to-day activities (e.g school work) (Maciver, et al., 2011).

The World Federation of Occupational Therapists believes that inclusive education is a paramount and non-negotiable right. Moreover, occupational therapists are educated and skilled to work collaboratively to enable the participation of all students in the occupation and school environment of their choice as a part of occupational justice (Tuning Project Group, 2008) (World Federation of Occupational Therapists, 2010).

#### **Statement of the position being taken**

The unique focus of occupational therapy, on the value of occupation, creates the opportunity for a collaborative contribution to school-based practice, and to work towards inclusion, participation and wellbeing for all. Occupational therapy must be available to all people who experience any level of occupational deprivation to their everyday life.

#### **Statement of the significance of position or issue to occupational therapy**

The role of occupational therapists is to enable, support and promote full participation and wellbeing of students by supporting the strengths and finding solutions reducing or removing to learning activity limitations and participation restrictions.

To achieve this occupational therapists substantiate clinical reasoning by using occupation-based practice and the principles of the International Classification of Functioning. (version child and youth) of the World Health Organization.

The school-based occupational therapist focuses on self-care tasks, learning activities, school-leisure activities, social activities and transition issues (e.g. home to school, school to work). The aim of school-based occupational therapy is to maximise the occupational performance of the student. Occupational performance is the fit, between the student, the educational environment and the student's occupation (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996). To achieve this goal of occupational performance the occupational therapist assesses by means of a process called dynamic performance analysis by using the principles of ICF-CY (World Health Organization, 2002).

The occupational therapist supports the interaction between the student's abilities, the physical, social, natural and manmade environment and the school-based occupations he/she needs to, or wants to, perform in order to achieve a meaningful participation within the educational context.

School-based occupational therapy is client-centered, solution focused, strengths-based, occupation-based, collaborative and context-based, educationally-relevant and evidence-based.

Occupational therapy can support all levels of the education system (preschools, primary schools, secondary schools, tertiary educational opportunities and vocational training, adult education and lifelong learning) (Frolek Clark & Chandler, 2013).

Tiered intervention models such as Response to Intervention (Ardoin, Witt, Connell, & Koenig, 2005), the Pyramid Model (Fox, Carta, Strain, Dunlap, & Hemmeter, 2010) and Partnering for Change (Missiuna A., et al., 2012), are examples that offer guidance about how services can be organised within the school system and the contributions that occupational therapy can make at all levels of the support-continuum. This intervention models offer guidance in ensuring that the level of the support is needs-based and reaches all clients in the support-continuum (from those who need only classroom-wide supports to those who need customised strategies to maximise their potential (Missiuna A., et al., 2012).

Occupational therapy can be significant in delivering increasingly intensive services at all levels of a fluid support-continuum in school-based practices in order to maximise occupational performance and participation.

### **Levels of the support-continuum:**

#### **Primary level with the focus on Universal Design for Learning (UDL)**

Occupational therapists can contribute collaborative support at the level of the school system, the school, the support team or the whole classroom using the principles of Universal Design for Learning (UDL). At this practice level, occupational therapists collaboratively enhance the capacity of students, educators, parents and caregivers, peers and therapists to understand the diverse range of student needs, abilities and challenges. In addition, occupational therapists collaboratively support the capacity of educators to teach skills through curriculum-based activities to all children by creating an inclusive development and learning environment.

#### **Secondary level with the focus on differentiation**

Differentiated instruction involves modifying teaching practice to support those students whose needs were not able to be met through UDL. Occupational therapists work collaboratively with educators to find ways to differentiate tasks and instruction to increase school-based occupational performance. There will always be an element of developmental focus included. At this level, occupational therapists also determine which students may have need for more individualised accommodation.

#### **Tertiary level with the focus on accommodation**

When a student is still unable to meet the general learning and curriculum demands, occupational therapists can collaboratively support and provide direct occupational therapy for the individual student and introduce changes to the activity or environment in order to maximise the students' wellbeing and participation. Occupational therapy contributions to an individual curriculum can enhance the capacity of the team of educators to follow through in other situations, which can ensure more generalisation of the service.

In all instances, the occupational therapist ensures that evidence-based knowledge about the rationale for each strategy or accommodation is shared with those individuals who provide ongoing support to the child.

## **Statement of the significance of the position to society**

According to research, parents as well as students and educators benefit from working together to enhance participation and wellbeing of students in school (Maciver, et al., 2011) (Missiuna A., et al., 2012). Additional benefits are the support of human rights to citizenship, access and full participation, social, economic, cultural freedom. Also freedom from exclusion, marginalisation, disabling roles and constraints that limit human potential through labeling and low expectations.

Studies that research the socio-economic effect of occupational therapy show the effectiveness and socio-economic benefits of the occupation-based methods used. The school costs of occupational therapy can easily be compensated by higher productivity of the child/young person, both immediately and in their future (Case-Smith, 2002) (Lammers, Scholte, & Berden, 2014).

## **Substantiating rationale for the position**

The literature about school-based occupational therapy comes from around the world, and describes principles and approaches for best practice. A historical review of this literature demonstrates that occupational therapy practice in schools is shifting from a medical to a bio-psycho-social model. The focus for occupational therapists on school occupations fits with the trends in the education system towards outcomes of inclusion and participation. Research emphasises the benefits of a collaborative approach in which occupational therapists are key facilitators (Missiuna C. , et al., 2015).

Research shows that children at risk participate less in important school-related activities, which is likely to impact their future potential (UNESCO, 2009) (UNICEF, 2006). The WHO report based on the Spirit level shows that lower educational outcomes affect health outcomes, so for this reason it justifies occupational therapy intervention (Picket & Wilkinson, 2009). The effectiveness of school-based occupational therapy in promoting occupational performance and participation in school life has been shown in several studies (Whalen, 2002).

## **Challenges and strategies**

### **Dissemination**

The World Federation of Occupational Therapists encourages all member organisations to promote school-based occupational therapy as a collaborative practice to reduce and remove barriers to educational participation and wellbeing. The World Federation of Occupational Therapists encourages all member organisations to be a resource for partners seeking expertise in occupation-centered support.

The member organisations will be asked to discuss the position statement and the possible measures to implementation with their governments.

### **Occupational therapists**

- can identify and address occupational injustices in education systems;
- can provide service to limit the impact of such injustices experienced by individual and groups of students;
- can raise collective awareness of the broader view of school-based occupation and participation in education systems as a human and child's right.

### **Education**

Occupational therapy degree programmes must provide evidence-informed practice in school-based occupational therapy and opportunities for placement, final project and graduate and master theses for student/novice occupational therapists and experienced occupational therapists.

Individual occupational therapists need to develop and keep expanding their knowledge and skills in relation to occupation-centered and collaborative school-based practice.

### **Research**

Research will ensure provision of best school-based practices through the use of, and the participation in, the development of valid screening and assessment tools and interventions that are focused on relevant occupational outcomes and participation in school life.

## **National associations**

National associations inspire occupational therapists to professionalise and collaborate with professionals, parents and students in order to provide best practices.

National associations will encourage the education systems to identify life-long learning opportunities for school-based occupational therapists. National associations strive to support the system level in order to increase the collaboration in school-based practice.

Occupational therapy associations and members of the World Federation of Occupational Therapists embrace their responsibility to advocate for evidence-informed education in school-based subjects in their bachelor and master programs, as well as offering opportunities to further the professionalisation of graduated occupational therapists in school-based practices.

## **Conclusion**

Occupational therapists subscribe and support the occupation-based, educationally-relevant approach advocated by the UN and World Health Organization that supports all students to perform everyday school occupations

Occupational therapists will support inclusive education by offering occupational therapy in school-based practice at all levels of the support-continuum. Occupational therapists can provide the necessary collaborative support to enable occupation and reduce or remove barriers to participation of all students and in particular students with specific education needs.

Global policy makers promote the role of community-based rehabilitation to work with the education sector to help make education inclusive at all levels (WHO, 2010).

Therefore education legislation must include notions of the collaborative education practice between education services and occupational therapy services.

## **Terminology**

**Activity:** is the execution of a task or action by an individual (World Health Organization, 2013). A singular pursuit in which a person engages as part of his/her daily occupational experience. Example: the act of writing (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996).

**Client and Client-system:** the parents, family, care-givers, peers, educators, other relevant persons in the clients' environment.

**Client-centered:** the occupational therapist focuses on the occupational performance need of the client and his system.

**Collaborative:** Work together with:

**Education:** is about all people being able to learn what they need and want throughout their lives, according to their potential. It is as a fundamental dimension of any social, cultural, and economic design (World Health Organization 2010) (World Education Forum, 2002).

**Education for all (EFA):** universalising access to education for all children, youth and adults, and promoting equity (UNESCO, 2009).

**Education-based:** occupations related to education, as well as school education (preschool, primary schools, secondary schools) home education, tertiary educational opportunities and vocational training, adult education and lifelong learning.

**Education-related:** occupations that are related to education:

**Environment:** factors make up the physical, social and attitudinal environment in which people live and conduct their lives. These factors are external to individuals and can have a positive or negative influence on the individual's performance as a member of society on the individual's capacity to execute actions or tasks or on the individual's body function or structure (World Health Organization, 2007).

**Evidence-Based practice:** EBP is "the conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research. EBP is the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinician's cumulated experience, education and clinical skills. The patient brings to the encounter his or her own personal preferences and unique concerns, expectations, and values. The best research evidence is usually found in clinically relevant research that has been conducted using sound methodology." (Duke University Medical Center, 2016).

**Evidence-informed practice:** use the best available research and practice knowledge to guide programme design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programmes and practices should be responsive to families' cultural backgrounds, community values, and individual preferences (Children's Bureau, 2011).

**Inclusion:** a process of addressing and responding to the diversity of needs of all children, youth and adults through increasing participation in learning, cultures and communities, and reducing and eliminating exclusion within and from education (UNESCO, 2009).

**Inclusive education:** universalising access to education for all children, youth and adults, and promoting equity. This means being proactive in identifying the barriers that many encounter in accessing educational opportunities and identifying the resources needed to overcome those barriers. Inclusive education is a process of strengthening the capacity of the education system to reach out to all learners and can thus be understood as a key strategy to achieve Education for All. For the complete definition we refer to The Policy Guidelines on inclusion on education of the UNESCO (UNESCO, 2009).

Inclusive education focuses on changing the system to fit the student rather than changing the student to fit the system (WHO, 2010)

**Occupation:** groups of self-directed, functional task and activities in which a person engages over the lifespan (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996)(activity-task). Occupations are meaningful for the person and are based on social or cultural expectations or peer performance (American Occupational Therapy Association, 2011).

**Occupation-based:** to engage a person in occupation and use that engagement as the foundation or method of evaluation and/or intervention - the person is engaged in the performance of a chosen daily life task that unfolds as it ordinarily does in the person's life (The Center for Innovative OT Solutions, 2016).

**Occupation-centered:** to adopt a professional stance or perspective - a world view of occupation and what it means to be an occupational being - where occupation is placed in the centre and ensures that everything an occupational therapist does is linked to the core paradigm of occupational therapy (The Center for Innovative OT Solutions, 2016).

**Occupational performance:** the outcome of the transaction of the person, environment and occupation (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996).

**Participation:** is involvement in a life situation (World Health Organisation, 2002).

**Participation restrictions:** problems an individual may experience in involvement in life situations. (World Health Organisation, 2002).



**School:** is made up of numerous occupations which focus on learning activities (e.g. writing stories / essays, completing maths work, art, drama, history), self-care tasks (e.g. toileting, changing for sport, eating lunch) and school-leisure activities (e.g. playing in the school grounds, talking with friends, participating in organised groups).

**School-related:** every occupation that is related to schooling.

**Student:** child, youngster, adult who has the intention to attend education and/or schooling.

**Task:** a set of purposeful activities in which a person engages. Example: the obligation to write a report (Law, Cooper, Strong, Stewart, Rigby, & Letts, 1996).

**Wellbeing:** an internal construct made up of reflective and spontaneous dimensions. Wellbeing is a perceived state of harmony in all aspects of one's life. It is a state characterised by experiences of contentment, pleasure, by spiritual experiences, and a sense of happiness (Law, Steinwender, & Leclair, 1998)

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