



OSSTF/FEESO Submission – PPM 81 Review

The Ontario Secondary School Teachers' Federation (OSSTF/FEESO) represents more than 60,000 teachers and educational workers across the province of Ontario. Our broad membership includes educational assistants, student support professionals, deafblind interveners, designated early childhood educators, speech-language pathologists, occupational therapists, physiotherapists, behaviour analysts, and child and youth workers. The expertise of our members enables us to bring a front line perspective to the review of PPM 81, informed both by experience and professional training in the school-based services and supports covered by PPM 81. This perspective also gives us a deep and specialized understanding of how various service delivery models impact students who require these critical services in schools.

Health Supports/Services

PPM 81 provides a framework for the delivery of health supports/services in schools, and outlines responsibilities for the administration, training/direction, and related consultation of these supports/services. The proposed changes in the draft PPM 81 allow for services such as the injection of medication and manual expression of bladder/stoma to be delegated to school board staff. These proposed changes add to the responsibilities previously downloaded to school boards, including clean intermittent catheterization and shallow suctioning.

The administration of health supports/services should only be performed by appropriately qualified and trained personnel. These critical supports must be fully funded, including with additional personnel, to ensure current support levels to other special education students are maintained. Compensation for the administration of health supports/services must recognize the increased qualifications, training, and responsibility required.

The proposed changes provide little guidance on emergency situations. In the absence of a trained medical professional, school personnel are limited in their ability to respond. Contacting 911 for the assistance of emergency services when something goes wrong is reactive, and only takes place after an issue arises and potential harm has occurred. In remote or rural areas, access to emergency services can be limited, and require substantial time to arrive at a school. It is important to note that revisions in the draft add advice for school boards to consult with legal counsel regarding liability and increased risks to school board personnel, a clear acknowledgment of the increased risk to students and staff.

In order to understand the funding impacts of PPM 81, a review should be conducted to identify the extent to which school board personnel are currently administering health supports/services in schools. Data on the required skills, training, experience, and compensation of both school board personnel and community health professionals would allow for fully informed decision making, including the impact on all students requiring special education supports.

School-Based Rehabilitation Services

PPM 81 also outlines expectations and responsibilities for services such as speech and language pathology, physiotherapy, occupational therapy, and applied behavioural analysis. The draft revision of PPM 81 articulates the importance of these services for students, however it does not fully recognize the essential roles school board personnel currently fill in the delivery of these services.

School-based rehabilitation services for school age children should be provided by school board employed personnel. An education-based service delivery model provides multiple advantages to students and school communities, encourages equitable access to services, and is responsive to the needs of students, families, and the school community. Preserving and properly funding these services within the education system best ensures that these services are available and accessible to all students from school entry to school exit.

As service providers embedded in schools, school board employed personnel:

- Have a deep understanding of the school based needs of students and staff;
- Can act as the primary therapist for students requiring support;
- Are able to collaborate with school staff outside of scheduled “visits”;
- Develop rich, ongoing, collaborative relationships with students and school staff;
- Possess specialized knowledge of school level priorities;
- Adapt and respond to school community demographics, promoting equity, diversity and inclusion;
- Participate in similar training and professional development related to system needs, goals, and priorities;
- Reduce the number of service providers educators must coordinate and meet with;
- Generate recommendations and treatment plans that seamlessly integrate into the school setting;
- Encourage universal design, providing “good for all” benefits to all students.

The benefits and efficiencies produced when the full range of comprehensive and unified school-based rehabilitation services are delivered by school board employed staff cannot be understated. Integrating these services directly into the education system promotes equitable access to services, allows for seamless transition between tiers, avoids wait lists and problematic referral criteria, and provides for consistent access and service delivery from school entry to school exit. While some students require community-based treatment and direct in-home support, services and recommendations should be coordinated with school based resources. This allows for the full range of support needed, and ensures consistent and effective integration of recommendations within the school setting. It also addresses challenges to accessing service for students with physical, developmental and communication disorders. In rural and remote areas, applied behavioural analysis, occupational therapy, physiotherapy and speech-language pathology service providers are often scarce and unavailable.

The draft revision of PPM 81 places emphasis on withdrawing services from schools, and does not recognize the high value placed on embedded services in schools by key stakeholders. School boards have invested heavily in SLP, OT/PT, and ABA services, developed comprehensive and specialized class wide programs and placements, and built full service education teams that are able to deliver coordinated interventions addressing the full range of social, emotional, and developmental needs of students. This best practice model should be fully funded by the Ministry of Education.

Privately Purchased Service Delivery in Schools

The draft revision of PPM 81 allows parents with the financial ability, to purchase private services and have those services delivered in publicly funded schools. While coordinating with privately purchased service is appropriate in supporting individual student needs, inserting privately purchased services into schools will have multiple detrimental impacts. School resources including staff time, physical workspaces, and appropriate assessment and treatment spaces are already dedicated to students’ supports.

Privately funded services in schools may be promoted as a way of reducing service, pressures, and costs on school boards, however there will be a significant financial and labour cost to integrate privately funded services. These services will draw a disproportionate level of human and physical resource away from students who are unable to self-fund private service. Additionally, rather than reduce the work of school staff, privately purchased services in schools will require education workers to attend more meetings, increase the number of adults in classrooms who are “observing”, and reduce the available space in schools for publicly funded services.

The impact of privately purchased services in schools will result in a less efficient use of resources and will require a reduction of service for all students while school staff respond to the needs of individual private service providers. This impact will conflict with school boards’ ability to provide equitable levels of service and will disproportionately impact students from marginalized communities.

Privately purchased services must not displace or replace school employed staff, or their access to students and appropriate work and treatment spaces in schools. Continuity of service will also be impacted when families are unable to continue paying for private services, and the maximum number of treatment visits have been reached. These are all issues that must be seriously considered, with clear guidelines promoting collaboration and support for students, while ensuring equitable access to these critical services.

In summary, the draft revisions in PPM 81 do not improve or build upon the current and successful examples of direct school-based rehabilitation service delivery by school boards. Vague and unclear guidelines regarding responsibilities for service delivery, a lack of funding, and a “work it out at the local level” approach will result in a patchwork of inconsistent service levels, and inequitable access to supports critical for student success. Time should be taken to review the advantages of fully developed services developed by many school boards, so that all students can have access to the essential school-based rehabilitation services they require.

It is also important to note that consideration of how best to deliver School Health Supports and SBRS has been ongoing for some time, and has been informed by reports such as the *Review of School Health Support Services (Deloitte, 2010)* and *Evaluation of Speech and Language Demonstration Sites (Deloitte, 2013)*. These reports clearly identify the benefits of school board delivered services, including shorter wait times, improved service outcomes and goal achievement, streamlined case administration, and higher levels of parent satisfaction. For a number of years, some school boards have been developing and implementing extensive programming based on this information. The direction of a new PPM should be grounded in best practices that have been identified in research and the experiences of school boards.

It is clear that many of the concerns identified by OSSTF/FEESO are also concerns expressed by many local school boards, parent groups, education unions, and management associations. Ongoing consultation with OSSTF/FEESO is recommended, so that the expertise of our educational support staff, early childhood educators and professional student services personnel can support changes to PPM 81 that improve support and services to all students.