



Ontario Association for Families of Children with Communication Disorders OAFCCD

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Position Statement on Special Needs Strategy Delivery of Integrated Rehabilitation Services January 2018

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.

The Ontario Association for Families of Children with Communication Disorders (OAFCCD) was founded in 1994 by families and professionals concerned about the lack of understanding about the needs of children with speech and language disorders and the inadequacy of publicly funded speech and language services. There continues to be a general lack of understanding about the impact of communication disorders and the role of the speech – language pathologist. For almost twenty-five years OAFCCD has supported families and provided information on how to access and advocate for speech and language services.

The ability to communicate is one of the defining characteristics of humans and is an essential skill in modern society. Children who have communication impairments are at a disadvantage in every way, including their ability to be educated, to be involved in community activities, and to participate in society. There is clear evidence that speech and language intervention is effective and the earlier the treatment is begun, the better the result.

OAFCCD has developed this position statement to share the views of families from across the province with the Ontario Special Needs Strategy Provincial Expert Advisory Group on the Integration of Rehabilitation Services. The following **OAFCCD recommendations** are provided for the consideration of panel members as they analyze current challenges and make recommendations for a more integrated system.

1. Families should be involved at the provincial level in the planning for integration of rehabilitation services.

Families become expert on the needs of their child and are knowledgeable about how they want to access and receive services. They are also the only people who are consistently involved from birth to adulthood. Parents should be consulted and participate in activities to support the development of provincial recommendation and local plans. This could include parent representation on the provincial expert panels as well as focus groups, surveys, community meetings and outreach to provincial parent organizations.

- 2. Speech and language needs are often the first sign that a child has special needs and the speech and language service system needs to be prepared to support a warm hand off to other services agencies and for participation in coordinated service planning.**

For many children, with multiple and complex needs, speech and language problems are the first sign of concerns about a child. Speech and language services are not perceived as having a stigma and are readily accepted by many families as part of a child's developmental needs. The speech and language service system should have the capacity to support service coordination and collaborate with other community agencies and organizations in service planning.

- 3. Speech and Language Pathology services need to be designed to support the development of speech and language skills for a broad range of children. The services are more than rehabilitation services: in the context of child development they are habilitation services, providing prevention as well as intervention services to help children develop communication skills that are critical to the development of literacy, numeracy and academic skills at school, as well as participation in community.**

Up to 10% of children will have a communication disorder and many more will experience speech and language delays due to social, cultural and economic factors. Strategies to promote speech and language skills are beneficial to all children.

- 4. Speech services and language services for school aged children should be unified with school boards having responsibility for speech and language services for school aged children and youth.**

Families of preschool aged children have access to speech and language services through various Preschool Speech and Language Programs (PSLP). They only deal with one organization and services are delivered in convenient community locations. Once children are school-aged, their schools are universally accessible and speech and language services for school aged children should be provided at the neighbourhood school. Each school board should have responsibility for both speech and language services so that speech goals and language goals can be integrated and delivered by the same Speech-Language Pathologist.

- 5. Speech and language services should be consistent across the province with all preschool speech and language programs and school boards having the capacity to meet the needs of students who are at risk, or who have a speech or language impairment. This means that both the Preschool Speech and Language Program and school boards should be legally required to provide consistent service levels and be provided with adequate funding.**

Currently services vary across the province as each school board has autonomy for the delivery of special education services, including Speech-Language Pathology Services. There are significant wait lists for speech and language services from many Preschool Speech and Language programs, School Health Support Services Programs offered by the Local Health Integration Networks, and services available in school boards. Adequate

funding for a consistent ratio of Speech-Language Pathologists to children/students would alleviate wait lists and ensure that all children have access to speech and language services to meet their needs.

6. Speech and language services should be funded based on a minimum ratio of 1 Speech-Language Pathologist to 1500 children.

This ratio was the best available in Canada in 1997. At that time the ideal caseload recommendations were a maximum caseload of 40 students for a school based SLP and 25 for a preschool SLP. Those caseload figures would suggest a ratio of 1 SLP to every 400 students, a ratio that is unrealistic for school boards today. OAFCCD has been recommending a ratio of 1 SLP to 1500 students since 1998. Given the changing roles of SLPs this ratio, while still aspirational, should be studied further to determine whether it is adequate to meet student needs. Research has indicated that 6-10% of children will have communication impairment, and that as many as 30% of students in kindergarten have communication impairments, or are delayed in their speech and language development.

7. Speech and language services should include a range of evidence-based interventions that are individualized to each child. A continuum of services should be provided by every organization involved in the delivery of speech and language services. Promising research on the advantages of a tiered model of intervention should be considered in the delivery of speech and language services.

Currently there are differences in the types and levels of intervention services provided in the speech and language service system. The system should offer consistent service in every community in order to be able to meet individual needs. The speech and language services system should also be responsive to needs that change over time. The continuum of services should be available to all students in response to changing needs, including those in secondary school with speech and/or language impairments.

A tiered model of intervention has the advantage of enhancing the capacity of family, schools and community agencies to support the speech and language development of all children, and ensure that children with speech and language impairments obtain the more intensive supports they need.

8. Parent support and education should be a key component of the speech and language system. All service providers should provide support and education to parents, individually and in groups.

Parents of children with special needs are frequently overwhelmed and their lack of knowledge about speech and language development and the service system puts them at a disadvantage. Parents need information and support from when their concerns are first identified, and continuing as their child grows. Information for parents should be available in multiple formats and on multiple occasions, especially during key transition stages.

- 9. Development of language skills is fundamental for all children and the services system should focus on the skill development of all children, with additional services available to children who are at risk, or who have language impairments. The development of language skills, and the impact of language impairment, is not well understood or recognized. Language constitutes a principal means of organizing behaviour and is central to the normal acquisition of many cognitive and academic skills, particularly literacy. Language provides the main method of establishing and maintaining social relationships.**

Language is the invisible information we all carry in our heads that allows us to understand the thoughts of others and express our own thoughts. This may be accomplished through a variety of mediums, including speaking, listening, reading, writing, hand signals as in sign language, and voice-output technology. The child with language impairment will have poorly developed language information. The impact of their disability, however, becomes apparent in inability to adapt to and learn in the classroom where they must listen, read, speak and write and in failed social interactions so critically dependent on language skills.

- 10. Behavior problems are frequently a result of communication difficulties. Any child who is considered to have a behavior problem should be provided with a speech and language assessment to determine if there are communication disorders. Up to 60% of youth who are involved with the justice system have communication disorders.**

Children and youth who are frustrated in their attempts to communicate frequently act out inappropriately. The system should be designed to include referrals to Speech-Language Pathologists when there are concerns about a child's behaviour. Speech and Language services should also be readily available to children receiving mental health supports provided in their educational settings and/or community agencies.

- 11. The new services system should be accountable and the community plans should include measures to track the changes to services, responsiveness to children's needs, individual and system outcomes.**

A number of studies and program evaluations have informed the development of the plans for system change. The community plans should include evaluation measures to ensure that the changes are leading to the desired outcomes. Measures should include cost analysis and satisfaction measures for agencies, families and the community.

- 12. Conflict is inevitable within the new service system and conflict resolution mechanisms should be developed at the community and provincial level. This should include an appeal process for families who are dissatisfied with decisions about services for their child.**

A number of appeal mechanisms currently exist for health and education services. The processes for conflict resolution and appeal should be enhanced and transparent. Making it clear that families have the right to express concerns and having a process in place should minimize conflicts and enhance satisfaction.