



## Stakeholder Newsletter December 2011

### **Partnering for Change: A Success Story!**

Many of you will recall our first meeting, in July 2008, when stakeholders were asked the question – “Three years from now, when the project is finished, how will we know it has been successful?” We outlined a number of indicators at the child, family, educator, OT and system level. In particular, stakeholders noted that success would mean:

#### **Child-level indicators:**

- needs are identified earlier
- greater feelings of acceptance and diminished feelings of isolation
- enhanced success and achievement in later grades
- improved mental health/social functioning/self-concept
- greater participation in the classroom

#### **Family-level indicators:**

- parents report that their children’s needs are being met in the school system
- parents have enhanced knowledge and capacity to meet their child’s needs at home and are aware of strategies to implement
- families are considered as part of the team and are respected and empowered
- parents are better prepared to be advocates for their children
- parents have an enhanced understanding of the long-term issues and secondary problems related to Developmental Coordination Disorder (DCD)

#### **Teacher-level indicators:**

- increased skills, competence, confidence, and satisfaction
- ability to transfer and generalize knowledge with respect to strategies for managing coordination difficulties to other children in subsequent classes
- increased ‘bag of tricks’ in terms of more tools and strategies
- increased teacher capacity and knowledge with respect to coordination challenges
- greater understanding of typical and atypical motor development
- better able to recognize the ‘red flags’ that suggest coordination challenges
- better able to advocate for children with DCD
- increased understanding of the importance of participation and function for these children

#### **OT-level indicators:**

- viewed as an integral part of the school team and are seen as educators and mentors
- development of effective collaborative relationships with teachers
- opportunities to provide services in different ways (e.g. opportunities to provide keyboarding groups, to be present at parent-teacher nights, etc.)

### **System-level indicators**

- waitlists for OT services are decreased
- children who need services are receiving them
- the model is sustainable
- de-emphasis on the medical model and the need for diagnosis prior to carrying out actions
- there is a seamless circle of care which includes everyone in the child's environment

<http://www.canchild.ca/en/ourresearch/resources/Symposium1SummaryReportJuly7th.pdf>

We are now able to reflect back and are pleased to report that *Partnering for Change* achieved nearly all of the outcomes that stakeholders originally outlined. The research study was completed in the past year after we conducted and analyzed interviews of participants. The reports of parents, teachers, administrators and occupational therapists showed that this model of delivering occupational therapy services in school settings was highly successful!

### **What is “Partnering for Change”?**

The term “*Partnering for Change*” was used initially to reflect our partnerships with decision-makers, policy makers, parents and other stakeholders; however, it soon began to be used as the title for the service delivery model itself. We now call this model **P4C** (rather than **P for C**) and have captured the main concepts as 4 C's. *Partnering for Change* is a model of service delivery that focuses on **Partnering** to build **Capacity** through **Collaboration** and **Coaching** in **Context** (**P4C**).

In *Partnering for Change*, healthcare professionals such as occupational therapists deliver services by working collaboratively with educators, in the context of the classroom. Instead of focusing on individual children, the school becomes the “client”, and the focus is on building capacity to understand and manage children with a variety of developmental motor challenges.

### **Sharing the Results of the Study: The Role of the Research Team**

Two peer-reviewed publications that summarize this work have been accepted for publication and a third is in progress.

#### **1. Partnering for Change: The Model**

The first paper outlines the evidence basis for the model, introduces the essential elements of this type of service delivery and shows a pictorial version of the model (please see Figure 1). The rationale for providing service to children with DCD in school settings is clearly outlined and the activities of the occupational therapists (relationship building, knowledge translation) as well as the way in which the activities that support universal design for learning, differentiated instruction and accommodation are grounded within the literature.

Missiuna, C., Pollock, N., Levac, D., Campbell, W., Sahagian Whalen, S., Bennett, S., Hecimovich, C., Cairney, J., & Russell, D. (in press). Partnering for Change: An innovative school-based occupational therapy service delivery model for children. *Canadian Journal of Occupational Therapy*.

## **2. Partnering for Change: The Experience**

The second paper describes the experiences of the occupational therapists who participated.

Campbell, W., Missiuna, C., Rivard, L., & Pollock, N. (in press). "Support for everyone": Experiences of occupational therapists delivering a new model of school-based service. *Canadian Journal of Occupational Therapy*.

## **3. Partnering for Change: The Evidence**

The final paper outlines the actual results of the project, framed within the UK Medical Research Council Framework for Development of a Complex Intervention (MRC, 2008). It contains recommendations for the implementation and evaluation of P4C on a larger scale.

Missiuna, C., Pollock, N., Campbell, W., Bennett, S., Hecimovich, C., Gaines, R., DeCola, C., Cairney, J., Russell, D., Molinaro, L. (in progress). Use of the Medical Research Council Framework to develop a complex intervention in pediatric occupational therapy: A feasibility study.

### **Other Methods of Disseminating the Results**

In addition to these publications, a book chapter is underway and a keynote address given at an international conference for children with DCD focused on this model. Peer-reviewed presentations have been given in 2011 to national and provincial audiences, including presentations at the Canadian Association of Occupational Therapists' conference, the Canadian Association of Speech Language Pathologists and Audiologists' conference, the Ontario Association of Children's Rehabilitation Services (OACRS) conference and at the Ontario Council for Exceptional Children conference.

An on-line parent workshop on DCD has been developed and is currently being evaluated by parents. On-line workshops for teachers, physicians and physiotherapists (in English and French) are in progress and will become available through the *CanChild* website once complete.

### **Moving Forward: Next Steps in Research Not Yet Funded**

Our research team efforts have been geared toward ensuring that we move research forward in the area of health service delivery for children with disabilities in school settings. We submitted a grant to CIHR to do an economic evaluation of P4C in comparison with typical service delivery and to more explicitly measure the impact of P4C on child outcomes. Our decision-maker partner, Cathy Hecimovich, committed to fund the OT services, St. Elizabeth Health Care offered to provide the OTs and cover their training, and we applied to CIHR for the maximum amount to evaluate these models. Two school boards indicated their willingness to participate and we had strong letters of support from MOHLTC and MEDU.

Despite the clear partnerships that were established, the grant was rejected. CIHR did not understand that School Health Support Services (SHSS) could be considered as "health services" and the model was perceived to be very Ontario-focused. We now hope to directly engage with the Ontario government through a variety of initiatives.

## Partnering for Change Profiled in Tri-Ministerial SHSS Review

We were extremely pleased to see that *Partnering for Change*, and much related research at *CanChild*, made a significant impact on the SHSS Review consultants. Recommendations that seem to refer directly to the *Partnering for Change* research project included:

### **Recommendation 5: Establish alternative models of service delivery across the province to improve access and wait times.**

- A leading practice (*Partnering for Change*) was identified and described: “For appropriate children, incorporate SHSS visits within classrooms to promote knowledge transfer between providers and educators (p. 54).

### **Recommendation 11: Assess, develop and implement mechanisms required to enhance knowledge transfer among stakeholders in service delivery**

- Proposed Outcome: Build capacity within the system to not only support the needs of children but also apply relevant strategies to other students with similar challenges (this is exactly what *Partnering for Change* does).
- Recommendations 11.1, 11.2, and 11.3 are all addressed in *Partnering for Change*.
- *Partnering for Change* was described in detail in the review as a **Research-Based Leading Practice** (p. 75).

### **Recommendation 13.1: Commission and communicate research to build an evidence base of leading practices and to establish service models for key areas of interest in the SHSS program** (we believe that this is exactly what needs to be done!).

In addition to these recommendations, full day kindergarten is being implemented throughout Ontario and educators are challenged as they support children with special needs in their classrooms. During the project, *Partnering for Change* targeted junior and senior kindergarten, and primary grades, as the focus of the service delivery and, thus, this model is well-suited to meet this need.

Further, the Ontario 2011 Budget outlined a large commitment to early identification and prevention of mental health issues in children and youth and to building capacity among educators to support these children. This is, in fact, what the *Partnering for Change* model does.

In summary, the *Partnering for Change* project went extremely well, we involved stakeholders and developed strong partnerships. The SHSS Review highlighted P4C as a research-based leading practice. CIHR indicated that this is an Ontario-focused study and that the research should be funded by Ontario. It is not clear how the respective Ministries will move forward on the implementation of the SHSS Review.

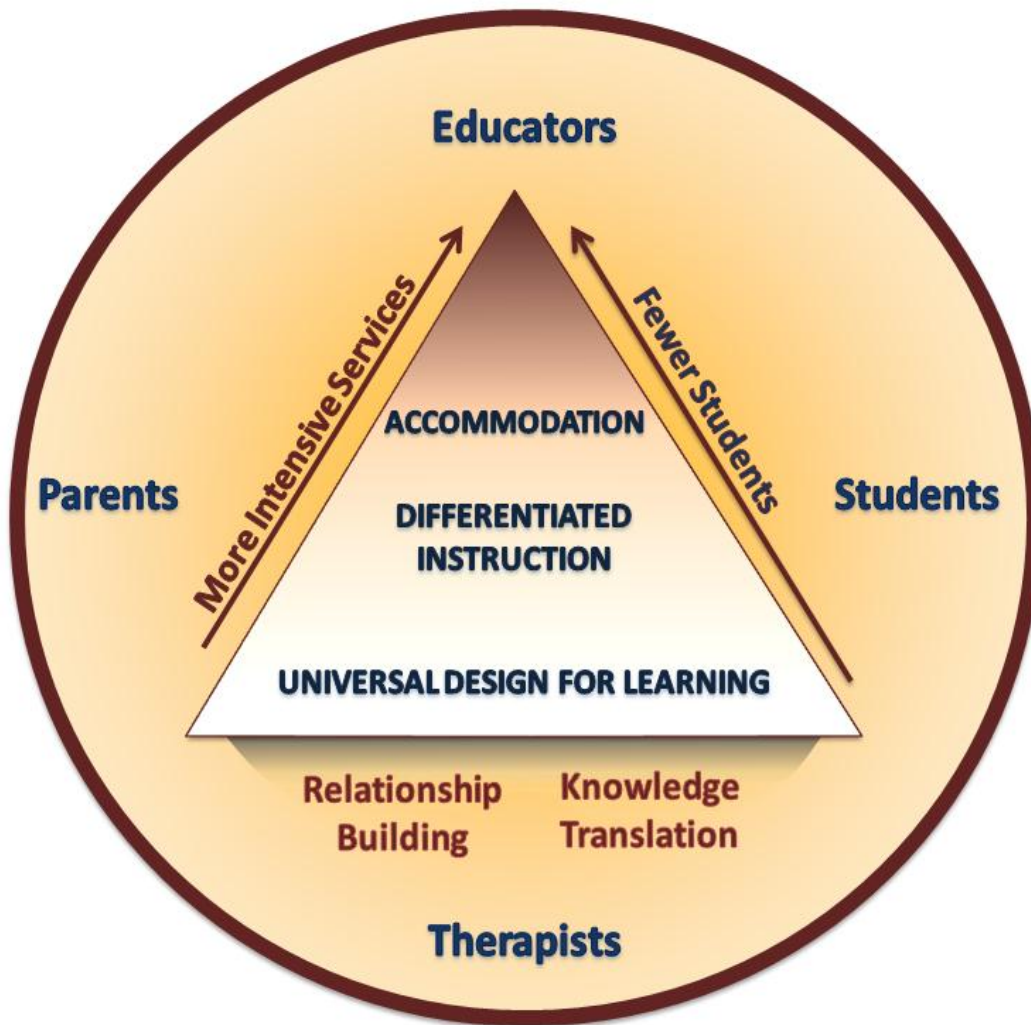
To view the full SHSS Review final report, visit

[http://www.health.gov.on.ca/english/public/contact/ccac/docs/deloitte\\_shss\\_review\\_report.pdf](http://www.health.gov.on.ca/english/public/contact/ccac/docs/deloitte_shss_review_report.pdf).

Figure 1

# PARTNERING FOR CHANGE: P4C

Building Capacity through Collaboration and Coaching in Context



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### **Moving Forward: The Role of Stakeholders**

Following the election, we now look to our Ministry stakeholders to move forward on the evidence generated in this project and on the recommendations of the SHSS review. Parent stakeholders may be interested in knowing that we are facilitating formation of a parent advocacy group for parents of children with DCD. If you are interested in being a part of this group or in knowing more about it, please contact Cindy DeCola ([decolac@mcmaster.ca](mailto:decolac@mcmaster.ca)). The study team is also connecting with OTs across the country who work in a similar model. We hope that educators, administrators, health care providers and other stakeholders may also be able to bring this model forward.

Please do not hesitate to contact Cindy DeCola, Project Coordinator, at [decolac@mcmaster.ca](mailto:decolac@mcmaster.ca) or at (905) 525-9140 ext. 26074 for further information or with any comments or questions.

Thank you again for contributing your time to this exciting initiative. We hope to continue in partnership as we move forward with this project!



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