CanChild
Centre for Childhood Disability Research

Partnering for Change

Summary Report

Stakeholder Alliance Symposium #2

March 4, 2009

Partnering for Change Symposium #2 March 4 2009: Report

Introduction

This symposium took place as part of a participatory action research project that is designed to bring together stakeholders from across the province to examine the feasibility of an innovative model of delivery of occupational therapy services in schools. This project involves stakeholders from the CCACs, Ministry of Health, Special Education, MCYS, service providers, teachers and families. The project was originally designed to test whether, by working right in classrooms, it would be possible for occupational therapists (OTs) to enhance the capacity of teachers to manage the 5% of children in every classroom who struggle every day to perform basic motor tasks[1].

Participants

Thirty stakeholders were able to join us for this meeting. Please see Appendix 1 for a list of all 49 stakeholders, including those stakeholders who are participating in this project but were unable to attend this meeting.

Meeting Report: Summary of Key Points

We began the meeting with a presentation by Dr. Missiuna summarizing the overarching goals of the project and the timelines for pilot and demonstration projects. Dr. Missiuna also reviewed what has transpired since the symposium in the summer. Briefly, Halton District School Board agreed to participate in the pilot project, two occupational therapists were hired, ethical approval was received, specific schools were recruited, teacher and family involvement was solicited, data collection methods and consent process were trialed, educational materials and teaching sessions were developed, and professional videotaping of children with and without Developmental Coordination Disorder in classroom settings were completed. Since October, two occupational therapists have been working within this model of service delivery at Hawthorne Village Public School (large school, high growth area, 2 days per week) and at Oakwood Public School (smaller school, many sociodemographic challenges, 1 day per week).

In order to highlight for the stakeholders some of the strengths and challenges that have been encountered, Nancy Pollock and Sandra Sahagian Whalen, the occupational therapists who have been working at Oakwood and Hawthorne Village shared some stories. One of the main objectives of this project is to focus on earlier identification of children who are struggling and to intervene and support them while they are young; therefore, most of the stories focus on children in younger grades.

Story # 1 (OT 1)

I am working within a JK/SK classroom with a very experienced, skilled and creative teacher. As part of their literacy activities, they typically work on the letter of the day. After the full group lesson, children go to centres and, typically, one centre involves some type of printing activity. The teacher often used large diameter bingo markers and large strips of blank paper for printing practice. The children were copying the letter from an easel not easily viewed from the centres.

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[1] For more background about the purpose of the study, please refer to the report produced after Symposium #1 which occurred on July 2, 2008 (http://canchild.ca/en/ourresearch/resources/Symposium1SummaryReportJuly7th.pdf)

I spoke to her briefly at recess about the idea of using very small pieces of crayon to encourage finger differentiation, pinch grasp and more control of the writing implement. I also suggested giving more visual structure to guide them in copying the letter and using a vertical surface to position the hand and wrist correctly. The teacher said she had always thought bigger was better in terms of easier grasp, so we talked about the developmental steps of preparing the hand to grasp a pencil and though the large diameter is easier to grasp in the moment, it doesn't move the children along to a more mature grasp pattern.

The next week when I was back in, the teacher had made a new activity for the letter of the day with little Mini M books, with an M to copy, and she had cut pencils so they were using little short pieces. She had also set up a vertical station as one of the centres with paper held on by a magnet at the easel. It was great to see such uptake in a very quick time frame!

Story # 2

Working within the same JK/SK class, the teacher had identified three boys she wanted me to specifically watch. My first impression was that all three boys were significantly delayed in their motor development as seen in their skills when using scissors, crayons, opening lunch containers etc. I am in the school 1 day a week so, over the next two weeks, I participated in the centres for one period each time, and did some direct teaching with the boys about holding and using scissors, opening juice boxes and water bottles and some printing in sand and shaving cream. Two of the three boys responded quite quickly with this approach and after three weeks both the teacher and I were able to see substantial progress. The third boy did not respond to the strategies to the same degree and continued to struggle. The two boys who responded were in JK; one came to school with no prior experience and, according to the teacher, parents treat him as if he was a toddler, e.g. carry him, dress him etc. The second boy is a recent immigrant who has little English and was less familiar with classroom activities. The third, the "non responder", is an SK child who has intermittent school attendance and family issues but likely has motor concerns as well. It was interesting to see how similar these children looked on first observation and then how quickly their response to intervention discriminated between them. One issue that I've struggled with is how to document this type of small group experience – our OT college doesn't really have a method that would work well for seeking informed consent or documentation when we are really just doing these kinds of brief screening and strategy trials.

Story # 3 (OT in large school)

Over a two day period in November I had the chance to visit a variety of classrooms in grades from kindergarten through grade 6. Many of the teachers mentioned they had several students who stood at their desks, rather than sat; or were constantly wiggling and shifting in their chairs. Upon observation I noticed many of the smaller kindergarten students' feet did not touch the floor when seated at the classroom tables. In one grade 3 class, I noticed that many of the students were sitting on the edge of their chairs, with the chairs tipped forward so the back legs were off the floor. When asked to sit back in their chairs, I noticed several students could not touch the floor with their feet. When chairs were pulled up to their desks, I saw a lot of shoulders hiking up in order for children to reach the top of the desks. When I questioned the teacher regarding the apparent problem with the size/fit of the desks and chairs, she responded that the furniture was delivered with the portable and she had no idea what grade had been in the portable previously.

Later the same day, I had visited a grade 6 classroom. The first thing I noticed in this classroom was that many of the students were hunched over their desks when working and some of the students' knees were bumping the shelf under the desk. I asked the teacher about the size of the desks and she reported that her classroom had previously been a grade 4 class and the furniture had never been changed.

A visit to a grade 2 class the next day revealed a classroom of varying sizes and heights of students, but desks and chairs that were all the same size. Several students were standing to work as the desks were too high, or tipping their chairs forward to allow their feet to touch the ground. The teacher pointed out other children whom she thought may have motor problems as they constantly moved and wiggled in their chairs. I proceeded to measure the desks and chairs and recommended for a couple of students that the desks be lowered by 2 inches (fortunately, they were adjustable) and that smaller chairs be found for these students. Upon follow up about a month later, the teacher told me the changes had made a huge difference, with those students now less "wiggly and jiggly" when at their desks. They were able to attend and to concentrate much better.

I had a chance to speak with the principal and 2 VP's about these observations about poorly fitting classroom furniture. One VP expressed immediate concern about the safety issue of students rocking forward so their feet could touch the ground; the principal identified lack of staff knowledge regarding appropriate furniture height/fit, as well as a custodial issue around the moving of furniture between classrooms, between classrooms and portables, and adjusting of table/desk heights when the furniture is adjustable. A full staff training session is planned around posture/positioning and conducting a classroom desk audit.

Story #4

Almost immediately upon my arrival in October, a kindergarten teacher asked me to observe a few students about whom she had motor concerns. Due to the number of kindergarten classes at this school, her classroom is not in a regular kindergarten room, requiring the use of hall lockers, leaving the room to use the bathroom and a smaller classroom space in which to deliver the program. I spent one period participating in her classroom program, observing the students of concern. One JK student, a boy, stood out immediately- I noticed:

- *a very floppy and awkward gait as he moved about the classroom*
- *difficulty negotiating around peer/objects in the classroom- apparently unaware of his body position in space*
- *a pencil grasp typically seen in children with low muscle tone and not on the developmental sequence of typical grasp development; hypermobile finger joints*
- *"flopping" to the floor at transition times, requiring 1:1 attention from the teacher to redirect and reengage*
- *needing help to open his containers at lunch time*

I flagged this student for this study, and the family provided consent for participation. Follow up visits yielded further information, including:

- *great difficulty staying seated on the carpet- "I'm too tired"- constantly shifting, moving, lying on floor, fiddling with hands, fingers and objects within reach*
- *need for step by step assistance to organize and execute every step of an activity, including dressing/undressing at his locker and pulling up pants after using the bathroom*
- *difficulty standing in line- often wandering away*
- *ongoing difficulty with transitions and regulating his behaviour in the afternoons*

I recommended several strategies to the teacher and SERT with some success being achieved, including the use of a visual schedule for the locker routine and bathroom routine, a mat on floor to define his space, as well as the option to lean against the wall for postural support, movement breaks, calming/relaxing music at the listening centre and some fine motor activities to develop hand skills required for pencil control. I reviewed my observations and recommended strategies with the mother in January by telephone and was told by the teacher that a pediatrician appointment was coming up. Following the call, I summarized my observations and the strategies in writing. I met with the teacher and VP (SERT was unable to attend) to review the information I had discussed with the mother, and to review my written summary prior to sending it home to the parents. The school raised concerns about this type of information (observation of motor performance) going home to the parent and expressed some discomfort with this process. This method of communicating observations that were made by a health professional seemed to be unfamiliar for the school.

In small groups, participants then discussed the information provided about the study and their reactions to the stories. In particular, questions were posed about the issues or concerns that each story raised and what the implications of each issue might be, at a systems level.

Summary of Group Discussion

The notes taken in the small groups and the plenary session in the early afternoon highlighted the many successes and challenges seen thus far in the project. The successes are, for the most part, at the direct, interactional level among teachers, the OTs and the parents. Most of the challenges appear to be at the structural or systemic level.

Some of the specific ideas raised by the stakeholders are outlined below:

<u>Successes</u>

- High degree of acceptance of the OTs into the school and in to specific classrooms. Teachers have been very welcoming and interested in participating.
- We have seen multiple examples of very quick uptake of suggestions and strategies by the teachers
- Many of the suggestions the OTs can make are very simple, practical and easy to accomplish quickly, e.g., changes to seating, alternate types of paper, visual schedules, altered verbal cueing, changes to writing tools.
- Teachers have been keen to attend educational/inservice sessions and have commented on how helpful they have found the information
- A parent workshop was held and many parents are in ongoing communication with the OT
- Several teachers have recognized that the ideas the OT is bringing would be helpful for all the students in their classrooms, so the emphasis has shifted to one of promoting development versus intervention with specific children.
- OTs have had the chance to teach whole classes on topics such as scissor skills, preparing your bodies and hands for desk work, printing and cursive writing. The teachers have been able to observe and model from these classes.
- We have been able to develop resources and in-services in response to teacher requests with short turn around time

- Teachers have commented on the value of the different perspective the OT brings and that the information helps to round out their view of the student
- The OT has been able to contribute information and observations to team meetings about children identified with concerns
- Information has been shared with parents to support them in accessing health care services
- The opportunity to see the children over time has been very helpful to see their response to intervention
- The opportunity to be in the school consistently allows for the chance to try, adapt, adjust strategies easily and to follow-up quickly
- Being right in the classroom allows the OT to immediately seize on opportunities to embed things into the program
- The "intervention" is all happening in the child's natural environment so there is no issue about transfer or generalization
- Teachers are very tuned in to the children who are struggling and have appreciated the confirmation from the OT that they are able to identify these children
- There is a sense that this model could be effective with many other students beyond those with coordination difficulties
- The OTs have been invited to participate in School Board wide discussions around the kindergarten program and to contribute to the development of indicators for the JK/SK curriculum.

<u>Challenges</u>

- Teachers have limited background in motor development and the typical progression of skills in young children. Much discussion centred on pre-service education and the limited focus on development and special education within these programs.
- Curriculum pressures, particularly in literacy and numeracy are very high for teachers and they feel that they don't have time to address some of the foundational developmental skills
- Physical plant issues are present (e.g., incorrect sizes of chairs and desks) but limited opportunity to change these or move them around without major disruption or impinging on union or other regulations (e.g., inability to have children dress in the hall on a bench when the cubby area is too congested due to fire regulations)
- Maintaining communication with families can be challenging and finding opportunities to provide knowledge to the parents can be difficult for example, when they are working and not able to come to the school, when language barriers and/or socio-economic stresses are present.
- Differing rules and regulations between the health care system and the educational system can cause conflicts, and block communication, e.g., specific issues such as access to the OSR, participation in school team meetings, documentation requirements by the OT college, consent issues.
- OTs who have worked in a more traditional model of one-to-one service delivery may find it difficult to move to this model and require quite a bit of support
- Parent advocacy for children with coordination difficulties is not easy as there are no parent groups available and often the parents are unaware of the nature of the child's difficulty

- Funding for this type of model outside of the current project is a question. The current model (SHHS) is funded by Ministry of Health, but currently under review. What is the role of Ministry of Education, Ministry of Children and Youth?
- Development of outcome indicators and evidence as we move from pilot to the demonstration project. What are the specific indicators of success? Different audiences will likely be interested in different indicators.

What are the next steps?

- Continue pilot involvement until end of 2008-09 school year as new learning is still taking place
- Conduct focus groups with participating teachers to solicit feedback and suggestions
- Recruit and begin training OTs for demonstration project
- Determine participating schools for 2009-10 school year
- Develop relationship with, and seek permission to engage, a second schoolboard for the demonstration project
- Continue to develop resource materials, lunch and learns, and centre-based activities
- Determine outcome measures for demonstration project
- Resubmit demonstration project methods and measures to McMaster Research Ethics Board and ethics boards of both schoolboards
- Address issues around consent, access to information and documentation in collaboration with OT College and School board
- Support parents in beginning to develop a virtual network
- Consider other potential stakeholders to add to the group

How can you help?
Share these stories and the issues that were raised for you with the individuals whose perspectives you represent. Send any additional thoughts or suggestions that arise within your stakeholder constituency.

Let us know if you have an interest in working on any more broad, or system level, issue that might have been raised.

Help us to become aware of other initiatives that may impact on this study, similar work going on in other jurisdictions, or resources that may be supportive.

Acknowledgements:
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For more information about the progress of this study, or to share information, please contact our Project Coordinator, Cindy DeCola at decolac@mcmaster.ca or 905-525-9140 ext. 26074

Appendix 1
CanChild 'Partnering for Change' Symposium
March 4, 2009

PARTICIPANT INFORMATION LIST

Participant	Affiliation
Jackie Bajus*	Hamilton Wentworth Catholic District School Board
Sue Baptiste	McMaster University (Facilitator)
Debra Bell*	Ministry of Health and Long Term Care
Krista Benedetti*	Teacher representative
Sheila Bennett	Brock University
John Cairney	McMaster University
Jane Cleve*	Ministry of Children and Youth Services
Lynn Corbey	Community Rehab
Vicki Corcoran*	Hamilton-Wentworth District School Board
Maureen Cox	Ministry of Education
Cindy DeCola	CanChild
Julie Erbland	Ministry of Children and Youth Services
Barry Finlay*	Ministry of Education
Robin Gaines *	Children's Hospital of Eastern Ontario
Les Galambos	Hamilton 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
Debbie Jones-Snyders	Community Rehab
Shone Joos*	OT representative
Deb Kennedy	York District School Board
Carolyn Koekkoek*	Halton District School Board
Jennifer Kustra*	Parent representative
Danielle Levac	CanChild
Cheryl Missiuna	CanChild
Elizabeth Molinaro	Parent representative
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
Michele Paci*	Teacher representative
Christina Petterson	Halton District School Board
Nancy Pollock	CanChild
Peter Rosenbaum	CanChild
Dianne Russell *	CanChild
Barbara Ruttan*	Community Rehab
Sandi Sahagian Whalen	OT representative
Joanne Schmidt	OT representative
Lisa Schultz	Ministry of Children and Youth Services
Lorie Shimmell	School of Rehabilitation Science, McMaster University
Jenny Siemon	CanChild
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
Georgina White	Ontario Association of Community Care Access Centres
Eva Wong	CanChild

member of research team * *unable to attend this Symposium*

Appendix 2

Assumptions

We are here to meet the needs of children and their families.

We recognize that these needs are placing a huge burden on children and families, on schools and on the healthcare system.

We recognize that partnerships provide the richest means by which to address these needs, and that partnership implies ongoing respect but not necessarily continual agreement.

To facilitate participation, change needs to happen *around* the child, by building the capacity of individuals in the child's environment.

We will support teachers, parents and service providers who work with these children in developing the capacity/skills that are needed.