Consultation on School Health Support Services
(February 16th, 2010)

Submission from the
Ontario Association for Families of
Children with Communication Disorders (OAFCCD)

OAFCCD VISION

All children will have access to a continuum of speech and language services to support their successful participation at home, in school and in the community.

OAFCCD provides support and information to families of children with communication disorders. Most of the children will require speech-language pathology services. Communication disorders may occur in children with a variety of special needs, including those with physical disabilities, developmental disabilities, autism spectrum disorders, learning disabilities, and the deaf or hard of hearing. Some of these children will require other services from the School Health Support Program including, physiotherapy, occupational therapy, nursing or dietitian services.

School Health Support Services – Speech-Language Pathology Services

Strengths:

One to one therapy: The primary model for speech services provided by the SHSS is one to on direct therapy. There is considerable research and evidence to show that one-to-one direct therapy is an effective intervention.

School Based Delivery: Most of the SHSS speech therapy services are provided to children at school. This is an accessible location that provides minimal disruption of child's routines.

Goal directed Therapy Plan: The CCAC model for SHSS requires the development of a service plan with input from families. The plan clearly outlines the goals and the measures that will be used to assess progress.

High Quality Personnel: Most parents are very grateful for the services they have received from the SHSS and many have commented on the valuable support and high quality service that they have received.

Appeal mechanism: As with all CCAC programs there is a process to request a formal review of the decisions about eligibility, the type or amount of service, or about discharge from the service.

Challenges:

Eligibility Criteria: The services are limited to those students that have speech impairments, including articulation, fluency, or voice disorders. This is based on the Inter-Ministerial Guidelines for Speech and Language Services (1988) and presumes services for students with language impairments are provided by the school board. Services vary between school boards, and not all school boards employ or contract speech-language pathology services. Children in private school or home–schooled with language impairments are unlikely to have access to services they require.

Variable Access: OAFCCD has received reports that the criteria for access to the SHSS speech services varies across the province. In some areas the focus is on children with mild to moderate impairments, and in others on those with severe impairments. Families have also reported that their child was deemed ineligible because their ability to community was too limited. For example, children with less than a three word utterance were denied SHSS services.

Geographic Challenges: The speech and language service system is complex. The provincial Preschool Speech and Language Program is delivered by 32 regional programs, there are 72 school boards and 14 CCACs. Service delivery models and access to services vary across the province. The programs also have different capacities and many programs have waiting lists.

Transition Challenges: The Preschool Speech and Language Program has clear expectations and responsibilities regarding transition of children to school, but the process and timelines vary between school boards. There may be gaps when the transition from the PSLP occurs in Junior Kindergarten but the SHSS does not admit children until Grade 1. There are also delays and gaps in service for children who are referred by the school board to the SHSS or for those who are discharged from SHSS and still require services from the school board SLP services.

Therapy options: Children with speech or language impairments should have access to a full continuum of speech and language services. The child's needs may vary over time and different interventions, including group therapy, mediated intervention, collaborative intervention, or consultative services may be required. The CCAC SHSS model of service delivery does not support the full range of interventions a student may require.

Block sessions or time limited interventions: Families have reported that their child was only able to get a block of therapy sessions, or a maximum number of sessions before being discharged from SHSS. The families felt that the therapy plan was based on resource limitations or policies and did not reflect the child's needs or progress.

Life long or long term impairments: For some individuals with speech impairment their need for intervention will continue or reoccur as the demands of the environment change. For example a student with unintelligible speech may learn to talk more clearly but the errors may reappear in their spelling or a child's stutter may be managed at Elementary school, but become worse at Secondary school with the demands of multiple teachers. Parents have reported that it is difficult to get back on to the SHSS or there are long delays as they return to the bottom of the wait list.

Speech Impairment and Literacy: Children with articulation and language disorders, evidence difficulties in kindergarten that are predictive of later difficulties in the development of literacy, including spelling errors that mirror their earlier severe articulation errors. In fact, one can predict reading failure with 70% accuracy in grade 2 based on oral language deficits (e.g., phonological awareness) evident in kindergarten. In particular, children with language disorders may have difficulties at Grade 2 & 3, when the child is learning to read, at Grade 5, when the child is expected to read for content and write in a conventional manner, and Grade 9, when the secondary school curriculum is delivered primarily through the listening mode. Students with language disorders also have difficulties with social relationships and may have behaviour problems that lead to suspensions, failed social relationships throughout life, and involvement in the criminal justice system.

Augmentative or Alternative Communication (AAC): The service system for children who require AAC is inadequate and fragmented. Children often face very long waits for assessments, equipment and services. Families also report poor utilization of devices at school as very few school staff know how to use equipment or incorporate

into the instructional and student's program. The role of SHSS in the system varies across the province and there are insufficient service providers to meet the needs.

Case Management: For students with speech impairment only, who do not need other professional health services, the Case Manager is an extra level of administration and expense. In many school boards, the referral to SHSS for speech therapy is made after the school board Speech-Language Pathologist (SLP) has completed an assessment, or reviewed reports from PSLP or other agency, to determine whether student has an eligible speech impairment. The Case Manager reviews files, contacts family and school, and for eligible students, authorizes the service provider SLP to provide speech therapy to the student. In some cases this may result in a child being seen or reviewed by three SLPs and a case manager, before they get any services.

Case Conferences/Collaboration: Effective interventions may require family members, school staff and others to work together to implement the child's program or to provide support to the child. This may require one or more case conferences or meetings to share information and develop strategies. The CCAC SHSS contract with the service provider does not always allow the SLP time for meetings and collaboration with school staff or community agencies that also support the child.

School Team/Collaboration: The SHSS contracted service provider is external to the school board and not part of the school team. The SHSS SLP is not able to access the student's documentation (Individual Education Plan (IEP) or Ontario Student Record (OSR)) and may not be able to participate in formal or informal student planning meetings.

Supervision of Support Personnel: Programming for children with speech disorders may require a trained mediator or para-professional to implement the program or conduct daily sessions or activities with the child. The use of support personnel can be cost effective but is not supported by the current CCAC SHSS model. The allocation and supervision of school personnel, including Teaching or Educational Assistants is at the discretion of the school Principal. SLPs that are external to the school system may have difficulty supervising support school personnel who are implementing student programs as required under the Regulated Health Professional Act.

Referral process: The SHSS requires the referral to come from the school Principal. The protocol between the CCAC and the school board may require the Principal and the school board SLP to be involved in the referral process. Parents have reported that they are unable to get referrals made "because the Principal doesn't agree or understand the child's needs". When this happens the parents are unsure what to do. They have not been denied services by the CCAC, so they can't appeal, and they can't make a direct referral.

Appeal mechanism: Many parents are intimidated about challenging decisions made by government funded agencies. Very few parents are able to organize and make an appeal of the decision of the CCAC Case manager. Often they are afraid that the services they are getting will be further reduced or removed.

Outcome Measures: The development of effective communication skills requires more than the child achieving the therapy goal. The child needs to generalize the skills and use them in multiple environments. This may require changes in the environment, in the behavior of other people, including family, teachers, and other students, and lots of opportunities to practice the skill. Outcome measures should include measures of changes in:

- the impairment,
- in the child's ability to do related activities, and
- in the child's participation at school, both academically and socially, and at home

Opportunities:

Private schools and home schools: The CCAC SHSS program has developed an effective model of how to support eligible students who are attending private schools or who are home schooled. This model could be expanded to include provision of services to students with language disorders.

Collaborative Services: The Ministry of Education and the Ministry of Children and Youth Services are currently developing Collaborative Service Delivery Models for Students with Autism Spectrum Disorders (ASD). Work on this project can be used to inform improved collaboration between the SHSS and school boards.

Individual Education Plan (IEP): The Ministry of Education is currently developing a new Resource Guide on IEPs, as well as IEP samples and additional training resources. There is an opportunity to align the SHSS Plan of Care with the IEP.

Outcome Measures: The *International Classification of Functioning, Disability and Health for Children and Youth (ICF-CY)* is a derived version of the *International Classification of Functioning, Disability and Health* (ICF, WHO, 2001) designed to record characteristics of the developing child and the influence of environments surrounding the child . This derived version of the ICF can be used by providers, consumers and all those concerned with the health, education, and well being of children and youth. It provides a common and universal language for clinical, public health, and research applications to facilitate the documentation and measurement of health and disability in child and youth populations.

As a version for children and youth, the classification builds on the ICF conceptual framework and provides a common language and terminology for recording problems involving functions and structures of the body, activity limitations and participation restrictions manifested in infancy, childhood and adolescence and relevant environmental factors. The ICF-CY belongs to the "family" of international classifications developed by the World Health Organization for application to various aspects of health. The ICF-CY can assist clinicians, educators, researchers, administrators, policy makers and parents to document the characteristics of children and youth of importance for promoting their growth, health and development.