

**Ministry of Health and Long Term Care
Review of Community Care Access Centre (CCAC)
Request for Proposal Process**

**Submission by the Ontario Association for Families of
Children with Communication Disorders (OAFCCD)**

February 10, 2005

Focus on Speech and Language Services

Introduction:

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**. In particular, OAFCCD members were concerned about the number of **publicly funded agencies that were considering eliminating speech and language pathology services for children**. There was a general lack of understanding about the impact of communication disorders and the role of the speech - language pathologist.

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, to be involved in community activities, and to participate in society.

Communication Disorders:

Communication disorders, which include speech and language disorders, are the largest disabling conditions in society **affecting 6-10% 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. **Children with speech and/or language impairments will often have difficulty learning to read and write**.

There is **clear evidence that speech and language intervention is effective** and the earlier the treatment is begun, the better the result. The **Ontario government has demonstrated their commitment to early intervention through the Preschool Speech and Language Initiative**. This program is now providing service to **over 60,000 children**.

Most of **these children will need services to be continued after they start school**. In addition, many **more school age children will be identified as having a language disorder** as they progress through school and the language demands of the curriculum increase. In particular, children with language disorders may have **difficulties at Grade 2 & 3, when the child is learning to read, at Grade 5, when the child is expected to read for content and write in a conventional manner, and Grade 9, when the secondary school curriculum is delivered primarily through the**

listening mode. Students with language disorders also have **difficulties with social relationships** and may have behaviour problems which lead to suspensions and involvement in the criminal justice system.

Professional intervention can make a big difference. **Students 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.

Services for School Age Children:

Although the number of children who are identified with a speech and language delay or disorder before they start school has increased dramatically, the **number of children identified after they start school is significant.** This is due to a variety of factors including, lack of awareness about services by families, cultural barriers to the identification of disability, and the fact that many children are not involved in child care or preschool programs. For some children the problems may not be evident until the demands of the curriculum increase and children need to use written language and understand what they read.

Speech and language services for school age children are complex. Responsibility for services divided between Ministries and community agencies as per **Policy/Program Memorandum 81** and the Inter-Ministerial Guidelines for Speech and Language Services. For example:

- Services for school age children are divided **between school boards and Community Care Access Centres (CCAC)** depending on the student's diagnosis (language disorders are the responsibility of school boards and voice disorders are the responsibility of CCACs, with shared responsibility for articulation and fluency). Typically 90% of students with speech and language disorders are seen by the school board services and about 10% are seen by CCACs. Eligibility criteria and service delivery model vary between school boards and CCACs.
- Speech and language services for children in Care and Treatment are the responsibility of the Ministry of Children and Youth Services (formerly responsibility of Ministry of Community and Social Services)

Although there have been a number of attempts to **review Policy/Program Memorandum 81, including an extensive consultation process in 1999 - 2000,** it has proved difficult and complex to develop a revised policy or a new policy framework. PPM 81 is recognized as an inter-ministerial agreement and is used to determine service delivery decisions by school boards and Community Care Access centres. However, it is actually a Ministry of Education policy document and the original document does not recognize the changes in Ministries and agencies that have occurred since 1984.

OAFCCD believes that PPM 81 needs to be changed and that **schools should be responsible for the primary delivery of speech and language services.** There are a small percentage of students, with multiple needs, who may need access to medically based services, but the majority of students require speech and language services as an integrated component of their education program.

OAFCCD Recommendations:

The Ministry of Health and Long Term Care should, work in collaboration with the Ministry of Education and the Ministry of Children and Youth Services, to review Policy/Program Memorandum 81 and develop a new policy for speech and language services. OAFCCD recommends that the new policy should:

- Assign the Ministry of Education lead responsibility for the provision of speech and language services for all children in publicly funded schools.
- Transfer the funds for all speech services currently provided by Community Care Access Centres to the Ministry of Education.
- Ensure that school board funding for speech and language services is clearly designated and protected for the provision of speech-language services.
- Establish provincial standards for the delivery of speech and language services that include a full range of identification and intervention services and be based on a minimum ratio of one Speech-Language Pathologist for every 1500 students.

Rationale:

OAFCCD has always held the position that **all speech and language services for all school age children, regardless of diagnosis, should be provided by school boards**. This would reduce fragmentation of services, improve the integration of speech and language services into the student's school program, and reflect the belief that communication is essential to education. OAFCCD recognizes that for a very small percentage of students, especially those with multiple disabilities, there may be a need for continued involvement of health agencies. However, **the majority of students with speech or language problems can be effectively served by school board** speech-language pathologists.

This position has been consistently put forward by OAFCCD reps in various committees and consultations, including **the Policy/Program Memorandum (PPM 81) Review in 1999-2000**. This position is **supported by the Ontario Association for Speech-Language Pathologists and Audiologists (OSLA)**. One of the most significant barriers to change is the cost and the need to allocate funds from Health to Education. We believe that the current review provides the opportunity to consider new and more effective methods of providing services.

Concerns Regarding the Current System:

- **Fragmentation of services**, division of services by diagnosis (students with speech disorders referred to CCAC and students with language disorders the responsibility of the school boards). Speech-Language Pathologists (SLP) in both systems have the same training and qualifications and time and resources are wasted in determining CCAC eligibility.

- Funding challenges and **lack of designated funds**, for School Health Support Services within the CCAC budget, result in the need to balance acute care needs against long term needs, and in many areas have resulted in long waiting lists for services.
- **Inconsistent service eligibility criteria** between CCACs, (some CCACs focus on most severe problems, others focus on mild-moderate).
- **Complex and expensive referral process**, sometimes involving assessments by preschool Speech-Language Pathologist, school SLP, CCAC Case manager and CCAC contracted SLP. Time and resources are wasted in assessing students for CCAC service eligibility.
- **Inconsistent service delivery models between CCACs**, funding challenges and low incidence of speech disorders mean that many CCACs are unable to offer a full range of intervention strategies.
- **Difficulties of service continuity** when service contracts are changed by CCACs
- Problems related to **lack of pediatric experience** by SLP's at CCAC contracted agencies
- CCAC contracts sometimes **fail to include adequate service planning and case conferencing time** with other school personnel and agencies involved with the student.
- CCAC model of service involves sending professionals from community agencies into the school and **service may not be effectively integrated into the student's education program**. Small caseloads of students eligible for CCAC service often precludes offering group programs or collaborative classroom based approaches. The classroom teacher may need to deal with two SLPs (one contracted by CCAC and one employed by the school board) to meet student needs. This is a duplication of resources and may result in conflicting advice and programming.
- **Difficulties regarding the supervision of para-professionals in the school system** who are involved in delivering speech-language pathology programming. The Educational Assistants are supervised by the school Principal and programming information from an outside agency might not be implemented as intended by the SLP.
- CCAC programs involve only a small group of students with speech difficulties and distance between students may result in **high travel costs** and reduces the time available for the SLP to provide service within the school day. This increases program costs.

Benefits to Having Speech and Language Services Delivered by the School Board

- Assigning the responsibility for delivery of speech-language services to school boards **will reduce fragmentation and duplication of services.**
- As the lead agency for provision of speech and language services to students school boards will be responsible for assessment of all students and management of a single access system. This will **improve access to service and streamline the referral process.** The Preschool Speech and Language Program has used a similar approach and has been very effective in simplifying access to services, reducing wait times, and increasing the number of children identified and receiving intervention services before they start school.
- School boards have the **authority to employ Speech-Language Pathologists or contract services from community agencies** to meet the special needs of students who are medically fragile or who require complex care services.
- School board based SLPs are part of the school team and **are able to integrate speech and language services with the curriculum and literacy initiatives.** As members of the school team (sometimes called a Program Development Team), SLPs are able to enhance the capacity of the school and the classroom teacher to accommodate students with communication disorders and assist with curriculum modification.
- Almost all school boards in Ontario currently employ or contract Speech-Language Pathology Services and have the **infra-structure in place to expand services and meet the needs of all students with communication disorders.** It is more cost effective to expand the school board services than to continue the current system or to develop a new speech and language service system.
- Providing the funds currently used by the CCACs for the provision of speech and language services will provide a significant increase to the resources currently available in schools and allow for a rationalization of services and provide **opportunities for enhancement of current services.** The additional resources will be able to meet the needs of the students with speech disorders, currently eligible for CCAC services, and provide for a more rational distribution of personnel. Funds saved from the travel costs of CCAC SLPs could be used to enhance services at the secondary level and support important literacy initiatives. Provincial test results have shown that less than 30% of students with speech or language disorders are able to pass both the reading and writing components of the Ontario Secondary School Literacy Test. These results highlight the need for enhanced supports for students with communication disorders.
- Enhancing the school system to meet the needs of all students with communication

disorders **builds on the Preschool Speech and Language System**. The Preschool Speech and Language System is based on provincial standards and has developed a single integrated services system for children. School age children need the same service improvements.

- Providing school boards with the lead for provision of speech and language services is **consistent with the Ministry of Children and Youth Services *Best Start initiative*** as it simplifies the system, increases accountability and make efficient use of limited tax dollars.

OAFCCD believes that the policy and model for delivery of speech and language services to students must to be changed and that **schools should be responsible for the primary delivery of speech and language services**. Students require speech and language services as an integrated component of their education program. OAFCCD would, therefore, ask you to make this important change which will significantly increase the efficiency and effectiveness of the speech and language service system, and make the best use of existing resources.

Thank you very much for the opportunity to make this presentation.

Ontario Association for Families of Children with Communication Disorders (OAFCCD)

(List of Attached Support Documents on the next page)

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List of Attachments

OAFCCD Documents:

Submission by the Ontario Association for Families of Children with Communication Disorders (OAFCCD) to the Ministry of Children and Youth Services, January 18th, 2005

Submission by the Ontario Association for Families of Children with Communication Disorders (OAFCCD) to the Ministry of Children and Youth Services, October 20, 2004

Ontario Association for Families of Children with Communication Disorders (OAFCCD), (1996)
“Support for Speech and Language Services in Educational Settings”

Ontario Association for Families of Children with Communication Disorders (OAFCCD), (1999)
“Provincial Model of Speech and Language Service Delivery for Children, Revised, November 1999”

Additional Documents:

Kertoy, M., and Shugar, D., (1993) **“The Case for Management of Articulation Disorders in the Schools.”**, Communication Exchange, Winter 1993, Pg. 7 - 9.

Ontario Association of Speech-Language Pathologists and Audiologists, (1999), **“OSLA Position on Speech-Language Services for School Age Children”**

Ontario Association of Speech-Language Pathologists and Audiologists, (1996), **“Menu of Speech-Language Services for Students,”** Demonstration Document, 2001

Warr-Leeper, G. (1993) **“The Case for School Speech-Language Services: Indispensable or Incidental?”**, Communication Exchange, Winter 1991, Pg 5-6

Warr-Leeper, G. (2003) **“From Talking to Writing: The Critical Connections”**, Presentation to Speech, Language and Hearing Association of Peterborough, 2003