

Special Needs Strategy in Ontario – A Case for Frontline Services Provider Organizations’ Participation

Issue: The aim of improving how families of children and youth with special needs access the services they need, as close to home as possible, is compromised by the absence of service provider organizations (SPOs) at the planning tables.

Background

School Health Support Services (SHSS) were initiated in 1984 with the intent of ensuring that no school-aged child would be denied access to education because of special health support needs during school hours.¹ Since inception, the Community Care Access Centres (CCACs)², ultimately accountable to the Ministry of Health & Long-Term Care (MOHLTC)³ have had the mandate for delivery of SHSS.

Because of the nature of services and the age of the clients, the Ministry of Education (EDU) and the Ministry of Children and Youth Services (MCYS) have had a role in SHSS. A review of CCACs in 2004⁴ had among the recommendations the development of a strategy to address the coordination of service for children and youth with special needs.

A comprehensive review of the SHSS program was completed by Deloitte in 2010. Fifteen recommendations were made to improve the services for children with special needs.⁵

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.⁶

Special needs may be one or more of a wide range of specific impairments and/or 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.⁷

In Ontario there is an estimated 82,000 children receiving school health services through the CCAC⁸ and an estimated 97,000 to 235,000 children and youth with special needs⁹.

¹ Deloitte. (2010) Review of School Health Support Services Final Report. P1

² And predecessor organizations, Home Care Programs

³ Today there are 14 LHINs across the province to whom the CCACs report and who in turn report to the MOHLTC and are responsible to plan, integrate and fund local health care, improving access and patient experience. (<http://www.lhins.on.ca>)

⁴ Led by the Honourable Elinor Caplan and summarized in the report, Realizing the Potential of Home Care, Competing for Excellence by Rewarding Results

⁵ Deloitte. P25

⁶ Child and Family Services Act, 1990

⁷ MacCharles, T., Honourable. (2013) Services for Children and Youth with Special Needs in Ontario, and their Families: *Opportunities for Improving their Experiences and Outcomes* Advice to Minister Piruzza Minister of Children and Youth Services from the Honourable Tracy MacCharles Minister of Consumer Services former Parliamentary Assistant to the Minister of Children and Youth Services. P6

⁸ OACCAC. (2013) How We Care. 2012-2013 CCAC Quality Report.

In April 2014 the Ontario government announced a new Special Needs Strategy as “the beginning of a new way of delivering services to children and youth with special needs and their families”.

34 planning tables¹⁰ have been established across the province in order to develop a new way of delivering services. Home Care Ontario members, service provider organizations (SPOs) who provide the therapists, personal support workers and nurses who deliver care to children in school or at home (for those who are home schooled and/or need service when school is not in session), have attempted to engage in the planning process without success.

Example: A preschool child who cannot be understood by others, or fails to understand instructions about how to complete simple tasks such as basic handwriting, falls further and further behind both scholastically and socially.

The SPO Expertise

SPOs are accountable for direct clinical care at the frontline and for clinical expertise of their staff. SPOs ensure that staff use evidence-based practice and maintain their skills within the speciality. SPOs are responsible for risk mitigation, performance management, quality improvement and outcomes for the person in their care.

SPOs have well-developed policies, procedures and practices that effectively respond to the needs of children and youth and their families. They provide continuity within the school system and are the link to services at home.

Impact: A special needs child can become increasingly isolated and depressed about their inability to achieve significant normal milestones, such as reading or simple arithmetic. If unattended, the child's deficits persist and become more obvious to others. Children may compensate by acting out and becoming more challenging for teachers and classmates.

SPOs are the constant in the system. While planning areas and administrative structures have changed over the past 30 years, the therapists (speech language pathologists, occupational therapists, and physiotherapists)¹¹ have continued to provide the necessary care and support to children and youth with special needs. They are the year-round constant for the families, who typically receive services throughout the summer when school is “closed”.

SPOs have expertise in assessment and intervention and providing innovative and cost-effective service in the least intrusive manner so that the children and youth can actively participate in the classroom experience.

⁹ MacCharles, P6

¹⁰ 34 tables / special need service delivery areas have been established to align with the child and youth mental health delivery areas.

¹¹ It is recognized that nursing and personal support services are involved, however the focus of the SNS planning is on an integrated rehabilitation strategy.

SPOs deliver service in publicly funded schools, private schools, and home-based schools in urban and rural communities across Ontario.

Why Does This Matter?

Special needs children and youth are already disadvantaged. They must work particularly hard to keep up with their peers. Whether the need is complex or short-term, these children deserve our best and will be seriously affected if the service provided by the highly qualified SPO staff in the classrooms and homes across the province are disrupted. *It makes no sense to ignore more than 30 years of experience in the classroom at the side of Ontario's children.*

It Matters because we are all working towards a system where young people with special needs get the timely and effective services they need to achieve their full potential.

Children should not have to pay the price of a system change, when cooperation and collaboration can achieve the integrated structural reform that is recommended. If, as a system, the goal is to “place the needs of children and youth at the centre of policy, program and service delivery decisions”¹², all stakeholders must work together to achieve change that maintains consistency and is compassionate to those served.

What Can Be Done?

SPOs ask for the opportunity to bring their knowledge, experience and expertise to the process of determining how School Health Services are organized and delivered as part of Ontario's Special Needs Strategy.

About Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario™*, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

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¹² SNS Strategy aim statement