Primary health occupational therapy in early years classrooms

Megan Regehr

In a recent study, the Chief Medical Health Officer of the Saskatoon Health Region in Saskatchewan reported that "30.1% of kindergarteners in the Health Region were falling behind their peers developmentally and considered 'not ready for school' at time of school entry..." (Public Health Observatory, Population and Public Health, Saskatoon Health Region & Saskatchewan Population Health and Evaluation Research Unit, 2012, p.7). The report also indicated that these kindergarten children experience difficulties in at least one developmental area, and that significant health inequities were present in children living in the most deprived areas of Saskatoon and also among First Nations and Métis children.

The demand for occupational therapy services is high within Primary Health in the Saskatoon Health Region. Through the School Wellness Team, occupational therapy services are provided to 21 classrooms in three schools located in Saskatoon neighborhoods with high levels of poverty. Service is provided to students aged three to eight years (pre-kindergarten to Grade 3) in the target schools chosen by the local school divisions. Within Saskatoon, limited occupational therapy services exist for children through the Saskatoon Health Region, the school divisions, private therapy services, or other agencies. As a result of the service provided by the School Wellness Team, the children attending the three target schools have greater access to occupational therapy services. The School Wellness Team was created in 2009 and is currently staffed by two occupational therapists, a nurse practitioner, two speech language pathologists, a speech language pathology assistant, a mental health counselor and a community program builder.

Based on occupational therapy classroom screening completed at the beginning of the 2012-2013 school year, more than 50% of the students in the pre-kindergarten and kindergarten classrooms of the target schools did not meet the developmental milestones for one or more skills, including fine motor, visual motor, gross motor and self-regulation. These skills are among the foundational skills required for academic success (Taylor Kulp, 1999; Pagani, Fitzpatrick, Belleau, & Janosz, 2011). A search was done to find an occupational therapy screening tool for three to five year old children that quickly screened fine motor, visual motor, gross motor and self-regulation skills in a classroom setting. There was no screening tool available that met these criteria; therefore, a screening tool was developed in-house. The screening tool allows the occupational therapist to quickly analyze a child's occupational performance skills from a developmental perspective using clinical observations within the classroom setting. Occupational performance skills are the skills needed to successfully participate in life's roles and activities. For a child, occupational performance skills typically focus on play and the child's role as a student.

Starting the school year with universal occupational therapy screening for all the students in a classroom has been very important. The screening process allows the occupational therapist to get to know the students and their abilities in the developmental and occupational performance skills needed to be successful as a student. It also provides an opportunity to discuss the needs of the students with the teacher and how the occupational therapist can support both the students and the teacher in the upcoming school year. Flexibility in the occupational therapist's approach as well as a sound knowledge of the scope of occupational therapy has been critical for success. Through collaboration, open communication and teamwork, the teacher and occupational therapist develop a plan for how occupational therapy services will be integrated into the classroom.

Due to the high number of children who would benefit from the service, there is not adequate time to address each child's needs with individual occupational therapy treatment sessions. A choice had to be made: reduce the frequency of individual sessions or change the service delivery model. In order to meet the needs of the students and teachers, occupational therapy practice has evolved into a classroom-based model where service is provided to the entire classroom in collaboration with the teacher on a weekly basis. Individualized assessments and recommendations are sometimes requested by the teacher and this is accommodated on a case by case basis with parental consent. This model of service delivery is different than typical consultative school occupational therapy service models where specific students may be seen up to several times in a school year.

Through collaboration and teamwork, learning can be supported in a holistic manner by integrating the functional, occupational performance and developmental focus of the occupational therapist with the academic focus of the teacher. In the pre-kindergarten and kindergarten classrooms, the occupational therapist will typically focus on supporting the development of fine motor, visual motor, gross motor and self-regulation skills. A variety of approaches have been effective. Some examples include co-teaching gross motor skills in the gym; modeling for the teacher ways to integrate heavy work body breaks into the classroom; collaborating and brainstorming with the teacher to plan classroom activities to address the academic, developmental and occupational performance needs of the students; and activities led by the occupational therapist to develop a specific skill such as fine

motor or scissor skills within the classroom setting.

Weekly visits to each classroom throughout the school year help to develop rapport and trust with the students, teachers and other school staff. The consistency and frequency of the visits have been imperative to build the relationships needed to effectively collaborate and work towards the common goal of helping students to be successful at school (Collins & Crabb, 2010). The frequency of visits also allows the occupational therapist to assist teachers to incorporate recommendations and strategies into the classroom routine. By modeling strategies in the classroom, the occupational therapist builds capacity in the teachers and educational assistants to make it possible for them to utilize the strategies on a daily basis. Discussion and problem solving around what is working or not working within the classroom setting occurs promptly, which facilitates acceptance and incorporation of the recommendations and strategies. Weekly visits also provide the opportunity to get to know the students and monitor their progress and growth throughout the school year. Frequent monitoring allows the occupational therapist to revise classroom-based activities and recommendations to maintain a 'just-right challenge' for the students and facilitate continued skill development throughout the year. It is through frequent interactions and monitoring that the occupational therapist will identify a child's need for further health services such as optometry, additional therapy services or medical care. The occupational therapist can assist the student and their family to access services from other members of the School Wellness Team or the larger medical and health community in order to improve the overall health of the child.

In keeping with the delivery of primary health services to young children, the Chief Medical Health Officer of the Saskatoon Health Region recommended:

> A focus on prevention, health promotion and reduced health inequity in the early years will help reduce the social and economic burden of illness, not only in childhood but also throughout the adult years. This focus could be the single most important strategic investment that we as a society could make to ensure a prosperous future (Public Health Observatory, Population and Public Health, Saskatoon Health Region & Saskatchewan Population Health and Evaluation Research Unit, 2012, p.18).

The contributions of occupational therapy in primary health care are supported by the Saskatchewan Society of Occupational Therapists (2003). There is a definite role for occupational therapists in the areas of prevention and health promotion for young children, especially in neighborhoods with high levels of poverty. The classroom-based initiatives of occupational therapists with the School Wellness Team are an important component of the Chief Medical Health Officer's recommended societal investment, which has potential for significant, positive, long-term outcomes.

References

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Taylor Kulp, M. (1999). Relationship between visual motor integration skill and academic performance in kindergarten through third grade. *Optometry and Vision Science, 76*, 159-163.

About the author

Megan Regehr, BMR(OT) (c), OT Reg. (SK), is an occupational therapist in the Saskatoon Health Region working with the Primary Health School Wellness Team. She can be contacted at: megan.regehr@saskatoonhealthregion.ca

Resource corner: Position statements relating to the role of occupational therapy in primary health care

Canadian Association of Occupational Therapists. (2013). *Occupational Therapy in Primary Care.* http://www.caot.ca/default.asp?ChangeID=188&pageID=188

Manitoba Society of Occupational Therapists. (2005). *Occupational Therapists and Primary Health Care.* http://www.msot.mb.ca/uploads/PositionPaper_PrimaryHealthCare.pdf

New Brunswick Association of Occupational Therapists. (2011). *Occupational Therapists and Primary Health Care in New Brunswick.* http://www.gnb.ca/0053/phc/pdf/2011/sub/TheNewBrunswickAssociationofOccupationalTherapists.pdf

Saskatchewan Society of Occupational Therapists. (2003). *Occupational Therapy and Primary Health Care: The Natural Fit.* http://ssot.sk.ca/+pub/document/documents/ssot%20primary%20health%20care%20position%20statement.pdf

The Canadian Association of Occupational Therapists (2013) also has a new position statement that may be of interest to professionals working in primary health care:

Enabling Health Literacy in Occupational Therapy. http://www.caot.ca/default.asp?ChangeID=270&pageID=273