

# **ONTARIO ASSOCIATION FOR FAMILIES OF CHILDREN WITH COMMUNICATION DISORDERS**

<http://www.oafccd.com>

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## **Provincial Model of Speech and Language Service Delivery for Children (April 1996)**

### **Preface:**

The Ontario Association for Families of Children with Communication Disorders (O.A.F.C.C.D) has developed a model because we believe it is imperative that a provincial framework for the provision of speech and language services be established. The economic uncertainties facing community agencies, including school boards and hospitals, and the lack of any legislated mandate has made speech and language services an easy target for administrations who are trying to reduce costs. Community agencies may be forced to eliminate any services for which they are not mandated.

At this time there is no legislated mandate for any Ministry or agency to provide speech and language services. Despite the lack of a mandate, premier services have historically been provided in some health facilities, schools and other community agencies. These services are greatly valued by their communities, with demand that far exceeds what can be provided. O.A.F.C.C.D. feels that all these services are in jeopardy.

In the past few months we have become aware of a number of Hospitals and School Boards that are reducing or eliminating services. O.A.F.C.C.D. members have made presentations in an effort to get trustees to reconsider their decisions. It is not practical to continue to try to reach each school board or hospital individually across the Province. We believe that the development of a provincial service framework will help to ensure that services remain available to our children.

O.A.F.C.C.D. members recognize that tough economic conditions are forcing agencies into making difficult decisions. We therefore, believe that measures must be taken, at the provincial level, to maintain existing services and ensure consistency of

service across the province. Any decisions on changes should involve input from the consumers of this service, in this case the families of these children.

The development of an effective and cost efficient service system should involve all of the stakeholders planning together within a provincial framework. Community agencies should be talking to each other and working together to ensure that agency downsizing does not totally eliminate these services.

## **INTRODUCTION:**

The ability to communicate is one of the defining characteristics of humans. The ability to communicate effectively 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.

Communication Disorders, which include speech and language disorders, are the largest disabling conditions in society, effecting 5-10% of the general population,. Speech disorders may involve saying sounds incorrectly, stuttering or voice difficulties. Language disorders involve difficulties in understanding and expressing thoughts in correct sentences. The primary goal of parents and communities is to allow all children, regardless of their particular circumstances, to develop the skills needed to live, work and contribute to society.

There is clear evidence that speech and language intervention is effective and the earlier the treatment is begun, the better the result. Professional intervention can make a big difference. Children who get help are more likely to feel better about themselves, get along well with others, be more independent, read better, stay in school, and be employed. Without help, children are more likely to develop behaviour problems, be in trouble with the law, end up on welfare, and have poor relationships with others.

It is crucial therefore that we have a province-wide approach to delivery of speech and language services.

## **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).
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.

### **PROVINCIAL SPEECH AND LANGUAGE SERVICE MODEL:**

#### 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 or palate
- parent education regarding the need for language rich learning environments and good speech and language stimulation.

## 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:

- 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
- range of delivery options including individual and group therapy, waiting list management, mediator and consultative models, and classroom based programming
- specialised speech and language services (i.e. augmentative communication)

- 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 of adaptive strategies
- regular evaluation of progress and reassessment by qualified professionals to identify changing programming needs

. 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

### **MODEL IMPLEMENTATION:**

To a certain extent many elements of this model are already in place. Some communities are already providing high quality, effective services and it is very important that these services be maintained. The difficulty is that there is no mandate to ensure that the services are provided to every community, and there is inconsistency across the province.

OAFCCD is asking for the following steps to be taken to enable the development of a province-wide comprehensive speech and language service.

**1. The provision and funding of speech and language services must be mandated through legislation.**

2. 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.

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

a) The Ministry of Community and Social S

ervices and Ministry of Health should continue to be responsible for preschool services.

b) The Ministry of Education and Training should be responsible for services to all school age children.

c) The Ministry of Health should provide specialized services (e.g. Augmentative communication, cleft lip and palate) for preschool and school age children.

4. 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.

5. 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.

6. 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.

### **Conclusion:**

OAFCCD believes it is important that speech and language services are available to all children. Providing these services to children has important benefits for both the children and the community as a whole. The child is better prepared to be a contributing member of society, and the community is saved the costs of dependency and potential delinquency.

OAFCCD looks forward to working with representatives of the government, OSLA, and our community partners as we all strive to provide high quality speech and language services to the children of Ontario.