Evaluation Case Study

Allied Health Project

MSSD Output 3: Developing support centres
MSSD Output 4: Working with health professionals

Sydney Archdiocese
New South Wales Catholic Education Office
Allied Health Project

Abstract
The Allied Health Project is one of five More Support for Students with Disabilities (MSSD) activities being implemented by the Catholic Education Office in the Archdiocese of Sydney. The project promotes collaboration between allied health professionals (speech pathologists and occupational therapists) and school personnel (teachers and support staff) to plan and implement teaching and learning strategies aimed at improving the educational experience and outcomes for students with disability. It involves speech pathologists and occupational therapists working across a range of schools in the Sydney Archdiocese.

Key elements and actions
The Allied Health Project is managed by a qualified speech pathologist with extensive experience in working with schools. There are a number of elements to the role, the most critical of which are:

- liaising with school leaders and key staff to establish programmes and monitor their impact
- working with staff to schedule site visits, participate in professional learning programmes and determine approaches to sharing resources
- recruiting and contract management of allied health professionals
- gathering resources for posting in the Allied Health Project website
- liaising with staff responsible for other MSSD activity within the Sydney Archdiocese
- reporting on MSSD activity within the Sydney Archdiocese and through this contributing to Catholic Education NSW’s reporting on MSSD to the Australian Government Department of Education.

The Allied Health Project features six programmes, four of which are targeted towards specific schools, and two general programmes open to all Archdiocese schools.

Targeted programmes
1. **Classroom collaboration.** Private speech pathologists and occupational therapists have been engaged to work directly with teachers and students in classrooms. They work in collaboration with class teachers to identify:
   - a focus area or specific area of need
   - plan a series of lessons in which the allied health professional may assume a leading role or engage in team teaching
   - plan follow up activities for the class teacher to implement, assess and monitor student learning outcomes.

2. **Complex communication needs support service.** Learning focused strategies and professional learning opportunities are available for parents, teachers and paraprofessionals with a speech pathologist expert in complex disability, and augmentative and alternate communication systems. In addition, private occupational therapy hours have been used to complement speech pathology and provide the multidisciplinary support that students with
complex disabilities often require. Alternate communication systems that give access to learning and literacy are the core business of this service including Key Word signing, picture communication symbols and use of speech generating devices (including iPads). These are specialised systems where teachers and paraprofessionals require ongoing expert coaching with a speech pathologist in order to provide fully inclusive education to students.

3. **Secondary Coaching Model.** Operating across six schools, the programme varies from site to site but generally features speech pathologists skilling teachers and support staff in strategies to support learning for students with language based learning difficulties across all subjects and year levels. It also includes coaching teachers through the process of implementing classroom language adjustments that make learning more accessible.

4. **Therapy support for well-being programmes.** This is an innovative approach to speech pathologist and occupational therapist perspectives being brought to bear on well-being and behaviour management programmes that typically focus solely on social and emotional issues. Therapists often identify underlying issues and difficulties that manifest in behavioural problems. Strategies that evolve from such insights generally focus more on addressing the underlying issues as opposed to previous strategies that may have centred on managing behaviours.

**General programmes**

1. **The Allied Health Project website.** This has been developed as a user friendly, online repository of resources that are available to all Catholic education staff via a secure portal. The materials draw on the resources developed via the four targeted programmes listed above and are accessed via the Archdiocese password protected intranet portal.

2. **Professional development workshops.** A series of workshops have been offered to all staff in the Sydney Archdiocese. Again, content for the workshops has been informed by the work of therapists in schools.

**Outputs and outcomes**

**Hands on collaboration**

A strong culture of sharing professional expertise underpins the Allied Health Project. Teachers and support staff expressed no reservations or anxieties about working with someone who had the potential to be judgmental about their own professional practice, indeed there was a positive and welcoming spirit based on an expectation of the teaching and learning in their classroom being enriched by the experience. As a consequence, the skills of teachers, support staff and allied health professionals are equally valued and benefit from the contributions of others.

The positive working relationships translate into constructive planning to address identified needs of individuals, groups and classes as a whole combined with shared input into teaching and learning processes. Without roles being identified, it is difficult for the observer to distinguish teachers from allied health professionals or from support staff: each was clearly making a valuable contribution to the teaching and learning process. This dynamic could not have been achieved without collaborative planning and the positive working relationship that comes from trust in each other’s skills and knowledge.

**Unpacking sub-skills**

The allied health professionals in the classroom bring expert knowledge to specific aspects of the teaching and learning process. For students with learning difficulties or disability who require
adjustments in order to engage with the curriculum, such insights have proven to be highly effective in the schools participating in the Allied Health Project.

For example, a junior primary class activity using plastic tweezers to pick up and transfer various sized objects, featured sub or contributory skills to enhance handwriting. The activity was clearly enjoyed by students. Such skills include correct pincer grip of fingers and thumb and appropriate posture – chair in and at appropriate height, feet positioned on the floor and straight back – combined with tips about what to do if hands become fatigued.

Teachers involved in this specific element of the project readily acknowledge that while these sub-skills may be highlighted in passing during normal classroom routines, in past practice the focus for improving handwriting would centre almost exclusively on what happens with a pencil and paper. They would spend time practising handwriting where the emphasis would always be on the writing itself, not the skills that contribute to neat, fluent writing. For some students this actually reinforced negative habits. The teachers report that they are now much more confident in teaching and practising the skills that lead to good handwriting.

Samples of writing collected pre and post the involvement of an occupational therapist in junior primary classes, clearly demonstrate the difference achieved via the focus on the sub skills to writing. Both the quality and the quantity of writing clearly improved.

Staff involved with the secondary coaching model highlight the way in which the speech pathologist provides strategies to break down complex text for it to be more accessible for students with language based learning difficulties. While many of these strategies are quite simple, they all contribute to students’ skill development in reading and comprehending text. Such strategies include:

- predicting – using title, pictures, graphs and diagrams as signals or indicators of content
- extracting and enlarging passages from text books – students with language based learning difficulties often find text books intimidating and difficult to navigate
- deconstructing the text one sentence at a time to extract meaning, including use of highlighters to stress key points
- key word groupings and associated synonyms.

The key mechanism to building capacity across the school is to enhance the capabilities of staff who interact directly with students experiencing learning difficulties. It is expected that they will pass on their knowledge and skills to other staff within the school. Capability building occurs through all facets of the programme, including the planning and monitoring prior to activity with students, through modelled interaction with students and evaluation of the impact of the activity post interaction with students. Through this capability building, teachers and support staff are able make adjustments to curriculum for students with language based learning difficulties. As a result, the speech pathologist reports that these students:

... have better access to curriculum content, are more engaged in learning, and improve academically because they can process and retain more information and express themselves better verbally and in their written work.

As part of the well-being and behaviour management project, health professionals are assisting teachers and other professional staff to analyse issues to address the underlying difficulties: unlike the typical response, they try to understand the contributing factors or context to the behaviours.
In each instance the arrangements are grounded in clear methodology. For example, in the secondary coaching programme, the speech pathologist outlined the steps taken in each setting to formulate the programme:

- liaising with school leaders and other key staff to determine the focus of the programme and how capability of staff will be enhanced
- meeting with the individual teachers directly involved in the programme on a fortnightly basis to plan activity and monitor its impact
- provision of relevant resources to assist with the programme
- agreed strategies to evaluate and report on the impact of activity.

Lessons learned

Key observations

Value adding for teachers, students and schools

The Allied Health Project is fulfilling one of the MSSD initiative objectives of building capacity to meet the needs of students with disability in participating schools. Teachers readily report enhanced insights into the contributing sub-skills that enable students to be functionally engaged in learning. For example:

I now feel confident to plan and facilitate lessons on fine motor skills. The programme has enabled me to look more closely at the students’ writing style and pencil grip. I feel confident in providing effective feedback to my students regarding their handwriting. I am able to analyse students’ writing to assist with specific improvement with letter spacing, line return, posture, writing on the line and slope. The students are more confident about their writing and are displaying an improvement in their ability to write for longer periods of time.

and

The programme has enabled me to plan activities in individual education plans (IEPs) to cater for the specific needs of individual students. I now feel confident in identifying the needs of my students and I am able to create specific activities to cater for these diverse needs.

From the perspective of parents, the professional learning that teachers have received has enabled them to, “....go above and beyond the norm,” to ensure mastery in learning for their children with specific learning needs. While parents may not be fully aware of the full breadth of the Allied Health Project, the parents interviewed are nevertheless highly conscious of what it is delivering for their children’s literacy development and communication skills. Indeed, one remarked that the literacy-focused strategies adopted in the Allied Health Project could equally be applied in other areas of the curriculum, particularly in numeracy development.

The parents are also appreciative of the communication about learning they have received as a by-product of schools being involved in the Allied Health Project particularly in relation to “....a richer vein of discussion” in meetings related to Individual Learning Plans and email messages in response to occasional parent queries. They now have an appetite for more information in relation to short term goals that may be established over a given week or unit of work that may cover a month of school time, and insights into what they can do at home to support and consolidate learning at school.
For the schools overall, participation in the Allied Health Project has provided a critical mass of staff with more finely tuned skills to meet the needs of students with disability. Collaboration related to the learning needs of individual students, adjustments to curriculum and sharing of insights and resources is not confined to the times that the allied health professionals are in the schools. Rather, the sharing of learning, strategies and resources has become an embedded practice in the schools involved. One of the clear indicators of the effectiveness of the project centres on the ‘knock on’ effect for other staff who may not be directly involved in collaboration with the allied health professionals.

The Allied Health Project has injected much needed expertise and knowledge into areas of speech therapy and occupational therapy across the whole school. The specialists have gone out of their way to ensure that all staff have access to expertise through staff meetings and attending professional development.

**Critical importance of coordination**

The Allied Health Project is not based on a single approach being replicated in the same way across a number of sites. Instead, it features a number of sub projects, each with its own goals and methodologies but with relevant linkages across the other projects that are operating in the Sydney Archdiocese. While such variations have the potential to dilute effectiveness it was obvious that roles and accountabilities were clearly understood and were efficiently being fulfilled.

Alignment with the Archdiocese strategic planning structure for schools is seen as a way to implement core business rather than being seen as something additional to core business. This has been critical to facilitating and sustaining the ‘buy-in’ of school leaders. At one setting it was the critical ingredient for the school to become involved in the project, where, until the school principal was convinced of the capacity of the project to add value to the teaching and learning focus of the school, the principal was initially adamant that the school should not be involved in the Allied Health Project unless it added value to the core business of teaching and learning.

Each of the critical factors above — multi-faceted methodologies, clarity in roles and sustaining accountabilities and alignment with core business to maximise support from school leaders — add a layer of complexity to the project and have the potential to undermine its effectiveness. The management of such risks brings the critical role of the project coordinator to the fore, to ensure that highly efficient, day-to-day operational processes and procedures are in place, and that building and sustaining positive working relationships is an ongoing priority.

**‘Applied’ speech and occupational therapy**

The Allied Health Project goes beyond traditional models of therapists working in schools. The clinical skills of assessment, diagnosis and therapy that have been acquired through initial training and refined over time through a wealth of on the ground experience are applied through a collaborative model. This model ensures that the knowledge and skills of teachers are enriched which, in turn, contributes to fine grained and deeper insights into meeting the learning needs of students with disability.

**Sustainability**

The question of sustainability shapes the operation of the Allied Health Project. Staff within the Catholic Education Office, principals, teachers, and allied health professionals appear to be conscious of the project being an exercise in seeding: applying resources to build capability and sustain capacity beyond the life of the project.
There are at least six critical elements to sustaining a service delivery model through the Allied Health Project. Each is as important as the others in building a cohesive and robust programme of capacity building:

- **An end point in mind.** The Allied Health Project focuses on building capacity not dependency. All stakeholders should be aware that the arrangements are not ongoing and that, once capabilities are in place, resources will be relocated to other areas of need.

- **Support from school leadership.** School leaders must be in a position to recognise the benefits of using allied health professionals in the classroom and dedicate resources (time, space and budget support) to quarantine the programme from disruption and enable staff to learn and embed new skills and understanding. They should recognise the potential benefits of engaging with allied health professionals via collaborative work in classrooms and in allocating time and other resources to ensure programme viability.

- **Resourcing.** As a flow on from buy in from school leaders, of all the limited resources available to schools, time is the most critical. It does not need to be excessive or continually resourced at high levels throughout the programme. However, time needs to be devoted to initial collaborative planning to ensure that a common understanding of goals, short-term objectives and strategies are shared and understood by all stakeholders.

- **The skills of allied health professionals.** Such skills are as much about the professional expertise of the allied health professional as they are in relation to their interpersonal attributes and understanding of the context of schooling. Expertise in working with school-aged students needs to be matched with strong interpersonal and consultative skills to work collaboratively with teachers.

- **A spirit of collaboration.** The willingness of school staff to interact in a collaborative spirit with allied health professionals in non traditional ways, that is, openly embracing the opportunity to bring fresh insights to the pedagogy that is operating in their classroom.

- **Skilled coordination.** It is essential to ensure programmes are established according to agreed objectives, and that schedules and accountabilities are fulfilled and resources arising from the programme are made available for wider use. To streamline operational difficulties and ensure accountabilities are maintained, there is a clear benefit in allocating resources for coordination and management.

**Potential for adoption in other contexts**

The approach of the Allied Health Project shows strong potential for adoption in other settings. The skills of teachers are undoubtedly being enhanced and learning outcomes for students with disability are reportedly improving as a result. However, in order to successfully embed the approach in other settings, the critical elements regarding sustainability as listed above are required for successful implementation.
Background

(MSSD) Outputs

Output 3: Developing support centres which serve as a centre of expertise in the educational needs of students with disabilities and provide expert support to a group of other schools that may not have this expertise.

Output 4: Schools coordinating with health/allied health or other professionals to strengthen schools’ support for students with disabilities.

Case study methodology

The case study involved site visits and interviews in August 2013 including:

- an initial meeting with the Sydney Archdiocese Special Education Team at the Eileen O’Connor Centre
- site visits and interviews at two primary schools, a secondary school and a regional office within Sydney Archdiocese
- meetings with two parents to gain their perspectives on the approach adopted by the Sydney Archdiocese and its impact on the learning for their children.

Description of Activity

The Sydney Archdiocese Allied Health Project reflects the broader Catholic education sector response to the MSSD initiative in New South Wales, that is, a ‘bottom up’ response to identified need. The MSSD initiative enabled resources to be applied strategically to enhance staff capability and improve the capacity of schools to meet the learning needs of a range of students in Catholic schools. The Allied Health Project was one of five projects established by the Catholic Education Office (CEO) within the Sydney Archdiocese. The others focused on:

- enhancing knowledge and use of assistive technologies
- professional learning for Learning Support teams – covering a range of capability strategies related to the Disability Standards for Education (2005) with a specific emphasis on planning for and delivering differentiated curriculum based on the ‘Response to Intervention’ framework (a resource developed in the United States)
- immersion and mentor programmes involving 4th Year Bachelor of Education (Primary) students in special education with experienced practitioners in the field (developed in partnership with the Australian Catholic University)
- capacity building for teachers where ten experienced classroom teachers have been given time release from class to engage in professional learning to enhance their capacity, knowledge, skills and understandings in the area of learning support.