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## **Title**

**We need to completely change the way we look at therapy: Occupational Therapy in specialist schools.**

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## **Abstract**

Recent literature has challenged the ways in which occupational therapy has been delivered in mainstream schools but consideration of practice in specialist schools, where all students have special educational needs or disabilities, is limited. This study aimed to address this gap by exploring occupational therapy practice in specialist schools in England. This qualitative study used a phenomenological approach. Data was collected via semi-structured interviews and analysed using thematic analysis. The study had 6 occupational therapist participants. Three themes emerged from the data: Theme 1: “I’m going to be really honest with you, we’re not doing therapy” Theme 2: “We are not entirely part of the school community” Theme 3: “You shouldn’t have to try and make someone else the therapist”. The findings echo studies of occupational therapy in mainstream schools but offer new insights into the focus and delivery of occupational therapy in specialist schools. It is recommended that in England a new model of service provision is developed that integrates occupational therapists into specialist schools, creates more time in the classroom, facilitates therapist-teacher collaboration, and enables a broader scope of practice.

## **Key words**

Specialist Schools; Occupational Therapy; Students; Professional Relationships; Professional Practice.

## **Introduction**

All children have a right to an education (United Nations Children's Fund UK (UNICEF UK), 1989). Specialist schools provide inclusive learning environments for those children with special educational needs or disabilities (SEND). In England, children with SEND whose needs cannot be met, even with additional support, in mainstream school may request to attend a specialist school. Children at specialist schools commonly have complex and severe physical, behavioural, and cognitive needs, such as Down's Syndrome, Fragile X, Autism or cerebral palsy. Specialist schools can provide smaller class sizes, individual support, specialist teachers and accessible facilities. Recent data shows that the number of pupils with SEND is rising and represents 14.9% of the total student population in England (Department of Education, 2019). Similar trends are reported worldwide. In America students that receive special education services represent 14% of total public-school enrolment (National Centre for Educational Statistics, 2020). In Australia the number of students attending specialist schools rather than attending specialist classes in mainstream schools continues to grow (Australian Bureau of Statistics, 2018). In response to this growth new specialist schools are opening to provide places for students with complex health, educational, and social needs (GOV.UK, 2019).

Occupational Therapy services have been the mainstay of schools. In a school setting a child with SEND can have a variety of physical, emotional, social, behavioural, sensory, cognitive and communication difficulties (Roffey & Parry, 2014). These needs can impact on a range of school-based occupations, including self-care tasks such as dressing and feeding, classroom tasks such as writing and using a computer, and play and sports activities with friends. Recent trends within mainstream schools have been for Occupational Therapy services to be delivered through a more inclusive school-based approach (Ball, 2018). In addition, there has been a call for occupational therapists in schools to broaden their scope of practice to

address mental health and participation outcomes (Bonnard & Anaby, 2016; Rivera & Boyle, 2020). Research into Occupational Therapy within specialist schools, where all students have SEND is limited. To address this absence of literature this study explored occupational therapy practice in specialist schools in England.

## **Literature review**

The mode of delivery of Occupational Therapy in school settings has been under scrutiny for some time. The effectiveness of the traditional one-to-one model of delivery whereby children are removed from the classroom to receive interventions has been challenged (Bonnard & Anaby, 2016). Despite this call a recent survey of school-based occupational therapists in the US reported that 75% of therapists provided a one-to-one service outside of the classroom more than 50% of the time (Bolton & Plattner, 2020). These findings are replicated in a study in England, which included one specialist school, which found that therapists mainly worked directly with students in pull-out treatment areas (Rivera and Boyle, 2020).

Additionally, there has been a proposed shift of occupational therapy interventions in schools from impairment-based treatments to participation-focused interventions that support involvement in school life (Bonnard & Anaby, 2016). A participation approach is supported in the literature as children with disabilities have been found to have lower levels of participation and engagement than their peers without disabilities (Coster et al., 2013; Eriksson et al., 2007). The literature suggests that school-based occupational therapists have been and continue to modify the child's school environment, such as adapted seating, to enable participation but that the transition to other participation-based interventions is taking time. For example, a survey of paediatric occupational therapists in the UK in 2002 found that 66% of participants provided interventions for equipment and 60% for fine motor skills (Howard, 2002). Findings on a similar US survey in 2020 found that 50% of occupational therapists were frequently or always

involved in environmental modifications and 43% with fine motor activities (Bolton & Plattner, 2020).

Bazyk and Cahill (2020) have suggested that if occupational therapists spend more time in the classroom they are able to observe students more effectively and really understand the unique culture of the classroom, curriculum, teachers' preferences, and expectations. This more inclusive approach to service delivery is reported in the literature (Hutton, 2009; Missiuna et al., 2012). The Partnering for Change (P4C) is a service delivery model created for school-based occupational therapy in mainstream schools in Canada (Missiuna et al., 2012). This model integrates occupational therapists into school teams to develop and improve occupational therapist, teacher and parent collaboration, relationships and communication (CanChild, 2015; Missiuna et al., 2012). Key findings from a comprehensive two-year evaluation showed that educators valued having occupational therapists as a consistent presence at school and that a greater knowledge translation between professionals was achieved (Missiuna et al., 2015). Further evaluations of P4C found that children with difficulties were identified and assessed earlier and that through observing occupational therapists' interventions teachers had greater confidence with problem solving in the classroom (Campbell et al., 2012; Wilson & Harris, 2017). A similar integrated approach has been piloted in England (Hutton, 2009). Through the Occupational Therapy into Schools (OTiS) programme occupational therapists joined the school team and OTiS was tailored to the needs of the school, focusing on increasing engagement and participation for all students through teacher education and school-based interventions. Views from the teaching teams were gathered using qualitative methodology to evaluate impact. An overall positive response was found with trusting working relationships between the occupational therapists and teaching team being integral to the students improved participation and engagement (Hutton, 2009).

Professional relationships with teachers are fundamental to occupational therapy practice in school settings. Teachers have been identified as a key components to successful integration of occupational therapy into a classroom and effective occupational therapy intervention (Benson, 2013; Shasby & Schneck, 2011). However, studies show that collaborative working relationships can be negatively affected when occupational therapists spend limited time in classrooms (Benson et al., 2016; Bolton & Plattner, 2019; Truong & Hodgetts, 2017; Wintle et al., 2017). In their study of US teachers (n=47), including special education teachers (n=37), Benson et al. (2016) found that collaboration and communication between the two professions was poor, with only 11% of teacher respondents from a survey feeling that they had a collaborative relationship with their occupational therapist. Furthermore, a survey of teachers and occupational therapists in the US by Bolton and Plattner (2019) determined multiple discrepancies between the perception of the occupational therapy role. Nevertheless, it was found that teachers viewed occupational therapy input in classrooms and to students as highly valuable and reported wanting more (Benson et al., 2016; Bolton & Plattner, 2019). Building on this, Truong and Hodgetts (2017) specified that teachers wanted occupational therapists to spend more time in classrooms to better understand the classroom context and understand teachers' perspectives.

The funding models for occupational therapists working in schools vary between countries and have been shaped by professional history, context, and legislation. In England the Children and Families Act (2014) provides the legal framework for children with SEND to have an education, health, and social needs plan (EHCP). The EHCP is legally binding and details the type and frequency of occupational therapy to be provided by local health or education services. Therapy is typically provided by therapists visiting the school and is delivered individually or in small groups where children have similar needs. This approach is similar in Ireland (O'Donoghue et al., 2021) and Greece (Strogilos, Lacey et al., 2011) whereby

occupational therapists are employed by the health or education boards and attend schools by appointment. In the US and Canada occupational therapists are commonly employed by a school district and visit children at school. National legislation, such as the Individuals with Disabilities Education Act (2004), provides the legal basis for occupational therapy provision which must relate to school participation. Whilst occupational therapists in North America frequently provide direct individual therapy as outlined in an Individual Education Program, there is scope to support the needs of all students at a school, for example through curriculum development or classroom environment design (AOTA, 2016; Ontario Society of Occupational Therapists, 2015).

In summary, this literature review has highlighted how the mode of occupational therapy delivery and type of interventions in school settings is changing. Occupational therapy is valued by school staff but limited time in the classroom and poor working relationships have been reported. In addition, funding models for occupational therapy vary and shape the model of delivery. There is a continuous thread of paucity in literature for occupational therapy in specialist schools which are educational environments where all students have SEND. Current study findings may have limited transferability to specialist schools in England. To address this gap, this study aimed to explore occupational therapy services in specialist schools in England, using the lived experiences of practicing occupational therapists.

## **Methods**

### ***Design***

This study used a qualitative design underpinned by a hermeneutic phenomenological approach (Van Manen, 2014). The research took a realist ontological assumption, which holds the view that reality is individual, and varies from person to person and adopted the epistemological position of subjectivism, whereby the phenomena is based on the participants real-world and subjective experiences (Bradshaw et al., 2017). The philosophical assumptions



were underpinned by constructionist thematic analysis, used to theorise the structural conditions and socio-cultural contexts that the participants experience within their occupational therapist role (Braun & Clarke, 2006).

### ***Recruitment and Selection***

This study had ethical approval from XXXX University (Approval number 72539). A homogenous purposive sampling strategy was employed. Participants were recruited through an email to all members of The Royal College of Occupational Therapists Specialist Section for Children, Young People and Families. Inclusion criteria was defined as occupational therapists currently practicing in specialist schools in England.

### ***Data collection***

Data was collected through one-to-one semi-structured interviews; example interview questions are detailed in Table 1. All interviews were recorded. Interviews were chosen to provide a deeper exploration of experiences which reflects the research design (Josephsson & Alsaker, 2016). Interview questions were open-ended, allowing the opportunity for discussion to emerge. Each participant was interviewed once using Microsoft Teams (Microsoft, 2020). Virtual interviews allowed for participants to be interviewed in different geographical locations across England. The researcher was the key instrument in designing the interview questions which were based on the literature and experience of working in specialist schools. Reflexivity in the form of a diary and supervision helped to identify any bias (Creswell & Poth, 2018). All data was securely stored, and participants were given a pseudonym to maintain anonymity.

<Insert Table 1>

### ***Data analysis***

Interviews were transcribed verbatim. The data was analysed using inductive thematic analysis, chosen in order to identify and analyse patterns from the knowledge and experiences of the participants without trying to fit a pre-existing coding frame (Braun & Clarke, 2006).

Braun and Clarke's (2006) 6-phases of thematic analysis were used to provide credibility to the analysis process (See Table 2).

<Insert Table 2>

## Findings

Twenty-one people responded to the recruitment call, of these the first six were interviewed. Demographic, employment, and service details of the participants are provided in Table 3. Participants reported working with children with a range of complex and severe disabilities, including Autism, profound and multiple learning disabilities, physical disabilities, such as cerebral palsy, and genetic disorders. Through the data analysis three themes emerged, which have been titled using participant quotes.

<Insert Table 3>

### ***Theme 1: 'I'm going to be really honest with you, we're not doing therapy.'* (Jennifer)**

This theme presents ideas relating to the participants delivery of therapy in their specialist school; Jennifer encapsulates these findings, *"I'm going to be really honest with you, we're not doing therapy. It's more about environmental adaptations to the classroom and teaching the teacher how to cope. Me actually taking the child out or even being in the class and doing a bit of handwriting, that's not happening"*. Elaborating on this theme the participants conveyed that their occupational therapy interventions were generally centred around equipment, specialist seating, and environmental adaptations for physical and sensory needs. Jennifer summarises, *"So, when I say intervention, it would be, I think this child needs a move and sit cushion. I think this child needs ear defenders"*. Participants discussed how the impact of focusing on equipment meant that other elements of a child's occupational therapy needs could be missed. For example, Kim said *"The majority of it is taken up by equipment and not as much of the other, um, the, you know, we don't get to focus as much on the other"*

*difficulties that the children have when it comes to things like self-care, leisure". Jennifer reported, "I think the other things kind of get lost along the way".*

An absence of hands-on therapy was reported by all participants, for example Jennifer described, *"I feel like I don't know how to do therapy, and that's because I don't get the chance to do it every day because there's just too many children to be seen"*. Participants reported pressures, such as time constraints, large caseloads, and waiting lists as a significant barrier to implementing occupational therapy with students, often reporting *"There's just no time, and there's just too many children"* (Jennifer). Kim captured the issue when stating, *"It's so hard, especially when you are working by the clock, there's a lot of time pressure and it, you almost, you think it's, it shouldn't be, you want it to be much more free flow, so you can, um, really have a good you know, quality time with that child working on whatever their need is"*. Jane connects the pressures to the need for more occupational therapists *"The waiting lists to me reflect the need and sense of occupational therapists because they clearly aren't enough if we can't get clear of waiting lists"*.

***Theme 2: 'We are not entirely part of the school community.'* (Jay)**

This theme discusses the tension and disconnect the participants felt with school staff and its impact on working relationships and professional identity. The occupational therapists in this study were employed externally from the school. They reported that this influenced professional working relationships, described by Jane as, *"You're the outsider coming in"*. Participants often expressed a feeling of disconnect from school staff. Jay explains, *"I think one of the current problems is that because we are the NHS team coming in and out, we are kind of not entirely part of the school community. Because we pop in and out, we have a separate office, we have separate email addresses and ID badges and everything"*. Participants reported how being an 'outsider' had negative impacts on professional relationships. *"We've had a bit of a negative attitude towards us as OTs in the past, because we've been very distant"*.

(Claire). Participants also conveyed how the disjointed professional relationships effect occupational therapy practice, *"It's very hard to come up with a shared goal because they aren't invested in us and we're not invested in them. So often it's about you as the therapist trying to accommodate what they already want to work on, because you're the outsider coming in"* (Jane). Jane summarised with, *"We always go in with the best approach so we can build those relationships and support them, but it will inevitably feel like 'them' and 'us' because we're coming and going"*.

Participants reported challenges with professional identity when working in specialist schools; this was rooted in the understanding of the profession by teachers. Jay stated, *"I think the challenges can be having like a really clear role"*. Claire highlighted how this can have an effect on the profession, *"I think you know; it is such an area where there is a need for OT and I think if we're not careful and we don't stand true to our professional identity, other professionals will try and fill the gap"*. Participants expressed concerns over school staff misunderstanding occupational therapy involve and the impact of this on referrals. Lydia questioned, *"I think unless you know what an OT is, how do you know what to ask for support for?"* Jennifer also emphasised the barriers, *"...if the teachers don't really know what OT does, they're not going to be able to refer, but then you, you can't spend all your time then teaching teachers, what OT is when you've got 200 children, plus they need therapy!"*

Participants also reported an aspiration for occupational therapists to be based in specialist schools, for example Kim said, *"If we could all have one office at the school where we all sit together and that's where we all work, because then again, just being in the same room helps even with conversations that you might have about a child or that, there'd just been a lot more joined up working"*. Additionally, more cohesive professional relationships were thought to be beneficial by participants, *"Shared goals would be much easier to achieve because you could work alongside teachers and physios by being situated with them and come*

*up with a shared goal and something that really was meaningful in terms of inside the school”.* (Jane). Participants also discussed the benefits to the children’s well-being, *“If an occupational therapist was within the school, they could just call them into the classroom and that adjustment could be discussed and made if necessary and appropriate. It would just make it, make it safer for young people. It would maximize their opportunities and maximize their ability to learn and engage”* (Jane).

***Theme 3: “You shouldn’t have to try and make someone else the therapist.” (Jennifer)***

In this theme participants discuss that classroom staff should not have to act as occupational therapists as they already have their own job role to do. When participants were asked what they would change about occupational therapy they argued for more time within specialist schools, and/or for occupational therapists to be based within the schools, *“You shouldn’t have to try and make someone else the therapist”* (Jennifer). Participants often described the issues relating to classroom staff independently implementing occupational therapy into the classroom. Jay explains, *“Sometimes I find that the staff, their good at applying the training in a really linear fashion but maybe if something isn’t exactly as it was described in the training, they find it difficult to adapt that approach to a different child”*. Additionally, participants reported misunderstanding around knowledge base. Jane shared an example about a sensory intervention, *“A lot of the time you, you enter a classroom and they’ve tried, they’re desperate, so they’ve put in their own strategies and their own ideas, maybe from things they’ve read on the internet. And actually, the strategy might be completely opposite to what the child really needs and it’s actually causing more difficulty, but that’s because they haven’t had the right professional in there supporting them to make the right decisions about what’s needed”*.

Participants emphasised that teachers and teaching assistants should not have to act outside of their professional scope or practice. Jane went on to say, *“Actually, those things aren’t within the normal teacher training, and nor should they be expected to be. Um, so if we*

*are going to help these young people to maximise their potential, then they need occupational therapy because you cannot expect teachers to have the skills and knowledge to support them in that way".* Participants talked about guiding, coaching, and educating teachers and teaching assistants (TA) to deliver occupational therapy as these classroom staff were able to implement interventions and strategies into the everyday, Clare explained, *"We would do less of the intervention with the child, um, and much more guiding the school and staff within the school, um, to sort of provide that on a much more daily basis than we as a service can provide".* Jay said, *"Our intervention would generally be more focused on supporting the staff to support the children every day. Um, because yeh, they are going to put OT input throughout their day".* Jennifer reported, *"You're having to then teach the TA who has so much else on their plate. You shouldn't have to try and make someone else the therapist, but at the same time, that's the only way we are really going to get to meet the needs of these children".* Whilst the participants felt that coaching was part of their role they spoke about wanting to have a more regular presence in the classroom and the benefits this could bring, *"I mean, like for us as an OT it means we could just give so much more of ourselves and our time and really focus, actually having more time looking at other forms of intervention"* (Kim). Lydia identified how more time with students could benefit occupational therapy outcomes, *"I think they'd get to know you more. And I think that that's a big part of, um, any therapy, because I think a child may react differently to a stranger. Um, whereas, you know, if it's somebody they know they might then show them more distressed behaviour".* Jay spoke about how more time in schools would enable him to focus on occupation and participation, *"I know there's lots of things I'd like to do like, um introducing switches into lessons to help a child's participation. Maybe would be able to engage in toys and activities in other ways. I think I'd love to be able to do a bit more hands-on work, maybe working on self-care skills directly. Yeh, working on play skills".*

## **Discussion**

This study has explored occupational therapy services in specialist schools in England through the lived experiences of six practicing occupational therapists. The participants reported that their occupational therapy provision focused on equipment and training/coaching classroom staff to deliver interventions. There were concerns that they were not meeting the student's occupational needs that enable involvement in school life due to time limitations, being an outsider, and a lack of understanding of the role by education staff. There was a call for a future where occupational therapists in specialist schools could be integrated into the school team leading to an improved collaborative therapist-teacher relationship and to a broader scope of interventions that address the school participation needs of students.

Existing literature specifically relating to occupational therapy in specialist schools is limited therefore this discussion draws on related literature from mainstream school settings. The findings of this study echo some of those found in previous studies from mainstream schools in Europe and the US but provide unique new insights into a specialist school perspective in England (Ball, 2018; Benson et al., 2016; Bolton & Plattner, 2020; Kaelin et al., 2019). Participants described their scope of occupational therapy practice as being limited to equipment and environmental adaptations for physical and sensory needs, which aligns with findings from mainstream school settings in England (Howard, 2002) and the US (Bolton and Plattner, 2020). It is important to acknowledge that equipment interventions are key to enabling occupational participation in the school environment but that participants in this study wanted a broader scope to their interventions that would fully support involvement of school life. Establishing a broader scope of intervention was reported to be a challenge by participants. This reflects the findings of Seruya and Garfinkel (2020) who found that despite occupational therapists' best intention to expand their scope of practice there was a disconnect with the practice reality. A focus on fine motor skills interventions was not reported in this study, which

differs from studies of mainstream school occupational therapy, perhaps reflecting the more complex and profound disabilities of students in this study.

The findings from this study do suggest that the model of intervention delivery in special schools is in the classroom, rather than the pull-out approach that has been used in mainstream school settings (Bolton and Plattner, 2020; Howard, 2002). The main difference for participants of this study was that they reported not having enough time in the classroom to work with students and relied on the training/coaching of teachers and teaching assistants to deliver therapy interventions. Whilst this coaching approach has been found to be beneficial in the P4C model in Canada (Missiuna et al., 2012) and the OTiS model in England (Hutton, 2009), in this study the lack of time in the classroom reportedly led to teaching staff researching and implementing their own interventions, rather than seeking advice. It is possible that this study reflects the findings from Rens and Joosten (2014) who found that in an Australian context teachers were frustrated by occupational therapists not spending enough time in the classroom and then telling them what to do in an expert rather than collaborative role.

This study found that the occupational therapists felt like ‘outsiders’ in specialist schools, reporting issues of integrating and building professional relationships with school staff. These findings are consistent with results found across mainstream school services in the US, Canada, and Australia (Benson et al., 2016; Bolton & Plattner, 2019; Rens & Joosten, 2014; Truong & Hodgetts, 2017; Wintle et al., 2017). The benefits of occupational therapists being more embedded into schools is well-evidenced in the literature (Bazyk & Cahill, 2020; Hutton, 2009; Missiuna et al., 2012; Silverman, 2011). An integrated approach is supported in the P4C (Missiuna et al., 2012) and OTiS (Hutton, 2009) models used in mainstream schools whereby occupational therapists take a tiered approach to interventions at a universal (whole school), targeted (at risk students) and specialist (students with specific needs) level. A tiered approach has also been recommended by Rivera and Boyle (2020), but they found that most



interventions at a special school were at the targeted and specialist levels. Building on this the findings from this study therefore recommend that a new delivery model for occupational therapy in specialist schools should be developed, implemented and evaluated. The tiered universal, targeted, and specialist approach used in mainstream school settings may not be applicable in specialist schools where all students have SEND, interventions are already delivered in the classroom setting, and are at the specialist level. In England the EHCP funding model may limit the time occupational therapists can spend at the school developing relationships with education staff. A new delivery model should therefore build on existing reported coaching approaches and consider how best to foster therapist-teacher collaboration within the funding and legal frameworks.

### **Limitations**

This study was purposely designed for a small but homogenous sample. A larger and more diverse sample size could confirm and provide additional insights. Participants practiced in different geographical locations in England where service structures and funding may differ resulting in differing service provision. Participants were only recruited from one professional specialist interest group which could limit the representativeness of participants.

### **Conclusion**

This study has explored occupational therapy practice in specialist schools in England. The participants reported delivering interventions in the classroom and focusing on equipment needs to enable involvement in school life. Issues relating to collaborative working relationships and scope of practice were highlighted. The findings resonate with those found in studies of occupational therapy in mainstream schools but provide new insights into the focus and delivery of occupational therapy in specialist schools. It is recommended that an alternative, inclusive model of practice is developed, implemented, and evaluated that is specific to specialist school settings.

## Declaration of Interest Statement

No potential competing interest was reported by the authors

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Table 1: Example interview questions

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<ul style="list-style-type: none"> <li>• How long have you been working with children and young people with specialist needs?</li> <li>• Describe what setting you work in</li> <li>• Tell me about the specialist schools you work in? How many special schools do you work at?</li> <li>• Typically, how many students do you have on your caseload?</li> <li>• Typically, how much contact time do you have with students? How do you feel about this?</li> <li>• How do you get client referrals from special schools? Tell me about the types of referrals you get?</li> <li>• Can you tell me about some recent example of occupational therapy interventions you have used with children and young people in specialist schools? Where do you deliver it? For how long usually? Do you involve anyone else? Individual or group interventions?</li> <li>• In terms of occupational therapy, what would you like to have the capacity to do more of with your clients?</li> <li>• What do you think are the benefits of occupational therapy within the school?</li> <li>• What would you say are the challenges that occupational therapy faces within the school?</li> <li>• If you could alter the occupational therapy provision within special needs schools, what would you do?</li> </ul>
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Table 2: Braun and Clarke's 6 phases of thematic analysis (2006)

	<b>Title</b>	<b>Description</b>
<b>Phase 1</b>	<i>Familiarising yourself with your data</i>	Repeatedly reading and immersing yourself in the data, actively searching for patterns and meanings and taking notes.
<b>Phase 2</b>	<i>Generating initial codes</i>	Working systematically through the data set, looking for patterns and themes. Manually coding extracts by writing notes on segments of text.
<b>Phase 3</b>	<i>Searching for themes</i>	Sorting and analysing codes into potential themes and sub-themes.
<b>Phase 4</b>	<i>Reviewing themes</i>	<p><b>Level 1:</b> Read all collated extracts for each theme to evaluate whether they form a coherent pattern.</p> <p><b>Level 2:</b> Consider whether themes accurately reflect whole data set. Re-code any additional data.</p>
<b>Phase 5</b>	<i>Defining and naming themes</i>	'Define and refine' themes to capture the essence of what each theme is about.
<b>Phase 6</b>	<i>Producing the report</i>	The final analysis and write up of the research findings.

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Table 3. *Participant demographics and employment structure overview*

Pseudonym	Gender	Age range (years)	Location	Employer	Funding stream for occupational therapy service	Number of specialist schools employed in	Average caseload number in specialist schools	Average number of hours spent in specialist schools per week	Also works in mainstream school
Jay	Male	20-29	London	National Health Service	Health / education /social care	1	35	7.5	Yes
Claire	Female	20-29	Isle of Wight	National Health Service	Health	2	7	4	Yes
Jennifer	Female	20-29	London	National Health Service	Health	4	60	15	No
Lydia	Female	20-29	Berkshire	National Health Service	Health / Social Care	2	20	12	Yes
Kim	Female	30-39	Surrey	National Health Service	Health / Education	1	13	6	Yes
Jane	Female	40-49	Devon	National Health Service	Health	4	15	8	Yes