

**Ontario Association for Families of
Children with Communication Disorders
(OAFCCD)**

**Position Statement on Speech and Language
Services
for School Age Children**

OAFCCD Vision

All children will have access to a continuum of speech and language services to support their successful participation at home, in school and in the community.

The ability to communicate is one of the defining characteristics of humans. The ability to communicate effectively is an essential skill in modern society. Children who have communication impairments are at a disadvantage in every way, including their ability to be educated, to be involved in community activities, and to participate in society.

Communication disorders, which include speech and language disorders, are the largest disabling conditions in society affecting 6-10% of the general population. Speech disorders may involve saying sounds incorrectly, stuttering or voice difficulties. Language disorders involve difficulties in understanding and expressing thoughts in correct sentences. Children with speech and/or language impairments will often have difficulty learning to read and write.

There is clear evidence that speech and language intervention is effective and the earlier the treatment is begun, the better the result. The Ontario government has demonstrated their commitment to early intervention through the Preschool Speech and Language Initiative. This program is now providing service to almost 60,000 children. It is imperative that this commitment continue into the school years.

Most of these children will need services to be continued after they start school. In addition, many more school age children will be identified as having a language disorder as they progress through school and the language demands of the curriculum increase. Children with language impairments have significant difficulties accessing the curriculum and achieving success on provincial testing in grades 3, 6, 9 and 10. They are also at significant risk for dropping out of school and being involved with the criminal justice system. In order for the government to achieve its key priorities for success for all students, the needs of children with communication impairments must be considered.

OAFCCD Recommendations:

The current provision of speech and language services for school aged children is fragmented, outdated and inefficient. OAFCCD recommends that the Ministry of Education take the lead and work collaboratively with the Ministry of Health and Long Term Care and the Ministry of Children and Youth Services to review current policies and programs (i.e., Policy/Program Memorandum 81) and develop a new provincial policy for speech and language services. OAFCCD recommends that the new policy should assign the Ministry of Education lead responsibility for the provision of speech and language services for all children in publicly funded schools. The new policy should:

1. Ensure that school boards have dedicated and sufficient funding for speech and language services.
2. Establish provincial benchmarks for the delivery of speech and language services that include a full range of identification and intervention services and be based on a ratio that is evidence based and ensures optimum educational achievement for children with communication impairments.

In order to achieve this, OAFCCD further recommends that the funds for all speech services currently provided by Community Care Access Centres be transferred to the Ministry of Education.

Rationale:

OAFCCD has always held the position that all speech and language services for all school age children, regardless of diagnosis, should be provided by school boards. This would reduce fragmentation of services, improve the integration of speech and language services into the student's school program, and reflect the belief that communication is essential to education, and, most importantly, ensure that children experience school success. OAFCCD recognizes that for a very small percentage of students, especially those with multiple disabilities, there may be a need for continued involvement of health agencies. However, the majority of students with speech or language problems can be effectively served by school board speech-language pathologists.

This position has been consistently put forward by OAFCCD reps in various committees and consultations, including the Policy/Program Memorandum (PPM 81) Review in 1999-2000. This position is supported by the Ontario Association for Speech-Language Pathologists and Audiologists.

The advantages of having speech and language services integrated into school services are well documented (see Appendix A). Oral language skills are clearly linked to literacy skills and a comprehensive range of speech and language services can improve literacy skills, social communication skills and enhance the education outcomes for students. Students with communication impairments are also at greater risk for dropping out of school and coming into contact with the criminal justice system.

One of the most significant barriers to achieving the OAFCCD vision and recommendations is the cost of providing adequate speech and language services. OAFCCD has previously recommended

that speech – language pathology ratios should be increased to at least one Speech-Language Pathologist for every 1500 students. This ratio is significantly higher than the current provincial average of 1 SLP for every 4500 students. (OSLA 2003 School Services Survey) This will cost more money and OAFCCD believes these additional expenditures should be tied to improved student outcomes. It is, therefore, critical that the Ministry of Education establish provincial benchmarks for the delivery of speech and language services. Benchmarks for speech and language services should be evidence based and linked to student outcomes in literacy, numeracy, and other indicators of improved student performance.

Additional resources can also be provided to school boards if the funds allocated to the Ministry of Health and Long Term Care were instead allocated to the Ministry of Education.

Benefits to Having Speech and Language Services Delivered by the School Board

- Assigning the responsibility for delivery of speech-language services to school boards will result in a more integrated, effective and efficient delivery system for children and their families (e.g., reduced fragmentation and duplication of services)
- The coordination of speech and language services through school boards supports the Best Start concept of the ‘school as the hub’. School boards will be responsible for assessment and management of all students and management of a single access system. This will improve access to service and streamline the referral process. The Preschool Speech and Language Program has used a similar approach and has been very effective in simplifying access to services, reducing wait times, and increasing the number of children identified and receiving intervention services before they start school.
- School board based SLPs are part of the school team and are able to integrate speech and language services with the curriculum and literacy initiatives. As members of the school team (sometimes called a Program Development Team), SLPs are able to enhance the capacity of the school and the classroom teacher to accommodate students with communication disorders and assist with curriculum modification.
- School boards have the authority to employ Speech-Language Pathologists or contract services from community agencies to meet the special needs of students who are medically fragile or who require complex care services.
- Almost all school boards in Ontario currently employ or contract Speech-Language Pathology Services and have the infra-structure in place to expand services and meet the needs of all students with communication disorders. It is more cost effective to expand the school board services than to continue the current system or to develop a new speech and language service system.
- Providing the funds currently used by the CCACs for the provision of speech and language services will provide a significant increase to the resources currently available in schools and

allow for a rationalization of services and provide opportunities for enhancement of current services. The additional resources will be able to meet the needs of the students with speech disorders, currently eligible for CCAC services, and provide for a more rational distribution of personnel. Funds saved from the travel costs of CCAC SLPs could be used to enhance services at the secondary level and support important literacy initiatives.

- Provincial test results have shown that less than 30% of students with speech or language disorders are able to pass both the reading and writing components of the Ontario Secondary School Literacy Test. These results highlight the need for enhanced supports for students with communication disorders.
- Enhancing the school system to meet the needs of all students with communication disorders builds on the Preschool Speech and Language System. The Preschool Speech and Language System is based on provincial standards and has developed a single integrated services system for young children. School age children need a service system that is integrated with the school as the hub.
- Providing school boards with the lead for provision of speech and language services is consistent with the Ministry of Children and Youth Services Best Start initiative as it simplifies the system, builds on current successful practice, increases accountability and makes efficient use of limited tax dollars.

OAFCCD believes that the policy and model for delivery of speech and language services to students needs to be changed and that schools should be responsible for the primary delivery of speech and language services. Students require speech and language services as an integrated component of their education program. As shown in Appendix A, research has demonstrated that there are numerous benefits to having Speech-Language Pathology services integrated into the school system. It is, therefore, very important that a new inter-ministerial policy for speech and language services be developed and that school boards be given the lead responsibility for provision of services. This will significantly increase the efficiency and effectiveness of the speech and language service system, and make the best use of existing resources.

Appendix A

Role of Speech-Language Pathologists in Schools

Excerpt *From Talking to Writing: The Critical Connections*, Presentation to Speech, Language and Hearing Association of Peterborough, May 2, 2003 by Genese Warr-Leeper, Ph.D., Communication Sciences and Disorders, University of Western Ontario, London, Ontario

Numerous important **educational outcomes** have been **demonstrated** with speech and language services for students with a wide variety of special needs and for students *at risk* for poor school achievement. Speech-language pathologists are **preventionists, collaborator, & interventionists** in **oral** language and in **written** language.

- There is clear evidence that **language intervention** is **effective** (Nye, Foster, and Seaman, 1987) and that the **earlier treatment** is initiated, the **better the outcome** (Schery, 85). **For school children with weak language skills**, language **services** which are **integrated** into the **education setting** by school Speech-Language Pathologists have **resulted in** important educational outcomes:
- **Significant gains in reading skills** for elementary school children (Hoffman & Norris, 1994).
- **Phonological awareness training** in children with **language impairments in preschool and kindergarten** has revealed that children who have participated in early training programs have **performed better on reading measures in first and second grade than** have **children without** phonological awareness intervention (Magnusson & Naucler, 1992; Warrick, Rubin, & Rowe-Walsh, 1993)
- **Significant improvements in reading accuracy and comprehension** with **spoken language training in phonological processing and semantic-syntactic** skills with 10-12 year old children evidencing severe difficulties in written and higher-level spoken language (Gillon & Dodd, 95).
- **Significant gains in vocabulary use and generalization** for young children when **vocabulary** training was integrated into the classroom setting by the SLP and teacher. (Wilcox & Caswell, 91).
- **Significantly greater** acquisition of **curricular vocabulary** for **typically developing students** with a **collaborative or classroom-based** assistance from the **SLP** than with only regular instruction from the **classroom teacher**. **Significant acquisition** of **curricular vocabulary** for children with **speech and language impairments** when the **SLP** taught **collaboratively** with the classroom teacher (Throneburg, Calvert, Sturm,

Paramboulkas, & Paul, 2000).

- **Significant improvements in basic concept acquisition** (Ellis, Schlaudecker, & Regimbal, 95)
- **Meaningful improvements in adaptive behaviour in the classroom** (Schery & O'Connor, 1992)
- **Significantly higher scores on listening & writing; higher abilities in understanding vocabulary and cognitive-linguistic concepts; increased writing skill development for producing relevant sentences with correct mechanics and spelling; improved ability to follow directions** with new concepts, and **heightened phonemic awareness**. **Carry-over** of increased student **verbal skills** within **other curricular areas** was also evident. (Farber & Klein, 99).
- **Improved student questioning & problem solving** skills (Kaufman, Prelock, Weiler, Creaghead, & Donnelly, 94)
- **Substantial reductions** in the **drop-out rate** for students in secondary school (Larson & McKinley, 1995)
- For **at risk children**, **lasting benefits representing a significant savings** to the social support system and society (Schweinhart, Berrueta-Clement, Barnett, Epstein & Weikart, 1985; Warr-Leeper, 01).

To further the mission of education for the majority of children with communications disorders, **speech and language services must be integrated into** the overall **curriculum** at school. **Only school-based management** can provide the **continuous services** that ensure the progress of children throughout their school careers. As the child moves through the educational system and the demands for communication change, **speech and language services support the child**, as well as the **parents** and **teachers**, who will help the child meet these changing demands.

Programs jointly managed by the speech-language pathologist and teaching personnel can **enhance curriculum, modify classroom strategies and optimize outcome**. For example, specialized programs within JK and SK which specifically target language skills may be implemented (Clark-Stewart & Fein, 1983; Hoffman & Norris, 1994; Masland & Masland, 1988). Reading recovery programs may target grade 3 students and writing programs may target grade 5 students. A communications class may be included in grades 8, 9 or 11 curriculum to target higher level receptive and expressive language skills, study skills, social skills, and vocational language (Buttrill, et al., 1989; Larsen and McKinley, 95).

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