Coordinated Service Planning:

Guidelines for Children's Community Agencies, Health Service Providers and District School Boards

Ontario's Special Needs Strategy for Children and Youth

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Ministry of Children and Youth Services

Ministry of Community and Social Services

Ministry of Education

Ministry of Health and Long-Term Care

Ontario

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SECTION 1: INTRODUCTION

PART 1A: DIRECTION FOR CHILDREN'S COMMUNITY AGENCIES, HEALTH SERVICE PROVIDERS AND DISTRICT SCHOOL BOARDS

Ontario's Special Needs Strategy marks the beginning of a new way of delivering services to children and youth with special needs and their families. In order to meet the parameters outlined in this document and its companion document: *Coordinated Service Planning: Proposal Instructions and Template,* children's agencies and other service providers, including health service providers and District School Boards, are expected to collaborate to improve service experiences and outcomes for children and youth with multiple and/or complex special needs and their families.

The Special Needs Strategy places the needs of children and youth at the centre of all policy, program and service delivery decisions. As communities move forward with developing, implementing and monitoring a new approach to coordinated service planning, children's service providers, health service providers and District School Boards will be asked to:

- Place the needs of children and youth and their families ahead of individual organization priorities, needs and aspirations;
- Identify a recommended approach, and if that involves any funding, policy and/or regulatory barriers, identify those for government consideration; and
- Build upon local partnerships and relationships but not be constrained by existing roles and responsibilities.

The energy, dedication and expertise of the aforementioned sectors are critical to the success of this strategy. The ministries are committed to working together with communities to make this strategy work, so children and youth with special needs can get the services they need, where and when they need them, and families' service experiences and outcomes can be improved.

PART 1B: PURPOSE OF DOCUMENT

These policy guidelines set out provincial expectations for the provision of family-centred, local coordinated service planning, for special needs services, for children and youth with multiple and/or complex special needs.[1] The ministries expect that all organizations from the children's services, education, and health sectors will collaborate,[2] in order to provide a coordinated and seamless service experience for children and youth[3] with multiple and/or complex special needs and their families.

These policy guidelines are accompanied by the document below that provides instructions on how providers in the children's services, education and health sectors in the 34 service delivery areas across the province will be invited to propose a system of local delivery of coordinated service planning that builds on local strengths and meets the policy expectations set out in this guide:

- *Coordinated Service Planning: Proposal Instructions and Template (proposals due by March 5, 2015)*

Appendix 1 of this document provides further information regarding the 34 service delivery areas. Appendix 2 outlines the services that are in scope for coordinated service planning. A Terminology section has also been provided in Appendix 3 to further clarify some of the key terms used throughout this document.

Resources describing successful initiatives related to coordinated service planning, such as the review of School Health Support Services, Community Action Research, the Deloitte Evaluation Speech and Language Demonstration Sites Final Report, and the Ontario Association of Children's Rehabilitation Services (OACRS) full-day kindergarten pilots, can be found at: http://specialneedsstrategy.children.gov.on.ca.

[1] Please refer to Appendix 3: Terminology for the definition of children and youth with multiple and/or complex special needs for the purpose of the strategy and Section 2, Part 2A: Target Population for further details regarding the children, youth and families that would most benefit from coordinated service planning.

[2] The following agencies and organizations will be expected by the ministries to collaborate on the development of proposals for coordinated service planning for their service delivery areas: Children's Treatment Centres, agencies funded to provide inter-agency service coordination, Applied Behaviour Analysis-based services and supports lead agencies, Autism Intervention Program providers, Local Health Integration Networks, Community Care Access Centres, and District School Boards/School Authorities. These agencies have been identified because they presently have the greatest involvement in service delivery for children and youth with multiple and/or complex special needs. The ministries expect these agencies/entities to collaborate in local coordinated service planning. Other service providers may also be involved in proposal development, and in coordinated service planning, depending on the local mix of services in the service delivery area. Locally, agencies will vary in their involvement in coordinated service and the impact they experience.

[3] For the purpose of this initiative, "children and youth" refers to all individuals in Ontario from birth to the end of school.

PART 1C: OVERVIEW

In February 2014, the ministries of Children and Youth Services (MCYS), Community and Social Services (MCSS), Education (EDU) and Health and Long-Term Care (MOHLTC) launched a provincial strategy to improve services for children and youth with special needs in Ontario guided by the following vision: "An Ontario where children and youth with special needs get the timely and effective services they need to participate fully at home, at school, in the community and as they prepare to achieve their goals for adulthood."

First steps of the **Special Needs Strategy** include putting in place:

- A new standard developmental screen for preschool children;
- Coordinated family-centred service planning for children and youth with multiple and/or complex special needs; and
- An integrated approach to the delivery of rehabilitation services (speech-language therapy, occupational therapy and physiotherapy).

As a result of this first stage of work, in each service delivery area:

- Families will know where to go when they have a concern about their child's development;
- Children and youth with special needs will be identified and supported as early possible, in particular, before entry to school;
- Children and youth with multiple and/or complex special needs and their families will have access to coordinated service planning; and
- Children and youth with rehabilitation service needs will receive seamless and effective speech-language therapy, occupational therapy and physiotherapy services as they move into and through school.

These policy guidelines are specific to **coordinated service planning**.

Information on the new developmental screen is available at http://specialneedsstrategy.children.gov.on.ca.

Information on the integrated delivery of rehabilitation services is available in: *Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers and District School Boards*, which is also available on the website listed above.

Appendices 4 and 5 provide more information on Ontario's Special Needs Strategy.

PART 1D: CONTEXT FOR COORDINATED SERVICE PLANNING

The government of Ontario funds a broad array of programs and services for children and youth with special needs, which are delivered by multiple service providers. Families have reported that the current service system can often result in confusion and frustration when they attempt to access services for their children and youth with multiple and/or complex special needs.

The 2010 review of the Ministry of Health and Long-Term Care's School Health Support Services (now known as the School Health Professional Services and School Health Personal Support Services) highlighted issues related to the coordination of multiple services for children and youth with special needs in Ontario. The report noted that coordination is often complicated due to multiple entry points into the health, education and children's services systems, and conflicting eligibility and service policies amongst providers. The report recommended better communication and collaboration across providers in order to improve service coordination and to enable child/youth- and family-centred care.

A public stakeholder engagement, carried out by Minister Tracy MacCharles in 2012 while she was Parliamentary Assistant to the Minister of Children and Youth Services, revealed that families face a number of challenges when attempting to access services for their children and youth with special needs. These include:

- Staying informed: Families said there is no obvious access point to information about services and that they feel solely responsible for seeking out this information.
- Navigating services: Families reported that they have great difficulty navigating services because of the overall lack of information sharing protocols amongst service providers, resulting in multiple intakes and assessments, and requiring that families repeat their stories multiple times.
- Waiting for services: Families expressed that children often go on lengthy waitlists for services and that waitlists lack transparency.

For families with children and youth with multiple and/or complex special needs, these challenges are often amplified. Families have told the ministries that they want someone they can trust to help them navigate and coordinate services. Coordinated service planning builds on the information collected through the reports mentioned above, as well as several other initiatives, such as Community Action Research[4], aiming to improve services for children and youth with special needs and their families.

[4] The Community Action Research initiative was designed to support and learn from leading communities who have made significant progress toward integrated child and family services. The Community Action Research projects range from literature reviews and developing models, to implementing and testing processes between partners, to full scale evaluations of services and tools. The initiative began in 2011 and is jointly funded by the ministries of Education and Children and Youth Services.

SECTION 2: COORDINATED SERVICE PLANNING

Coordinated service planning will be composed of three key elements. These are:

- A single Coordinating Agency in each service delivery area through which families can access coordinated service planning for a range of services across sectors;
- Dedicated Service Planning Coordinators, through each Coordinating Agency, who will lead coordinated service planning for families of children and youth with multiple and/or complex special needs by working with children's services, health and education sectors; and
- One coordinated service plan for each child/youth that takes into account all of his/her goals, strengths, needs, as well as all of the services that the child/youth is and will be receiving (see Appendix 2 for programs and services within the scope of coordinated service planning).

Through the implementation of coordinated service planning, families will have a clear point of access to information and services for their children and youth with multiple and/or complex special needs, as well as clarity regarding who is responsible to support them with a coordinated service plan as they progress through the service continuum.

Coordinated service planning itself will not change who is responsible for providing the existing services and supports available to families, but will add transparency and support for families who are experiencing challenges with respect to coordinating services from different sectors in the community.

Families who, due to the complexity of their needs, may find it difficult to coordinate services, will be actively supported and engaged in coordinated service planning for their child/youth. Their service plan will reflect a set of shared goals that are meaningful for the child/youth and family. Facilitated by the single service plan, services will be more seamless and unduplicated.

PART 2A: TARGET POPULATION

The goal of coordinated service planning is to improve service experiences and outcomes for families of children and youth with multiple and/or complex special needs through the support of a Service Planning Coordinator who will connect them to the multiple, cross-sectoral services they need as early as possible, and monitor their needs and progress through a coordinated service plan.

The target population for coordinated service planning is families of children and youth with multiple and/or complex special needs who would benefit from the added support provided through coordinated service planning, due to the breadth and cross-sectoral nature of their children's service needs and/or potential challenges in coordinating services because of external factors (outside of the child's needs). Coordinating Agencies are expected to consider the following child/youth and family characteristics and external factors when identifying children and youth and families who would benefit most from coordinated service planning:

- *Characteristics of child/youth with multiple and/or complex special needs*
    - Children and youth with multiple and/or complex special needs are a sub-set of children and youth with special needs.[5] These children require multiple specialized services (e.g. rehabilitation services, autism services, developmental services, and/or respite supports) due to the depth and breadth of their needs. They may experience challenges related to multiple areas of their development, including their physical, communication, intellectual, emotional, social, and/or behavioural development and require services from multiple sectors and/or professionals. They are also likely to have ongoing service needs, such as severe physical and intellectual impairments requiring the use of technology. For some families, the complexity of the child's needs and service plans alone may be such that the family would benefit from coordinated service planning.

- *Characteristics of family*
    - Families of children and youth with multiple and/or complex special needs may be experiencing internal challenges in one or more of the following areas which may impede their ability to coordinate services for their child/youth with multiple and/or complex special needs:
        - Coping strengths and adaptability;
        - Health and well-being of other family members;
        - Literacy and/or language barriers; and/or
        - Other family/life events which may contribute to the family's level of distress.

[5] Please refer to Appendix 3: Terminology for the definition of children and youth with special needs and children and youth with multiple and/or complex special needs.

- *External factors/Environmental components*
    - Families of children and youth with multiple and/or complex special needs may also be experiencing challenges in the following areas which may impede their ability to coordinate services for their child/youth with multiple and/or complex special needs:
        - Limited social/community supports;
        - Competing demands of caregiving and employment; and/or
        - Financial instability.

Coordinated service planning is intended to support the families of children and youth with multiple and/or complex special needs by strengthening their capacity to manage the multiple needs of the child/youth. This increased family capacity is intended to lead to better service experiences and outcomes for the child/youth.

Through its family-centred approach, coordinated service planning may differ from one family to another, or from one service delivery area to another, because it will be designed to meet the unique needs of the children, youth and families served. Families may require different levels of support from the Service Planning Coordinator. Some families will benefit from the initial development of the coordinated service plan and the initial connections to a range of services, while other families will benefit from more ongoing support from the Service Planning Coordinator, particularly around transitions, while still others may require a more intensive level of service coordination support, at certain times, due to the more complex nature of their child's needs and/or family situation.

Coordinated service planning for provincially-funded services will be available to all children, youth and families who are within the target population specified above, including children and youth attending Section 68 School Authorities and Section 23 Programs in Care, Treatment, Custody or Corrections Facilities, private schools and in home schools.

PART 2B: EXPECTATIONS FOR COORDINATED SERVICE PLANNING

Through coordinated service planning, a child/youth with multiple and/or complex special needs will have:

- A clear process for being referred to coordinated service planning.
- A dedicated Service Planning Coordinator who will lead the development of a coordinated service plan, working in collaboration with families and service providers across sectors.
- One coordinated service plan that takes into account all of the child/youth's goals, strengths, and needs.

At minimum, the following services will be considered, as needed, as part of a coordinated service plan:[6]

- Child/youth rehabilitation services (including speech-language therapy, occupational therapy and physiotherapy services currently delivered through the Preschool Speech and Language Program, Children's Treatment Centre core rehabilitation services, School Health Professional Services, District School Board rehabilitation services (as provided) and Children's Developmental Services community-based speech and language services);[7]
- Nursing and dietician services;
- Personal support services;
- Autism services;
- Children's developmental services;
- Respite services;
- Child/youth mental health services;
- Health care services; and
- Education services.

In the delivery of coordinated service planning, agencies/entities will be required to adhere to a minimum set of expectations as outlined below.

[6] See Appendix 2 for more details regarding the services that are within the scope of coordinated service planning.
[7] Rehabilitation services will be included in coordinated service plans. Initially, coordinated service plans should consider services provided through existing programs (e.g. Preschool Speech and Language). After the integrated delivery of rehabilitation services is implemented, those services and providers should be considered in the coordinated service plan.

Coordinating Agencies

The single Coordinating Agency in each service delivery area will be responsible for:

- Managing coordinated service planning for children and youth with multiple and/or complex special needs and their families in the service delivery area.
- Developing and maintaining relationships with service providers in the service delivery area in order to efficiently deliver coordinated service planning across the service delivery area.
- Facilitating consistent knowledge sharing, both amongst service providers and with families of children and youth with multiple and/or complex special needs, regarding the delivery of coordinated service planning.
- Establishing processes for providers in the children's services, education and health sectors to refer families of children and youth with multiple and/or complex special needs who may be seeking services from one or more agencies to a Service Planning Coordinator.
- Managing a process for seeking family input into coordinated service planning for the child/youth and obtaining consent to share information regarding children and youth with multiple and/or complex special needs across service providers in their service delivery area.
- Implementing and maintaining clear processes and protocols for collaboration and information sharing among relevant providers in the children's services, education, and health sectors through such methods as up-to-date agreements and/or memoranda of understanding (MOUs) that address, at a minimum, how and when to refer families, share information and contribute to coordinated service planning.
- Managing the coordinated service planning process, including the identification of Service Planning Coordinators, risk and complaints management, privacy of client information, records management, information management, and performance measurement of the coordinated service planning functions within the agency.[8]
- Maintaining responsibility for monitoring and evaluation of coordinated service planning, including reviewing existing processes and policies, documenting decisions, and making changes based on ongoing performance monitoring, in keeping with the parameters of these policy guidelines.
- Collecting and making available to families up-to-date and transparent information about locally available services, including access, intake processes, and waitlist/wait times.

[8] Coordinating Agencies will not have authority to direct the provision of specific services.

Service Planning Coordinators

Service Planning Coordinators in each service delivery area will:

- Develop, with appropriate consent, the coordinated service plan which is a strengths-based plan, with goals agreed-upon by the family, that addresses the service needs of the child/youth.
- Facilitate the active participation of the family in their child/youth's coordinated service planning, including goal setting.
- Facilitate the coming together of relevant providers in the children's services, education, and health sectors in each service delivery area, to develop and maintain a single coordinated service plan for the child/youth and their family. Facilitate access for the family to relevant services in their service delivery area.
- Explore flexible and innovative approaches for service delivery to meet the needs of the child/youth.
- Monitor, review, and update the coordinated service plan, in collaboration with the family and relevant providers in the children's services, education, and health sectors, as the child and family's needs and services change.
- Be knowledgeable and available to discuss the family's concerns, if applicable, regarding their service plan.
- Facilitate working relationships with providers in the children's services, health and educations sectors, in order to enable their regular contribution into coordinated service planning and obtain and share relevant information regarding services for the child/youth.

See Section 2, Part 2C: Service Planning Coordinators: Description of Role in this document for further details regarding the role of the Service Planning Coordinator.

Partner Service Providers and Organizations

Partnering service providers and organizations include Children's Treatment Centres, Autism Intervention Program providers, Applied Behaviour Analysis-based services and supports lead agencies, Local Health Integration Networks, Community Care Access Centres, local respite providers and District School Boards/School Authorities. They will be expected to meet the mutually agreed upon terms of the agreements and/or memoranda of understanding between themselves and the Coordinating Agencies, which should include:

- Referrals to and from the Coordinating Agency;
- Sharing of information with the Coordinating Agency and receiving information from the Coordinating Agency;
- Contributing to the development and implementation of coordinated service plans;

- Exploring flexible and innovative approaches for service delivery to meet the needs of the child/youth; and
- Active participation in issues resolution with respect to the delivery of coordinated service planning within the service delivery area.

The table below provides further clarification regarding coordinated service planning.

Coordinated Service Planning WILL:	**Coordinated Service Planning WILL NOT:**
Be a collaborative, cross-sectoral approach that is centred around the needs of children and youth and their families.	Direct providers in the children's services, health and educations sectors to provide any new or existing services.
Serve children and youth with multiple and/or complex special needs and their families who would most benefit from coordinated service planning.	Be a mandatory access point for families.
Serve children and youth with multiple and/or complex special needs from birth until the end of school.	Coordinate adult services.
Contribute to other transition planning processes and align with other transition plans for the child/youth, e.g., transitions into school or adulthood. The coordinated service plan will incorporate the transition plan of the child/youth as he/she prepares to enter the adult service system.	Replace existing transition planning processes and/or plans.
Be available to children and youth with multiple and/or complex special needs and their families who, due to the complexity of their situation, may find it difficult to coordinate services for their children and youth with multiple and/or complex special needs.	Be a mandatory access point and/or create barriers to direct access to service for children and youth who require a single service and/or do not require service coordination.
Be based on an assessment of the child/youth's and family's functional needs/strengths.	Be dependent on a diagnostic assessment or determine eligibility for clinical services.

Coordinated Service Planning WILL:	Coordinated Service Planning WILL NOT:
Recognize that service providers in the children's services, health and education sectors continue to determine their own courses of intervention based on the child/youth's needs and determine eligibility for their own services based on their own program requirements, legislation if applicable, and professional and/or clinical judgment.	Require that Coordinating Agencies be responsible for determining eligibility for the specific interventions of individual services/programs.
Connect families with the range of services and supports that will meet their child's needs. (See Appendix 2 for more details on the scope of services to be considered part of a coordinated service plan.)	Determine eligibility for services or assess for a diagnosis.
Leverage existing resources for service planning and coordination in the children's services sector.	Be delivered exclusively through new resources.
Be a function of Coordinating Agencies that are accountable to the Ministry of Children and Youth Services within the service delivery area.	Result in Coordinating Agencies acting as gatekeepers for access to the local service system or setting limits on services.
Promote the sharing of information regarding children and youth, with appropriate consent, among relevant providers in the children's services, education, and health sectors involved in the child/youth's service plan.	Expect that personal information regarding the child/youth or family be shared without appropriate consent.
Be linked with other service planning processes beyond the scope of this strategy (e.g. Community Care Access Centres case management, mental health service planning, child welfare case management).	Supplant any mechanisms through which services are accessed through eligibility assessments and determinations of the nature, intensity and duration of services required (e.g. Community Care Access Centre case management for home care services) or family support and service planning functions being provided for specific services (e.g. mental health services).

PART 2C: SERVICE PLANNING COORDINATORS: DESCRIPTION OF ROLE

Service Planning Coordinators will support families of children and youth with multiple and/or complex special needs by acting as one identifiable point of contact for the development of a coordinated service plan that recognizes all of their service needs and builds on their child/youth's strengths. Service Planning Coordinators will help families connect with the right services in their service delivery area and monitor how children and youth are progressing through the service plan as they grow.

While the focus of the Service Planning Coordinator will be on developing a family-centred coordinated service plan for the services required for the child/youth, he/she will also be expected to make appropriate linkages to services and supports for the parents and/or family as a whole in order to enable them to better support the needs of the child/youth.

The development of the coordinated service plan will involve:

- Collecting information related to the service needs, strengths and priorities of families and their children and youth with multiple and/or complex special needs.
- Identifying key goals for the child and family.
- Initiating and developing a coordinated service plan collaboratively with the family and all relevant service providers including District School Boards.
- Providing families with information regarding available services in the service delivery area, including services delivered in schools, as well as in Section 23 Programs in Care, Treatment, Custody and Corrections and Section 68 School Authorities.
- Helping families access the services that they need including (but not limited to):
    - Developmental and diagnostic assessments;
    - Rehabilitation services;
    - Respite funding and services;
    - Recreational programs and camps;
    - Parent groups, supports and information sessions;
    - Primary care services; and
    - Mental health services.
- Monitoring, reviewing, and updating the coordinated service plan at regular intervals (a minimum of 6 months) or as needed (e.g. when goals are met, priorities change), in collaboration with family and relevant providers in the children's services, education, and health sectors, as the child/youth develops.
- Collaborating with local case/service resolution mechanisms when child and family needs are sufficiently complex to exceed the ability of local services to meet.

- Initiating contacts for an integrated transition planning process[9] in collaboration with the young person and their parent/guardian, the school, community agencies, and health care providers when a young person is preparing to transition to adulthood (planning should begin at age 14) for young people with multiple and/or complex special needs.[10]

Service Planning Coordinators will support the family through their service experience, as needed, until the child transitions to adult services. They will link families with the right information and help them understand and manage their short and long-term service goals. They will also maintain partnerships with children's service providers, District School Boards, health care, recreation services and other service providers.

[9] Similar to process outlined in the 2011 *MCSS/MCYS Provincial Transition Planning Framework for Young People with Disabilities* and January 31, 2013 Tri-Ministry Addendum (memo), resulting in a single, integrated transition plan for children and youth with multiple and/or complex special needs and their families.

[10] *Policy/Program 156: Supporting Transitions for Students with Special Education Needs* states that all transition plans must be developed in consultation with the parent(s), the student (as appropriate), the postsecondary institution (where appropriate), and relevant community agencies and/or partners, as necessary.

SECTION 3: APPENDICES

APPENDIX 1: SERVICE DELIVERY AREAS

For the purpose of the Special Needs Strategy, the province is divided into 34 service delivery areas, all of which align with the community-based child and youth mental health service areas.

The starting point for the definition of service areas was Statistics Canada's census divisions. The census divisions were used because of relevant demographic and other key data from Statistics Canada that can be applied to support service planning.

For further information on the 34 service delivery areas including maps and demographic information, please visit http://specialneedsstrategy.children.gov.on.ca.

APPENDIX 2: SCOPE OF COORDINATED SERVICE PLANNING

Coordinated service planning will consider, but not be limited to, the following scope of current services.

Programs and Services Funded by MCYS

- Speech-language therapy, occupational therapy and physiotherapy services provided by Children's Treatment Centres:
    - Children's Treatment Centres (CTCs) provide core rehabilitation services, including occupational therapy, physiotherapy and speech-language therapy.
- Respite Services:
    - Respite services provide temporary relief to family caregivers of children and youth with special needs. They can also provide the child/youth with the opportunity to engage with adults and peers outside of the family and to participate in meaningful activities.
    - Respite services include: Enhanced Respite for Medically Fragile and/or Technology Dependent Children; Out-of-Home Respite Services; Autism Spectrum Disorder (ASD) Respite Services (includes ASD Respite Program, ASD March Break Reimbursement Fund, and ASD Summer Camps); and Complex Special Needs Funding for Respite Services.
- Autism Services (Applied Behaviour Analysis (ABA) -based services and supports, Autism Intervention Program (AIP), School Support Program):
    - ABA-based services and supports provide time-limited skill building services to children and youth with ASD. These services are intended to improve the communication, social/interpersonal, daily living and behavioural/emotional skills of clients.
    - The AIP provides assessment, child and family supports, intensive behavioural intervention (IBI), and transition supports for children diagnosed with ASD toward the severe end of the spectrum. IBI is an application of ABA that uses systematic methods to encourage development and change behaviour. IBI is a structured approach that breaks down the barriers that isolate children with autism from the world around them.
    - Through the School Support Program, ASD consultants provide child-specific consultation, training, resource development and transition support services for District School Boards to support the learning needs of students with ASD.
- Healthy Child Development Programs (e.g. Infant Development, Healthy Babies Healthy Children (HBHC), Preschool Speech and Language (PSL), Infant Hearing Program (IH) and Blind Low Vision (BLV)):

- The Infant Development Program serves children with developmental disabilities or those at risk for a developmental delay, from birth until age five years.
- HBHC provides support from pregnancy to children's entry to school for vulnerable women, their newborns, young children and their families.
- PSL identifies children with speech and language disorders as early as possible and provides these children with services to enable them to develop communication and early literacy skills so they are ready to start school.
- IH identifies babies born deaf or hard of hearing and provides services to these children and their families to support communication development so they are ready to start school.
- BLV provides early intervention and parent education services needed by families of children born blind or with low vision to help them to achieve healthy development.

- Child and youth mental health services:
  - Coordinated service planning should consider services children and youth are receiving from mental health providers (e.g. counselling and therapy, specialized consultations and assessments), and link to service plans in that sector.

Programs and Services Funded by EDU

- District School Board (DSB) programs and services related to rehabilitation services (speech-language pathology, occupational therapy, physiotherapy):
  - DSBs vary with respect to supports related to speech and language pathology, occupational therapy and physical therapy needs of students. Some District School Boards provide a variety of rehabilitation supports based on local program and service delivery needs.
  - EDU does not specifically fund rehabilitation services and does not direct boards to hire staff in these areas.
  - DSBs receive funding for professional services as part of their overall grants. DSBs independently determine how to allocate their resources given their local needs.

Programs and Services Funded by MOHLTC

- School Health Professional Services:
  - School Health Professional Services (SHPS) are provided to children and youth in publicly funded schools (i.e. public and separate schools) and private schools, as well as to children and youth who are being home schooled to assist them in pursuing their education. The student must require the services in order to be able to attend school, participate in school routines and receive instruction, or to receive satisfactory instruction at home. SHPS under the scope of coordinated

service planning include five professional services: occupational therapy, speech-language pathology, physiotherapy, dietetics and nursing.
    - Medical supplies, dressings and treatment equipment necessary for the professional to provide these services are also included, as well as the training of school personnel to provide these services.
    - SHPS are currently regulated under the *Home Care and Community Services Act, 1994*, ("HCCSA") and Ontario Regulation 386/99 ("Reg. 386/99").
    - Subsection 5 (2) of Reg. 386/99 under the HCCSA provides that to be eligible for SHPS, the following eligibility criteria must be met:
        - The child/youth must have a valid Ontario health card;
        - The child/youth must be enrolled as a pupil in a public or private school or be home schooled;
        - The child/youth must require the services in order to attend school, participate in school routines and receive instruction, or receive home schooling;
        - The school or home must have the physical features necessary to enable the services to be provided; and
        - The risk of serious physical harm to the service provider must not be significant or reasonable steps can be taken to reduce the risk.
    - The maximum amount of SHPS for a person who is being home schooled is six hours a day, five days a week.
- School Health Personal Support Services:
    - School Health Personal Support Services (SHPSS) are provided to children and youth in private schools, as well as to children who are being home schooled, to assist with personal hygiene activities and routine personal activities of living.
    - Medical and personal equipment necessary to provide these services are also covered, as well as training of school personnel to provide the services.
    - SHPSS are currently regulated under the HCCSA Reg. 386/99.
    - Subsection 7 (2) of Reg. 386/99 under the HCCSA provides that to be eligible for SHPSS, the following eligibility criteria must be met:
        - The child/youth must have a valid Ontario health card;
        - The child/youth must be enrolled as a pupil in a private school or be home schooled;
        - The child/youth must require the services in order to attend school, participate in school routines and receive instruction, or receive home schooling;
        - The school or home must have the physical features necessary to enable the service to be provided; and
        - The risk of serious physical harm to the service provider must not be significant or reasonable steps can be taken to reduce the risk.

    - The maximum amount of SHPSS for a person who is being home schooled is six hours a day, five days a week.
- Health care:
    - Children and youth with multiple and/or complex special needs may also require services provided through the publicly funded health care system.

Programs and Services Funded by MCSS

- Children's Developmental Services:
    - There are two main types of Children's Developmental Services funded by MCSS:
        - Residential supports include group homes which provide 24-hour care and the Associate Living Supports Program where individuals live in a host family's home similar to foster care.
        - Agency-Based Supportive Services, which include caregiver respite and professional and specialized services (assessment, speech and language therapy and behaviour management).

APPENDIX 3: TERMINOLOGY

For the purposes of these policy guidelines, the following definitions apply:

Children and Youth with Special Needs

Children and youth (from birth to the end of school) with special needs experience an array of challenges related to their physical, communication, intellectual, emotional, social and/or behavioural development. Children and youth with special needs may have needs in only one area of development such as language, or they may have needs across multiple areas.

Children and youth with special needs include children and youth who have a wide range of specific impairments and/or diagnoses including: communication disorders, physical disabilities, cerebral palsy, behavioural issues, acquired brain injuries, developmental disabilities, Down syndrome, spina bifida, Autism Spectrum Disorder, and chronic and/or long-term medical conditions.

- Within this population, children and youth (from birth to the end of school) with **multiple and/or complex special needs** are those children and youth who may need multiple specialized services (e.g. rehabilitation services, autism services, respite) due to the depth and breadth of their needs. They may experience challenges related to multiple areas of their development, including their physical, communication, intellectual, emotional, social and/or behavioural development and require services from multiple sectors and/or professionals. They are also likely to have ongoing service needs. Children and youth with multiple and/or complex special needs are a subset of the population of children and youth with special needs.

Students with Special Education Needs

Children and youth with special needs may or may not be included in the same population as students with special education needs.

Students with special education needs are primarily students who have been identified with behavioural, communicational, intellectual, physical or multiple exceptionalities and require special education programs and/or services. A student without an identified exceptionality may also be receiving special education programs and/or services.

District School Boards have the responsibility to provide special education programs and/or services for students with special education needs.

Coordinated Service Planning

Coordinated service planning is an ongoing process that assists families of children with multiple and/or complex special needs in accessing multiple services, which may be delivered by several service providers and often from more than one sector. Through this process, a Service Planning Coordinator supports the family's active participation in all aspects of service planning and decision-making and provides a single contact responsible for communication and information sharing with all relevant service providers. Coordinated service planning includes the development and monitoring of a single coordinated service plan for the child/youth.

Coordinated Service Plan

A coordinated service plan is a written document, developed as part of coordinated service planning, for a child/youth with multiple and/or complex special needs and his/her family. The plan includes the child/youth's identified needs, strengths, goals, priorities, and values, and the services and supports that will be required by/beneficial for the child/youth. The coordinated service plan encompasses every type of service that will be required by/beneficial for the child/youth, and supplements individual treatment plans (e.g. for mental health services, etc.) by giving service providers a holistic view of the child/youth and their family.

Coordinating Agency

A single Coordinating Agency is accountable for coordinated service planning in each service delivery area. The Coordinating Agency establishes and evaluates processes and protocols for coordinated service planning, collaborates with providers in the children's services, education and health sectors, maintains relevant documentation on behalf of families and service providers, identifies Service Planning Coordinators, and provides oversight, effective administration and governance of the coordinated service planning process. A Coordinating Agency is not a gatekeeper for access to services.

Family-Centred Service

A family-centred approach should be applied to all aspects of service provision including service planning. Family-centred service is made up of a set of values, attitudes, and approaches to services for children with special needs and their families. Family-centred service recognizes that each family is unique; that the family is the constant in the child's life; and that they are the experts on the child's abilities and needs. The family and service providers work together to make informed decisions about the services and supports the child and family receive. In family-centred service, the strengths and needs of all family members are considered.

Service Delivery Area

See Appendix 1 for definition.

Transition

For the purposes of coordinated service planning, a transition refers to a change in the situation of a child/youth, such as a child entering school and/or a youth entering the adult service system.

APPENDIX 4: SPECIAL NEEDS STRATEGY BACKGROUND

In 2012, Minister Tracy MacCharles, as Parliamentary Assistant to the Minister of Children and Youth Services, was asked to engage with families, researchers and service providers to hear their perspectives. Their feedback reflected ongoing concerns about special needs service delivery in Ontario:

- Families have told government that the service delivery system is confusing and results in barriers to the services children need;
- Parents don't know where to go or what to do when they have a concern about their child;
- Many regions have multiple access points. Clear access points will help children be assessed, diagnosed, and treated earlier, which is better for the child and is what parents want;
- Services can be confusing and hard to navigate;
- Children with special needs often require the support of a range of professionals and programs delivered by a variety of providers who frequently do not coordinate their services. Service pathways are unclear;
- Families get frustrated telling the same story to multiple providers;
- The current system can create unnecessary waits for and gaps in services;
- When they transition to kindergarten, children receiving rehabilitation services, such as occupational therapy or speech-language therapy, often need to be reassessed, and potentially put on a waitlist, because services are delivered by different providers through different programs. As a result, children often experience gaps in service and lose valuable intervention time; and
- Waitlists are frustrating, and parents often don't know where their child is on the waitlist or when they are likely to receive services. Children may be on multiple waitlists for similar services.

Over the past several years, MCYS, together with partner ministries and communities, has worked to transform the other specialized children's services systems (child welfare, child and youth mental health, and youth justice) into more responsive, accountable and sustainable systems with clearly identifiable roles.

Ontario's Special Needs Strategy will further transform the broader children's services sector and provide parents with clear points of entry when their child may need specialized services. As a result of the Special Needs Strategy, families will:

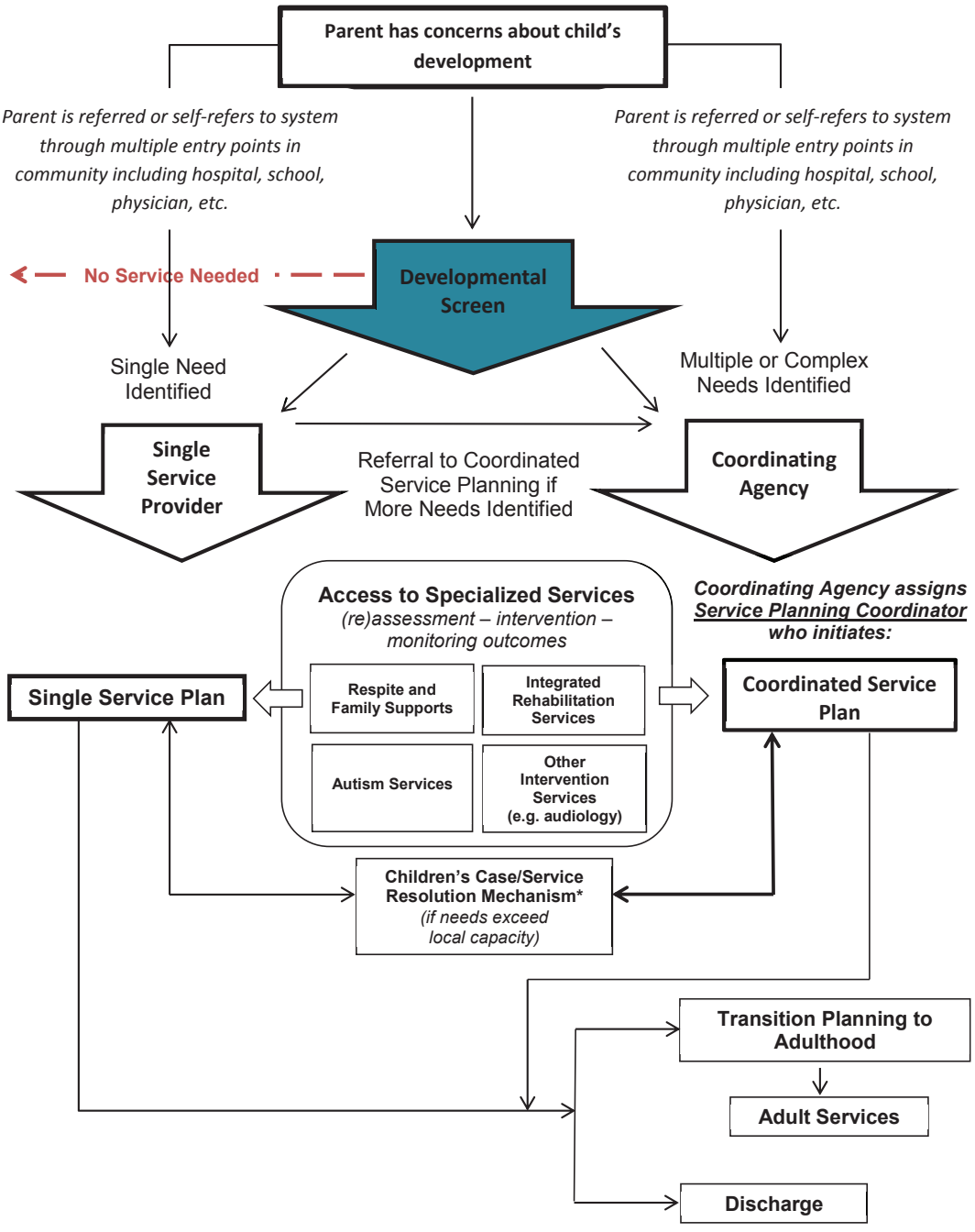
- Know what to do and who to see when they have a concern about their child's development;
- Have their children identified and referred to appropriate services earlier;
- Experience fewer duplicative referrals and assessments; and
- Be more confident about the capacity of professionals across sectors to be working together in a coordinated fashion to support their children with special needs.

As a result of the strategy, the delivery of services for children with special needs will be:

- More efficient, with fewer interruptions and less duplicative administration; and
- Better integrated, with fewer intake points and better communication among providers.

APPENDIX 5: FUTURE STATE FOR SPECIAL NEEDS STRATEGY

The visual below illustrates the future state of service delivery under the Special Needs Strategy:



* A case/service resolution mechanism is a local table that identifies potential solutions to support a child/youth and family using a collaborative multi-agency, cross-sectoral approach.