



Ontario Association for Families of Children with Communication Disorders OAFCCD

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Response to Special Needs Strategy November 2014

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 the publicly funded speech and language services. There was a general lack of understanding about the impact of communication disorders and the role of the speech - language pathologist. For over twenty 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. 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. 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 planning committees. This position statement should be considered by committee members who are developing community plans for coordinated children's services and integrated rehabilitation services. OAFCCD would also like to support parent engagement in the planning process. Please call 519-290-1763 to discuss how OAFCCD can support and promote parent engagement in the planning process.

Background:

The inter-Ministry Special Needs Strategy is underway and 34 community planning tables are meeting to develop plans for coordinated children's services and integrated rehabilitation services. The process could result in the most significant change to speech and language services, since the announcement of the Preschool Speech and Language initiative. The work of the Provincial Advisory Committee on Speech and Language Services, and the seven Integrated Speech and Language Service Pilot Projects, have informed the development of the planning guidelines.

The Special Needs Strategy includes three components:

1. Implementation of a common Developmental Screen to help identify children as early as possible.

2. Identifying a lead agency in each of 34 regions in the province to provide Service Planning Coordinators who will assist families in accessing services and monitoring a care plan.
3. Planning for integrated and seamless rehabilitation services in each of the 34 regions

Developmental Screen:

In an August announcement the government has indicated an Expert Panel has started working on a developmental screening tool and that staff at early years programs, public health and other community organizations will be trained to help parents use the voluntary screening tool. This is of significant interest to OAFCCD as early identification and early intervention are very important for children with speech and language disorders. In addition, concerns about speech and language development are often the first indication of other developmental disabilities, autism and learning disabilities.

Key Message:

Voluntary developmental screening tool should be promoted to all families of children aged 0 to 6 years.

Rationale: Parents who have concerns should “trust their instincts” and seek help and complete the screening tool. All other parents should be encouraged to complete the screening tool at more than one developmental stage as a significant number of children arrive at school with a communication disorders or delays that has not been identified or treated.

Coordinated Services Planning

The Coordinated Services Planning Guidelines detail the expectations for the planning process, timelines and outcomes. Groups in 34 regions of the province will be meeting and making recommendations on how to improve the delivery of services for children with special needs.

The establishment of 34 discrete planning committees is a concern to OAFCCD members as it could lead to inconsistent services across the province and confusion for families moving between communities.

Key Message:

Regions should be combined or required to work collaboratively to ensure consistent service levels across the province and to ensure families, wherever they are in the province, can access services easily.

Rationale:

Communities will vary in their capacity and organizational composition and each plan will reflect local variations. However, families need to be assured that they will be able to access equitable services. That means that every community will offer the same range of services and service levels regardless of location within the province.

Key Message:

The new single points of access should be denoted by similar consistent names and logos using common language and terminology.

Rationale:

Families, who have concerns about their child's development, or who have children with special needs, should be able to easily identify where and how to access services regardless of where they live in the province. Young parents are often intimidated and overwhelmed. They have a lack of knowledge about special needs, about the service system and where to get help. Common logos, names language and terminology will make it easier for families.

Key Message:

Transition protocols between regions should be developed as part of the planning process to ensure that portability of service plans and that services are continuous for children with special needs when their families move around the province.

Rationale:

Each planning table will be building on the strengths of the community and existing services and the regional system will reflect the unique needs of the community. However, families, who move between different regions, should be assured that they can easily access the same levels of services as determined by their individual service plan. The single point of access and service system should be easy to identify and access in every community when families move around the province.

Key Message:

Families should be involved in the development of local plans for coordinated services and integrated rehabilitation services.

Rationale:

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. Parent should be consulted and participate in activities to support the development of local plans. This could include focus groups, surveys, community meetings and presentations to existing parent groups.

Accountability:**Key Message:**

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.

Rationale:

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.

Key Message:

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.

Rationale:

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.

Services Planning Coordinators**Key Message:**

Service Planning Coordinators should foster parent capacity and empower families. They should be able to provide differentiated responses related to the unique needs and capacity of each family. Service Planning Coordinators should be responsive to social and cultural differences. Caseloads should be manageable recognizing that many families will need support over a twenty year period. As far as possible continuity of staff should be encouraged as effective support is based on relationships and trust.

Rationale:

Each family is different and they may require different levels of support in developing care plans for their child. Good planning and effective service delivery is based on quality relationships. Development of relationships will be a requirement of the Service Planning Coordinators. Many families will require support over the whole period from birth to adulthood and caseloads should be manageable. As much as possible there should be consistency in staffing. Service Planning Coordinators should have the training, skills and qualifications to support families, who are often in crisis and overwhelmed.

Key Message:

Families that lack the ability to navigate the service system or who face barriers to access a single service should be supported by the coordinated planning system. This may require Service Planning Coordinators or other mechanisms to support families and ensure children are connected to the services they need.

Rationale:

The system should be designed to ensure that families that need help to access services are supported. The support may come from early years programs and services and community agency staff. This may entail supporting families who ask for help as well as those who face barriers to services due to economic, cultural, environmental and social barriers.

Integrated Rehabilitation Services

Key Message:

Speech and Language Pathology services are more than rehabilitation services. In the context of child development they are habilitation services, providing prevention and intervention services to help children develop skills. They support the development of speech and language skills and are critical to the development of literacy, numeracy and academic skills at school.

Rationale:

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. 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. Strategies to promote speech and language skills are beneficial to all children.

Key Message:

Speech and language services should be consistent across the province with all school boards having the capacity to meet the needs of students who are at risk, or who have a speech or language impairment.

Rationale:

Access to school is a universal right for children in Ontario and students should have access to the same ranges and levels of service in every school board.

Key Message:

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.

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.

Rationale:

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, or hand signals as in sign language. 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.

Key Message:

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.

Rationale:

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 language impairments.

Key Message:

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.

Rationale:

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 be readily available to children's mental health agencies.

Key Message:

Parent support and education should be a key component of the coordinated children's service system. All service providers should identify how they provide support and education to parents, individually and in groups.

Rationale:

Parents of children with special needs are frequently overwhelmed and their lack of knowledge about disability 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.