# Ontario Association for families of Children with Communication Disorders OAFCCD

## Principles of Service Delivery:

OAFCCD believes that an effective speech and language delivery service is based on the following principles.

1. **Speech and Language Services should be publicly funded**, available in every community in a timely manner, regardless of diagnosis, or family circumstances.

2. **Services should be equitably distributed** with mandatory provision and funding, and local coordination of services which recognizes and responds to unique community characteristics.

3. **Provincial standards** should be in place to ensure on-going identification of children at risk for communication disorders.

4. **Healthy development** of speech, language and hearing should be promoted.

5. **Early and on-going intervention** should be provided.

6. Services should be delivered to children in an **environment that is as familiar** and natural as possible, and the travel distance should be kept to a minimum.

7. Speech and language programming should be **integrated into the child's learning** environment as much as possible.

8. **A full range of speech and language services** should be available using a variety of delivery models to best meet the needs of the child.

9. **Specialized speech and language services** should be available for the children that require them (i.e. augmentative communication, audiology).

10. **Parents should be empowered** through training, support and recognition of their role. Parents are vital partners in the delivery of speech and language services.

11. **Services should continuously support** the child and significant others (teachers, educational assistants, parents, caregivers, etc.) to allow the child to meet the changing demands as she/he progresses toward adulthood.

12. **The service system should be seamless** with smooth transitions between service providers.

## Key Components of the Speech and Language Service Model:

### 1. Prevention/Promotion:

The prevention of communication disorders should be a priority of the service system. Healthy community strategies should include:

- **provision of quality prenatal care** to all pregnant women
- **health programs to reduce** the incidence of premature births
- **appropriate treatment for birth defects** such as cleft lip and/or palate
- **public awareness programs**, such as those developed through the Preschool Speech and Language Initiative
- **parent education** regarding the need for language rich learning environments and speech and language stimulation
- **provision of high quality, language rich learning environments** in publicly funded preschool programs
- **strong emphasis in the educational curriculum** on the development of oral and written communication skills

### 2. Identification:

The value of early and on-going identification is well documented. To ensure early and on-going identification of speech and language disorders, the service model should include:

- **early identification of high risk infants** through Healthy Babies, Healthy Children and other initiatives
- **education programs to help parents**, family doctors, and child care providers identify problems and obtain referral to assessment services
- **provincial standards for screening mechanisms** to identify communication problems and make referrals to professional services
- **support and training for school personnel**, and especially classroom teachers, to enable them to identify students with communication disorders and make referrals for hearing, speech and language disorder assessments

## 3. **Intervention:**

The value of intervention is well documented. It is essential that qualified professionals be publicly accessible in every community to provide speech and language assessments, and appropriate programming. Intervention services, as best suited to the needs of the child, should be continuously available as child progresses toward adulthood, and include:

- **parent/consumer empowerment** through recognition of their role, and the provision of parent support and training
- **delivery of services to children in a familiar environment** in the local community, e.g., day cares, preschool and school classrooms
- **integration of speech and language programs** into natural learning environment with strong linkage to curriculum expectations
- **range of delivery options** including individual and group therapy, waiting list management, mediator and consultative models, and classroom based programming
- **specialized speech and language services** (i.e. augmentative communication services, Audiology and Autism services)
- **adequate services to meet the unique needs of sparsely populated** areas, in rural and northern parts of the province
- **seamless transitions** between service providers and at school entry or transfers
- **appropriate use and supervision of support personnel**
- **support and training for classroom teachers**, educational assistants, classroom volunteers and families to enable them to participate in speech and language programs, and adaptive communication strategies.
- **consumer and family/caregiver perspective** on success of treatment, or adaptive strategies
- **regular evaluation of progress** and monitorong by qualified professionals to identify changing programming needs

## 4. **Evaluation:**

Evaluation is a key component of speech and language services. Service system should be subject to evaluation of both efficacy and cost effectiveness. The evaluation system should include:

- **controlled studies** of screening, assessment and intervention programs to evaluate efficacy/effectiveness
- **service delivery evaluation** to determine cost-effectiveness
- **consideration of consumer satisfaction** with service delivery and outcomes

## 5. Service Delivery:

**1. The provision of speech and language services must be mandated through legislation or required through regulations.**

2. To avoid duplication and eliminate gaps, the provision of services should be organized as follows:

1) **The Ministry of Health and Long Term Care** should continue to take the lead, through the Preschool Speech and Language Initiative, with the provision of **preschool services.**

b) The **Ministry of Education** should take responsibility for services to all **school aged children,** regardless of diagnosis, starting at Junior Kindergarten.

3) The **Ministry of Community and Social Services** should take responsibility for all **children in Treatment Facilities and Detention Centres**, or other MCSS funded programs.

3. The speech and language service system must **include appropriate qualified professionals** and specially trained staff. This should include Speech - Language Pathologists and Audiologists as per Regulated Health Professionals Act, 1994.

4. Funding for speech and language services is currently provided by three Ministries; the Ministry of Education and Training, Ministry of Health, and Ministry of Community and Social Services. **This funding should be protected through designation for speech and language services only**. This funding should be consolidated and directed to the responsible Ministry.

5. **A funding ratio for speech and language pathology services should be established**. The province of British Columbia has a ratio of 1:1500 for school speech and language pathology services and this ratio is recommended for Ontario. The ratio may need to be even lower in rural and northern areas, where travel between schools is difficult or time consuming.

6. **Agencies and school boards** that are responsible for the provision of speech and language services **should be provided adequate designated funding** to meet the minimum SLP ratio and provide a full range of intervention service options.

7. **Mechanisms should be developed to monitor the services** and ensure that all children across the province have access to speech and language services. It is important that community agencies work together to coordinate service delivery, minimize fragmentation, and ensure seamless transitions.