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A Family-Centred Early Intervention Model Using the Canadian Occupational Performance Measure

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Rationale: Family-centred practice models transfer power from therapist to family, recognizing that families have the best knowledge of their own needs and circumstances. In a family-centred model, parents have the opportunity to prioritize and select therapy goals for their children in collaboration with therapists. Such a service allows families to identify and work toward goals that are most important to them, and which will have the most beneficial impact on their everyday lives and well-being. The Canadian Occupational Performance Measure (COPM) is an assessment tool, developed in Canada, which was designed to support such an approach. The measure asks parents to identify activities of interest to their child, and for each, rate their child's performance of the activity as well as their satisfaction with this current performance level. This process provides structure that leads to collaborative goal setting for therapy. The COPM was employed in one early intervention program in rural India as a means of supporting the introduction of family-centred practice.

Objective: This paper describes results from an evaluation of COPM use within an Indian early intervention program. We sought to understand the benefits, challenges and general outcomes of using this tool in this context.

Method: This paper presents the theory and rationale for employing the COPM in an Indian early intervention program. It then reviews the results of an evaluation study that employed quantitative and qualitative data sources. Quantitative data was collected from 1997 therapy goals identified by parents of 743 participants in the early intervention program. Qualitative data was collected from interviews with parents and program staff.

Results: Quantitative analysis of COPM goals revealed those most commonly identified, as well as trends related to demographic factors. Qualitative interviews revealed challenges associated with translation, client socio-economic backgrounds, Western cultural norms, required training and human resource allocation. Benefits included increased understanding amongst rehabilitation

service providers and caregivers of family-centred practice, and support for the organization's advocacy for program expansion and funding access.

Conclusion: Through employment of a family-centred assessment tool, families have greater opportunity to access a service that meets their needs. Knowledge obtained through evaluation of the COPM in this context can be used to refine and improve the early intervention service to help it cater more specifically to the Indian context and families receiving service, including working toward the evolution of a made-in-India family-centred assessment tool.