Alternative Curriculum Expectations and Assessment Companion Tool (ACE-ACT)

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Background

Data collected by the Ministry of Education as part of the Assessing Achievement in Alternative Areas (A4) project indicate that 0.9% of students enrolled in elementary and secondary schools in the province are not accessing Ontario curriculum and are exempted from standardized provincial tests. This represents approximately 17,000 students in the province. The study also revealed a lack of consistency in the use of assessment methods for these students. Additionally, boards of education were not collecting board-wide data on the achievement of these students (only 15.9% of boards reported collecting this data).

The Project

In June 2008, the Barrie region began to collaborate on a project to address these issues. Following discussions held by the superintendents, a working committee was formed, comprised of representatives from each of the 11 boards of education in the region. The working committee was comprised of board special education consultants and administrators, a language class teacher, a speech and language pathologist, and a researcher. This committee's mandate was to develop a tool to enable boards to monitor the progress of the students whose progress was not tracked using the usual data collection methods (i.e., CASI, EQAO, etc.). The working committee addressed the issue of data collection and it was determined that a data collection tool would not be sufficient until there was consistency across the region regarding what data to collect. A curriculum document containing expectations was required as well. Because oral language is the foundation for all skill development, it was decided that the project would start with an oral language curriculum.

The committee then worked collaboratively over the next several months to develop the Alternate Curriculum Expectations (ACE) document, a set of curriculum expectations that outline the development of oral language from birth to age 4, and the Assessment Companion Tool (ACT), which allows teachers to measure student achievement of the expectations as outlined in the ACE document. The assessment tool is designed to work in tandem with the curriculum expectations and to provide classroom teachers with a method to measure the developmental growth of a student in the area of oral language.

The ACE and ACT documents focus on student development and achievement in oral language rather than on disability and give teachers a measure for analyzing student achievement. As well, this assessment method also offers teachers a progressive tool for monitoring student skill acquisition and allows teachers to set specific and measurable performance tasks for individual students. It is not designed to replace other assessment methods but rather, to be used in combination with those methods to increase student achievement.

The curriculum expectations are outlined in 10 developmental levels. While the levels progress developmentally, students do not have to master the expectations in order. Students do not have to complete all the expectations within a level before progressing to a developmentally higher level. The assessment tool is designed to be sufficiently detailed to give teachers excellent data on the progress of a student, and it can be used for diagnostic, formative, or summative assessment. It may be used individually or as a whole-class assessment. The documents can also be used to design, monitor, or assess IEP-based goals and can better inform parents about the progress of their children.

The Pilot Study

With the document completed in draft form, the working group members selected teachers from each of their boards, in both mainstream and small-class settings, to pilot the use of the curriculum document and assessment tool with appropriate students in their classes during the fall and winter of the 2009–2010 school year. The intent of the pilot was multi-faceted. The teachers selected received in-service, common to all boards involved, on the use of the documents and were asked to develop student IEPs in the area of oral language using expectations from the ACE document. IEPs from the previous year (prior to the use of ACE) will be compared to those written with the assistance of the documents to evaluate whether teachers were better able to select appropriate student goals and write them in measurable, specific terms. Report cards from both before and after the use of ACE were also gathered to evaluate whether teachers were better able to write meaningful report card comments in parent-friendly terms. Parents were also surveyed to find out whether they were better able to understand the progress that their child was making, as reported on the report card. Teachers were surveyed prior to the study regarding tools available to them to program for students and to report on progress to parents, and they will be surveyed at the end of the project to see if the ACE-ACT documents have assisted them.

All data from the project will be analyzed by June 2010. It is anticipated that all 11 boards will institute this common curriculum and assessment tool for use by their teachers for the next school year.

The Ministry and the A4 Pilot Project

During the fall of 2009, the Ministry announced funding for projects in the area of Assessing Achievement in Alternative Areas (A4). The Barrie region has used this project to enhance its ongoing ACE-ACT project. Data analysis for the project will be supported by a researcher as well as by the project lead. Further funds will be used to create a platform to support data that teachers of students on alternative curriculum will input into a centralized data collection tool, enabling board administrators to analyze data related to student progress.

Collaboration

One of the key lessons from this project was the value of the collaborative processes developed by the boards in the Barrie region. The input from the various disciplines on the committee was invaluable in the development of the project. The participation of every board in the region allowed relationships to develop across disciplines and provided opportunities for the various members to consult with each other and discuss issues not related to alternative curriculum. A strong collaborative relationship has been developed and continues to be fostered through networking opportunities and other shared projects. ⬣

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Knowledge Exchange at the Mental Health Commission of Canada

Peter Levesque

Knowledge exchange, knowledge mobilization, knowledge transfer, evidence-based practice, dissemination—there are over 100 related terms in current use to describe the explicit process of going from what we know to what we do. Articles have been written about what each term means. Examples have been given of people and organizations using them. Yet there is still confusion about what knowledge exchange is and why it is important.

When I was asked to write about knowledge exchange at the Mental Health Commission of Canada (Commission), my immediate answer was yes. It was yes because I respect the knowledge exchange work of the Council of Ontario Directors of Education. Your perspectives and efforts are important, have lasting impact, and influence the work of so many other sectors of our society and economy. Over the past five years, the work of the CODE Special Education Project has demonstrated the power of knowledge exchange and, when done well, its potential to fundamentally change how we do business. Many of the components of the Knowledge Exchange Strategy of the Mental Health Commission of Canada are similar to the components of the process that were used in the CODE Special Education Project.

This article will provide you with some background about the Commission, about the emerging Knowledge Exchange (KE) strategy, and why KE is an important part of the infrastructure needed for improvement in all sectors. You will find many parallels to the capacity-building activities that have been part of the CODE Special Education Project over the past five years.

Background

The proposal to create the Commission was first made by the Standing Senate Committee on Social Affairs, Science and Technology in November 2005. Almost two years earlier, in February 2003, the Committee, under the leadership of Senator Michael Kirby, had undertaken the first-ever national study of mental health, mental illness and addiction.

The Government of Canada announced funding for the Commission in its March 2007 budget and indicated that the mandate and structure of the Commission would be closely based on the proposal contained in the Senate Committee report. This report included a recommendation that the Commission "create an Internet-based, pan-Canadian Knowledge Exchange Centre to allow governments, service providers, researchers and the general public to access evidence-based information about mental health and mental illness and to enable people across the country to engage in a variety of collaborative activities."

The Senate Standing Committee Report, *Out of the shadows at last: transforming mental health, mental illness and addiction services in Canada* recommended the following:

- That knowledge exchange be regarded as one of the core strategies of the Commission;
- That it create a pan-Canadian network as a reliable "point of access" that is also accessible to all;
- That it filter the accelerating accumulation of data on mental health;
- That it provide Internet-based distribution of information;
- That it publish studies, reports, and other documents; and
- That it monitor national and international developments in mental health.

The report also recommended NOT doing some things. These include:

- DO NOT fund and undertake specific research projects;
- DO NOT recreate and implement existing knowledge;
- DO NOT recreate existing tools;
- DO NOT maintain research databases;
- DO NOT provide 1-800 services; and
- DO NOT direct consumer/system/provider advocacy.

« Knowledge Exchange, continued

The challenge of creating a "Knowledge Exchange Centre" was evident from the start. Mental health is complex. It includes a wide range of needs across a spectrum of intensities, across the lifespan, with most services available falling outside of what we would recognize as a formal system. Yet, there is no health without mental health. As educational leaders, you know that education is more difficult when there are mental health difficulties, whether in the student, the teacher, the parent, or administrators.

Strategy Development

For the past few months, Commission staff have been meeting with people across Canada. These include leaders in child and youth mental health; family and caregivers; First Nations, Inuit and Métis; lawyers and judges; scientists; researchers; policy-makers; seniors' mental health; service systems; and the workforce. Staff have also been meeting with people who have expertise in pushing content out; pulling partners in; cultural diversity; context analysis; e-communication; social networks; international trends in knowledge exchange; and social media.

What is emerging is a clear sense that "knowledge exchange" is really about facilitating the "exchange of knowledges"—knowledge is plural. It is fundamentally a social process. Data and information do not become knowledge until they have a social life–a diversity of social lives. While KE is often supported by technology, the human demands must drive the supply of tools and activities—not the other way around.

The strategy that is developing involves bringing together several core concepts:

- Push, pull, linkage, and exchange as the key knowledge exchange processes;
- Content, context, capacity, and culture as the key points of conversation;
- Managing the what, so what, now what questions as part of a value chain; and
- Balancing logic, technology/techniques, ethics, and empathy in order to be more inclusive.

Furthermore, it is apparent that leadership is not from the top or from the bottom, but from the middle and for a purpose. Value creation can come from many sources and may not always be captured by measured outputs, but will likely show up as outcomes. Innovation is both conceptual as well as applied—new ways of thinking are as important as new ways of doing. We are aiming to be demand-driven and supply-influencing rather than the other way around. The aim is to be transparent with high levels of integrity, managing but taking risks, and seeking to create diverse partnerships to assist us with creativity, continual learning, and adaptation.

Practice

The challenge is how to bring all of these concepts into practice. While a KE strategy for the Commission is still in the drafting stage, it may be useful for you to know what is being planned.

Building on the evidence of good KE practice, core activities include:

1. Developing a knowledge-access/content-push strategy that includes implementing a content management system for Commission and Advisory Committee projects, the development of protocols for multiple formats of "knowledge artifacts," and the identification of current mental health and practice content leaders.
2. Identifying KE leaders, both those within mental health but also those interested but not necessarily inside the "system," and linking them to each other in a pan-Canadian community of practice that includes both electronic and face-to-face communication that is facilitated and ongoing.
3. Developing a strategy to foster the use of social media and conversation support. While the focus of the attention on social media is often on the technology, we are placing an emphasis on the social part. Better linkage often leads to better exchanges. We plan to convene and facilitate conversations about knowledge areas in mental health using both electronic tools and face-to-face techniques that support better dialogue and discussion, in an effort to recognize and respect the complexity of the issues and the diversity of cultural and experiential perspectives.
4. The Commission has received funding for 10 years and has a sunset of 2017. Recognizing this, we plan to build the capacity of individuals and organizations to do KE across Canada so that the work catalyzed by the Commission may have a better chance of continuing whether or not the Commission continues to exist.

Infrastructure

Over the past 10 years, I have argued that KE is part of the infrastructure that Canadians need—like roads, water, schools, and electrical grids. We educate people and have a literate, intelligent, creative population. We produce data and information at ever-accelerating rates on an accelerating range of topics. We do not, however, have a system or culture that facilitates getting what we need to know, when we need to know it, in a format we can use, available in a timely and cost-effective way. It happens sometimes, but we all know how many decisions get made without good access to the needed evidence.

The Senate Committee heard this loud and clear and recommended that KE be included as a core strategy of the Commission. But this has never been done in mental health in Canada and has not been completely implemented anywhere else in the world as far as I have been able to ascertain. Over the previous two years, there has been significant discussion about what a Knowledge Exchange Centre should look like but it is still an idea—a good idea but a difficult one.

Knowledge Exchange is now recognized as part of the infrastructure we need to build. KE is a core piece of the puzzle in supporting "the social life of knowledge." Having data and information is important, but it does not necessarily lead us to where we want to go. In fact, we all hear the cries of 'too much information.' The Commission recognizes that we need to facilitate discussions, we need to filter data and information from many sources to make it palatable for consumption, we need to convene groups of people to come together to determine meaning and directions to go in, and we need to amplify the messages that show how to help those in need and to build the capacity of the communities they reside in.

This does not happen on the corner of the desk of some well-meaning but overworked person—at least, not for very long. It happens when there are resources, training, colleagues, tools, and a profession of dedicated individuals embedded in contexts as diverse as the needs of the people they serve. KE is important both for economic and ethical reasons. It makes good sense to use what we know more effectively.

During the time that I worked with the CODE Special Education Project, it was very clear to me that the tenets of knowledge exchange are very much a part of the work of educators. The educational community will be an important contributor as we move the mental health knowledge exchange agenda forward across the country.

It was a privilege to discuss how best to create a KE system for mental health for all Canadians. The strategy development period from January to May 2010 was filled with many possibilities; however, the real challenge lies with implementation.

For more information on the Commission and its work in KE, please contact Geoff Couldrey, Vice-President, Knowledge and Innovation at the Mental Health Commission of Canada, Suite 800, 10301 Southport Lane SW, Calgary, AB, T2W 1S7.

To learn more about knowledge exchange and actions for mobilizing knowledge in your practice and context, please contact Peter Levesque, Director, Knowledge Mobilization Works, 2-2026 Lanthier Dr., Suite 388, Ottawa, ON, K4A 0N6. Peter can be reached by email (pnlevesque@gmail.com), by phone (613-552-2725), on Twitter (@peterlevesque), or using Skype (peterlevesque). ⬣

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Introducing the National School-Based Mental Health and Substance Abuse Consortium: Building Awareness, Mobilizing the Field

Lori Wilder, Superintendent of Student Services, Bluewater DSB
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(On behalf of the SBMHSA Consortium)

Taking Mental Health to School, 2009

When students aren't "in the room" because they are troubled, they are not ready for the curriculum – we are talking about 1 in 5 kids – so many are impacted

Mental health issues consume our daily work, from policy to staffing to coordination to liaison – this is our number one concern.

It scares us – we don't know what to do. We don't get mental health 101, but we deal with this every day. Educators don't have the tools they need.

Some amongst you will recognize these words - because they are yours. Last spring, Directors and Superintendents of Education from across the province participated in interviews supporting a scan of the Ontario practice landscape in School-Based Mental Health (SBMH). This work culminated in a policy-ready paper and companion scan document, Taking Mental Health to School (Santor, Short, & Ferguson, 2009), that was presented to senior policy officials from five Ontario Ministries that "touch" child and youth mental health. During the interviews, we asked you what you wanted us to tell policy-makers about the needs related to mental health in schools. This is what you told us.

1. We are gravely concerned about student mental health. Children and youth appear to be suffering more and more under the weight of emotional and behavioral problems.
2. Student achievement and student mental health are strongly linked. We need to pay attention to this issue as educators.
3. Educators are ill-prepared to manage the emotional distress they witness each day within the student population we serve. Mental health literacy is not a routine part of teacher education, nor is it systematically included in professional learning activities.
4. Cross-sectoral provincial coordination and leadership is needed in this area. Policy-makers need to model the collaborative approach that is required, and to provide direction to school boards about how best to serve the mental health needs of our young people.
5. In spite of current challenges, school boards throughout the province are implementing creative, collaborative approaches to supporting student mental health. Many of those interviewed described wonderfully innovative models of service delivery, and the adoption/development of many universal mental health promotion and prevention programs in schools.
6. Current efforts, while innovative and resourceful, are insufficient for meeting the needs of our most troubled students. Much more needs to be done, systematically across the province, to support educators in their attempts to support children and youth at school. Educator mental health literacy was identified as a critical need for the system.