



# **Partnering for Change**

Summary Report

Stakeholder Alliance Symposium #3

March 4, 2010

**PARTNERING FOR CHANGE STUDY**  
**Stakeholder Symposium**  
March 4, 2010

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On Thursday, March 4, 2010 48 stakeholders representing parents, teachers, service providers and decision makers in the “Partnering for Change” (PFC) project participated in a symposium at McMaster University. The purpose of this symposium was to review progress, share emerging insights and develop preliminary strategies to ensure the effective rollout and uptake of research findings.

Activities and deliberations at the 4.5 hour facilitated session included the following:

- Welcoming remarks from the Principal Decision Maker
- A presentation of emerging findings by the Principal Investigator
- Small group discussions to identify driving and restraining forces having an impact on the successful uptake of the study findings
- A visioning exercise to describe a preferred future for the project and its stakeholders
- Structured brainstorming to identify potential initiatives
- Breakout group work, followed by presentations and plenary discussions to develop preliminary action plans related to identified themes
- Activities to identify expectations, commitments and evidence requirements flowing from the project

This report documents the work done at the session.

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and the Partnering for Change team

March 16, 2010

## **SESSION AGENDA**

10:00 a.m. **Introduction**

- Welcoming remarks – Cathy Hecimovich, Principal Decision-Maker
- Session overview and facilitation plan

10:15 a.m. **Project Update**

- Preliminary findings – Cheryl Missiuna, Principal Investigator
- Feedback from our key stakeholders

10:45 a.m. **Maintaining the Momentum**

- Challenges and opportunities
- Driving and restraining forces
- Structured brainstorming to identify approaches and initiatives
- Identification of action themes

11:45 a.m. **Action Planning**

- Self-assignment to breakout groups
- Groups identify action plans for identified themes

12:00 p.m. **Working Lunch**

- Group work continues

1:00 p.m. **Action Planning Continued**

- Group reports with discussion, clarification and consensus identification

1:30 p.m. **Expectations and Commitments**

- “Give/Get” exercise
- Compelling evidence

2:15 p.m. **Moving Forward**

- Next steps with accountabilities and time frames
- Format of session report
- Closing remarks

## STUDY UPDATE

Cheryl Missiuna presented an update on the pilot and demonstration phases of the study. For details on the pilot study results and the demonstration project prior to November 2009, please download our Stakeholder Newsletter.

(<http://www.canchild.ca/en/ourresearch/resources/StakeholderNewsletterNovember09.pdf>)

### **The study is currently in the Demonstration Phase of the project (September 2009-June 2010)**

- 8 Occupational Therapists (OTs) are now working in 11 schools in 2 school boards enhancing teacher and parent capacity
- OTs in classroom as a “coach” to the teacher (focus on JK to Grade 3)
- OTs facilitating early identification and screening
- OTs providing strategies/suggestions/information to teachers
- OTs sharing information with parents of children who have motor coordination challenges

### **Themes arising thus far from Teachers, Administration and Parents of participating schools were presented:**

- Community capacity is being enhanced
- Parents and teachers are more involved
- Teachers feel comfortable and empowered to speak to parents
- Early intervention helps
- “Little things” make a big difference
- Improved student achievement has been noted
- Identifying motor challenges changes teacher perception
- Educators from pilot school implemented suggestions in second year
- Schools are pleased with OT support to teachers, students and parents

### **Themes arising from OTs delivering this model**

- Enhanced capacity of school in second year
- Connecting with parents on a regular basis
- Enhancing capacity of teachers and students
- OTs excited about the success they are seeing in the schools

The Demonstration study will continue until the end of the school year (June 2010). In the Fall of 2010, we will connect with participating teachers and parents to see if capacity has been enhanced. Symposium 4 will take place in the late Fall to share the study results and outcomes with Stakeholders.

We welcome the participation of all stakeholders in this symposium in order to determine how we can best maintain the positive momentum of this project.

## **DRIVING AND RESTRAINING FORCES**

*Based on a concurrent breakout group activity, groups were asked to identify environmental factors that would facilitate uptake of the Partnering for Change model and the forces that might potentially prevent the model from being rolled out provincially.*

### **Forces Driving Current Uptake of Research Findings ...**

- Model is successful
- Positive feedback from participants and stakeholders
- Advocacy of parents and teachers who have experienced and liked model
- Increasing awareness of parents about Developmental Coordination Disorder (DCD) and about what is possible
- Funding available
- Local partnerships
- Mental health advocacy groups (recognizing the secondary mental health issues)
- Networking in community
- Review of School Health Support Services (SHSS) is underway
- Useful existing relationships with stakeholders
- Movement towards action research

### **Restraining forces ...**

- Lack of funding
- Ministry policies and procedures
- College of Occupational Therapists of Ontario (COTO) standards
- Potential teacher resistance?
- Low priority of government on children's issues, policy focus on seniors
- Competing interests and demands on teachers
- Lack of coordination between government ministries
- Little multidisciplinary involvement, disciplines working in isolation
- Demographic variations across province (e.g. urban vs. rural)

## **PARTNERING FOR CHANGE IN 2013**

*This was a visioning activity where each stakeholder wrote headlines that they would like to see appearing in newspapers on March 4, 2013. Headlines were then clustered into themes. Participants were able to write more than one headline.*

### **Provincial Scope**

MINISTRIES OF HEALTH AND EDUCATION DELIVER OT IN ONTARIO SCHOOLS  
PROGRESSIVE EVIDENCE BASED MODEL USED ACROSS THE PROVINCE  
CANCHILD RESEARCH PROGRAM AN EFFICIENT AND EFFECTIVE MODEL  
MINISTRY IMPLEMENTS OCCUPATIONAL THERAPISTS (OTs) IN CLASSROOMS ACROSS ONTARIO  
PARTNERING FOR CHANGE STUDY ADOPTED PROVINCE WIDE  
PARTNERING FOR CHANGE A UNIVERSAL MODEL OF SCHOOL/HEALTHCARE PARTNERSHIPS  
PFC A LEADING CUTTING EDGE DELIVERY MODEL FOR HEALTH SERVICES IN SCHOOLS  
PROVINCE-WIDE ADOPTION OF NEW MODEL FOR SCHOOL HEALTH SUPPORT SERVICES

### **Successful Outcomes**

COLLABORATIVE APPROACH CREATES SUCCESS FOR CHILDREN AT SCHOOL  
"I KNEW I COULD"  
ALL STUDENTS SUCCEED IN HALTON  
SMALL CHANGES MAKE A BIG DIFFERENCE  
HAPPY CHILDREN, CLASSROOMS, COMMUNITIES LEAD TO BETTER SOCIETY  
CHILDREN HAVE MORE POSITIVE OUTLOOK THROUGH PARTNERING FOR CHANGE  
CHILDREN MAKING INCREDIBLE GAINS DUE TO NEW PROJECT RUN IN ONTARIO  
TEAM WORK PAYS OFF FOR CHILDREN WITH MOTOR CHALLENGES  
PARTNERSHIPS LEAD TO IMPROVED LIVES FOR CHILDREN WITH COORDINATION ISSUES  
CHILDREN ONCE LOST NOW FOUND – AND DOING GREAT!  
STUDENT ACHIEVEMENT SOARS WITH OT SUPPORT  
DECLINE IN ADOLESCENT DEPRESSION LINKED TO NEW DELIVERY MODEL  
CHILD ONCE DIAGNOSED WITH DCD BRINGS HOME OLYMPIC GOLD!

### **Stakeholder Engagement**

TEACHERS PARTNERING WITH OTs TEACH STUDENTS NEW WAYS TO ACHIEVE SUCCESS  
SCHOOL BOARDS WITH OTs IN CLASSROOM PERFORMING BETTER  
TEACHERS EMPOWERED TO ADAPT STRATEGIES IN CLASSROOM  
OTs RECOGNIZED FOR THEIR HARD WORK AND BENEFITS IN EDUCATION

## **PARTNERING FOR CHANGE IN 2013 (Cont'd)**

PARENTS LOVE THE HELP THEIR CHILDREN RECEIVE AT SCHOOL  
NEW TRAINING PROGRAM IN MOTOR DEVELOPMENT IN TEACHER COLLEGE CURRICULUM  
OTs ENHANCING CHILDREN'S CAPACITY IN THE CLASSROOM  
PARTNERING FOR CHANGE NOW PART OF TEACHER'S INSERVICE EXPERIENCE  
PARENTS EMPOWERED TO IMPLEMENT STRATEGIES IN VARIOUS SETTINGS  
SUPPORT SERVICES HELP TEACHERS PROVIDE EDUCATION  
ONTARIO TEACHERS TRAINED ON MAXIMIZING POTENTIAL OF SPECIAL NEEDS KIDSWAIT  
LISTS DOWN AND SATISFACTION UP IN SHSS  
PARTNERSHIPS BETWEEN EDUCATION AND HEALTH HELP KIDS SUCCEED AT SCHOOL  
TEACHERS THANKFUL FOR GREAT IDEAS THAT HELP THEIR STUDENTS  
INTERPROFESSIONAL TEAMS IN PLACE IN ALL SCHOOLS IN ONTARIO

### **Sustainability**

CUTTING EDGE PARTNERING FOR CHANGE PROGRAM RECEIVES ONGOING FUNDING  
GOVERNMENT ROLLING OUT MORE CUSTOMIZED SUPPORT FOR STUDENTS  
MINISTRY OF HEALTH (MOH) FUNDS NEW MODEL FOR DELIVERY OF OT SERVICES TO  
SCHOOLS  
EARLY IDENTIFICATION AND INTERVENTION IN PLACE  
FINAL BARRIERS REMOVED TO CHILDREN ACCESSING NEEDED SUPPORTS  
MULTI-LEVEL SERVICES AVAILABLE AS APPROPRIATE FOR CHILD'S NEEDS  
MINISTRY ANNOUNCES PROVINCE-WIDE FUNDING FOR OT SERVICES IN SCHOOLS  
CCAC FUNDING FOR OT AND SPEECH LANGUAGE PATHOLOGY (SLP) SERVICES GIVEN TO  
SCHOOL BOARDS  
SOLID STRUCTURES FOR SUSTAINABILITY OF PFC PROGRAM IMPLEMENTED

### **SUGGESTED INITIATIVES**

*Based on a concurrent structured brainstorming activity, ideas were generated on a free-response basis as suggestions of initiatives that might contribute to the sustainability of the project. Participants then individually allocated "votes" to each of the priority initiatives.*

- Measure and report outcomes of model (30 votes)
- Involve faculties of education and professional bodies (26 votes)
- Review and change Ontario funding models (20 votes)
- Provide sustainable and stable funding for SHSS (15 votes)
- Multiple ministry support (15 votes)
- Targeted funding for model (15 votes)

### **SUGGESTED INITIATIVES (Cont'd)**

- Broaden to include other professionals e.g. Speech Language Pathologists (SLPs), Physiotherapists (PTs) (15 votes)
- Tie to move to JK/SK (11 votes)
- Make children a priority (10 votes)
- Social marketing campaign to increase awareness (10 votes)
- Funding from MOH (9 votes)
- Provide input to SHSS review (7 votes)
- Measure cost benefit (7 votes)
- General public education (8 votes)
- Leverage Early Learning program (7 votes)
- Government lobbying (6 votes)
- Increase physician awareness of DCD (5 votes)
- Advocate for inter-ministerial cooperation (5 votes)
- Highlight this model as “best practice” (5 votes)
- Evidence-based model (6 votes)
- Leadership (5 votes)
- Public awareness (4 votes)
- Integrate across age groups and transitions (4 votes)
- Knowledge translation strategies (8 votes)
- Collaboration around curriculum development (4 votes)
- Expand to include other diagnoses (4 votes)
- Interdisciplinary collaboration (4 votes)
- Increase teacher training (5 votes)
- Increase OT training (5 votes)
- Tie project to government priorities (3 votes)
- Articles in Ontario College of Teachers and OT publications (3 votes)
- Funding from Ministry of Education (3 votes)
- Emphasize health promotion vs. medical model (3 votes)
- Share with parent community (3 votes)
- Parents appeal for funding from ministries (2 votes)
- Multiple partnerships – health, educ., social services, MOH (2 votes)
- Share knowledge nationally and internationally (2 votes)
- Involve faculties of education (2 votes)
- Identify key gaps in existing Service Delivery (SD) models (2 votes)
- Work with COTO to ensure alignment with rules and regulations (2 votes)
- Support throughout the year (2 votes)
- Parent outreach (2 votes)
- Increase OT awareness of classroom issues (1 vote)
- Strategically identify decision makers (1 vote)
- Collect student voices as outcome (1 vote)
- Child and family-centred approach (1 vote)
- Approach other boards

## BREAKOUT GROUP REPORTS

*Topics were identified based upon stakeholder feedback about the early findings and the themes that emerged from the first few activities. Participants then self-selected working groups.*

### Funding

1. Cost-benefit analysis
  - Evidence-based funding
  - Stable
  - Effectiveness/best outcomes
  - Value for your dollar, system, person
2. Review and change current funding models
  - Currently no dedicated funding along lines
  - CCACs need to change process
  - Change service delivery models
  - Waitlist strategies – especially OT and SLP
  - Move away from fee-for-service model
  - Collaborative funding model with three Ministries involved
3. Sustainable funding
  - Protected funding for SHSS
  - Targeted funding
  - Multi-year funding
  - Cannot plan for future until funding is secured
4. Equitable access to funding
  - Public and Private
  - Home school

### Discussion

- Need to move away from fee-for-service model in order to retain good health professionals
- Motivation in fee-for-service is to see more kids and this does not emphasize quality

### Increase Awareness

#### Target Groups

- MDs, educators, general public, Ministries (Education, Health, MCYS), psychologists, physiotherapists, SLPs
- American Psychiatric Association: Need to keep DCD in Diagnostic and Statistical Manual on Mental Disorders V (DSM V)

## **BREAKOUT GROUP REPORTS (Cont'd)**

### Strategies

- Support strong parent advocacy groups
- Teacher and health care professional education
- Public education
- Workshops
- On-line resources
- Handouts/brochures for MD offices, schools, public health, Early Learning Centres
- Other groups e.g. Autism (ASD), Attention Deficit Hyperactivity Disorder (ADHD) have more awareness, perhaps because more visible in class – need to emphasize why we are concerned about DCD

### Discussion

- Important to flag kids with DCD early to target secondary issues (obesity, depression, etc.)
- Focus on function in the classroom environment, rather than on diagnosis
- Emphasize that very small changes can make a huge difference in the long term
- Increase awareness to parents that they are not alone in this and can advocate for their children

## **Educate**

### Who

- Policy makers, medical professionals, parents, public, teachers, EAs, student teachers, OT students, existing OTs, early childhood educators, unions, COTO, advisory groups, CCACs, children

### How

- Media campaign to create awareness among public and policy makers
- Educate on location of resources (websites, research, articles)
- Sustain education needs
- Empowering teachers vs. fixing kids
- Consolidate resources/revamp for other sources
- Student OTs link practice i.e. DCD, ASD with school boards
- Continuing education board in-services
- Lunch and learns
- After school sessions for parents and teachers
- Integrate links to school board websites, parent council newsletter

### Discussion

- The process and the PFC service delivery model could be used for any issue in the school, not just DCD
- Media campaigns need to run each year – need to keep the buzz going
- Competing with other disorders, need to address functioning on a broad level

## **BREAKOUT GROUP REPORTS (Cont'd)**

- Educate using a robust website, i.e. *CanChild's* website
- Cost benefit – huge benefits for a small cost intervention

### **Advocacy**

1. Identify what we want to achieve
  - Targeted early identification/intervention for kids with DCD
  - Interventions based on best practices, evidence, cost-effectiveness
2. Identify the message
  - Unified, consistent message
  - Alignment with government priorities – e.g. mental health, early years, success for children
  - What is DCD? What is the impact on quality of life?
  - What is not working now?
  - How would targeted plan change things?
  - Outcomes – what do we want to be moving towards?
3. Identify decision makers
  - LHINs, MOH, Ministry Of Education (MOE), Ministry of Health Promotion (MHP), Ministry of Child and Youth Services (MCYS)
4. Identify advocates
  - Parents (key group), teachers, therapists, physicians, psychologists, community agencies, associations
5. Identify tools
  - Newsletters, articles, internet, existing research, outcomes, public awareness, existing networks

### Challenges

- In Ontario, only MDs and psychologists can assess and diagnose DCD but many lack awareness
- Silos and funding
- Parents don't always have the knowledge to identify that their children have a problem
- Need to know existing networks to be able to advocate

### **Multidisciplinary**

1. Investigate having a common language
  - Having a common understanding and vision (family centred care)
  - What is success?

### **BREAKOUT GROUP REPORTS (Cont'd)**

2. Incremental expansion of Partnering for Change model
  - What and who is next?
  - Building on evidence
3. Identifying who all the interdisciplinary members might be
  - What unique perspective do people bring?
4. Multidisciplinary program at all levels
  - Policy, program development, etc.
  - Need multidisciplinary team
5. Multidisciplinary evaluation will be required

### **Program Integration**

Integration has meaning on many levels

- Integration of OT service into schools
- Integration of multiple school professions and programs to meet a common goal

Infrastructure funding should consider needs of children:

Unique services for a few
Necessary service for some
Good for all kids

### Discussion

- The PFC project focuses on the bottom of the pyramid that affects a lot of children, therefore important to move forward
- COTO has recognized this type of service delivery as an emerging area of practice and that they are prepared to work supportively to address issues

### **Policy**

- Health policy – request for proposal and fee for service needs to change
- Individual eligibility needs to move toward population-based approach
- Child and Family Services Act (CFSA) needs to be addressed, and the MCYS Act
- In Education, Policy/Program Memorandum (PPM) 81 would need to be looked at
- PPM 11 – policy around screening, need to look at this in re: early identification
- PPM 140 – addresses multidisciplinary supports
- Need continued conversations with policy makers and dialogue around our goals vs. their goals

### Discussion

- Need to determine what the existing specific policies are in the province that are creating barriers and give our suggestions

### COMMITMENTS AND EXPECTATIONS

*Flip chart exercise. Participants worked in groups, according to their stakeholder role and outlined what they were prepared to give or contribute to the sustainability of the model and what they expected to receive if the model was sustained.*

	<b>Prepared to Give</b>	<b>Expect to Get</b>
<b>Teachers</b>	<ul style="list-style-type: none"> <li>• Time and energy</li> <li>• Knowledge and resources</li> <li>• Support and patience</li> <li>• Open mind</li> <li>• Curriculum expertise</li> <li>• Mentoring</li> <li>• Feedback and suggestions</li> </ul>	<ul style="list-style-type: none"> <li>• Learning resources</li> <li>• Increased knowledge</li> <li>• Support</li> <li>• Student success</li> <li>• Equipment</li> <li>• Adaptive strategies</li> <li>• Increased parent awareness</li> </ul>
<b>Service Providers</b>	<ul style="list-style-type: none"> <li>• Knowledge and empowerment</li> <li>• Input to College re: emerging role</li> <li>• Support and mentorship of OTs new to role</li> <li>• Education to student OTs</li> <li>• New tools and methods</li> </ul>	<ul style="list-style-type: none"> <li>• Improved outcomes</li> <li>• Broad impact</li> <li>• Job satisfaction</li> <li>• Sustainable employment</li> <li>• Increased early intervention</li> <li>• Increased OT awareness</li> </ul>
<b>Health Decision Makers</b>	<ul style="list-style-type: none"> <li>• Time to project</li> <li>• Permission to be innovative</li> <li>• Resources for further research</li> <li>• Approved funding</li> <li>• Strategic leadership</li> <li>• Policy direction</li> <li>• Equitable access</li> <li>• Flexibility</li> </ul>	<ul style="list-style-type: none"> <li>• Evidence based outcomes</li> <li>• Best practice</li> <li>• Funding</li> <li>• Recognition</li> <li>• Better health outcomes</li> <li>• Data to support decision-making</li> <li>• Sustainable/equitable system</li> </ul>
<b>Education Decision Makers</b>	<ul style="list-style-type: none"> <li>• Time and space</li> <li>• Exposure to Health Care (HC) education</li> <li>• Access to information</li> <li>• Alignment to current structures</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative service delivery</li> <li>• Long term commitment</li> <li>• Early intervention</li> <li>• Mindset of child/environment/student</li> <li>• Increased parent advocacy</li> </ul>
<b>Parents</b>	<ul style="list-style-type: none"> <li>• Insights on day-to-day struggles of these children (provide “stories”)</li> <li>• Profile of what works well</li> <li>• Motivated children</li> </ul>	<ul style="list-style-type: none"> <li>• Happy, well adjusted children</li> <li>• Empower children to advocate on their own behalf</li> <li>• Productive citizens who contribute to society</li> </ul>

**COMPELLING EVIDENCE – Success Factors and Outcome Indicators**









*Participants completed cards individually outlining what they would perceive to be “compelling evidence” of success of the model for their stakeholder group.*

<p><b>Teachers</b></p>	<ul style="list-style-type: none"> <li>• Improvement in children’s fine and gross motor skills</li> <li>• Less frustration and greater self confidence</li> <li>• Fewer referrals for OT services</li> <li>• Data regarding student outcomes</li> <li>• Increased student independence levels</li> <li>• Improved learning skills</li> <li>• Improved graduation rates</li> <li>• Student success (report cards)</li> <li>• Higher achievement test scores</li> </ul>
<p><b>Service Providers</b></p>	<ul style="list-style-type: none"> <li>• Children able to access accommodations</li> <li>• Success in daily living</li> <li>• Increased awareness of DCD</li> <li>• Increased teacher knowledge of strategies</li> <li>• Demonstrated improvement in self-esteem and specific school tasks</li> </ul>
<p><b>Health Decision Makers</b></p>	<ul style="list-style-type: none"> <li>• Cost/benefit</li> <li>• Evidence-based outcomes</li> <li>• Waitlist strategies</li> <li>• Collaborative funding</li> <li>• Student success</li> </ul>
<p><b>Education Decision Makers</b></p>	<ul style="list-style-type: none"> <li>• Case study documentation</li> <li>• Cost/benefit</li> <li>• Longitudinal monitoring</li> <li>• Increased teacher knowledge</li> <li>• Positive evaluations by participants</li> <li>• Incidence rates of co-morbidity</li> <li>• Hard evidence that students are improving</li> </ul>
<p><b>Parents</b></p>	<ul style="list-style-type: none"> <li>• Funding to provide services</li> <li>• Public awareness increased</li> <li>• Parent support groups</li> <li>• Increased success stories in the literature</li> <li>• Child case studies with scores tracked over time</li> </ul>

## Appendix

### *CanChild* 'Partnering for Change' Symposium

March 4, 2010

<b>PARTICIPANT INFORMATION LIST</b>	
<b>Participant</b>	<b>Affiliation</b>
Jennifer Anstiss	Parent representative
Jackie Bajus*	Hamilton Wentworth Catholic District School Board
Mary Beaudoin 	<i>CanChild</i>
Debra Bell*	Ministry of Health and Long Term Care
Krista Benedetti*	Teacher representative
Sheila Bennett 	Brock University
Judith Bishop	Hamilton Wentworth District School Board
Trudy Blugerman*	Ministry of Education
David Boag*	Halton District School Board
John Cairney 	McMaster University
Wenonah Campbell 	<i>CanChild</i>
Jane Cleve*	Ministry of Children and Youth Services
Lynn Corbey	Community Rehab
Allison Corcoran	OT representative
Vicki Corcoran*	Hamilton-Wentworth District School Board
Maureen Cox	Ministry of Education
Debbie Csernyei	Halton Catholic District School Board
Christina Daly	Halton Catholic District School Board
Scott Davies	McMaster University
Cindy DeCola 	<i>CanChild</i>
Christina DeRoche	McMaster University
Sue Durst*	Ministry of Education
Robin Gaines 	Children's Hospital of Eastern Ontario
Les Galambos*	Hamilton Wentworth Catholic District School Board
Heather Gataveckas	Halton District School Board
Veronica Ghazarian	OT representative
Deb Haworth-Csermak*	OT representative
Cathy Hecimovich 	Mississauga-Halton Community Care Access Centre
Gillian Hogan*	OACRS representative
Carolyn Hitchinson	Mississauga-Halton Community Care Access Centre
Maggie Hughes-Wilmot*	Parent representative
Mary Iannuzziello*	Ministry of Health and Long Term Care
Fran Izon	Mississauga-Halton Community Care Access Centre
Debbie Jones-Snyders	Community Rehab
Shone Joos*	OT representative
Deb Kennedy*	York District School Board
Lisa Kilner*	University of Western Ontario
Kajsa Klassen	Parent representative
Carolyn Koekkoek	Halton District School Board
Lynda Kozak	Halton District School Board
Nancy Kula*	Mississauga-Halton Community Care Access Centre
Jennifer Kustra*	Parent representative
Danielle Levac 	<i>CanChild</i>
Sharon Lott	Hamilton Niagara Haldimand Brant Community Care Access Centre
Dan McDougald	Grand Erie District School Board
Sharon McWhirter*	Toronto District School Board
Brigitte Mertling*	Parent representative
Lisa Mesbur*	Ministry of Education
Cheryl Missiuna 	<i>CanChild</i>
Elizabeth Molinaro 	Parent representative

## Partnering for Change Symposium #3 March 4 2010: Report

Sandra Montgomery (Dell)*	Ministry of Education
Charlotte Moore*	Ministry of Health and Long Term Care
Peggy Nethery*	Special Education Resource Teacher representative
Cheryl Nicholson*	OT representative
Margaret Paan	Central West Community Care Access Centre
Michele Paci*	Teacher representative
Christina Petterson*	Halton District School Board
Steve Pilibossian	Halton District School Board
Nancy Pollock 🦋	<i>CanChild</i>
Sonia Rahman	Ministry of Children and Youth Services
Peter Rosenbaum 🦋	<i>CanChild</i>
Suzanne Rossini	Halton Catholic District School Board
Dianne Russell 🦋	<i>CanChild</i>
Barbara Ruttan	Community Rehab
Sandi Sahagian Whalen	OT representative
Marceline Sammut	Halton District School Board
Joanne Schmidt	OT representative
Jutta Schafler Argao*	Mississauga-Halton Community Care Access Centre
Kelly Shepherd	Halton District School Board
David Sheridan	Facilitator
Carolyn Shilton	Grand Erie District School Board
Lorie Shimmell	School of Rehabilitation Science, McMaster University
Jenny Siemon 🦋	<i>CanChild</i>
Kim Slomka	Halton Catholic District School Board
Willie Stanger*	Mississauga-Halton Community Care Access Centre
Ann Stirling*	Mississauga-Halton Community Care Access Centre
Jo-Anne Trigg	Halton District School Board
Sue Vanderbent*	Ontario Home Care Association
Erica van Roosmalen*	Halton Catholic District School Board
Frank Woodhall	Hamilton Niagara Haldimand Brant Community Care Access Centre
Georgina White	Ontario Association of Community Care Access Centres

🦋 member of research team

\* unable to attend this Symposium