Introduction

Greetings from the ‘Partnering for Change’ Research Team at CanChild, McMaster University!

A lot has happened since our last communication to you (Symposium #3 Stakeholder Update). In this newsletter, you will find a brief description of ‘Partnering for Change’ that you might wish to share with colleagues in your sector, as well as an update on the project.

Brief Summary of the Partnering for Change Model

- **Partnering for Change** is an innovative program of service delivery that is evidence-based and family-centred. Developed in collaboration with stakeholders from many different sectors, Partnering for Change (P4C) emphasizes the partnership of the therapist with teachers and parents to change the daily environment and the activities the child with coordination difficulties needs to be able to do.

- This Partnership focuses on **Capacity Building Through Collaboration and Coaching in Context** (the 4 Cs). In this model, the school becomes the “client”, rather than the individual student. The occupational therapist (OT) works one day per week in each school, in the classroom context, acting as a ‘coach’ to the classroom teacher to identify children with coordination difficulties early and to trial and demonstrate strategies that support children’s participation.

- In contrast with other models, P4C OTs do not administer normative assessments nor focus on remediation; instead, they use their skills to observe and work with students. This model uses job-embedded learning and coaching to provide teachers with opportunities to absorb, integrate and apply knowledge in their own classrooms. Once discovered, successful strategies are discussed by the OT with teachers and parents who are supported in understanding how these might be applied at home.

- Presentations for school staff and parent workshops and meetings are also provided so teachers and parents can manage children’s health issues over time and share information with future teachers.

- When teachers and parents become more knowledgeable, student’s daily frustrations are identified sooner and accommodations can be provided which prevent secondary deterioration in academic performance, behaviour, physical and emotional health. The ultimate objective of this type of service delivery is to improve children’s ability to participate successfully in school and in home environments.

- In this research project, we have focused primarily on young children with Developmental Coordination Disorder (DCD), which is a very common, chronic health condition that affects one child in every classroom (5-6%) yet is poorly recognized. P4C builds the capacity of teachers and parents to support children with DCD through improved understanding, differentiated instruction and accommodation.
Demonstration Phase Completed

- We are very pleased to notify you that we completed the Demonstration Phase and the therapists finished in the schools in June 2010. Our research analysis is currently underway.

- 8 OTs provided this service in 11 schools in Halton during the 2009-2010 academic year. Between October 5, 2009 - June 21, 2010, P4C OTs worked nearly 300 days in schools.

- 2637 children were served at a whole class level; 428 children worked closely with OTs in small groups; 236 children received individual strategies and suggestions from OTs; 209 teachers worked closely with the OTs and numerous “lunch ‘n learns” were requested and provided to primary divisions or to all school staff.

- More than 400 parents attended Parent Information Nights and Parent Workshops about DCD.

- A workshop on the P4C study and DCD was given to the Psychology staff of one of the school boards.

- A two hour Printing Readiness Workshop was provided to Learning Resource Teachers.

- The P4C Study Team contributed to the School Health Support Services (SHSS) review which is being lead by a collaborative team of the Ministries of Health and Long-Term Care, Education and Child and Youth Services.

- Educators completed 2 surveys (one at the beginning of the school year and one at the end) and some teachers provided comments.

- P4C OTs completed pre- and post-questionnaires exploring their skills, knowledge and beliefs surrounding this new delivery model. Significant change was noted in some areas, suggesting that some of the skills and knowledge used in this model are different than in the typical service model.

- P4C OTs completed evaluations and feedback about the online educational modules; academic institutions have expressed interest in these for continuing education of OTs in school-based practice.

- 8 key informant interviews were conducted with P4C OTs; themes suggest an evolution over the first year in the school; OTs perceive this model to be more impactful and this increased job satisfaction.

- Throughout the fall, we will be surveying and interviewing study parents about their use of the educational resources and knowledge that was provided about their child.

Quotes from Participants

Feedback from teachers, administrators, therapists and families about P4C has been extremely positive.

“This program has been excellent and we have been extremely fortunate to have been able to participate in the study. It would be fabulous if speech and language pathologists could follow the same model as well. We have had SO many MORE students impacted than if we referred individual students, and a huge benefit is that we have built teacher capacity in terms of awareness and strategies for students with OT needs. The opportunity to collaborate has been invaluable” (Classroom Teacher).

“Lots of good learning and lots of very practical and useable information...[I] appreciated the [red flag] checklist as it gives me language to address things that I am concerned about but may not know how to pinpoint my concerns” (Learning Resource Teacher).
“From an administrative point of view, the OT has been outstanding reaching our students in need with regular student assistance and monitoring, supporting our teachers in the classroom and parents at home...improvement has been achieved and noted” (Elementary School Principal).

“We need to invest in [children] early on so that they can reach their potential. If this could be the standard model that’s used, things could be so different. I think being able to intervene so much earlier is definitely going to change the way they’re perceived down the road, before the problems are so insurmountable that colleagues and professionals are sitting around a table trying to discuss and problem-solve around how to fix them rather than having that information all along and trying to move them more successfully through the system” (P4C Occupational Therapist).

“As a host school board of the P4C project, [we are] realizing important benefits for students, school staff and parents. [The] OTs work alongside teachers providing ‘just-in-time’ feedback to help differentiate instruction for children with motor coordination challenges. The coaching model aligns well with the school board’s Expected Practices. By providing powerful job-embedded professional learning to teachers, we are increasingly able to make learning more accessible and inclusive for students with motor coordination challenges” (School Board Coordinator of Research and Accountability).

“I wanted … to let you know how much my son has benefited from the support of the OT which he is receiving in his class through the research study. I have also appreciated the information that has been shared with us such that we can continue to reinforce the interventions at home. [Our son] has a variety of coordination delays and at an early age was exceptionally self-aware of these differences. At the beginning of JK he was already exhibiting avoidance behaviours such as scribbling over the whole page to hide the fact that he could not write his name. I am pleased to report that he has made great steps forward and is now eager to write notes to his family and friends” (Study Parent).

“I do believe the early and ongoing intervention of the OT, combined with the support of the teacher have helped develop his skills, and him increase his confidence so that he is now more eager and able to participate in the classroom work. I am also hopeful that coping and accommodation skills he is learning at this young age will prevent him from developing longer term behaviour and esteem issues that could ultimately affect his academic performance” (Study Parent).

Where do we go from here?

During our “give/get” activity in our last symposium, we focused on what you, the stakeholders, wanted and expected from us, the research team, and what you were prepared to contribute. In addition to completing the research study, here are some of the things that we have been working on:

- We met with and provided evidence-based information and reports to the consultants conducting the Tri-Ministerial Review of School Health Support Services. We were very impressed with the process that they followed in conducting this review and eagerly await the report.
- A nomination was submitted in June 2010 for P4C, in partnership with Community Rehab for the prestigious Canadian Rotman Award, given each year for innovation in pediatric community care. Although the selection committee agreed that our program was innovative, we did not receive the award. Ironically, we were unsuccessful due to a concern on the part of the committee about the sustainability of funding!
- We submitted a research grant to the Canadian Institutes of Health Research to further develop the educational materials, modules and resources that were created during this project for educators, health professionals, policymakers and families.
- Members of the P4C Study Team presented at the 2010 OACCAC Annual Knowledge and Inspiration Conference in Toronto in June 2010 and received extremely positive feedback.
A meeting was held with a manager to see whether P4C might be considered as an Integrated Client Care Project.

Our research team gave a presentation to the Halton District School Board Superintendents in Burlington, Ontario, in August 2010

Nancy Pollock led the special session on Promising Practices in School-Based OT at the Ontario Society of Occupational Therapists’ Annual Conference in September, 2010 which was attended by OTs from all over the province. A great deal of interest was expressed in P4C.

Our team is giving an invited presentation at Thames Valley Children Centre in London, Ontario in October 2010 to OTs from the Western Ontario region

We are partnering with Central West CCAC to put in a Partnerships in Health System Improvement grant to CIHR November 1, 2010 in order to conduct a more rigorous evaluation of P4C in a new region. We will be asking Ministries and OACCAC to provide letters of support.

Cathy Hecimovich and Cheryl Missiuna have been invited to return to present research rounds at the event hosted by the Health System Policy and Research Branch.

Cheryl Missiuna is an invited speaker at the DCD IX International Conference in Switzerland in 2011 to talk about Partnering for Change as an innovative school delivery model

We have submitted papers to the 2011 Canadian Association of Occupational Therapists’ Annual Conference and the 2011 Canadian Association of Speech Language Pathologists Annual Conference.

We are writing 3 papers for submission to peer-reviewed journals.

**Behind the Scenes**

Cindy DeCola, our Project Coordinator, left on maternity leave, and Elizabeth Molinaro replaced her. Jenny Siemon, our Research Assistant, was accepted into graduate school in Occupational Therapy and Caroline Phelan has replaced her. We are in the process of developing materials and summaries of the P4C project that will be targeted to a variety of audiences and they will be posted on the CanChild website as soon as possible.

**Stakeholder Contribution**

We hope that all of the stakeholders are working and advocating to move this exciting model forward in whatever way they can within their own sectors and spheres of influence. This is a “Knowledge to Action” grant so we need to hear from you about any activities/meetings/briefs/presentations that you are working on and we would be happy to provide you with any support that we can (information, statistics, descriptions). Please contact Elizabeth Molinaro, Project Coordinator, at molinae@mcmaster.ca or at (905) 525-9140 ext. 26074 for further information or with any questions.

Thank you for contributing your time to this exciting initiative. We look forward to continuing our partnership as we move forward with this project!

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