



# Results of a Validation Study

## Perceived Efficacy and Goal Setting for Children with Disabilities

### Results at-a-Glance

- Young children are able to self-assess and participate in goal setting
- Children report a higher level of competence than their parents or teachers do
- Children and adults have high agreement about specific areas of competence
- There is a difference across disability groups in how children rate their performance
- Children's goals are different than those of adults
- Children's goals appear to be stable
- Therapists found the PEGS to be clinically useful, quick and easy to administer
- Therapists felt it helped them to get to know the child, to hear the child's priorities and it broadened their thinking beyond school issues
- Children liked the PEGS!



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### Wrapping up the PEGS Study

Our team at *CanChild*, Centre for Childhood Disability Research, is pleased to announce that the PEGS study has drawn to a close. In the study, which took place from 2000-2002, we examined the ability of 6-9 year old children to identify their own competence in every-day tasks and to set goals for themselves in occupational therapy. This newsletter is designed to give you an overview of the study and a summary of the results.

### Why did we do this Study?

- Central tenet of family-centred service is identification of priorities for intervention
- Goal setting is an abstract process and is difficult for young children
- Children's goals are usually set by parents, teachers and therapists
- Priorities and goals of children often differ from those of adults
- Goal setting requires children to assess their competence performing everyday tasks
- Literature suggests young children can self-assess, if appropriate methods are used



Part 1: Perceived Efficacy

For each of 24 items, the child chooses which of two children s/he is more like: the one who does the task easily, or the one who has more difficulty with it.



Part 2: Goal Setting

The cards representing the items the child chose as the most difficult are laid out on the table. The child discusses which goals s/he wants to work on and why.

### What was done?

- 1) We recruited 117 children who were receiving occupational therapy through School Health Support Services, their occupational therapists, parents and teachers
- 2) Therapists completed the PEGS with the child. The child indicated how s/he perceived his or her competence on everyday tasks and subsequently set goals for OT intervention
- 3) Parents and teachers completed the adult PEGS forms (reporting their perception of the child's competence on the same 24 items and stating their goals) Therapists administered the School Function Assessment with the teacher or educational assistant
- 4) PEGS was re-administered with the child 2 weeks later to check goal stability

## What Did We Find?

We learned that children perceive themselves to be more competent than their parents or teachers do, but they are actually quite accurate about which tasks are harder for them.

The perceived efficacy results were not affected by grade or gender (although girls selected different kinds of goals than boys). Children with ADD rated themselves the highest, and children with physical disabilities rated themselves the lowest.

Results showed that children do not select the same goals as adults, which suggests that it is really important for therapists to hear their perspective. Children's goals are quite stable over time.

### Percentage of goal agreement across participants

Pairings	Number of goal matches			
	None	1	2	3
Child - Teacher	54	35	11	-
Child - Parent	39	39	18	4
Parent - Teacher	44	36	16	4

### Mean PEGS scores out of 96 by gender and grade

	Child	Parent	Teacher
Male (n=80)	76.6	61.8	57.0
Female (n=37)	74.3	61.7	58.7
Grade 1 (n=38)	77.6	60.1	54.9
Grade 2 (n=39)	76.7	62.8	57.6
Grade 3 (n=40)	73.3	62.3	59.9
Mean PEGS score	75.9	61.7	57.5

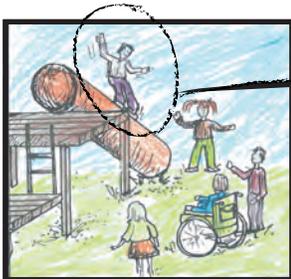
### Correlations between Child, Parent and Teacher PEGS Scores

	Child	Parent	Teacher
Child	-	.307**	.287**
Parent		-	.261**

\*\*p<.01 (highly significant)

## PEGS Card Revisions

After the data collection was complete, therapist focus groups brought to light some aspects of the picture cards themselves that needed revision before publication. For



Some therapists felt that the child in this picture may be participating in playground activities, but not safely!



This is the revised card. The child is on the platform and is ready to go down the slide - the safe way!

instance, the key child's clothing will now always be red and blue for easy identifiability. There will be a clock on the wall to clarify a task completion card, and the playground participation card shows children playing more safely than the original.

## Thank You

We are grateful to all the highly committed occupational therapists, teachers, case managers and parents who took part in this endeavour. We want to thank all of the children, without whom none of this could have happened. Finally, our thanks go out to the *Hospital for Sick Children Foundation* who so generously funded this study.



## Therapist, Teacher and Parent Feedback on the PEGS

Therapists commented that the PEGS helped them broaden their thinking about the child's issues and led them to become more aware of things that were of concern to the child.

*"It was wonderful to get the child's perspective, as all goals were previously chosen by parents and teachers with very little child input."*

In a similar vein, teachers commented that they were not aware that occupational therapists could intervene in areas other than handwriting and academic tasks. Activities like the child's ability to get ready for recess or to participate on the playground are important parts of a child's school day but, without the prompt of the PEGS instrument, may be overlooked.

Parents reported that they appreciated being involved and "having a say" in the focus of therapy. They were impressed with their children's ability to report areas of strength and weakness and were sometimes surprised to hear what was important to the child.

## What's Next?

The investigators of the PEGS study are in dialogue with publishers regarding making the tool available to the public. Check the CanChild website for news on PEGS!

[www.fhs.mcmaster.ca/canchild](http://www.fhs.mcmaster.ca/canchild)



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