

every kid matters



At OACRS we envision an Ontario in which ALL children have the best opportunity to achieve their full potential

Moving forward - partnering for kids with autism

One of the major priorities for the Ministry of Children and Youth Services has been to improve the continuum of services for young Ontarians with Autism Spectrum Disorder (ASD). Children's Treatment Centres (CTCs) are partnering with the Government and service providers to move this plan forward across Ontario.

Ontario has announced that it is expanding the range of supports available to children and youth with ASD and their families. We are pleased to report that 15 of our member centres will lead or partner in the implementation and ongoing service provision of the new Applied Behaviour Analysis (ABA) based services.

The ABA based programmes across the province aim to help children and youth with ASD to develop skills in the areas of communication, social and interpersonal skills, daily living skills, behaviour management and emotional regulation.

The initiatives across the participating CTCs range from assisting with speech and language therapies, educating parents, caregivers and educators on how to apply ABA strategies, leading the comprehensive intake assessment, to programme development and management.

September 2011 saw the first rounds of intake for the ABA based services and demand is high. Individual CTCs reported upwards of 500-1000 telephone inquiries in the first two weeks and initial waitlists of 81-300 eligible children and youth within their regions. Although the majority of the children and youth presenting at the initial intake are already using CTC services, there are many new clients accessing services. Some CTCs are in the process of finalizing the details of their service agreements with their partner community organizations and are looking to begin providing services in mid-autumn.

OACRS is pleased that CTCs are leaders and major contributors in moving the Government's ASD mandate forward through their work on ABA based service provision.

Just one example of how CTCs lead initiatives and can deliver on Government priorities.

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Increasing services and reach – investing in CTCs produces results!

OACRS Impact Project 2011 set out to:

- Determine how to best measure the direct impact of government investment for children with disabilities
- Enhance the service experience for children and families
- Review current outcome measurement tools and make recommendations
- Work with MCYS to develop and implement transparent accountability

Since the April 2010 announcement of \$9 million for Children's Treatment Centres we have seen significant, measurable results. The total investment was equivalent to 11% of core rehabilitation budgets across our 20 members. That scale of investment translates to:

- An average increase in service initiation in core therapies of 21.67%
- An 8% increase in full time staffing at our centres
- 3062 children assessed
- 2529 children served across all programs
- New services and shorter wait times allowing for increased personalized services, services offered closer to home and an appreciable improvement in school preparedness.
- New and innovative ways to deliver services.

The results are clear, investing in CTCs yields results for job security, improved services, more children accessing services and a seamless flow into the new full-day kindergarten program. This success is another example of how working together toward our mutual priorities with the Ontario government can produce results to move Ontario's families forward.



Every Kindergarten Kid Matters – Speech and Language Demonstration Sites

Streamlining the delivery of speech and language services are a key priority area for the Ministry of Children and Youth Services. Left untreated, speech or language delays can lead to academic and social difficulties for children. Early Intervention yields results!

Under the current system, wait lists are extensive and for those who do receive services, one child may receive therapies from their school board, the local Community Care Access Centre, the local Pre-School program and/or their CTC before the age of eight!

The Ministry of Children and Youth Services is looking to streamline the service provision of speech and language therapies and to integrate therapies from birth to adulthood. The aim is to improve communication between service providers and in the transfer of clients between each phase of service, to improve therapies and reduce costs.

In early August the Ministry announced a pilot project of seven (7) demonstration sites to harmonize the provision of speech and language therapies from pre-school to grade 3. Children's Treatment Centres will be participating in five of the seven demonstration sites, a testament to our centres' work and to their ability to partner with other community service providers to improve service delivery.

Ahead of the October 1, 2011 launch, the CTCs developed curricula and service models under negotiation with the school boards and service providers in the area. Though the models vary from region to region, most will see CTC and PSL therapists entering school to help transition their existing clients and to provide diagnostic assistance in the JK-SK years. School Board therapists will then work with the grade 1-3 students in consultation with CTC therapists. In some cases, CCAC therapies are subsidised by the program, in others, they are treated as a complementary service. One of the benefits of the demonstration site is to bridge the divide between speech and language therapy delivery.

OACRS is excited to see the CTC network taking a lead on the demonstration sites. It is an excellent step toward improving continuity in speech and language therapy. For OACRS, this demonstration program also has the added benefit showing, in a concrete test case, a way in which the "schools vs. therapies" dilemma can be overcome.





New Capital Announcements for Hamilton Health Sciences and ErinoakKids

Ontario has announced two new capital investments in the Hamilton Area and Halton-Peel Region to better serve children and youth with special needs and support their families.

- In May 2011, MCYS announced it will be investing in ErinoakKids Centre for Treatment and Development. ErinoakKids will be replacing its existing sites with three new facilities in Brampton, Mississauga and Oakville.
- Announced in June 2011, Hamilton Health Sciences will be receiving a new children's treatment centre, replacing the four existing sites with a new centre at Hamilton Health Science's Chedoke Hospital site.

The design and planning for all new centres is underway and construction will begin by spring 2013 and is expected to be completed by spring 2015.

Post Election Re-cap

On October 6th, the people of Ontario spoke, delivering a Liberal minority government for our province. In the final analysis, we welcomed the return of many of our great children's champions, said farewell to some great CTC supporters and are excited to begin to develop some new relationships.

OACRS will continue to work with our partners in government and within the Ministries to address the important priorities for children with disabilities and their families in the years ahead.

During the election, OACRS put five questions to the leaders of the three provincial parties. These five ongoing priorities will continue to shape our government relations work over the coming months as we renew and build non partisan relationships amongst elected officials.

- *Wait lists and wait times for children's rehabilitation services puts pressure on families, and OACRS' members are well aware of the benefits of receiving early access to CTC services. OACRS will continue to pressure the government to commit to acceptable timelines for access to services and to fund those timelines appropriately.*
- *All children in Ontario will be entering full day kindergarten. For some children with special needs, they will need therapy supports (distinct from special education). OACRS and its membership have been committed to working with policy makers to ensure these vital supports are available. In September 2010, several Children's Treatment Centres undertook partnerships in their local communities to advance and provide for the effective and seamless transition to kindergarten for children in need of the specialized supports provided by rehabilitation therapies. OACRS believes that the lived experience of these programs will show the positive outcomes for children, for educators and for families. Making EVERY KINDERGARTEN KID MATTER will continue to be an important priority for OACRS.*
- *Funding in the children's rehabilitation sector is unpredictable. In order to provide services to families when they need them, we need a fair and sustainable funding system. OACRS will continue to work with the government to secure a stable, multi-year funding system in order to ensure continuity and excellence in CTC service provision.*
- *Having a child with a disability is very expensive, as many of the families in our sector know. These expenses are also increasingly onerous in the current financial climate where resources are stretched thin. OACRS is bringing this message forward with government so that financial supports and respite services will continue to be provided to families.*
- *As children become adults, this is a time of great uncertainty for families. Many of the services available to children are no longer available when they become an adult. OACRS will work with government and community partners for a seamless and effective transition so young adults with disabilities can achieve their maximum independence and potential.*

OACRS will raise these issues and others of importance to our stakeholders in all our discussions with elected officials. We are looking forward to the opportunity to celebrate our successes and outline our plans for an even brighter future for Ontario's children with special needs and their families.



Cole's "Perfect Recipe"

It didn't take Cole's parents long to realize his speech wasn't developing as fast as his three older siblings. After bringing Cole, age 2, to an Early Words screening in the community, they were referred to the Children's Treatment Centre of Chatham-Kent for a full assessment. "As parents, it gave us comfort knowing that Cole's speech delay had been detected at a young age and that he was going to receive treatment right away," says Cole's mom Brenda.

When Cole first started at the centre he was a shy toddler, who didn't cope well with separation from his mother, and had with little ability to communicate. He quickly grew more confident in himself through the support he received. At the Centre they also identified some difficulties with social and fine motor skills as well as a learning disability. The Centre worked to help Cole's family access the additional support he needed, including a part-time Educational Assistant when he entered school.

Junior kindergarten was still a challenge for Cole, his teachers and his peers. Due to Cole's difficulties in coping with transition, his behaviour was disruptive in the classroom and he struggled to work well in group situations. In the end, Cole was asked to leave school as he was seen to be too difficult and too disruptive, which was a loss for Cole, his classmates and his school.

During that year, Cole also received support through the Preschool Stars program, which he called his 'school'. The Centre supported Cole with an

occupational therapist who helped him improve his ability to use pencil and paper. Cole's parents also received support from the Centre that helped them focus on his development by noting what he could do, and his successes, and not focussing on what he couldn't do.

Through the Children's Treatment Centre of Chatham-Kent's Early Learning Pilot Program, Cole has entered into Senior Kindergarten at St. Agnes Catholic School with the support of his occupational and speech therapists. Cole is already a more confident student. He is willing to try new things and is more comfortable in group settings. His teachers are appreciative of the information to help understand Cole's behaviours and needs and the strategies for assisting his learning through play games, which have been useful across the classroom. Today, Cole has caught up with his peers and doesn't seem to have the issues with transition which were so difficult for him just a year ago, showing that Cole's school and therapists have found his 'perfect recipe'.

Cole's parents hope he can continue to build his skills physically and socially so he can one day play organized sports. "From the first day, our family felt supported and welcome at the centre, and as a part of his treatment team. We were always given home suggestions and activities to extend his treatment," says Brenda. "We will always be grateful as parents for the therapist's support of Cole."