

# ONTARIO ASSOCIATION FOR FAMILIES OF CHILDREN WITH COMMUNICATION DISORDERS

<http://www.oafccd.com>

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## November 1999 - Review of Policy/Program Memorandum 81 Submission to the Speech and Language Task Group Services Gaps, Duplications and Issues

OAFCCD is a volunteer organization which is legally incorporated with a volunteer Board of Directors. The organization is consumer driven with parent Board Members and parent led Chapters across the province.

**Concerns:** OAFCCD is very pleased to have a Task Group focusing specifically on speech and language issues. The ability to communicate is critical and without effective communication skills children can not be educated and OAFCCD members believe that speech and language services are important support services that should be provided by all school boards. However, there are several areas of overlap with the other PPM 81 Task Groups. There is overlap with the Health Task Group regarding students with multiple disabilities. This group is a very small percentage of the students requiring speech and language services, but they have complex care needs and it is important that an integrated and collaborative approach between school services and health agencies is found. In addition, many of these students require augmentative communication systems and equipment and it is not clear which Task Group will address this issue. There is a similar overlap with the Psycho-Social Task Group concerning students with behaviour disorders who also have communication disorders. This includes students with autism spectrum disorders who will also require an integrated approach to meet their needs.

### Speech and Language Services

Service	Gaps, Duplications and Concerns	Solutions
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Service Availability	<p>Variable interpretation of Memo 81 particularly for shared responsibilities - articulation/speech sound production problems; fluency disorders; and non-speech communication have resulted in a fragmented service system for students</p>	<p>Responsibility for speech and language services under one Ministry, the Ministry of Education.</p> <p>Transfer of Speech Language Pathology services and funds from the School Health Support Services to school boards.</p>
	<p>Only 4-8 % are currently eligible for School Health Support Services and the majority (92%) are the responsibility of school boards.</p>	<p>Access provided to specialized services at Ministry of Health and/or Ministry of Community and Social Services funded agencies.</p>
Service Availability	<p>Inadequacy and inconsistency of services available across the province by school boards</p>	<p>Mandated and adequately funded services, based on a minimum ratio of Speech Language Pathologists to students of 1:2250 (Lower ratio for rural and northern areas.)</p>
		<p>Standardization of role and responsibilities of Speech-Language Pathologist within the school system</p>
School Health Support Services	<p>Confusion about the mandate and role of school health support services</p>	<p>Transfer of Speech Language Pathology services and funds from the School Health Support Services to school boards.</p>
	<p>Assessment and referral process to School Health Support Services unclear and inconsistent resulting in duplicate assessments</p>	
	<p>Inconsistency of service levels and delivery models across the province by Community Care Access centres (CCACs)</p>	

providing School Health Support Services (SHSS)

Some CCACs will not admit students to the School Health Support Service until they are required to attend school at age 6 years

Speech-Language Pathology shortages related to employee uncertainty through the Divestment of Therapists and the Request for Proposal process by CCACs

Competition for qualified employees from the Preschool Speech and Language Initiative

Service Continuum

Inconsistency of service delivery and intervention models by school boards.

Policy direction and adequate funding that allows for provision of a full range of services by all school boards.

Private assessments and assessments from outside agencies not always accepted by school boards.

School boards and partner agencies to establish common protocols and seamless transitions.

Professionals who disagree, should contact each other directly and find a solution

No service in some school boards for students beyond primary grades. Services for adolescents limited or non-existent

Adequate funding to allow provision of on-going identification and intervention programs for students of all ages.

Role of Paraprofessional

Inadequate Speech-Language Pathology services results in inappropriate use of paraprofessional in delivery of services.

Adequate funding of speech and language services

SLP should be responsible for all aspects of service delivery,

	<p>Role and qualifications of paraprofessional involved in the delivery of speech and language services inconsistent across the province.</p>	<p>including supervision and monitoring of paraprofessional.</p> <p>Adequate funding and flexibility to allow school boards to deploy professional and paraprofessional staff</p> <p>Clarification of role and qualifications of paraprofessional</p> <p>Adequate funding for in-service training for paraprofessional and support personnel.</p>
Specialty Communication Services	<p>Specialty speech and language services for students with Autism, Pervasive Development Disorder(PDD), Hearing Impaired, Traumatic Brain injury or neurologically impaired, etc, not always available</p> <p>Student with complex communication disorders may be seen by Speech Language Pathologists (SLPs) from school boards, Children's Treatment Centres and School Health Support Services</p> <p>Inadequate services and long waiting lists for students requiring augmentative communication, especially assessment, monitoring and program modification.</p>	<p>Increased funding to ensure equal access to specialty services for all families and schools across the province.</p> <p>Development of a collaborative team approach when school boards and agencies funded by different Ministries serve the same student or group of students.</p> <p>Transfer of Speech Language Pathology services and funds from the School Health Support Services to school boards.</p> <p>Role of Children's Treatment Centres and other specialty centres to be clarified and services to be available to all school boards.</p> <p>Augmentative Communication Services should be increased to reduce waiting lists and ensure that consistent school based services are available throughout province.</p>

Preschool - School Transition	Service disruptions, duplications and gaps occur at transition from preschool to school services.	School board speech and language services to be available to all students when they start school regardless of age
	Gaps exist where school services are inadequate, or when services are not provided for Junior Kindergarten or Senior Kindergarten age students.	Planning for transition from preschool to school services to commence in the spring before school enrollment.
Professional Development	Lack of professional development and in-service training for teachers regarding programming for students with communication disorders	Provision of adequate funds for curriculum modification and in-service training for teachers
Parent Education and Training	Lack of parent education and training to support service delivery and individual student programming	Parent education and training should be one of a range of interventions provided by school speech and language services (as it is with Preschool services). Designated funding for speech and language services should include funds for parent education and training.
Equipment	Equipment maintenance issues related to hearing systems and augmentative communication devices	Designated funding for speech and language services should include funds for equipment maintenance and qualified staff to monitor equipment.
	Inadequate funding for augmentative communication equipment and confusion about role of Assistive Devices Program in funding such equipment for children.	Designated funding for speech and language services should include funds for equipment purchase or leasing.
	School Boards and the Assistive Devices Program both fund similar equipment, depending on whether for use at home or school.	Ministry of Education and Ministry of Health should clarify roles and responsibilities in funding augmentative communication equipment for children, especially regarding home and school use.

While many children will need different equipment at home and school, joint planning and increased cooperation could reduce family frustration and eliminate unnecessary duplication.

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