



**ONTARIO PUBLIC
SCHOOL BOARDS'
ASSOCIATION**

Leading Education's Advocates

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Cathy Abraham
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May 30, 2019

To: The Hon. Lisa MacLeod, Minister of Children, Community and Social Services
The Hon. Lisa Thompson, Minister of Education
The Hon. Christine Elliott, Minister of Health and Long-Term Care

Ontario Autism Consultations
Ministry of Children, Community and Social Services
autismconsultations@ontario.ca

Dear Ministers,

The member school boards of the Ontario Public School Boards' Association are committed to providing the best possible learning environments for all students in our care. Thank you for the consultation opportunity to provide input and recommendations to support all special education students, particularly the full spectrum of students who have autism.

OPSBA member boards are concerned that the proposed changes to the Ontario Autism Program will have implications for equity of access to appropriate supports and services for students with autism and special needs, especially those with complex needs. Currently, in some areas of the province, essential clinical services are not available to the extent required to meet the complex needs of children and youth with autism and special needs (e.g. northern, eastern, rural and remote regions).

Additional reductions in clinical supports and services in our communities for students with complex needs further exacerbate the situation. There needs to be recognition that clinical supports and services offered by our community partners for children and youth with autism and special needs is very different from supports provided in an educational setting. As such, the need for Autism Spectrum Disorder (ASD) clinical therapies and supports cannot simply be downloaded to school boards. For students who have autism and special needs, especially those with complex needs, clinical therapeutic services are essential to their success in school and in life.

Year after year, most school boards exceed their Ministry of Education-allocated Special Education budget to provide the best possible learning experiences for students, regardless of exceptionality. Although OPSBA understands the government's financial priorities, without long-term predictable, sustainable funding for both school boards and our community partners, there remains a gap between what we are funded to do versus what we are able to do. As such, OPSBA continues to advocate for predictable, sustainable funding to meet the needs of all of our students.

Instilling parent confidence by establishing strong reciprocal collaborative partnerships, adequate government funding and clarity of roles and responsibilities for school boards, community partners and government, is foundational to positive student outcomes.

Where should the government focus its efforts to better support children and youth with Autism Spectrum Disorder?

- Provide clear delineation between the role of education/school board staff and the role of clinical services provided by community partners.
- Provide clarity of the role of each Ministry (MCCSS/MOE/MOHLTC) to support special education students to ensure seamless inter-ministerial coordination of funding streams and service delivery.
- Address time on waitlists, pre-school access to Intensive Behavioural Intervention (IBI) therapy, availability of community-based staff with expertise and overall funding for the delivery of clinical services and supports for children with autism.
- Provide clarity regarding the scope and practice of education staff in schools and community partner staff. Without clarity of roles and responsibilities, the more students that enter schools without prior IBI therapy, the more often unrealistic parental expectations regarding clinical therapeutic services will be reinforced. It should be made clear that even though a child may be school-aged, schools do not provide clinical services. Schools are also not responsible for facilitating such services, and parents should not only have access to, but should have help navigating viable community-based options to meet the needs of children with special needs.
- Provide sufficient funding for community partners for diagnostic assessments, IBI delivery and wrap-around services. Currently, staff with specific expertise are being laid off and it is unclear how these services will be replaced.
- Maintain and sustain much-needed Care Treatment Custody and Corrections (CTCC) classes for care and treatment of students with autism. This funding should support both the school boards and treatment agencies. At present, CTCC classes for students with autism are closing because of the community partner's reduction of funding through MCCSS, MOE, or MOHLTC.
- Update the status of the implementation of the early screening tool for physicians and paediatricians for children on the autism spectrum.
- Increase the Grants for Students Needs (GSN) funding level to sustain the 11 Autism Pilot Projects and use the principles of knowledge mobilization over the next three years to replicate and scale up exemplary practices based on local context across all school boards in the province. The current allocation is minimal and linked to construction and/or renovation.
- Provide pre-service specialized training for teacher candidates regarding students on the autism spectrum within the two-year teacher education program.
- Provide ongoing specialized professional development and support for K-12 teachers and school administrators, with a particular focus for Kindergarten/Primary teachers.
- Establish funding and training for specialized categories of educational assistants, i.e. Board Certified Behaviour Analysts (BCBAs) and Registered Behavioural Therapists (RBTs), with a clear distinction between the roles such staff would play in a clinical versus academic setting.

What do you think are the most important things for the government to consider when distinguishing between the different types and levels of need that children and youth with ASD might have?

It is difficult to respond to this question in a definitive way “because the need for support varies for so many reasons. For example, the same child may need minimal support in the home, significant support at school, and a great deal of support in a novel, unstructured social situation.” (Rudy, 2019) Some environments can escalate certain types of behaviours, even though they may not be evident at home. This may also change over time and as such, the child’s needs require constant monitoring and adjustment to program and service level supports and services.

Focusing on collaborative structures at all levels, using evidence-informed decision-making models, learning from successful autism pilot projects and sharing, replicating and supporting effective practice are key approaches in guiding positive outcomes.

School boards are doing their best to accommodate and modify programming, where necessary, in order to facilitate meaningful educational experiences for a wide range of children with special needs, including those with ASD. Using the principles of *Learning for All*, *Universal Design for Learning*, *Differentiated Instruction* and *Connections for Students* have been foundational. However, for some students with very complex needs, the primary care need for specialized supports and services lies outside of school. Entering school without prior IBI or Applied Behaviour Analysis (ABA) therapies, appropriate assessments and collaborative and ongoing transitional supports greatly reduces a child’s readiness to learn and to meaningfully engage in school socially, emotionally, physically and cognitively. Expecting school boards to “close the gaps” in such clinical or therapeutic needs sets unrealistic expectations for both education and for parents.

When access to primary care personnel or clinical/therapeutic supports is compromised by a decrease in funding, readiness to learn and the ability to appropriately engage in a classroom setting can be equally compromised for some children with complex special needs. This is especially magnified at the kindergarten and primary level.

As identified in the answer above to the first consultation question, there needs to be a clear understanding of the scope and practice of school boards, which is supported by appropriate levels of funding. The lack of early investments to support children with complex special needs, including children with ASD, is short-sighted as it will lead to higher costs and expenditures in the health, education and social services sectors over a child’s lifespan.

What recommendations do you have for the government to consider as possible improvements to services for children and youth with special needs?

1. Create explicit definitions/descriptions that promote the awareness and understanding of roles and responsibilities for education and clinical settings for ASD and special needs students with complex needs to avoid misunderstandings and ensure authentic and manageable expectations for all parties.
2. Support collaborative structures at all levels, especially at times of transition, so that the support and education of all students with special needs is a shared responsibility of all community partners including the parents as the first teacher of the child. The government’s responsibility is to provide sufficient funding and policies to support key

infrastructure and timely access to community-based supports and services.

3. Create and fund a standard of training for teachers and education support workers for children with special needs, including the full ASD spectrum, in both the pre-service setting and ongoing professional development once staff are hired to a school board.
4. Maintain and expand CTCC programs and partnerships to ensure care and treatment for those children and youth who need clinical settings prior to being considered for school-based placements. There is currently an inequity in the availability of these programs across the province. These were designed for an underserved population with complex needs that deserve and require localized clinical supports and services.
5. Summarize and identify key transformational practices from the 11 autism pilot sites for sharing and replicating provincially. Continue to fund existing pilot sites at original funding levels and expand the model to include implementation in all school boards over the next three years. Provide clarification for the long-term plans or expectations for these pilot projects.
6. Provide sustainable funding for the After School Skills Development Program in all school boards. Recognizing that this is not a clinical program, this program is for children with ASD who are higher functioning in order to benefit from social, communication, self-regulation and life planning skills development.
7. Reconsider the recent reduction to Special Incidence Portion (SIP) funding and examine a multi-year funding approach (e.g. three years) to ensure more predictable and timely supports for students with complex needs. This will provide greater continuity for students and their families and make it easier to recruit key staff, especially in northern, remote and rural areas.
8. The Ministry of Education should continue to support funding for multi-disciplinary teams of specialized staff with expertise in ABA, Behaviour Management Systems Training (BMST), Visual Strategies, Structured Learning, "Art of Play," "Art of Conversation," and PEERS, etc. Using a multidisciplinary team provides an economy of scale, allowing for a more coordinated response by pooling and seamlessly integrating the range of expertise of all team members.

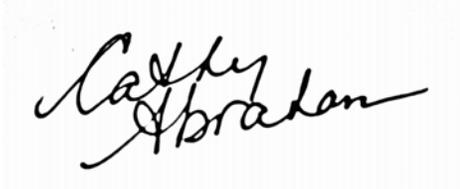
All school boards have teams known by various names such as ASD Support or Behavioural Management teams and are composed of some combination of the following personnel:

- Teacher consultants/coordinators
 - Psychologists
 - Social workers
 - Speech and language pathologists
 - Children and youth workers
 - Educational assistants
 - Board Certified Behaviour Analysts (BCBAs)
 - Registered Behavioural Therapists (RBTs)
 - ABA facilitators
9. Continue to provide sufficient funding to retrofit designated spaces in schools where individual and group IBI and ABA therapy can be delivered by community therapists. There has been success with pilot sites creating space in elementary schools where

partners come in and provide services.

Thank you for the opportunity to provide input to this important process. Please do not hesitate to contact OPSBA should you require any clarification to the feedback. We look forward to working with you to ensure that our most vulnerable children have the supports and services to thrive in school and in life.

Sincerely,

A handwritten signature in black ink that reads "Cathy Abraham". The signature is written in a cursive, flowing style.

Cathy Abraham
President
Ontario Public School Boards' Association

The Ontario Public School Boards' Association represents public district school boards and public school authorities across Ontario, which together serve more than 1.3 million public elementary and secondary students. The Association advocates on behalf of the best interests and needs of the public school system in Ontario. OPSBA is seen as the credible voice of public education in Ontario and is routinely called on by the provincial government for input and advice on legislation and the impact of government policy directions.

CC: Janet Menard, Deputy Minister, Ministry of Children, Community and Social Services
Jennifer Morris, ADM, Children with Special Needs
Sarah Hardy, Director, Ontario Autism Program Project
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