



ONTARIO PUBLIC
SCHOOL BOARDS'
ASSOCIATION

Leading Education's Advocates

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**ONTARIO PUBLIC SCHOOL BOARDS' ASSOCIATION
RESPONSE
TO
FINAL REPORT ON THE REVIEW OF SCHOOL HEALTH SUPPORT SERVICES**

The Ontario Public School Boards' Association (OPSBA) welcomed the opportunity to consider the Final Report on the Review of Health Support Services. We are encouraged by many of the recommendations and, in particular, the detail behind them. The presentation of data in the report was also very much appreciated.

The Ontario Public School Boards' Association (OPSBA) represents the province's public district school boards. Together our members serve the educational needs of almost 70% of Ontario's elementary and secondary students. One of our key priorities is the "Whole Child" which is focussed on advocating for services and practices that effectively meet the social, emotional, intellectual, physical and mental needs of children and youth. This priority is further reinforced by recent amendments to the *Education Act* that specify the responsibility of school boards to promote student well-being.

OPSBA's internal working group, the Education Program Work Team, has had an opportunity to review the report. We feel that, as improvements in School Health Support Services are planned, it will be important to do so in the overall context of family health. Research, in particular the research of Dr. Gina Browne of McMaster University, shows that it is more effective to provide integrated services that address all the needs linked to determinants of health rather than individual, fragmented, disease-oriented approaches. Taking into account family circumstances and the challenges faced by parents will result in better outcomes in terms of a family's sense of efficacy and positive experiences for children.

With regard to the specific recommendations in the Final Report, we offer the following feedback.

Recommendation 1: Clarify the scope of services delivered under the mandate of the SHSS program

Under this recommendation, we welcome the move to consider establishment of a working group to re-examine the mandate and scope of services across sectors with a focus on greater coordination and

integration of services for children. In our earlier submission we underscored the need for an approach that considers the whole child, how children are supported to participate fully in school and how services will support their developmental needs. The proposed review of PPM 81 is a welcome move in this regard. We would particularly urge a broadening of scope and mandate to take into account issues of children and youth mental health.

We acknowledge as well that positive actions under this recommendation call for a consolidated approach to the delivery of speech and language services

We strongly urge that any working group established include representatives of the school board sector.

Recommendation 2: Under the SHSS mandate, enhance cross-sector collaboration to deliver SHSS that optimizes expertise and resources

We support the report's focus on collaborative planning, policy development and program monitoring across sectors. It will be important as well to have mechanisms that provide clarity around roles and responsibilities and an emphasis on standardized structures and guidelines that still make provision for local flexibility; this flexibility would also facilitate addressing local needs within local funding structures.

Recommendation 3: Develop access guidelines and tools to guide service delivery

A key point raised in OPSBA's earlier submission was the issue of equity of access across communities and geographic areas. We welcome an approach that builds into access guidelines a range of considerations such as: local flexibility to address the range of support services required by students; the challenges of geography; the specific needs of Aboriginal communities; the needs of children in families where English is not the language of the home; consistency of access and practices from board to board and from school to school within a board; consistency at the CCAC level with regard to eligibility for services; coordination between programs and services in SHSS and support services delivered by Children's Treatment Centres; improvements in sharing resources across sectors. With regard to the value of consistency in service at the CCAC level we would like to emphasize that the change we would like to see is an assurance of consistency *across the province* in terms of eligibility for services.

Recommendation 4: Develop formal forums and processes for proactive service planning

We support the actions incorporated in this recommendation that would serve to increase collaboration among the sectors that deliver services to children so that resources can be effectively managed. In particular, it is helpful to see a focus on greater sensitivity to changes in the education sector such as Full Day Early Learning programs and how programs are currently structured in Ontario schools, since these have an impact on delivery of SHSS to optimally meet children's needs.

Recommendation 5: Establish alternative models of service delivery across the province to improve access and wait times

Access and wait times were identified as a pressing concern by school boards and the families they serve. We would like to see the action on this recommendation focus on working models that will not only reduce wait times but be responsive to the needs of children while they are on a wait list. Our members also identified the issue of continuing to serve the needs of children during school breaks and particularly over the summer to prevent regression. We support an examination of models that address these issues and are pleased that the Report also suggests looking at models that will further enhance family engagement and in-classroom support.

Recommendation 6: Increase awareness of the SHSS program provincially and locally

The strategies suggested in the report to enhance awareness of the SHSS program are helpful. We strongly urge direct support for families to help them navigate their way through children's services in the various sectors. We support an approach that reduces duplication of the need for families to deal with repetitive applications and provision of information. However, with regard to the concept of a single point of access, this may not improve the integration and collaboration of services which are needed from a family point of view. It may quickly become a gate keeper to services that restricts access. Typically in this form of service delivery another level of service is added to provide the single point of access, without necessarily tackling the issues that create collaborative or community solutions to issues. Hierarchy may, in fact, increase. There is considerable merit to multiple points of entry for the family and student to receive service. This approach encourages much greater integration of services and for families and students it increases the likelihood of seamless services. An effective approach entails waiting lists that are centralized, access that is easy, client data to be shared, common assessment tools that can be shared and accepted by all the stakeholders, and agency policies and procedures that are aligned. This creates a much stronger system for families and children.

Recommendation 7: Develop and implement common guidelines to achieve a “shared care and service plan” for each child that engages appropriate stakeholder groups

The proposed actions that support this recommendation reflect the feedback that we received from our school boards. They call for a coordinated planning process to meet the broader holistic goals of children and their families and appropriate sharing of relevant information that will support families. Management of records across sectors to avoid duplication would be a positive step forward.

Recommendation 8: Assess effectiveness of case management services across all student population types to determine appropriate case management models to deploy

We support an examination of case management with a view to aligning the approach to the specific needs of children and their families. Strategies that provide a seamless experience of care and services are particularly welcome.

Recommendation 9: Develop common protocols for SHSS transition processes across a child’s life stages and across organizations

The actions proposed in the report to implement this recommendation touch on key issues raised in our earlier submission. We are pleased to see recognition of the need to ease transitions for children and their families and, in particular, a focus on consistency in services for children leaving pre-school programs to attend school and for children who transfer from one school to another.

Recommendation 10: Establish navigation support to assist families in better understanding and navigating the services available for children requiring SHSS

It is heartening to see that the need for navigation support to help families whose children require School Health Support Services has also been acknowledged in earlier recommendations in the Report. The strategy of establishing an advocacy role takes this a step further and is a positive approach.

Recommendation 11: Assess, develop and implement mechanisms required to enhance knowledge transfer among stakeholders in service delivery

This recommendation seeks to provide families with tools and strategies to help them manage care in general, and, in particular, support children while they are on a wait list. It contemplates a similar role for educators. It will be important in this model to take into account the resources and capacities of these stakeholders.

Recommendation 12: Assess SHSS program outcomes in achieving its mandate, with defined indicators and measurement processes

We welcome an approach that provides for ongoing assessment of the effectiveness of School Health Support Services. As stated in our earlier submission we support a mandate that provides for a model respectful of the whole child and the spectrum of physical, mental, social and emotional needs. This would include a fuller range of health professionals such as psychologists and social workers who can interact with families to facilitate and respond to earlier identification of complex health and developmental conditions. With regard to the details behind this specific recommendation, we acknowledge the references to evaluating a child’s social and emotional progress, the child/family experience in supporting a child’s needs in an education environment, and the role of Education in reporting on academic goals.

Recommendation 13: Establish a provincial mechanism that objectively reviews SHSS models and clinical leading practices on an ongoing basis, and integrates results into the program

This recommendation reflects our earlier input: *“A child-centred approach to the provision of School Health Support Services needs to be guided by recognized research and reflect proven and effective practices. This will lead to a system that is focussed on outcomes that qualitatively benefit children throughout the life cycle rather than on measuring the quantity of funds expended or visits provided. It will put the child first.”*

Recommendation 14: Establish tools to determine weighting or required intensity of services for SHSS

We support the identification of measures that are increasingly sensitive to the needs of the child and particularly support inclusion of information related to a child’s cognitive, functional, social, mental and environmental needs.

Recommendation 15: Establish initial and ongoing SHSS professional development requirements for stakeholders

We support an approach to professional development that enhances a sharing of knowledge and experience among case managers/care coordinators, service providers, and educators and supports them in acting in a coordinated way in supporting children and families. We further support knowledge transfer around leading practices, system trends and respective roles and responsibilities. An important advisor to professional development will be the families of children receiving School Health Support Services.

We commend the authors of this report for the thoroughness they have brought to this initiative. The thoughtfulness that permeates the articulated actions that are needed to implement the recommendations is particularly appreciated. In our responses to the recommendations we have incorporated comments where we felt it was necessary to reiterate or emphasize issues raised in our earlier submission.

Respectfully submitted on behalf of the Ontario Public School Boards’ Association

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