



An Evidence-Based Collaborative Framework for Integrated School-Based Rehabilitation Services



Produced on behalf of *CanChild* Centre for Childhood Disability Research by Cheryl Missiuna, Wenonah Campbell, Debra Stewart, Nancy Pollock, Leah Dix and the Partnering for Change Team © 2014

Integrated School-Based Rehabilitation Services

What is the opportunity?

In Ontario, students with special needs receive a variety of educational and health professional support services that aim to enhance learning, participation, and success in school. How those services can be best coordinated and delivered to students with disabilities in Ontario schools is an issue that has been previously identified as a priority for the province (Deloitte, 2010). With the unveiling of Ontario's new Special Needs Strategy, there is an **unprecedented opportunity to reshape how health professionals, educators, parents, and families can best work together** to ensure that "children and youth with special needs get the timely and effective services they need to participate fully at home, at school, in the community, and as they prepare to achieve their goals for adulthood." (Ministry of Children and Youth Services (MCYS), 2014).

What is *Partnering for Change* and why is this framework relevant?

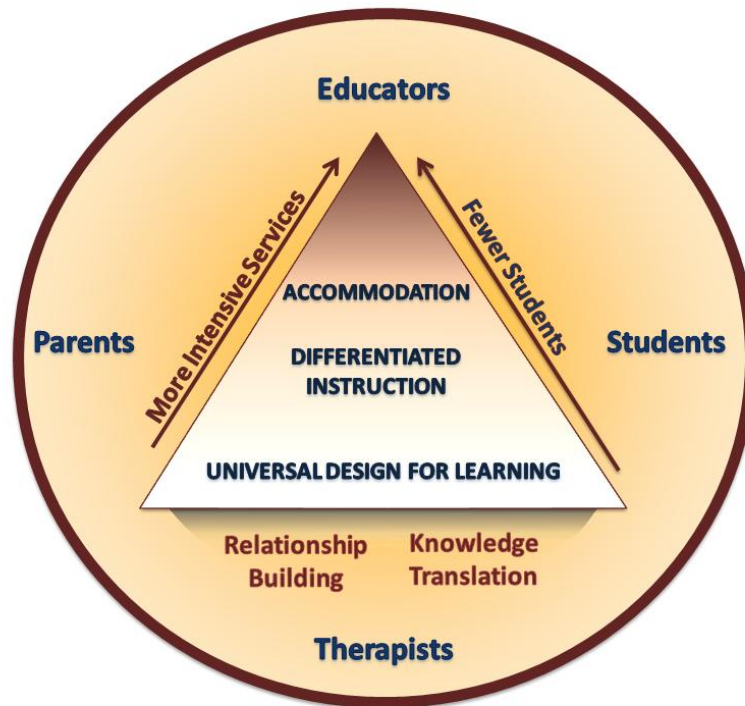
Partnering for Change (P4C) is an **innovative collaborative service delivery model** that was first introduced into the school setting through a demonstration project led by *CanChild* and the Central West Community Care Access Centre (CCAC). This evidence-based model involves educators and health professionals working in the classroom to enhance student participation. Originally developed by and for occupational therapists, research indicates that the **core principles and features of P4C are relevant for all health professionals and educators** wanting to embrace an integrated and inclusive framework.

Specifically, the Partnering for Change team used evidence from the literature to design a **tiered service delivery framework**. The P4C diagram (see Figure 1) reflects the partnership that is needed between health professionals, parents, students, and educators to create environments that facilitate successful participation for all students. Working from a foundation that focuses on **relationship building** and **sharing of knowledge**, the P4C framework guides health professionals in working collaboratively with educators and families to **build capacity** to support students with special needs at school and at home. The **response to intervention pyramid** allows provision of **services based on need** – students with higher needs receive increasingly intense levels of support. Tier 1 services use **principles of universal design for learning** to create accessible curricula and environments that benefit all students; Tier 2 involves **differentiating instruction** for children who are experiencing challenges; and Tier 3 provides individualized strategies for students who are only able to participate with **accommodation**. In this framework, collaboration and intervention occurs **in the school environment**.

P4C is an evidence-based framework that complements the shared visions of several government ministry initiatives. Its implementation in three different school boards within two CCACs has proven its relevance and responsiveness in different regional contexts in Ontario.

PARTNERING FOR CHANGE: P4C

Building Capacity through Collaboration and Coaching in Context



© Missiuna, Pollock, Campbell, Levac, & Whalen, CanChild, McMaster University, 2011

"[P4C] will work for not only kids who have coordination difficulties, but for kids in general."

"It's for anyone who really needs assistance."

(Campbell et al., 2012)

The 4 Cs emphasize the aim of P4C: To build **CAPACITY** of educators and parents to support children through **COLLABORATION** and **COACHING** in the school **CONTEXT**

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What does the evidence say about P4C?

To date, three Ontario studies have informed the development and implementation of this framework: a pilot project (2008-09) funded by the Ontario Neurotrauma Foundation; a Demonstration Project (2009-10) funded by the Canadian Institutes of Health Research; and the current Implementation and Evaluation study (2013-15) funded by the Ontario Ministry of Health and Long-Term Care.

The published results of the demonstration project showed that:

- Educators made positive changes in their knowledge and skills, and were highly satisfied with the service. The strategies they learned were practical and feasible; they felt greater confidence in being able to identify children with motor difficulties and speak to parents about concerns; they reported carryover of strategies to the next academic year (Missiuna et al., 2012b).
- Parents were very satisfied with service and had a better understanding of their child's needs. Parents were better able to support their child by using strategies at home, adapting environments, and sharing information with others (Missiuna et al., 2012b).
- OTs reported a positive change in their beliefs, knowledge and skills. The therapists also indicated a strong sense of professional growth in this role and reported a feeling of belonging to the school community (Campbell et al., 2012).

The first year results of the current project showed that:

- 15 OTs offering service one day/week in 40 schools (1207 work days) provided:
 - 385 educator in-services (formal and informal)
 - 704 activities at the whole class level (Tier 1)
 - 2980 opportunities to screen small groups of children or trial differentiated instruction (Tier 2)
 - 3329 individual accommodation activities for 592 identified children, with knowledge about how to manage the children's issues shared with educators and families (Tier 3)
- Elimination of wait lists occurred in most schools in which the P4C service was implemented.

What does this mean for integrated rehabilitation services?

The P4C framework **supports all three identified goals of the Special Needs Strategy**: early identification, coordinated service planning, and seamless service delivery. In this model, health professionals work with educators, right from school entry, to identify children who require support. Services are coordinated with educators and provided directly in the classroom context, including in the new Full-Day Kindergarten programs. Streamlined referral processes and ongoing monitoring, along with the regular presence of the health professional in the school as a point of contact, ensure that **children get the services they need, when they need them**. *CanChild's* 7-year engagement with health and education partners in developing the P4C framework is congruent with the vision articulated in "Achieving Excellence: A Renewed Vision for Education in Ontario" to "work with provincial, regional and local education and health partners to support optimal delivery of, and access to, services and ongoing health supports for children, youth and families" (p.16) and to provide "learners the tools they need to reach their full potential, regardless of their individual circumstances" (Ministry of Education, 2014, p.4).

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Learn More:

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