

EDUCATION AND TRAINING INSPECTORATE

Multi-disciplinary Approaches to Meeting the Needs of Pupils in Special Schools

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Abstract

In order to meet the needs of pupils in special schools, a wide range of disciplines provide crucial support to education services, including for example, allied-health, medical and therapeutic services. All of the schools in this paper highlighted the value of working collaboratively with multi-disciplinary agencies, and how essential this is to meeting the holistic needs of children and young people. The parents interviewed conveyed comprehensive illustrations of the highly positive impact that a range of school-based multi-disciplinary programmes are having on their children's health, learning and home-life.

Models of, and access to, multi-disciplinary support varies greatly across special schools, and this can be linked to a number of factors including the stage of implementation of legislative change and the restructuring of both Education and Health Services. In addition, a key factor is the increase in the number of pupils requiring special school placements and the complexity of their need. There has been a 24 percent growth in the number of pupils requiring a special school placement since the establishment of the Education Authority (EA) in 2016. In addition, it is reported by principals of special schools that there is an emerging trend relating to the increase in pupils presenting with more than one assessed need including, for example, pupils with complex medical needs along with severe challenging behavioural needs and special educational needs. A model of particular interest is that established for the four regional specialist special schools¹; these schools have dedicated therapists attached to the school staffing.

Introduction

There are currently 39 special schools in Northern Ireland providing learning for pupils with a wide range of special educational needs with age profiles from 3-19 years. Pupils in special schools may present with a broad range of learning, medical and physical difficulties, including: moderate; severe; profound and multiple learning difficulties; hearing or visual impairment; physical and or medical difficulties; social, behavioural and emotional well-being difficulties, and speech and language disorders. A small number of special schools offer and are resourced as regional specialised provision. A small number of special schools also provide outreach services to mainstream schools including behaviour support, and speech and language assessment.

This report evaluates how a number of special schools with varying access to, and models of, multi-disciplinary support, meet effectively the often complex needs of their pupils, reflecting on the positive impact on pupils' holistic development and learning. The majority of the representative sample of schools featured in this report have access to multi-disciplinary support. In addition, there are case studies of schools which have significantly less access to therapy, and schools which have had support from the Middletown Centre for Autism and music therapy.

¹ Schools with dedicated therapists attached to the school staffing include Fleming Fulton, Thornfield, Greenwood House and Mitchell House Schools.

Methodology

The schools and external organisations invited to participate were identified by ETI District Inspectors based on knowledge gained through district engagement. A small number of parents engaged remotely with inspectors in relation to the specific needs of their children and the benefits they gained from the multi-disciplinary provision in their school.

Summary of the main themes

Recurring themes identified from engagement with school leaders, parents and in the school-based examples within this report include the following:

- Special school leaders, staff and parents value highly the specialist expertise of multi-disciplinary professionals.
- There is considerable variation in access to, and models of, multi-disciplinary provision across special schools.
- Almost all special schools face multiple challenges in relation to increasing enrolment and changing pupil profiles.
- A shared vision, commitment and effective communication amongst parents, education and health staff in special schools is evident in the examples given, with paramountcy given to working towards meeting more effectively the pupils' complex needs.
- Schools recognise the benefits for pupils of having a wider range of alternative provision available including, for example, music therapy, art therapy, play therapy and Rebound Therapy².
- Specific support from specialist organisations, for example, the Middletown Centre for Autism, impact greatly on pupils' holistic development both in school and in their homes. The development of staff and parent expertise is a key element of capacity building within schools using such models of support.
- Parents of pupils who benefit from multi-disciplinary support value highly the positive impact on their child's holistic development both in school and at home, and the provision of parental training to meet their specific needs.
- Many special schools have significant accommodation issues, including insufficient space for multi-disciplinary provision.

² Rebound Therapy is a specific methodology, assessment and programme of the use of trampolines to provide opportunities for enhanced movement patterns, therapeutic positioning, exercise and recreation.

Advantages of regular multi-disciplinary work in a special school

This special school provides education for pupils with physical disabilities aged 3-19. Most of the pupils have various degrees of associated learning difficulties.

A key aim for the regular multi-disciplinary sessions in this school is to maximise the impact of the combined delivery of education and therapy for the pupils, promoting progress towards meeting both educational and therapy targets through early and ongoing assessment and targeted intervention.

In the nursery class, joint education and therapy sessions address inclusivity, communication, social, physical and motor skills. For example, all pupils use specialised equipment, with appropriate physical support from the physiotherapists who are working simultaneously and discretely on individualised positional programmes. Each session starts with a greeting song where pupils identify individual photographs, developing their recognition and communication through, for example, eye pointing, reaching out, vocalising or speaking. The activities are led by occupational therapists and/or speech & language therapists, and are specific to the needs of the pupils as outlined in their Individual Educational Plans (IEP) and Health Care plans. Examples of such activities include Attention Autism³, sensory play, art and craftwork. The class curricular themes and topics are fully incorporated into the sessions, for example, the seasons, colours and animals to enhance their relevancy to the pupils and the inter-connectedness to the other areas of learning. Opportunities for pupils to develop fine motor skills are built into the sessions, and the planned introduction of new equipment such as switch-activated toys and sensory resources extend these skills. A particularly purposeful role for the class teacher throughout the sessions is to observe the pupils, assessing and recording how they meet their individualised targets. It is also an opportunity to observe the pupils using their emerging skills, for example, through taking turns and intentional eye pointing which may be missed when the teacher is leading an activity. Classroom assistants provide invaluable support to the teacher and the therapists by contributing fully through the team delivery of the activities, engagement with the pupils in their learning and the evaluation of the pupils' progress.

Both the therapy and the education staff note the highly positive impact of such joint sessions on all of the pupils in terms of meeting their learning and therapy targets. They value greatly the multi-disciplinary approach to planning and delivering the programme, and assessing the progress made by the pupils. They advocate strongly that this model of provision, where the pupil has access to relevant multi-disciplinary sessions, is a highly effective medium to deliver high quality education and therapeutic interventions and programmes.

³ Attention Autism is an intervention model designed by Gina Davies, Specialist Speech and Language Therapist. It aims to develop natural and spontaneous communication through the use of visually based and highly motivating activities.

Developing pupils' communication skills by school, therapy and home partnerships

This special school caters for pupils aged 3-19 who have a wide range of learning difficulties including moderate, severe and profound and multiple learning difficulties.

Based on an established model of multi-disciplinary provision for pupils with moderate learning difficulties, the school prioritised the development of a class-based language and communication programme delivered by both the education and health staff. The school planned this intervention as part of an overarching communication strategy which recognises the importance for pupils of being able to communicate with friends, family and staff to the best of their ability. The key aim for staff is intervening at an early stage of the pupil's development, establishing educational and health assessment, planning and delivery of individualised language and communication programmes in the nursery class, and extending this progressively as pupils move up the school. Two key senior members of staff from both education and health sectors lead the programme, and consult thoroughly with staff, pupils and parents. Parents are expected to commit to working with their children at home, and details for their engagement are clear and explicit. Comprehensive training sessions are delivered to all staff, for example, to develop relevant skills in areas such as multimodal communication⁴, and time to assess and plan together is built into teaching and therapy timetables.

For a pupil who transferred to the school after a few months in a mainstream nursery. Clear targets were set for the pupil, based on joint education and therapy assessments. An individualised parent training programme was organised, which included colourful semantics⁵, to ensure continuity of learning between school and home. The school staff supported the pupil's parents to implement the activities at home and to provide feedback on the pupil's progress. The positive impact of this approach was noted as significant by the pupil's parents and school.

Based on regular staff evaluations of pupil progress and feedback from parents, the positive impact for pupils has been notable, with significant success in achieving individualised targets in speech and language therapy and communication. In addition, parents and staff note the pupils' increased self-confidence at home and in school, and extended engagement in learning activities including learning through play. School staff reflect very positively on the benefits for pupils of an approach which values highly the ethos of sharing good practice between health and education staff and the significant contribution it makes to their individual and collective professional development. In addition, staff highlight the benefit of pupils being encouraged and supported to use communication at home which reflects the type and level of the

⁴ Multimodal communication requires that **communication draws on a multiplicity of modes, for example, visual, sensory and oral, all of which contribute to meaning.**

⁵ Colourful semantics is a targeted approach which uses colour coding to support children with their sentence building and to teach them about sentence structure.

communication strategies used in school. Parents have benefited from appropriate training and support by therapists, as well as regular contact with school staff to inform them of their child's progress, and to enable them to ask questions, discuss concerns, and share progress and successes. Where necessary, parents have been provided with specific resources, for example visual communication boards, devices or mobile applications. In addition, the pupils learn through using language in different contexts, and with a variety of people and activities. They are able to hear and practise using communication, be it verbal, signing or using communication boards and devices.

A multi-disciplinary approach develops pupils' skills in school and at home

This special school is an assessment centre for pupils aged 3 – 6 where the pupils' needs include speech and language disorders or delay, autism, emotional and behavioural problems, moderate or severe learning difficulties, and medical conditions. The current intake of this school includes 44 percent of pupils who are non-verbal. Dependent on the recommendations and outcomes of their annual reviews, pupils may attend the school for up to three years after which they transfer either to mainstream schools, speech and language units or to other schools in the special school sector.

A small number of pupils in Year 1 were identified through joint assessment and observation by the teacher and speech and language therapist as having no spoken language. Having liaised extensively with the pupils' parents, the teacher and therapist agreed an intervention programme to be delivered jointly in class. In addition, concurrent home programmes were devised, individualised to the precise interests, needs and home situations of each pupil. Thorough attention was given to developing parents' skills by remote training sessions delivered by speech and language therapists through online visual conferences.

The pupils' programmes involved consistent, planned use of symbols and pictures from the Picture Exchange Communication System (PECS)⁶ to establish and develop each pupil's skills in requesting specific items. All staff in the classroom adhered fully to this programme, as did parents and siblings participating in the home-based programme. The pupils achieved their individual learning and therapy targets well within the expected timeframe, and progressed to using a Pixon Board⁷ which introduced the concept of recognising and expressing emotions.

The parents of the pupils were particularly pleased with the positive impact that the multi-disciplinary provision was having on their children's quality of life at home, citing improved behaviour and engagement with parents and siblings. They reported that their children are more content and happier, have emerging social skills, improved

⁶ PECS is a type of augmentative and alternative communication that uses visual symbols to teach the learner to communicate

⁷ Pixon Boards are simple, manual communication boards and single meaning pictures that could be used to build a solid language foundation.

tolerance for routines, such as dressing and eating, and generally increased independence across many developmental areas. This is also reflected within school, with increased engagement in all play-based learning activities being particularly noteworthy. The parents attribute their children's progress to skilled joint delivery by education and therapy staff of concentrated, individualised speech and language programmes within a highly nurturing school environment which prioritises parental training and involvement. The parents appreciate the training, support and individualised strategies used by the therapists and school staff which they are able to replicate at home and on outings. In addition, the parents are able to increase the range of activities for their children, and to build on the progress made in skills for life, particularly for meal times.

Priority was given by the following school to training staff in two highly specialised communication systems. This professional development has enabled the staff to join therapists in providing pupils with augmented communication strategies. The benefits are evident for pupils through their improved self-confidence and the reduction in anxiety which in the past had arose from their inability to make themselves understood through verbal communication.

Joint planning and delivery supports more effectively pupils' needs

This is a regional special school which specializes in addressing specific language impairments. It currently has pupils aged 4-16; the majority of pupils return to mainstream schools after an average period of 3 -5 years.

A number of younger pupils in the school presented with poor articulation as part of their particular developmental language delay. The inability of the pupils to express themselves easily and clearly through speech frustrated the pupils, and at times made them unhappy and discouraged them from speaking to others. The school speech and language therapists in close liaison with parents and class teachers, carried out specialist assessments and mapped out individualised programmes for these pupils. The use of Cued Articulation⁸ formed a key part of the programme and considerable time and resources are dedicated by the school to training staff in its use. Within the pupils' classes, joint and consistent delivery of this type of intervention by therapists and classroom staff is crucial for the pupils' progress. The benefits of jointly delivering this intervention for pupils include improving their expressive language and spelling. The use of Cued Articulation also supports the communication skills of those pupils who try to express themselves but who cannot be understood by listeners. The pupils are now able to sign the initial sound which helps the listener to understand them, despite their unclear speech.

⁸ Cued Articulation uses simple hand cues to show where and how speech sounds are made. Each of the 49 sounds (phonemes) which make up the English Phonological System has a separate hand sign.

The use of Paget Gorman Signed Speech (PGSS) by both education and therapy staff is also a highly valuable tool in improving both the expressive and receptive language of pupils. Training of staff, and follow-up guidance by therapists, and the joint planning and consistent delivery of PGSS in school has improved the pupils' ability to make themselves understood and improved their ability to recognise information carrying words.

Ongoing monitoring and evaluation by therapists and school staff of the impact of this multi-disciplinary provision on the pupils in the school includes a marked reduction in the levels of frustration felt by many pupils who have difficulty in making themselves understood. This reduction in anxiety in turn increases each pupil's ability to learn more effectively and to develop a more positive self-image.

Staff expertise is developed to deliver alternative programmes for pupils

The pupils attending in this school are aged 3-19 and have a wide range of special education needs including moderate, severe and profound and multiple learning difficulties.

A key focus for this school has been to develop alternative provision to meet more effectively the increasingly more complex needs of their pupils. Historically, the school had limited access to elements of multi-disciplinary provision. The school leadership team decided to train their education staff in several alternative programmes in an effort to complement their existing provision. In special schools in other jurisdictions, considerable research has taken place on the impact that a variety of programmes had on pupils' holistic development. One programme chosen by the school was Rebound Therapy because of the multiple anticipated benefits for pupils including the development and improvement of motor skills, body awareness, independence and communication. Governors and parents were informed and supported the plan to train staff and resource the initiative.

The school initially enabled three education staff to train as Rebound therapists and commenced a pilot programme involving a wide sample of the pupils. A key aspect of Rebound Therapy is the regular, accurate measuring and recording of progress and providing evidence of pupil outcomes, and the school used both the Huddersfield Functional Index⁹ along with bespoke tools staff had developed. Following a period of regular therapy and careful monitoring, the positive impact on almost all pupils' holistic development has been significant and the school recorded a wide range of benefits for pupils, including returning to the classrooms in a calm, alert state, more ready to engage in learning. Staff and parents report improved levels of concentration, improved wellbeing, better eye-contact and spatial awareness, improved muscle tone and motor planning skills, and a notable increase in independence skills.

⁹ The Huddersfield Functional Index (HFI) **measures progress in Rebound Therapy and Flexi-Bounce Therapy**. It was originally designed by Wattreson adapted in collaboration with Kaye and Anderson to follow grades 1, 2 and 3 of the Winstrada Trampoline Development Programme.

In an effort to extend pupils' access to the intervention, a programme called "Flexi-bounce" was used. This programme involves the use of small trampolines called rebounders; the school reports that it is being implemented to very good effect within most classes in the school. The school conducts a rolling programme of staff training and the majority of permanent staff are now trained as either Rebound or Flexi-bounce therapists. The school is one of Rebound UK's open training venues and has assisted greatly in cascading the programme to other special schools.

Further therapeutic interventions have also been explored by this school, including play therapy, sand-play therapy and directed group work; drawing and talking therapy; and Lego therapy. All school staff take part in awareness raising sessions and basic training in newly introduced interventions. In order to build the school's capacity in these areas, a number of staff have undertaken more in-depth training which has enabled them to take forward the development, provision and training of other staff. Parents and relevant stakeholders are kept fully informed of all alternative therapeutic programmes in the school and many awareness raising sessions are delivered, with material resources being provided by a parents' group.

The school's senior leaders acknowledge the many benefits of hydrotherapy and swimming for their pupils and were keen to use the school hydrotherapy pool to the maximum. School staff with the appropriate swimming-pool qualifications have been trained in the Halliwick programme¹⁰ which enables them to lead swimming lessons, sensory sessions and water activities for younger pupils in the school's hydrotherapy pool. It also benefits greatly those pupils who cannot access the local leisure centre due to being too young or because of the unsuitability of a large, noisy pool for those who have sensory issues.

Pupils with complex needs receive highly specialised medical and therapy support in schools

This is a regional special school for pupils aged 3-19 with a physical disability and associated learning difficulties. Pupils may also have sensory and or medical needs.

A small number of pupils in this school presented with a combination of complex physical and medical needs, including chronic lung disease, epilepsy, visual impairment, conductive hearing loss, pulmonary hypertension and congenital heart conditions. Half of the pupils can walk independently, and half are wheelchair users who can also walk with support; all have been assessed as having either moderate or severe learning difficulties, and have associated communication needs. Due to the

¹⁰ The Halliwick is an approach to teaching all people, in particular, focusing on those with physical and/or learning difficulties, to take part in water activities, to move independently in water, and to swim.

complexity and wide range of the pupils' needs, the specialist work of a team of therapists resident in the school is crucial. Therapists in this school work collaboratively and extensively with education staff, planning for improved health and education outcomes as cited in pupils' education and healthcare plans.

The staff working daily with this group of pupils include physiotherapists who, along with delivering ongoing assessment and treatment, coach and offer advice to both school staff and parents, for example, in positioning and handling which enables the pupils to reach their maximum functional potential. In addition, orthotists¹¹ work regularly in the school assessing pupils for splints and supportive Lycra suits¹². Occupational therapists address hand function, wheelchair skills, everyday functional skills to promote independence, advice on toileting, and splints for hands for this group of pupils. They work closely with the education staff and parents, providing training in relation to specific, individualised exercises. Speech and language therapists address the many areas of communication for the pupils, prioritising support for word finding difficulties and dysfluency. Individualised pupil communication programmes are delivered and monitored by both teachers and therapists under the direction and advice of speech and language therapists.

Orthopaedic surgeons hold pre- and post-operation clinics in the school thereby making the clinics easily accessible for parents and their children. This is particularly helpful where the children have considerable difficulties with mobility, and allows for them to have as little time out of class as possible. Full-time nursing services are available within the school for routine and emergency treatments, including the management of epilepsy and seizures.

A class of foundation stage pupils were placed in the school, transferring from mainstream nurseries and schools. The pupils presented with complex difficulties in communication, sensory responses and socialisation resulting in a range of challenging behaviours preventing learning. The occupational therapists assessed each pupil, designed and constructed a sensory circuit¹³ within the school, wrote an individual programme for each of the pupils and trained the classroom assistants to carry out the programmes. The sensory programmes were completed daily by each pupil and, within weeks, their behaviours had reduced considerably, enabling them to settle to their work and make progress in their social and play skills.

Key aims for the school leadership team include shared communication and joint planning with therapy managers to enable timely interventions to be delivered within the most appropriate curricular areas. For example, the adapted physical education lessons are supported by physiotherapists to suit individual pupils' respiratory difficulties. Classroom staff follow instructions from the therapists in the use of standing frames to maintain muscle length and to benefit cardiac respiratory functions.

¹¹ Orthotists focus on the design and application of orthoses - "an externally applied device used to modify the structural and functional characteristics of the neuromuscular and skeletal system".

¹² The purpose of a lycra suit is to maximise postural stability. The light compression from the lycra can improve sensory feedback so the wearer knows the position of their body in space.

¹³ A Sensory Circuit is a short motor skills programme that helps children to self-regulate and improves brain processing efficiency.

Such individualised physiotherapy support, in conjunction with the many learning areas supported by occupational therapy and speech and language therapy has, in the view of pupils, parents and staff, resulted in pupils developing their holistic potential in ways made possible by this multi-disciplinary approach.

A special school works closely with the Middletown Centre for Autism (MCA)

This special school caters for pupils aged 3-19 who have a wide range of special educational needs ranging from moderate to severe learning disabilities.

The MCA provides training and support for parents and school staff, and support for pupils with autism who have been referred to the centre by the EA. It also researches a range of autism related topics to inform training and practice.

This school was referred to MCA's Whole School Programme in November 2018 by the EA's Autism Advisory and Intervention Service. The current enrolment for this school is 300 pupils, with 151 having an autism diagnosis (November 2018). The school reports that in recent years there has been a change in the profile of pupils. In the past, most pupils with autism were assessed as having moderate learning difficulties, but presently most attending are assessed as having severe learning difficulties.

The MCA has staff from a wide range of disciplines, including teachers, occupational therapists, speech and language therapists, and psychologists. The following exemplar illustrates close and effective work between the MCA and a school receiving their Whole School Programme. The staff of the MCA supported the school in the development of a cultural change, helped the school to undertake a baseline assessment of its provision and provided training for staff to develop further their skills for teaching pupils with autism. The MCA uses a transdisciplinary approach whereby their different disciplinary boundaries are united to create a holistic approach.

The aim of the Whole School Programme referral was to facilitate cultural change within the school, and build on the school's existing capacity to respond to the needs of pupils with autism. The programme assists school staff in the promotion of collaborative working practices between parents, pupils, education, and health professionals. MCA adopts a trans-disciplinary approach to its work with all referrals. This involves one member of their multi-disciplinary team co-ordinating and delivering the programme, while drawing on the knowledge and skills of their colleagues from a range of both health and education backgrounds. The approach promotes collaborative working among team members with the aim of delivering a holistic intervention to the school and a programme of support to both educational and health professionals working in the school. Professional roles are always respected; however, all school staff are encouraged to develop their practice outside of their traditional roles. This school actively promotes the further development of the roles and relationships between health and education professionals with the aim of having a positive impact on all pupils with autism.

A 'core team' of nine teachers and one classroom assistant from across the key stages along with the school's speech and language therapist and occupational therapist agreed to steer the Whole School Programme. Frameworks used to establish a baseline and prioritise areas for development were: 'Evaluating Provision for Autistic Spectrum Disorders in Schools' (2005)¹⁴, and The Autism Competency Framework (2012) from the Autism Education Trust¹⁵.

The school and MCA identified areas for development, including the need to increase staff knowledge and understanding of sensory modulation and the impact a difficulty with this can have on pupils with autism. The staff were also given suggestions on how to make environmental adaptations to address these difficulties. An additional area for development concentrated on developing further the teachers' and assistants' skills of observation of attention, engagement, and communication of the pupils.

A whole-school support plan was developed to reflect the identified school needs of the school and the pupils, and the various aspects of the programme. The effectiveness of the multi-disciplinary work was monitored and evaluated by MCA.

The occupational therapy staff worked collaboratively with education staff and parents in assessing functional skills and the sensory modulation needs of pupils. They supported and trained staff in the competent use of therapy equipment and assistive technology, and recommended individualised strategies for pupils. During the assessment stage of the Whole School Programme, it was identified that pupils required regular, accessible opportunities for engagement in sensory-regulating activities and strategies. The therapy and education staff worked together to design and establish sensory space in communal areas which were accessible to each classroom for individual or group sensory regulation programmes.

The speech and language therapy staff worked directly with educational staff and parents in assessing the communication styles and needs of pupils. They implemented strategies and programmes which included the use of bespoke communication systems and individualised visual schedules. Joint working took place on the generalisation of communication strategies and these were implemented across communal areas such as the dining hall and sports hall.

The occupational and speech and language therapists completed programmes within the class settings as opposed to withdrawing students to a clinical space. Where possible, they took a 'whole-class approach', enabling teachers to see the intervention, thus building capacity and skill. Strategies used by occupational therapists included general calming and regulatory activities to prepare students for learning. Speech and language therapists provided sessions which demonstrated best practice in the use of communication systems to encourage expressive and reception language skills. A specific example of this was the development of a 'food exploratory play programme' for key-stage one classes, and the occupational therapists and speech and language therapists worked directly with classroom staff to deliver whole class sessions.

¹⁴ The report on 'Evaluating provision for autistic spectrum disorders' (2005) can be found [here](#).

¹⁵ The 'AET Autism Competency Framework' can be found [here](#).

Both the occupational and the speech and language therapists have shared good practice by delivering training to the staff team as part of the Whole School Programme. Some of this training was also co-delivered by educational staff within the school demonstrating a collaborative approach in the sharing of skills and ideas across the school community. Video footage of professional learning sessions was recorded on the school's database for staff to access at any time. These recordings included a focus on how to use therapy equipment, printable visual supports to complete regulating sensory motor activities, and examples of pupils using various types of communication supports and visual schedules.

Both the education and health personnel communicate frequently and liaise regularly with senior management within the school. This ensures that effective means of working are shared, reflected upon regularly and developed further to meet the needs of pupils. The MCA's Whole School Programme has played a pivotal role in the strengthening of the relationship between health and education staff and this had a direct positive impact on the pupils with autism by meeting better their individual needs and increasing their readiness for learning.

The feedback from staff has been highly positive, particularly for the improved engagement of the pupils in learning from the impact of working with the MCA. The specialisms of the speech and language and occupational therapists provided the school with considerable insight into the difficulties and needs of the pupils with autism. The MCA staff were able to train the other school staff, and, importantly, to support them, and answer queries as they arose. In addition, the therapists were able to demonstrate to school staff how to work in a targeted way with the pupils with autism amongst other pupils who had a range of different learning needs. One teacher commented that, "As a class you can see a massive difference from week one. Each child was able to focus for longer time periods. Children who previously had an adult sitting alongside them were independently sitting and engaging willingly." Another member of staff stated, "It definitely improved the attention and listening skills of pupils and they got great enjoyment from participating."

Whilst working in mainstream schools, the staff from MCA develop further their skills in working with a wide range of difficulties experienced by pupils whilst in school and at home, and thereby add to their individual knowledge and skills, and to the research base gathered by MCA. This insight informs planning for future training sessions for school staff and parents.

A special school benefits from regular music therapy

The pupils attending this special school are aged 3-19 and have a wide range of special educational needs including moderate, severe, and profound and multiple learning difficulties.

The school has a privately funded music therapy service.

This school has a privately funded music therapy service for a period of ten years. During this time, and with the aim of meeting more effectively the complex needs of a growing number of pupils, there has been ongoing evaluation of the service. The process of monitoring and evaluation has resulted in the development of strong collaborative practice between education staff and the music therapists. The service focuses specifically on pupils with behaviours that challenge their learning, social opportunities and wellbeing. In addition, the learning needs and individualised wellbeing of pupils with profound and multiple learning difficulties are a priority for music therapy. The therapist receives referrals from education and therapy staff within the school and provides both individual and group sessions according to the needs of the pupils. Parents are involved throughout, and receive comprehensive progress reports in line with the school's communication and reporting procedures.

A key focus of the music therapy service to the school involves the therapist developing the capacity of the staff by providing bespoke training to them. This training includes the use and benefits of music within the curriculum, and in developing a multi-sensory approach to learning. Regular collaboration among whole-school, departmental or class teams, and the music therapist has become embedded practice. This team work enables the timely identification, monitoring and review of music session targets for individual pupils and allows for important cross-referencing with pupils' individual education plans. Time is also built in to the staff schedules for the therapist and school staff to plan and prepare together for sessions.

During the group music sessions, the therapist facilitates opportunities for staff to engage with pupils. This strategic use of class-based staff maximises each pupil's engagement and enjoyment as familiar staff offer well-informed support including a challenge function to encourage the pupils. In addition, the therapist enables the staff to observe the pupils' engagement and progress, allowing for taking notes and recording pupils' progress towards achieving their individualised targets. This provides excellent opportunities for both teaching staff and classroom assistants to observe spontaneous moments of learning that may otherwise have been missed if they were delivering the lesson. The therapist encourages and supports staff to use the skills and strategies gained from the group music therapy sessions in their daily classroom activities, extending considerably the potential impact for the pupils involved and continuously building staff capacity.

Significant benefits for pupils of this collaborative approach to music therapy both in school and at home have been noted including: decreased incidents of challenging behaviours; increased pupil engagement in learning activities; improved sleeping patterns; improved non-verbal and verbal communication, and improved mental health and wellbeing.

The views of parents

The parents who engaged in the programmes outlined in the examples above reported that their children benefit immensely from the multi-disciplinary provision in their schools. A number of pupils with complex communication difficulties developed, for example, purposeful communication strategies over a six month period. Their parents were particularly pleased about the positive impact that this support had on their children's wellbeing and their quality of life at home, citing improved behaviour and

much better engagement with parents and siblings. All parents reported that their children have become much happier, with increasingly developing social skills such as those needed for play, dressing, toileting and food tolerance, and much improved independence across many developmental areas. The impact of such progress for these children was reported as highly significant by the parents who cited examples of them having become more content to go to the supermarket, to visit other houses to play or to the doctor or dentist for treatment. Parents also noted that having access to relevant therapists within special schools meant that they did not have to request repeated time out of their workplaces to attend, and in addition, their children were not missing excessive amounts of class time, as happened in some of their previous schools. All of the parents felt strongly that having constant access to both education and therapy staff was crucial in progressing their children's development. They were highly complementary about the frequency and level of communication and support made available by therapists and teachers, and very much appreciated the general and bespoke training offered to them on a regular basis. The parents of those children who attend a school providing for nursery and foundation stage only, and consequently had a limited number of years in the school, expressed concern about having to transfer to alternative schools, and were anxious that there may not be a similar model of provision available in the new school setting.

Conclusion

Collaborative practice between education staff and multi-disciplinary specialists is a significant and highly positive feature of a number of special schools. In addition, some schools have researched the wide range of therapies which may be appropriate in meeting the needs of their pupils and have developed the skills of their staff to deliver independently a range of therapeutic programmes. The model of intensive and sustained multi-disciplinary collaboration within a nurturing special school environment is highly effective in meeting each individual pupils' medical, physical and sensory needs, and thereby enabling their better engagement in learning.

The practice of therapy staff working in classrooms alongside teachers and support staff has led to a transfer of skills and expertise for all involved. Furthermore, in some schools a transdisciplinary approach has evolved, with planning for the pupil's needs and working with the pupil by all staff. Whilst each member of staff retains their own discipline and specialist knowledge, they are able to contribute to all aspects of the pupil's programme and progress.

Schools and parents who benefit from regular holistic planning and joint delivery of programmes recognise and appreciate the benefits of this for their children and young people. In particular, schools which, in conjunction with Health Services, accommodate specialist and consultant-led clinics have enabled their pupils to remain in class for as much time as possible by avoiding lengthy journeys from school to hospitals and community clinics.

Appendix A: Reporting terms used by the Education and Training Inspectorate

Quantitative terms

In this report, proportions may be described as percentages, common fractions and in more general quantitative terms. Where more general terms are used, they should be interpreted as follows:

Almost/nearly all	-	more than 90%
Most	-	75% - 90%
A majority	-	50% - 74%
A significant minority	-	30% - 49%
A minority	-	10% - 29%
Very few/a small number	-	less than 10%

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