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February 18, 2022

RE: POLICY/PROGRAM MEMORANDUM 81 (PPM 81)
PROVISION OF HEALTH CARE IN SCHOOL SETTINGS
NEW DRAFT POLICY CONSULTATION

The **Provincial Parent Association Advisory Committee on Special Education Advisory Committees** (PAAC on SEAC) was established in 1983 and is the only group in Ontario that brings together provincial parent associations to communicate and co-operate on issues pertaining to SEACs. PAAC, and its member organizations, encourage valuable partnerships among trustees, educators, voluntary associations and parents.

At the request of the Ministry of Education, PAAC on SEAC is pleased to share the attached responses to the Invitation to Engagement for PPM 81.

PAAC has some overarching considerations for accountability and transparency regarding the draft PPM 81 and any related policies and procedures developed from it.

PAAC on SEAC recommends that to improve accountability:

- Students' right to an education is guaranteed under the Education Act, and all necessary accommodations should be provided, including health and rehabilitation services, as required by the Ontario Human Rights Code.
- All consultation and decision making needs to include parents, caregivers, guardians and students (note any reference to "parents" included herein references all these parties).
- To support consistent policy frameworks in all school boards the ministry should provide policy and procedure resources and templates and establish best practices that all boards are required to demonstrate within their regional structures.
- Adequate funding needs to be provided for serving students with school-based health and rehabilitation support needs.
- SEACs should be engaged in the development and monitoring of school board policies – planning, implementation, data collection and reviews.
- Data collection and transparent evaluation related to services should be publicly available and include SEAC review
- Goals of the PPM and policies should be to eliminate duplication of services. Coordination is necessary to reduce wait times and provide timely access to appropriate services.

PAAC on SEAC recommends that service delivery:

- Parent referral is supported as an effective practice.
- PAAC recommends that a full range of evidence-informed services based on individualized needs be available to students in all educational placements and settings, for example after school programs, co-op placements, and school trips.
- Congregating students for health services should not be used for the ease of board staff or for cost saving. Students should not be placed into segregated IPRC placements in order to access health services.
- The chart of framework for delivery of health services needs to include direction based on individualized risk assessment and have the ability to be changed to address needs of student appropriately
- Parents must be involved in health care planning, student specific training and monitoring of delivery of health and rehabilitation services
- Health care and rehabilitation (clinical service) plans should be integrated with the Individual Education Plan (IEP).
- Health care and rehabilitation (clinical service) delivery should be provided in a way that is least disruptive to the student.
- Health care and rehabilitation (clinical service) delivery needs to respect students' rights in terms of consent, health and safety.
- There needs to be transparency around services being offered for parents – eligibility criteria, length of service, wait times, and what exactly services are offered
- Generalized and student specific training should be provided by Regulated Health Professionals to paraprofessionals and other staff involved in the delivery of medical procedures and therapy programming. Parents should be involved in student specific training
- Further consultation is required for clarity and consistency regarding for individualized medical equipment and assistive devices in order to support use of the equipment in multiple environments, including school, home and community, including after school care programs.
- Healthcare and rehabilitation services need to be responsive to emerging evidence.

Discussion Questions**Health Supports and Interventions**

1. Are there best practices in place locally that are not currently reflected in the revised PPM?
 - Having medical & therapy equipment that is available at school and home without barriers such as transportation and liability insurance
 - Involving parents in all aspects of training, program planning, defining individualized roles, and delivery decisions
2. What medical interventions are provided day-to-day to students? Are they captured in the revised PPM?
 - PAAC on SEAC is currently unaware of any medical interventions that are not captured in the revised PPM
 - PAAC on SEAC is concerned about the information in the Chart of medical interventions regarding responsibility for “Training and Direction”. There is inconsistent language for

example “Primary Care Provider” and Parents/caregivers”. Are they the same or different?

- All training of education staff who will be delivering health care services should be under the direction of a Registered Health professional. The PPM should recognize that there are two types of training required:
 - Generalized training that can be provided to groups about the procedures, risks, and cautions
 - Student specific training based on individual student risk assessment
 - Parent input and/or participation should be required in all student specific training
3. What are the core roles and responsibilities in the delivery of health supports and interventions for students? How can these services be provided most efficiently and in a way that meets students’ needs?
- Reviewing of nursing roles and current funding and delivery models within schools to optimize services for students, for example boards having nurses as a school board hosted position
 - Current roles and responsibilities for medical procedures need to be clear and consistent across boards and schools and need to address risk assessment.
 - Making sure that there is collaboration around responsibilities for prescribed services provided at school, home and in the community.
 - Making sure that there is collaboration around responsibilities for prescribed equipment provided at school, home and in the community.
 - Involving parents in team approach to services especially around individualized training including training for equipment is essential
 - Any training that is provided especially around equipment needs to be consistently available for families as well
4. How are emergency medical supports provided (e.g., emergency seizure medications)? Are there barriers to providing these services and how can they be addressed?
- Lack of resources, clarity, and consistent province wide protocols mean there are many barriers to students accessing both daily and emergency medical supports. There are also many challenges around union agreements and lack of training to make sure these services are provided safely and effectively.
 - There is an existing barrier around liability for families in having equipment that is used at school also be used at home in many cases making it prohibitive for them and forcing them to access same funding for same equipment for home which doubles the cost of government programs like the Ministry of Health Assistive Devices Program
 - Individualized student needs and risk assessment is essential to be covered in any emergency preparedness plans
5. Are there concerns related to PPM 81 for those providing dietetics services that should be taken into consideration?
- Downloading any medical interventions to untrained board support staff is a concern for the health and safety of the students. Without proper education and student specific training, incorrect procedures done by unqualified staff dramatically increases risk for all parties

6. Is the revised PPM responsive to new and emerging medical interventions?
 - Needs to be greater clarity around incorporating new and emerging medical interventions
7. What opportunities exist within the context of a revised PPM 81 to help address health human resources challenges, particularly with nurses?
 - Reviewing of nursing roles and current funding and delivery models within schools to optimize services for students, for example boards having nurses as a school board hosted position
 - Allowing nursing staff funded from alternative sources is an opportunity to increase the number of nurses available to support students
 - Identification of the special challenges involved in recruiting and maintaining nurses to deliver support to students at school should be part of the overall government human resources strategy to increase nurses available in every sector

School-Based Rehabilitation and Community-Based Clinical Services

1. Are there additional revisions that could be included in the revised PPM that would better support students to receive rehabilitation and/or community-based clinical services in the school setting that are coordinated, child-centered, and based on their strengths and needs?
 - Ensuring that protocols that are established are holistic in the approach to integrate rehabilitation and clinical services seamlessly into individualized education plans
 - Team approach involving all parties including any private services being supplied so that all aspects of a child's day is working towards same goals
 - Ensuring all parties, including families, receive adequate education and training from therapists to ensure consistency in therapy activities between home and school
 - Ensuring that a full range of assessment and intervention services are available to meet the individual needs of students
 - Transparency regarding the interventions available and eligibility for services
2. What effective practices for supporting local collaboration between school boards and community service providers have you implemented in your region? What has enabled effective collaboration? What barriers have been experienced and how can they be addressed?
 - Having school based services supported by community partners can better meet the needs of students and schools to make sure they are provided with a full range of services
 - The [Children's Treatment Network](#) (CTN) Single Plan of Care approach is a good example the system supporting collaboration between all parties including families. Barriers include a lack of resources and staffing to make sure that all children who require the integrated team approach having access to the service providers and board staff on a consistent basis. If the service providers coming to the table to plan for a child are not adequately familiar with their needs, the collaboration becomes ineffective to meet those needs.
 - It is essential that para-professionals supporting the same child are encouraged and supported to collaborate with each other and with schools, especially when there are multiple providers meeting the same needs in different environments

- Occupational Therapy model that is being developed and piloted by [Grandview Kids](#) and local school boards has increased available services to students
 - Research by CanChild on the Partnering for Change (P4C) Project has identified more efficient and effective ways of delivering OT services in school. ([Partnering For Change | CanChild](#))
 - The Ontario Association of Speech-Language Pathologists and Audiologists (OSLA) School Speech-Language Pathology Services Survey Report, December 2021 has strong recommendations on the need for continued integration of Speech Language Pathology in schools
3. Is there additional content that should be included in the revised PPM to support the development of protocols and processes between school boards and community service providers to best meet students' needs?
 - Ministry should be establishing policies including consistent resources and templates to ensure equality across the province for all students
 - Much like with Health Supports and Interventions, new and emerging evidence based interventions for rehabilitation and clinical services need to be supported and integrated
 - Clear articulation of eligibility for services to be provided that are evidence based and that families can understand
 4. Have all appropriate community-based services for students with special needs been covered in the revised PPM?
 - Augmentative & Alternative Communication (AAC) supports are not specifically identified and parents have experienced barriers
 - Mental health supports for students receiving other health or rehabilitation services should be coordinated to ensure a holistic team approach and effective delivery
 5. Once the revised PPM is released, how long do you anticipate will be required for full implementation? What issues and opportunities need to be considered to support effective implementation?
 - The September 2022 deadline is unrealistic as there is a lot of work involved in creating the school-board – community agency processes and protocols
 - It should also be noted that recruitment of para-professionals is challenging as there is a critical shortage in many areas
 - There will also be issues around contracts with unions, professional development and education for all parties, student specific training, and establishing protocols that address board resources, community supports, and student needs simultaneously

PAAC on SEAC appreciates the opportunity to respond to the Consultation on PPM 81. However, we do note that the consultation period was insufficient to allow full input from SEACs.

Sincerely,

Alison Morse, Theresa Sanders, Tracy Grant (Chairs)
and Diane Wagner (Past Chair)
On behalf of PAAC on SEAC

PAAC on SEAC c/o Easter Seals Ontario, One Concorde Gate, Suite 700, Toronto, M3C 3N6
Email: info@paac-seac.ca Website: www.paac-seac.ca