

Integrated Delivery of Rehabilitation Services:

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



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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. The directions provided in this document and its companion document: *Integrated Delivery of Rehabilitation Services: Proposal Instructions and Template*, will require you to think, act and collaborate with one another differently.

The Special Needs Strategy places the needs of children and youth at the centre of all policy, program and service delivery decisions. As you move forward with developing, implementing and monitoring a new approach to the delivery of rehabilitation services you will be asked to:

- Place the needs of children, 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.

Your energy, dedication and expertise are critical to the success of this strategy. The ministries are committed to working together with you 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

This document sets out provincial expectations for the provision of integrated rehabilitation services for children and youth¹ with special needs. These guidelines are applicable to all agencies/entities involved in serving children with rehabilitation service needs, including children's services agencies, community service agencies, health service providers and District School Boards.

These policy guidelines are accompanied by the document below that provides instructions on how the agencies/entities in the 34 service delivery areas across the province will be invited to propose approaches to the integrated delivery of rehabilitation services that meet the expectations set out in this guide:

- *Integrated Delivery of Rehabilitation Services: Proposal Instructions and Template (proposals due by June 1, 2015).*

Appendix 1 of this document provides further information regarding the 34 service delivery areas. A terminology section has also been provided in Appendix 2 to clarify some of the key terms used throughout this document.

Resources describing successful initiatives related to integrating the delivery of rehabilitation services, including the lessons learned during their implementation, can be found at:

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

¹ 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 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 **integrated delivery of rehabilitation services**.

Information on the new developmental screen is available at:

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

Information on coordinated service planning is available in: *Coordinated Service Planning: Guidelines for Children’s Community Agencies, Health Service Providers and District School Boards*, which is also available on the website listed above.

Appendices 3 and 4 provide more information on Ontario’s Special Needs Strategy.

PART 1D: CONTEXT FOR INTEGRATED DELIVERY OF REHABILITATION SERVICES

Currently, there are five programs funded by four ministries for child/youth rehabilitation services, including:

- MCYS' Preschool Speech and Language Program
- MCYS' Children's Treatment Centre Core Rehabilitation Services
- MOHLTC's School Health Professional Services
- District School Boards through Grants for Student Needs
- MCSS' Children's Developmental Services community-based speech and language services

In some areas of the province, there is also funding from the Local Health Integration Networks and MCYS contained in the global budgets of provider agencies for the provision of rehabilitation services (e.g. historic funding for the Preschool Speech and Language Program).

Families and providers have identified several challenges with the current delivery of rehabilitation services, including:

- School-aged speech services and language services are funded by three ministries, leading to the fragmentation of the delivery of these therapies and multiple speech and language pathologists being involved in the delivery of supports to one child;
- Upon entry to school, children who were already receiving preschool speech and language services often must be re-assessed by the school-based program, leading to a disruption in service;
- Children may experience a gap in rehabilitation service delivery upon entering school due to different program eligibility and referral requirements and wait times;
- Children and youth have inconsistent access to rehabilitation services as the mandates, roles and responsibilities of the current programs have been interpreted in different ways across the province, impacting service availability, intensity, duration and type; and
- Children and youth may experience disruptions in their school day when their rehabilitation services are provided outside the school setting.

The 2010 review of MOHLTC's School Health Support Services (now known as School Health Professional Services and School Health Personal Support Services) highlighted many of the challenges mentioned above and recommended the consolidation of speech services and language services for school-aged children.

In 2011-13, seven demonstration communities explored different approaches for improving access to, quality and value of speech and language services for young children. Educators, service providers and parents reported improvements as a result of these approaches, which addressed many of the challenges above. The evaluation of the demonstration sites found that, when given the ability to work outside existing mandates, local service delivery partners developed effective integrated service delivery models to best meet their local needs. Community plans within each demonstration community revealed that speech and language services were most likely to be delivered through District School Boards and the Preschool Speech and Language Program. Cross-site analyses correlating access, quality and value indicators with cost and parent satisfaction indicated comparable results across the seven sites' different service delivery models.

More information on the School Health Support Services review, the speech and language demonstration sites and other local initiatives is available at:

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

SECTION 2: INTEGRATED DELIVERY OF REHABILITATION SERVICES

PART 2A: PROPOSALS FOR INTEGRATED DELIVERY OF REHABILITATION SERVICES

Preschool Speech and Language Program agencies, Children's Treatment Centres, Community Care Access Centres, District School Boards and partner agencies are being asked to come together in their service areas to develop proposals for an integrated approach to the delivery of rehabilitation services in accordance with these guidelines.

Within the scope of this new approach to rehabilitation service delivery are the following:

- Speech-language therapy, occupational therapy and physiotherapy services provided by Children's Treatment Centres;
- Preschool speech and language services provided by Preschool Speech and Language (PSL) Program lead agencies and PSL Program partner agencies;
- Speech-language therapy, occupational therapy and physiotherapy provided through Community Care Access Centres (CCACs) as part of School Health Professional Services in public schools;
- Speech-language therapy, occupational therapy and physiotherapy provided through District School Boards (Public and Separate and French and English), School Authorities, Section 68 School Authorities and Section 23 Programs in Care, Treatment or Custody and/or Correctional Facilities; and
- Community-based speech and language services funded through Children's Developmental Services.

At this stage of the Special Needs Strategy, changes to the delivery of the following services are out of scope for the new approach to rehabilitation service delivery:

- Federally-funded rehabilitation services delivered on First Nations' reserves;
- Special Needs Resourcing services;
- Hospital in-patient rehabilitation services;
- Home care rehabilitation services provided through funding to Community Care Access Centres;
- School Health Professional Services nursing services and supports;

- In-school rehabilitation service delivery for children and youth in private schools and/or home schooling;²
- Rehabilitation services for adults;
- Publicly-funded physiotherapy clinic services;
- Acute care hospital-based services;
- Applied Behaviour Analysis-based services and supports;
- Autism Intervention Program (Intensive Behavioural Intervention); and
- Rehabilitation services to students attending Provincial and/or Demonstration Schools.

Instructions for proposal development and the template for proposal submissions can be found in the companion document: *Integrated Delivery of Rehabilitation Services: Proposal Instructions and Template*.

In developing local proposals, agencies, service providers and District School Boards will need to work together and consider what it would take to create an ideal approach for the benefit of children, youth and their families. Proposals should not be constrained by the existing delegation of roles/responsibilities for service provision or by existing barriers related to funding sources, and can put forward approaches which may need policy or regulatory changes pertaining to the Preschool Speech and Language Program, Children’s Treatment Centre core rehabilitation services, School Health Professional Services, Developmental Services community-based speech and language services and/or speech and language, occupational therapy and physiotherapy services which may be currently delivered by some District School Boards.

If proposals put forward approaches that need policy or regulatory changes, the ministries will consider opportunities to address these barriers in order to support service delivery areas to implement their ideal approaches. The ministries may consider the realignment of funds as necessary to support seamless service delivery. Any such proposals are subject to the review and approval of the ministries.

As no additional funding for rehabilitation services is being provided through the Special Needs Strategy for the 34 service delivery areas at this time, proposals will not be approved by the ministries if they are dependent on new funding, including new funding for infrastructure needs. Proposals which describe repurposing existing rehabilitation service funding will be considered by the ministries.

² Note that children and youth attending private schools and/or home schooling can access integrated rehabilitation services at a community location. In-school rehabilitation services remain out of scope (and therefore unchanged) for the Special Needs Strategy.

Existing service agencies/entities (e.g. Preschool Speech and Language Program agency, Children's Treatment Centre, Community Care Access Centre, etc.) may elect to no longer be involved in service provision under the new approach (and possibly, therefore opt out of the proposal development process). In these cases, the agency/entity's current funds for rehabilitation service delivery will be re-profiled to support the service delivery area's proposal for the integrated delivery of rehabilitation services. The ministries will not approve service agencies/entities opting out of the new approach in order to continue delivering services according to the status-quo/current approach, and/or service agencies/entities delivering services in parallel to the new approach.

PART 2B: CORE SERVICE ELEMENTS FOR INTEGRATED DELIVERY OF REHABILITATION SERVICES

Under the Special Needs Strategy, service delivery areas will provide rehabilitation services for children and youth from birth to the end of school that are:

- Experienced by children, youth and their families as a single, seamless³ program of care;
- Easily accessible;
- Delivered in the school setting whenever possible for school-aged children;
- Of high quality, based on evidence-informed practices and the expertise of regulated health professionals;
- Sensitive and responsive to the needs and strengths of individual children and youth and their families; and
- Focused on optimizing child/youth outcomes.

Under the new approach, rehabilitation services will adhere to the following service requirements:

Pathway to Service

- Parents and youth can self-refer to rehabilitation services.
- Children and youth from birth to the end of school with, or suspected of having, rehabilitation service needs access appropriate assessments and services to determine their specific needs regardless of their age, severity of disorder and/or diagnosis.
- Communities have a single, well-publicized toll-free phone number and electronic access (e.g. email, website) for intake as an entry point for rehabilitation services.
- Communities actively promote awareness of the importance and availability of rehabilitation services among parents, professionals (including educators) and caregivers.

Service Provision

- Families and regulated health professionals work together to determine children's and youth's service needs and goals in collaboration with other professionals/para-professionals and educators, and to meet the needs of children and youth through a streamlined service continuum of: referral→intake→assessment→service planning→treatment→reassessment/ongoing evaluation→discharge/transition.

³ See Appendix 2 for terminology

- A broad range of intervention types (e.g. educator consultation, one-on-one intervention, group intervention, classroom interventions, parent training and coaching) are available, as appropriate for the child/youth's needs.
- Children and youth from birth to the end of school with speech delays and language delays have a single assessment and treatment plan (i.e. there is a unified delivery of speech services and language services; speech services and language services are not delivered separately).
- Rehabilitation service professionals communicate and collaborate with the range of professionals/paraprofessionals serving a child/youth (e.g. primary care practitioners, autism providers, educators, education support staff), and participate in the child/youth's coordinated service planning processes, as applicable.
- Early intervention is prioritized and supported through the provision of parent training, education and coaching.
- Rehabilitation services are delivered using a holistic view of the child/youth, encompassing their needs/strengths in the home, community and school (for school-aged children and youth) contexts.
- Rehabilitation service professionals provide support and consultation to educators to support students with rehabilitation needs.
- Rehabilitation service providers and educators work together to align rehabilitation service goals and supports with the education needs of the student.

Service Location

- Children, youth and their families receive services in locations that are as convenient to them as possible.
- Whenever possible, school-aged children access rehabilitation services in the school setting.

Transitions

- Rehabilitation services are continuous and seamless for children and youth across transition points (i.e. no disruptions in service upon entry into school, during transitions between schools, and at entry into high school).
- With parental consent, rehabilitation service information for a child/youth is shared across relevant providers and professionals (including those in the education, health and community sectors) to support seamless and efficient service delivery.

Waitlists

- The waitlist management approach is consistent and transparent for families across the service delivery area, based on relevant evidence and best practices.
- Rehabilitation services within the service delivery area have a single waitlist for speech-language therapy, occupational therapy and physiotherapy respectively.

Proposals to integrate the delivery of rehabilitation services must demonstrate how the service requirements above will be implemented across the service delivery area. As service providers, agencies and District School Boards work together to develop proposals, this document serves as a summary of what the ministries are expecting from an approach to integrate rehabilitation services. It is the responsibility of service providers, agencies and District School Boards in each community to work together to envision and propose how these core service elements and the vision of the Special Needs Strategy could be realized in each local service delivery area. The proposed model must preserve the existing service capacity and service levels within the community. In addition, the proposal must also include a transition plan for children and youth currently receiving services that outlines how service disruptions will be avoided or minimized (i.e. although some aspects of a child/youth's services may change, the child/youth's service experience will remain seamless).

For more information on the proposal development process and for the proposal submission template, please refer to the companion document: *Integrated Delivery of Rehabilitation Services: Proposal Instructions and Template*.

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: 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 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 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.

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 works with service providers 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.

Rehabilitation Services

Rehabilitation services are speech and language therapy, occupational therapy and physiotherapy services.

Seamless Service Delivery

Seamless service delivery means a continuous and unbroken service experience for the child/youth and their family as long as they require service. Seamless service delivery does not require a consistent intensity and/or type of service; however it does involve continuity of supports, information and intervention over time and across transition points. Examples of seamless service delivery are not requiring a family to reapply for services or receive additional assessments for their child as he/she transitions to school.

Service Delivery Area

See Appendix 1

Transition

For the purpose of the integrated delivery of rehabilitation services, 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 3: 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:

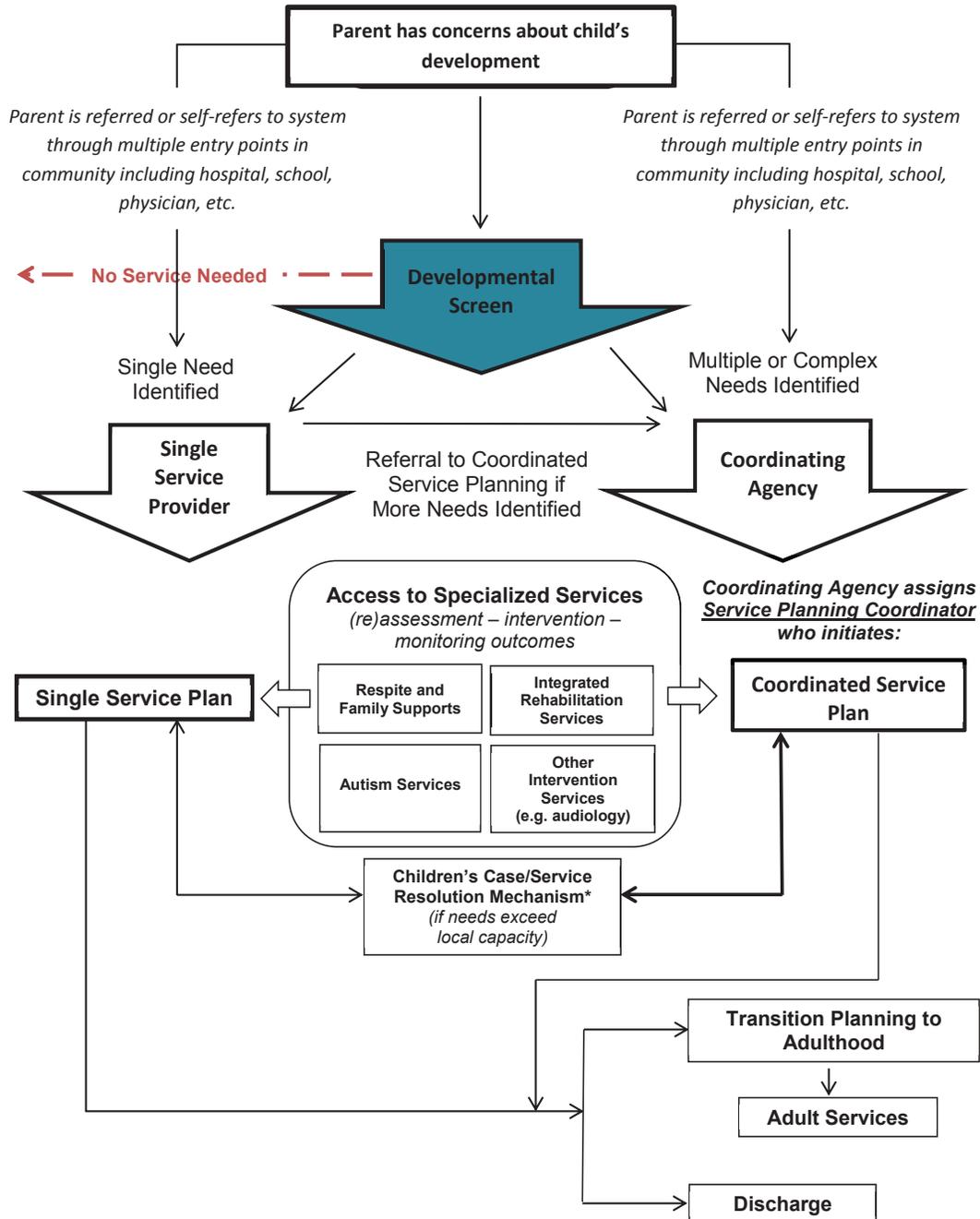
- Know what to do and who to see when they have a concern about their child's development;
- Have their children identified and referred to appropriate services earlier;
- Experience fewer duplicative referrals and assessments; and
- Be more confident about the capacity of professionals across sectors 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 4: 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.