



Supporting Ontario's Special Needs Strategy for Children & Youth

The Ministries of Children and Youth Services, Community and Social Services, Education, and Health and Long-Term Care are moving forward with a strategy to improve services for children and youth with special needs in Ontario.

The strategy marks a new approach to delivering services to children and youth with special needs and their families by placing the needs of children and youth at the centre of policy, program and service delivery decisions. The intent is to move to a system where young people with special needs get the timely and effective services they need to achieve their full potential.

As providers of service to children and youth with special needs on behalf of the ministries, members of Home Care Ontario are keenly aware of challenges faced by families. Home Care Ontario members support the vision of: "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"¹

The 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
- An integrated approach to the delivery of rehabilitation services (speech-language therapy, occupational therapy and physiotherapy).

The Special Needs Strategy must be more than re-assigning responsibilities in the system of care, and accordingly, Home Care Ontario recommends that as the province moves forward to improve the system of care for children, it is important to retain and leverage the knowledge and expertise of the home care service provider organizations who have a wealth of experience in the care of children at home and school.

The integration of school and community-based rehabilitation services will mean that children can experience seamless speech language therapy, occupational therapy and physiotherapy services from birth through high school. The ministries have indicated that they are open to new approaches and have said that communities "should not be constrained by existing delegation of roles/responsibilities for service provision or existing barriers related to funding sources"².

¹ Ministry of Children and Youth Services, Ministry of Community and Social Services, Ministry of Education, Ministry of Health and Long-Term Care (2014) Integrated Delivery of Rehabilitation Services: Guidelines for Children's Community Agencies, Health Service Providers, and District School Boards. P5 Retrieved from <http://public.msdsb.net/bsn/Meetings/Special%20Needs%20Strategy/Integrated-Rehabilitation-Services-Guidelines-FINAL.pdf>

² <http://specialneedsstrategy.children.gov.on.ca/integrated-delivery-of-rehabilitation-services/>

Home Care Ontario recommends that as planning tables convene and proposals are developed, every effort is made to:

- Ensure that all stakeholders are at the table.
- Leverage the thousands of hours of service expertise from service provider organizations (SPOs) developed over the last twenty-five years by actively and directly engaging these experts at all planning tables across the province.
- Work closely with SPOs to ensure that through the change process there is no disruption that compromises care delivery to children of all ages and transition points throughout the school.
- Ensure that Health Quality Ontario is actively engaged to assist in the establishment of publicly reported performance indicators that are specific to children and youth with special needs and their families.

Background

Children and youth with special needs have challenges related to their physical disabilities, developmental disabilities, mental health disorders, behavioural issues, and/or chronic medical conditions.³ "Special Needs" refers to a number of diagnoses including: behavioural issues, communication disorders, physical disabilities, cerebral palsy, acquired brain injuries, developmental disabilities, Down syndrome, spina bifida, autism spectrum disorders, mental health disorders and/or long-term medical conditions.⁴

In Ontario, an estimated 97,000 to 235,000 children and youth have special needs.⁵

The Ministry of Children and Youth Services (MCYS), created in 2003, provides funding to over 500 transfer payment agencies to provide an array of programs that treat and support children with special needs. MCYS shares responsibility for children and youth with special needs with the ministries of Community and Social Services, Health and Long-term Care, and Education. (For services see Appendix 1)

Home care service provider organizations (SPOs) are often one of the earliest providers of care to children and youth with special needs at home. Their involvement begins as the frontline clinical experts for CCAC funded service and as the preferred care provider for respite, which may be funded from a variety of sources. Through that early relationship SPOs have a special place in the family's circle of support. SPOs work in close partnership with children's treatment centres, community support agencies and primary care in the community.

10% of CCAC clients were children in 2013-2014.⁶

As children transition to the school setting, SPOs have traditionally maintained the linkage by providing care on site funded by CCAC and/or school boards. The flexibility and responsiveness of the home care provider have meant that children have been able to pursue their education and have minimal disruption in the classroom, thereby normalizing their school experience. For example, SPOs arrange for treatments at recess or lunch period; and/or provide treatments at home as required. SPOs support summer group programming and work closely and effectively with support staff within the school system.

³ Child and Family Services Act (1990)

⁴ MacCharles, T. MPP (2013) Services for Children and Youth with Special Needs in Ontario, and their Families: *Opportunities for Improving their Experiences and Outcomes*. P6 Retrieved from: <http://www.children.gov.on.ca/htdocs/English/documents/topics/specialneeds/PAreport.pdf>

⁵ MacCharles, T. MPP (2013) Services for Children and Youth with Special Needs in Ontario, and their Families: *Opportunities for Improving their Experiences and Outcomes*. P6 Retrieved from: <http://www.children.gov.on.ca/htdocs/English/documents/topics/specialneeds/PAreport.pdf>

⁶ Home Care Ontario. Facts & Figures. Retrieved Feb 7, 2015 from <http://www.homecareontario.ca/home-care-services/facts-figures/publiclyfundedhomecare>

Home Care Ontario SPO members have long advocated that the principles to support children and youth with special needs and their families be:

- **Capacity building** - Programs and services should be directed at supporting the child and family to develop skills that they will need throughout the course of their lives to handle life events outside of school and beyond school aged years.
- **Quality and accountability** - Performance indicators should reflect the 'best interests of the child' as the fundamental outcome.
- **Coordination** - The system must better help children and families to navigate and avail themselves of the range of services and programs within Ontario through the four ministries.
- **Equitable and consistent access** - Access to service must be equitable and consistent throughout communities, in rural and urban settings, and across the province - negating the need for families to relocate or travel in order to access more care and facilitating transfer between jurisdictions when required.
- **Integration** - Linkages throughout the children's services sector are important to support consistent care and seamless support for children and families. Transitions will be well managed across the life continuum in a variety of settings from preschool through all levels of schooling.

Home Care Ontario members report local variation in the approach to planning and engagement of partners, with some understanding that some CCACs are opting not to participate and many communities not involving the SPOs with rehabilitation expertise. The prevailing theme is that the SPO input can occur later in the process and that the client/family contribution negates the need for the SPO perspective. The SPO perspective is unique and merits consideration. Furthermore, SPOs have the systems in place to provide high quality care. These organizations also have developed, or are aware of, best practice, research, or anecdotally successful approaches in other geographic areas and can bring this expertise to the planning tables.

Conclusion

Investments in children are pledges for our future. Accordingly, programs and services for children should be accessible, equitable, comprehensive and coordinated and of the highest caliber. To that end, collaboration amongst stakeholders needs to be in evidence from policy to frontline delivery, the service provider organizations. This means that planning will:

- Leverage the thousands of hours of service expertise from service provider organizations (SPOs) developed over the last twenty-five years by actively engaging these experts at all planning tables across the province.
- Ensure that through the change process there is no disruption that compromises care delivery to children of all ages and transition points throughout the school.
- Engage Health Quality Ontario to assist in the establishment of publicly reported performance indicators that are specific to children and youth with special needs and their families.

Appendix 1

The Ministry of Children and Youth Services shares responsibility for children and youth with special needs with the ministries of Community and Social Services, Health and Long-term Care, and Education.

The Ministry of Children and Youth Services funds:

- Rehabilitation services (e.g., speech-language pathology, occupational and physical therapy)
- Respite programs
- Autism services
- Early years programs (preschool speech -language pathology, infant hearing and blind low vision)
- Infant development program
- Child and youth mental health services
- Residential services.

The Ministry of Health and Long-Term Care funds:

- Hospital-based acute care and chronic care
- School health support services (nursing, personal support, speech and language pathology, occupational therapy and physical therapy)
- Nursing and other related home care services delivered through Community Care Access Centres (CCACs)
- Assistive Devices Program and Trillium Drug Program (direct funding and benefits programs).

The Ministry of Education funds school boards to provide special education programs and services to students who have been identified as exceptional pupils.

The Ministry of Community and Social Services funds:

- Special Services at Home (direct funding program)
- Assistance for Children with Severe Disabilities (grant program)
- Children's developmental services.⁷

⁷ MacCharles, T. MPP (2013) Services for Children and Youth with Special Needs in Ontario, and their Families: *Opportunities for Improving their Experiences and Outcomes*. Retrieved from: <http://www.children.gov.on.ca/htdocs/English/documents/topics/specialneeds/PAreport.pdf> p.6