



**Ontario Association for Families of  
Children with Communication Disorders  
O.A.F.C.C.D. NEWSLETTER  
April 2018**

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## **Plea from the President Need for Parent Voice**

OAFCCD has been advocating for a comprehensive and integrated speech and language service system for over 20 years.

With the announcement of the Special Needs Strategy we thought that a new era in speech and language services would begin. We were further excited when the Ontario *Program Guidelines for the Integrated Delivery of Rehabilitation Services*, were released in June 2016. Now it is 2018 and while planning continues, services for children are currently unchanged. Of continuing immediate concern are long wait lists for services through the Local Health Integration Network. This is unlikely to change when the rehabilitation services (occupational therapy, physiotherapy and speech services) are transitioned to the Children's Treatment Centres starting April 1<sup>st</sup>, 2018.

What can we do? OAFCCD continues to advocate for speech and language services at the provincial level, and parent volunteers advocate at the school board level, but we need more voices. We need to hear from more families with their stories. You can contact Susan Strachan at [ss4speech@gmail.com](mailto:ss4speech@gmail.com) to share a story. If you are a professional, encourage families to contact OAFCCD.

The upcoming election campaign presents an opportunity for our concerns to be more widely shared. Consider asking your candidates what they plan to do about speech and language services. Tell them about the Special Needs Strategy and the need for action. You may wish to share a copy of the OAFCCD position statement, available at [www.oafccd.com](http://www.oafccd.com).

OAFCCD has always believed that working together we can make a difference.

*Susan Strachan,*  
Co-President

## **OAFCCD Annual General Meeting**

The OAFCCD Annual General meeting will be held on Saturday May 12<sup>th</sup>, 2018 from 10 am to 10:30am. The meeting will be held in Woodstock and by teleconference. If you have paid your 2018 membership, you are welcome to attend by phone. Please RSVP to [debalmost@gmail.com](mailto:debalmost@gmail.com). If you are unable to attend, please complete and return the Proxy form in the attached invitation.

## **OAFCCD Provincial Coordinator Leaves Role**

Alison Morse, who has been the Provincial Coordinator for more than 20 years, has accepted a full-time position at Easter Seals Ontario. Alison has been the heart and soul of the organization since its formation and the OAFCCD board members are relieved and thankful that she has agreed to stay with the organization **as** a volunteer.

OAFCCD is not in a financial position to hire a new coordinator, so moving forward we will be managing all activities through volunteers.

While support to families will be reduced, every effort will be made to respond to family requests and at least two Newsletters each year will be sent to members. You can still leave messages at 519-290-1763, or e-mail Alison at [alison.morse@outlook.com](mailto:alison.morse@outlook.com).

We wish Alison great success in her new position at Easter Seals Ontario as Senior Manager-Provincial Services. Alison, thank you so much for your commitment, dedication, energy and expertise!

## Update on the Ontario Special Needs Strategy – Integrated Rehabilitation Services

The Ontario Ministries of Children and Youth Services, Education, and Health and Long-term Care posted updates on the Special Needs Strategy website in early March. The following are some highlights of these documents:

- The ministries are moving ahead with a phased-in approach to **Integrated Delivery of Rehabilitation Services (IR)** implementation.
- Phase one includes the transfer of contracts for delivery of speech-language pathology, occupational therapy and physiotherapy from the Local Health Integration Networks school health support services to Children's Treatment Centres. This will occur between April and August 2018. A Transition Working Group has been established to support a smooth transition and service delivery models are to remain unchanged during this phase. Where District School Boards currently provide these services, they will also remain in place.
- The Provincial Advisory Group (for IR), composed of clinical experts, sector partners and education stakeholders, has been meeting since December 2017 and will complete its work in the Spring 2018. It has been discussing key issues and challenges identified by IR Steering Committees across the province and will submit advice to inform government decision-making regarding future implementation. Some issues discussed have included tiered service delivery models and tools and mechanisms that could support continued implementation of IR.
- *OAFCCD submitted a Position Statement on Special Needs Strategy Delivery of Integrated Rehabilitation Services January 2018 to the chairs of the Provincial Advisory Group. OAFCCD had requested participation on the group, which was denied.*
- **Coordinated Service Planning (CSP)** is well underway for children and youth with multiple and/or complex special needs and their families. As of January 2018, 23 of 34 service delivery areas have begun using a CSP model to support families which, at full implementation, will allow them have a single identifiable Coordinating

Agency in their community through which they can access Coordinated Service Planning and will know who is responsible for developing and monitoring their child's Coordinated Service Plan.

- The **Developmental Surveillance Initiative** has been focused on supporting parents through tools and resources to help them raise concerns with early childhood and health care professionals and get the information and resources their child may require as early as possible. A new tool named the Early Years Check-In (EYCI) has been developed to identify parent concern for children's development in a range of domains (e.g. receptive and expressive language, gross and fine motor skills, learning/understanding, behavioural and emotional regulation, adaptive functioning and overall development). This is currently being evaluated. In addition, web-based education resources and e-learning activities have been developed to support the EYCI.

For more detailed information, please visit the Ministry SNS website and check the "SNS Implementation Update March 2018" and other newly posted documents.

<http://specialneedsstrategy.children.gov.on.ca>

You can create your own log in and password to access a wealth of information and updates.

## Help OAFCCD

### Renew Your Membership or Make a Donation

OAFCCD relies on membership fees to support the organization. It is vital that you renew your membership. You can renew by completing and mailing the attached Membership Renewal application. Or you can make a donation to OAFCCD at CanadaHelps for more than \$25 and you will be given a free membership.

You can make a donation to CanadaHelps at:



<https://www.canadahelps.org/en/dn/10833>.

You will be issued a tax receipt instantly and OAFCCD will confirm your annual membership.

## **Speech and Language Service Delivery – a Flexible and Responsive Range of Supports and Interventions.**

*OAFCCD invited Trudy Counter, retired school board Speech-Language Pathologist, to share information about what a full range of speech and language services could look like for families if the Special Needs Strategy for Integration of Rehabilitation Services were to be implemented as originally outlined.*

The Special Needs Strategy was originally announced in 2014 and the goals included improved coordination and integration of rehabilitation services, including Occupational Therapy, Physiotherapy and Speech-Language Pathology. In June 2016, the Ministries released the *Ontario Program Guidelines for the Integrated Delivery of Rehabilitation Services*, with service expectations that include a full range of speech-language intervention services. Specifically, in the Guidelines it states on page 12 that,

“A range of intervention approaches will be available for children with special needs, and their families. As the child responds to intervention, different models and types of services/supports need to be available. A range of interventions may include:

- Consultation services provided by rehabilitation service providers in the home, school and/or community settings to parents, educators and/or other service providers to facilitate skill-building techniques that can be used in daily life situations with the child;
- Capacity-building by rehabilitation service providers with groups of parents, educators or service providers to foster growth and development of particular skills in children; and/or
- An individualized program between the rehabilitation service provider and the child, which may be delivered individually or in small groups.

A continuum of service delivery approaches based on functional needs will be implemented, so that children with greater needs receive increasingly intense levels of support.”

In terms of communication delays and disorders, what do we mean by a range of interventions and why would this be beneficial to children and their families?

Traditionally, and what has been past practice in many areas of the province, speech and language services began with an assessment and then provided individual therapy that addressed specific speech and language goals. By focusing on these two aspects of intervention, this approach resulted in long waiting lists for service which was frustrating for families and service providers alike.

In order to deal with waiting lists, over the years many organizations and service providers have implemented a range of services to better deal with a variety of needs. Over time, this has led to improvements in wait times and efficiencies in service delivery. Ideally, services need to be responsive to a wide range of communication needs and severity levels, as well as provide interventions that go beyond a clinical setting and utilize the child’s communicative environment and partners in supporting communication skills. The following describe key areas that need to be included in a comprehensive service delivery model.

### **Prevention and information**

The first step in a responsive service system is increasing awareness of what typical communication skills development looks like from birth. In addition, it is important that parents, caregivers, child development and health workers and educators are aware of the “red flags” that indicate that a speech, language or communication delay or disorder is suspected. This is the key to early identification and timely intervention.

All parents, caregivers and educators benefit from knowing how to stimulate speech and language development in all children, as strong communication skills support social and academic success. This can be achieved through public information materials available in a wide variety of media as well as workshops and targeted educational opportunities for families and those who work with children.

### **Screening and early identification**

Screening and early identification needs to start very early. This can take many forms:

- Tracking of babies at risk
- Including speech and language milestones in well-baby check-ups
- Mass screening of young children
- Targeted screening of selected children.

### **Assessment**

Once there is a concern or question about a child’s communication development, it is important that the

family can access assessment services with little delay. In this way, families can know:

- Whether there is a concern and if there is, how severe the problem is
- What to do at home to help
- Who else might be able to help
- What should they do next

Assessment of communication disorders must be provided by appropriately qualified Speech-Language Pathologists. Assessment services should allow for multiple sessions and ongoing observation as well as multidisciplinary assessment, when appropriate. Timely access for families to other professionals such as Pediatric Audiologists and Mental Health workers is needed.

## **Intervention Strategies**

### **Parent and family training**

A child communicates all day in all environments. One of the best ways to stimulate speech and language development is to provide many opportunities to support new learning. Workshops, group training and individual support for parents and caregivers to learn to target speech and language goals is essential in beginning intervention for communication disorders.

### **Educator and caregiver training**

All children who attend daycare, preschool and school benefit from opportunities to develop oral language skills. In addition, those with communication delays or disorders can more readily develop their skills when their caregivers are aware of the goals and how to support achieving them in everyday communication interactions.

### **Group and Individual Intervention**

Depending on the severity and complexity of the communication delay or disorder, parent and caregiver strategies may need to be augmented by targeted intervention by a Speech-Language Pathologist. Intervention may need to begin immediately, or after a period of observation and response to home strategies. In addition, intervention should be tailored to the child's needs, including how often they receive intervention and how long intervention lasts. Some communication goals are best met when children can practice their skills with other children. At other times, periods of individual intervention may be needed to establish a skill. Group intervention not only allows for the

development of social communication skills in addition to specific speech or language skills, but also is a very a cost-effective way to provide services.

## **Monitoring**

A child's communication delay or disorder will impact his or her life differently as the communication demands change over time. It is important that monitoring and reassessment of their skills be included in the range of service options, so that new challenges can be identified and progress can continue.

In addition to the above, there are other ways that a service system can be responsive to a child's needs. Timely access to additional assessments and services for associated developmental, social, behavioural, physical and mental health services needs to be part of the system. Opportunities need to exist to prioritize goals for children with complex and multiple developmental needs and allow for multidisciplinary assessments and intervention approaches.

## **Benefits of a range of service options**

The benefits of a flexible and responsive range of services are many:

- Services are responsive to children's needs and provide what they need, when they need it
- Varying levels of intensity can be offered
- Children can benefit from a number of service levels simultaneously or in succession, as needed
- Services can "grow" with the child
- A large number of children/families can be impacted
- Services make the best use of trained professionals
- Services are cost effective

Hopefully, changes to speech and language services will be made in Ontario so that these benefits will be realized and available across the province.

*Trudy Counter, SLP*