ABSTRACT
This project was conducted for CW CCAC to identify program evaluation ideas for the expansion of the Partnering for Change (P4C) program in their catchment area. Twelve themes across the three predetermined areas of quality, accountability and outcomes emerged from qualitative interviews. Descriptive data was gathered through a comparison between the CW CCAC billing codes and codebook tracking data collected by the P4C research team. Based on the evidence that emerged from this project, the authors have provided a number of recommendations to guide CW CCAC in planning future program evaluation activities. The program evaluation recommendations can also inform other CCACs in Ontario who are implementing the P4C program as an alternative occupational therapy service delivery model in schools.

INTRODUCTION
P4C is the innovative, evidence driven model that is being evaluated. In this model there is an emphasis on the collaboration to enhance the participation of children. Occupational therapists (OTs) work in the school, alongside educators to build their capacity and support the children. OTs are able to observe in the classrooms to provide the appropriate level of intervention, according to the model. There are three levels of intervention in the tiered P4C model: Universal Design, which looks at strategies and modifications that can help the classroom as a whole; Differentiated Instruction, where the OTs are able to work with students in groups and identify needs for strategies; and Accommodation in the form of individualized accommodations and strategies for the children who have more complex needs. CW CCAC is in its second year of implementation and decided on expansion of the model into 20 more schools, with the OTs providing services every other week. As CW CCAC is continuing to use this model the management team wanted to set up a program evaluation approach that would be relevant, affordable and sustainable. They want to know what information would be most important to collect and asked if the P4C research team could help with this. The project manager of P4C has been supervising two student OTs to conduct a small project to address the program evaluation needs of CW CCAC. This report will be used to inform CW CCAC of possible options for program evaluation.

PROGRAM EVALUATION
Program evaluation is the systematic process of assessing and reviewing the efficiency, effectiveness and implementation of a program (Lettis, Law, Pollock, Stewart, Westmorland, Philpot, & Bosch, 1999). Performing a program evaluation is an integral component of an effective program. This evaluation of the expansion program by CW CCAC focused on both the process (quality and accountability) and the outcomes, as dictated by CW CCAC. As pediatric occupational therapy services are inherently family-centered, a part of the program evaluation needs to address which aspects of the P4C program are being most valued by parents, educators, OTs, and stakeholders.

METHODS
The authors chose to employ qualitative methods for the project to explore both the statistical data and the perspectives of stakeholders in regards to what is important in the P4C program. In regards to program evaluation, qualitative methods enable researchers to understand how a program was implemented, the experiences of participants, and the program’s strengths and weaknesses. Qualitative non-numerical data can be presented and explained in meaningful ways to dependably identify important themes (Patton, 2002).

Semi Structured Interview. A semi-structured interview process was used to interview twelve stakeholders, with varying perspectives (coded CCAC, education or OT). Each author also shadowed a P4C OT to gather information regarding their perspectives. The questions were formulated based on literature the three areas of quality, accountability and outcomes. The authors and P4C project manager content analyzed the transcripts to identify main categories and themes based on guidelines of qualitative research and evaluation methods. Descriptive Data Comparison. CW CCAC provided the authors with the billing codes that the P4C OTs used. The authors also received the codebook from the P4C program research coordinator, which identified the different types and categories of activities the P4C OTs reported. The authors compared the two data sets in a chart, focusing specifically on the categories used and how descriptive the available data was.
FINDINGS
The findings are a combination of data collected through interviews as well as the descriptive data collected by CW CCAC and the research project. In total the authors were able to pull out twelve consistent themes and create a comparison chart of categories. **Quality** refers to components that participants believed contributed to the high level of excellence or value of the P4C program: Timely Access to Care, Access to OT, Good Relationships, and Consistency of Service Provision. **Accountability** refers to themes that contribute to delivering a service that is expected: Doing what you say you are going to do, Cost Effectiveness, and Knowledge Translation. The comparison chart of descriptive data was included in accountability. **Outcomes** refers to the results that occurred due to the P4C program: Confidence in Children, Satisfaction, Capacity Building, Early Identification and It’s Early Stages.

DISCUSSION
The findings from this project identified components of program evaluation to consider. Although themes have been placed under the three different categories, it is important to understand that there is interaction and overlap of the themes. For example, capacity building was identified as an indicator of quality as well as an outcome. In addition, one is held accountable for providing quality of a service or for producing an outcome. Another important point is that the implementation of the P4C model is still in its developmental phases. There is much still to be learned, which will contribute to improving and adapting the program. As the P4C program evolves, different outcomes may emerge over time. For example, there are currently changes in confidence of children, in time, this may lead to an increase in participation in the community and at school. Through the interviews with the various participants the authors have gathered ideas for monitoring and measuring the various categories and themes for program evaluation activities with surveys and documentation reviews being the main suggestions. The authors searched current literature within health care to identify methods that are currently being used for evaluation. Current measures used include the Canadian Occupational Performance Measure, the School Function Assessment, Satisfaction Surveys and the Measure of Processes of Care Questionnaire.

RECOMMENDATIONS/FUTURE DIRECTIONS
**Billing Codes/Workload Measurements.** The billing codes currently used are unable to capture a meaningful picture of what a P4C OT is doing. The codes reflect more of the ‘old’ service delivery model, which was more concerned with an OT’s caseload. In the P4C model, billing codes should focus more on overall workload, as the whole school has become the OT’s client (Jackson, Polichino, & Potter, 2006). The workload approach will capture how the OTs are using their full range of skills. **Chart Review.** CW CCAC would benefit from performing regular chart reviews, to get a sense of what the OT is doing throughout their day. These can also serve as a way to inform the future process and direction of the P4C program. A variety of sources should be examined. **Survey by CCAC Care Coordinators.** It is recommended that a survey be used to measure components such as capacity building, satisfaction, accessibility to the OT and relationships. The survey would be conducted once or twice a year during school visits. It is suggested that a Likert scale be used with room to comment, instead of a yes or no method. This will allow respondents to give a rating, and observe change in key areas of program evaluation. **Continue using the RACI Model and Lean Management Model.** CW CCAC is currently using the RACI model (Responsible, Accountable, Consulted, Informed) for identifying the roles and responsibilities during this organizational change process, the P4C expansion program. By continuing to use these models, CW CCAC will be able to manage quality and accountability. It is recommended that in a future program evaluation, CW CCAC examines each activity in the P4C program and determines whether it is “value-added” or “non-value-added” (Deans & Wade, 2011). **Ongoing Communication and Evolution.** CCAC should continue to have meetings on a regular basis involving staff and stakeholders to discuss the P4C program and plan for the future. Throughout the interviews, it had been verbalized that participants need help when first implementing the P4C program, as it is a major shift in thinking, and an open forum for sharing information and ideas could be helpful. Possibilities of future research include evaluation of the P4C program for children with different diagnoses, and as a service delivery model for other healthcare services such as physiotherapy and speech therapy in schools.

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REFERENCES