SPEECH-LANGUAGE PATHOLOGY SERVICES IN SCHOOLS WORKING GROUP NATIONAL ADVOCACY PROPOSAL

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EXECUTIVE SUMMARY

The Speech-Language Pathology Services in Schools Working Group was formed to recommend a meaningful, credible and effective national advocacy tool for speech-language pathology services in schools for use by Speech-Language & Audiology Canada (SAC).

Despite variability in speech-language pathology services in schools across the country, the Working Group identified a number of pan-Canadian issues including insufficient speech-language pathology positions, large caseloads/high workloads and lack of awareness and understanding of the profession.

The Working Group indicated that SAC should advocate for governments to develop a systematic approach to speech-language pathology services in schools within their jurisdiction to ensure the needs of all students (including older students) with speech, language, communication and literacy difficulties are met.

The Working Group identified two main tactics:

1. Profile raising with policy makers, stakeholders and influencers, and

2. Development of a speech-language pathology services in schools advocacy toolkit. The toolkit will provide resources for SAC members and associates to use when meeting with decision-makers and influencers at the local, provincial/territorial and federal level.

The Working Group recommends that the SAC Board of Directors support:

- Involvement of SAC staff, members and associates in ongoing advocacy about the importance speech-language pathology services in schools.
- Inclusion of the development of a speech-language pathology services in schools advocacy toolkit in the SAC Operational Plan.
STRATEGIC GOAL

This advocacy proposal presents an approach to influence the federal and provincial/territorial governments to ensure students are able to access quality speech-language pathology services in schools across Canada.

BACKGROUND

In 2019, SAC released a position statement on the role of speech-language pathologists (S-LPs) in schools which indicated that that S-LPs are essential members of educational teams supporting students of all ages. SAC is currently developing a position paper on speech-language pathology service delivery models in schools and it is scheduled to be launched in early 2020.

Speech-language pathology services – which may be provided by S-LPs working in collaboration with specially-trained speech-language pathology assistants - are necessary to help improve the academic and social outcomes of students with speech, language, communication and literacy difficulties. However, SAC speech-language pathology members have raised concerns regarding speech-language pathology services in schools, including large caseloads/workloads, restrictive service delivery models and funding limitations. In order to better understand and address these concerns, the SAC Speech-Language Pathology Services in Schools Working Group gathered information from each province and territory in order to recommend a national advocacy approach. The Working Group met seven times from October 2018 to October 2019 to identify key advocacy messages, targets and tactics.

PROVINCIAL AND TERRITORIAL SPEECH-LANGUAGE PATHOLOGY SERVICES IN SCHOOLS

Canada’s provinces and territories are largely responsible for developing education policy and delivering public education, with the federal government funding First Nations schools on reserve. Ministries/Departments of Education fund speech-language pathology services in schools (at least in part) in all provinces, and in the Yukon. Education shares responsibility for funding services for school-aged children with the Ministries of Health and Children’s Services in Alberta, and the Ministry of Children, Community and Social Services in Ontario. The Ministries of Health in the Northwest Territories and Nunavut fund speech-language pathology services in schools.

Provinces and territories generally delegate decision-making authority to school boards or school districts (Organization for Economic Co-operation and Development, 2015). While Canada’s decentralized education system has allowed for the unique needs of regions and/or communities to be addressed, speech-language pathology services for elementary and secondary school students vary substantially across the country.

An overview of provincial and territorial speech-language pathology services in schools is provided in Appendix A.
ISSUES
Despite inherent variability in speech-language pathology services in schools nationally, the Working Group identified a number of pan-Canadian issues:

- Many schools have insufficient speech-language pathology positions to meet the needs of students of all ages with speech, language communication and literacy difficulties.
- Rural and remote communities have difficulty recruiting and retaining S-LPs.
- S-LPs working in schools have large caseloads/high workload.
- The role of S-LPs in schools is not well-understood by the education system, parents/guardians and community agencies.
- Schools often fail to incorporate the expertise of S-LPs in education models such as multi-tiered level of support/instruction and Universal Design for Learning (UDL).
- Educators may not be aware of speech, language and communication disorders (including Developmental Language Disorder (DLD)) and their impact on academic functioning and everyday success.
- Education team members may not be aware that S-LPs use evidence-based practice.

ASK
That governments in Canada develop a systematic approach to speech-language pathology services in schools within their jurisdiction to ensure the needs of all students (including older students) with speech, language, communication and literacy difficulties are met.

The Multilateral Early Learning and Childcare Framework (2017) is an example of recent federal, provincial and territorial collaboration to support and create more affordable, high-quality early learning and child care across the country. The early years of life are critical in the development and future well-being of children. However, we know that over 10% of children have speech, language and communication difficulties at school entry (Beitchman, Nair, Clegg, & Patel, 1986; Norbury et al., 2016). These children often have difficulty with the acquisition of literacy, and are at risk of poor academic, mental health and social outcomes in the long-term (Conti-Ramsden, Durkin, Toseeb, Botting, & Pickles, 2018; Johnson, Beitchman, & Brownlie, 2010). Therefore, we ask that governments of Canada build upon the successes of the Multilateral Framework and work together to ensure that quality speech-language pathology services are available to help school-aged children with speech, language, communication and literacy challenges reach their full potential.

GOALS
The success of the proposed advocacy will be determined by the achievement of the following goals:

1. Increased awareness among political (federal, provincial and territorial), departmental and education team stakeholders about the nature and importance of speech-language pathology services in schools.
2. Increased investment in speech-language pathology services in schools.

KEY MESSAGES
There are a number of key messages that should be used during the advocacy campaign:

1. Governments should provide sufficient funding for speech-language pathology services in schools to ensure the needs of all students (including older students) with speech, language, communication and literacy difficulties are met.

2. Governments should provide incentives (for example, bursaries, funding for professional development, reimbursement of professional fees, housing allowance etc.) to encourage S-LPs and communication health assistants to work in rural/ remote school boards.

3. S-LPs working in schools - and the speech-language pathology assistants who support them - must have manageable caseloads/workloads.

4. S-LPs are essential members of educational teams supporting students of all ages with speech, language, communication and literacy challenges to achieve their academic and personal potential.

5. S-LPs make important and unique contributions at all tiers of intervention in multi-tiered approaches to instruction, and UDL.

6. Speech, language communication and literacy difficulties (including DLD) have significant impacts on academic and everyday functioning success.

7. S-LPs use evidence-based practice.

8. University programs must prepare new professionals to work collaboratively in an education model, as well as in a health-care model.

TARGETS
Given that SAC’s ask is provincial/territorial, advocacy should focus on stakeholders within each province and territory. Specifically, the following key influencers should be targeted:

1. **Provincial/Territorial Ministers of Education.** The Ministers of Education are the primary targets, but the Minister’s staff should also be targeted because of their influence on policy decisions.

2. **Provincial/Territorial Ministers of Health.** In provinces/territories where speech-language pathology services in schools are funded in whole or in part by Health, the Ministers of Health (and staff) should be a primary target.

3. **Provincial/Territorial Senior Public Servants.** Education is complex so SAC should target public servants with some knowledge about professional services including speech-language pathology.
4. **School Boards/School Districts.** Since provinces and territories generally delegate decision-making authority to school boards or school districts, SAC should target school boards.

5. **School-based Education Team Members.** In Canada’s decentralized education system, education team members often have influence over the speech-language pathology services provided in individual schools.

6. **Higher Education Institutions.** Changes are needed in college and university programs to ensure S-LPs, teachers and their assistants are adequately equipped to work collaboratively in schools.

7. **Other Stakeholders and Coalitions.** Other groups that advocate for school services including unions and parents groups and associations representing people with specific disabilities may be powerful allies.

Further, given the pan-Canadian nature of the issues as well as the life-long impact of a number of childhood speech, language, communication and literacy difficulties, SAC should also meet with relevant public office holders within the federal government including the **Minister of Families, Children and Social Development and his/her staff** and the **Minister of Public Safety and Emergency Preparedness and his/her staff.** SAC should advocate for federal leadership in the creation of a framework to support high-quality speech-language pathology services in schools across the country.

**RATIONALE**

S-LPs have raised concerns about speech-language pathology services in schools for many years. Increasingly, SAC is called on to provide submissions and letters related to speech-language pathology service reviews, restructuring and reductions. Advocacy is urgently needed to increase the number of S-LPs and speech-language pathology assistants providing services in Canada’s schools.

**STRATEGY**

SAC’s ask is dependent on a large number of key decision-makers in each province and territory. Since decision making is decentralized in provinces and territories, key decision-makers and those who influence them may be in individual schools and school boards/school districts, as well as in Government. In order to build the relationships necessary to influence the decision-makers and influencers, SAC must develop resources to empower SAC members and associates to undertake advocacy at the local, provincial/territorial and federal level.

**PROPOSED TACTICS**

1. **Profile Raising with Policy Makers, Stakeholders and Influencers.**
   
   As mentioned previously, the role of S-LPs in schools is not well-understood. As such, SAC and SAC members and associates must raise the profile of the profession among
policy makers, stakeholders and influencers. This can be achieved through direct lobbying.

2. **Development of a Speech-Language Pathology Services in Schools Advocacy Toolkit.**
   To support SAC members and associates in their lobbying efforts, SAC will develop an advocacy toolkit consisting of (listed in order of priority, from high to low):
   a) Evidence-informed fact sheets on the benefits of speech-language pathology services in schools, including best practices and social media resources.
   b) A position paper on caseload/workload.
   c) A resource for S-LPs and students about working in an education model. This web-based resource will include information about speech-language pathology service delivery models, multi-tiered approaches to instruction and UDL.
   d) An official statement on evidence-based practice.
   e) An infographic and/or video on the role of S-LPs in schools.
   f) A resource for teachers on speech, language, communication and literacy difficulties. This web resource will include information as well as PowerPoint slides about oral language, articulation, narratives, literacy, phonological awareness, DLD and UDL.

Appendix B links the key messages, targets and tactics identified by the Working Group.

**COST/TIMING**
SAC does not have the staff resources to develop the toolkit all at once. Elements will be added to the Operational Plan over several years. A focus on speech-language pathologists in schools should be reflected in the Strategic Plan. The project can be managed in house but there will be costs for translation.

**EVALUATION**

**Short Term Outcomes**

1. *Increased Policy Maker, Stakeholder and Influencer Awareness and Support*
   All advocacy meetings will be documented using the SAC advocacy meeting evaluation form. This form includes ratings of awareness and support.

2. *Increased Member Engagement*
   Involvement of SAC members and associates in the lobbying and advocacy efforts at the federal, provincial/territorial and local level is a priority.

**Long Term Outcome**
The success of this advocacy approach will be largely determined by achieving the long-term outcome:
Governments in Canada must develop a systematic approach to speech-language pathology services in schools within their jurisdiction to ensure the needs of all students (including older students) with speech, language, communication and literacy difficulties are met. This approach must also ensure that S-LPs and speech-language pathology assistants have appropriate caseloads/workloads.

Governments should take into account the expertise of SAC and its members and associates in the design and implementation of speech-language pathology services for children and youth. S-LPs are the only educational team members with the knowledge necessary to ensure evidence-based decision making about essential school-based speech-language pathology services.

CONCLUSION

SAC has an opportunity to leverage its recent position statement and upcoming position paper by developing a toolkit to assist SAC members and associates to engage in federal, provincial/territorial and local advocacy.

RECOMMENDATION

The Working Group recommends that the SAC Board of Directors support:

- Involvement of SAC staff, members and associates in ongoing advocacy about the importance speech-language pathology services in schools.
- Inclusion of the development of a speech-language pathology services in schools advocacy toolkit in the SAC Operational Plan.

REFERENCES


APPENDIX A: OVERVIEW OF PROVINCIAL AND TERRITORIAL SPEECH-LANGUAGE PATHOLOGY SERVICES IN SCHOOLS

The information in Appendix A is a summary of the responses of the Working Group members to the following questions:

1. Which ministry/department funds speech-language pathology services?
2. Which funding model is used?
3. Who makes decisions about funding for and organization of speech-language pathology services in schools?
4. What speech-language pathology services are provided in schools?
5. What are the key issues for speech-language pathologists working in schools?
6. What advocacy has been done/is ongoing?

British Columbia

Funding. Speech-language pathology services in schools in British Columbia are funded by the Ministry of Education. The Ministry of Education provides funding of $7301 per student. Per pupil funding is spent on all the positions that support students beyond the classroom teacher (i.e., learning assistance teachers, counsellors, psychologists, speech-language pathologists). Some students with specific needs (e.g., deafness, blindness, autism, chronic health impairments) receive additional funding when they meet criteria to receive a Ministry designation. School districts typically spend this money on Educational Assistants and specialty staff such as teachers of the hearing impaired and teachers of the visually impaired. Students without designations (e.g., learning disabilities, developmental language disorder) receive no additional funding. British Columbia’s 59 school districts make local decisions about funding allocation in schools or departments. In each district, the Director of Instruction advises through budget requests the allocation of speech-language pathology full time equivalent (FTE) positions. Next the school district superintendent and secretary treasurer approve budget allocations. Elected school district trustees approve the overall school district budget. Every district has autonomy to make their own decisions regarding speech-language pathology positions. Many smaller districts and northern districts do not have speech-language pathology positions, and speech-language pathology positions in remote communities are often vacant.

Services. Speech-language pathology services in schools typically include assessment, consultation and therapy, with the services available varying among districts.

Services not provided. Due to large caseload numbers, school S-LPs often cannot provide direct therapy for all students and cannot provide the dosage recommended in research evidence for students that receive direct service. This is critical when meeting the needs of our most
vulnerable students including those with complex communication needs. Due to large caseload numbers, many students are never referred for speech-language pathology services and many districts do not offer speech-language services beyond elementary school, though this varies by district.

**Issues.** Speech-language pathologists (S-LPs) in British Columbia report large caseloads, lack of therapy time with students, lack of training regarding effective caseload management in schools, lack of training and expertise specific to servicing schools, limited union support, and no remuneration of regulatory college fees (unlike teachers). S-LPs working in schools in BC wish for greater advocacy related to issues of concern to them.

**Alberta**

**Funding.** Alberta Health Services (AHS) is funded to provide services across the age-span, including school-aged children. S-LPs and speech-language pathology assistants employed by AHS may provide services and support in schools from Kindergarten to Grade 12, however, service is concentrated in the primary years (Kindergarten to Grade 6). Services in the older grades (Grades 7 to 12) are mostly assessment and consult. In some cities, services for preschool children enrolled in school-based programs and kindergarten children are provided by -SLPs and speech-language pathology assistants employed by school boards. This is a result of the additional funding provided by Education (Program Unit Funding) to support children who have exceptional needs (communication, developmental, etc.). School-board employed SLPs and speech-language pathology assistants are more common in larger cities than rural sites. In an effort to coordinate services for children with multiple needs and/or low-incidence (e.g., visually-impaired, complex communication needs), the government provides additional funding to Regional Collaborative Service delivery (RSCD) which is a joint partnership amongst multiple Ministries. Each geographical zone of RSCD can determine how to use funding to support students.

The general funding model used depends on the severity of need. For students with mild/moderate needs, block funding is provided through Alberta Education’s Inclusive Education grant. This funding is determined individually for each school board through demographic data as outlined in the Funding Manual for School Authorities 2019/20. For students with severe needs and specific diagnoses, additional funding may be accessed, as outlined in the funding manual.

Each school board makes their own decisions on funding and organization of services. Some school boards may choose to employ their own staff for specific services, as is the case in the larger centres that hire their own SLPs and speech-language pathology assistants. Other school boards may use their own staff and AHS-employed staff, and some may use only AHS-employed staff. Some private or independent schools may also choose to contract services. There is a prevailing philosophy throughout many school boards towards using a pyramid of intervention
(RTI model) for services, implementing universal, targeted, and specialized services. Ultimately, each school board determines how much funding goes to services and how those services will be delivered with little direction from government.

**Services.** Screening, identification, assessment, treatment and consultation are all part of the role of the S-LP. Caregiver and/or school staff (e.g., teacher, parent, educational assistant) training is also common. S-LPs participate in providing all tiers of student support, however, service delivery models and priorities for S-LP services vary depending upon the RCSD region. Speech-language pathology assistants are widely incorporated into service delivery.

**Services not provided.** There is inconsistency across the province regarding access (e.g., childhood apraxia of speech therapy, articulation therapy), leading many families to try to find private services if they can afford it.

**Issues.** S-LPs in Alberta are concerned about caseload sizes, the funding process based on deficit models, pull-out vs. inclusive supports, continuity of care, effective collaboration, limited understanding of the role of S-LPs in schools (while being considered health practitioners under the Health Professions Act), capacity building with teaching staff and home-school connections. In most settings, S-LPs are expected to be able to provide the full range of services to the full range of severity levels. Some SLPs lack experience in more specialized areas of service [e.g., Childhood Apraxia of Speech (CAS) or Augmentative and Alternative Communication (AAC) and require competence building/mentorship to be able to confidently provide those services. There is inconsistency across the province regarding access (e.g., CAS therapy, articulation therapy), leading many families to try to find private services if they can afford it. S-LPs engage in advocacy at the school, district and ministry level. The Alberta College of Speech-Language Pathologists and Audiologists meets with AHS when issues arise.

**Saskatchewan**

**Funding.** Speech-language pathology services in schools in Saskatchewan are funded by the Ministry of Education. Funding is based on an assumed prevalence rate, rather than the actual prevalence rate. Funding is not provided on a tax revenue basis and is not allocated per student. The senior leadership of each school division, which includes the director, deputy director and superintendents, make decisions about the allocation of funds based in part on recommendations from coordinators of special education and student services. The funding provided for speech-language pathology services in schools is also shared with English as an Additional Language (EAL), special education (i.e., assistive technology consultants, special education consultants, services for students with hearing impairments, services for students with vision impairments, etc.), and student services (e.g., school psychologist, occupational therapists, physiotherapists). Each school division has autonomy concerning the services that are provided.
Services. Each school division sets their own service delivery model and priorities for speech-language pathology services in their school division.

Services not provided. As previously mentioned, the Saskatchewan Ministry of Education does not mandate the service delivery model for speech and language services for school divisions. As a result of this, the speech and language services provided across Saskatchewan schools is variable and dependent upon the priorities determined by each individual school division.

Issues. S-LPs in Saskatchewan are concerned that provincial funding is insufficient to allow for the number of S-LPs in schools needed to support students adequately. There has been no recent provincial advocacy, but some S-LPs have been involved in advocating for additional speech-language pathology positions within the school divisions.

Manitoba

Funding. Speech-language pathology services in schools in Manitoba are funded by the Ministry of Education, and S-LPs are on a teacher contract. To work in schools, S-LPs are required to obtain a School Clinician Certificate from Manitoba Education and Training. Categorical grants are given to each school division based on size, enrollment and a formula-based model for students with additional needs. School divisions allocate funds to speech-language pathology services from their categorical grant. Many divisions add services based on needs which are outside of the grant and are taken from other divisional funds.

Services. Speech-language pathology services address the articulation, oral language, literacy, fluency, voice, and augmentative/alternative communication needs of students. S-LPs provide support for the full range of communication disorders (including literacy where S-LPs collaborate with school teams) and a wide variety of service delivery models are used across the province. Some school divisions mandate particular models such as RTI, but the service can look very different from division to division. Speech-language pathology services in Manitoba’s schools include collaborative and classroom based services, direct assessment and intervention, in-servicing, as well as school-based programming (e.g. training others) and home-based programming. Some school divisions support their S-LPs with Educational Assistants who are trained by the S-LP. Others hire Rehabilitation Assistants who have specific training in S-LP, OT and PT.

Services Not Provided: School-based S-LPs in Manitoba generally do not provide services for swallowing, and refer students with swallowing difficulties to hospital-based S-LPs or occasionally the school occupational therapist will address them. S-LPs often receive support to collaborate with hospital-based S-LPs for disorders such as cleft palate or unusual voice disorders (other than vocal nodules), but the school S-LP is still primarily responsible. Caseload and workload demands limit the amount of service that is provided, but many school divisions
offer some S-LP direct intervention. In most instances this would be no more than one half hour session per week.

**Issues.** S-LPs in Manitoba are concerned about caseload/workload, limited understanding of the role of S-LPs in schools, and disconnection between preschool services (funded by the Ministry of Health) and school services (funded by the Ministry of Education). Since the inception of the College of Audiologists and Speech-Language Pathologists of Manitoba, there has been little provincial advocacy for SLPs.

**Ontario**

**Funding.** The Ministry of Education funds speech-language pathology services for language and curriculum support in Ontario’s schools, while the Ministry of Children, Community and Social Services supports speech-language pathology services for motor speech disorders. Several years ago, the provincial government established the Special Needs Strategy - Integrated Rehabilitation Delivery of Service (SNS-IRDS) which included formal talks to unify speech-language pathology services for students, however, talks have been on hold since 2018. The Ministry of Education funds special education through Grants for Student Needs (based on the number of students with special needs). Speech-language pathology services are funded by each board from the operational budget for professional services. Each board is autonomous and so speech-language pathology services in schools vary across the province. Funding for speech-language pathology services is determined by school boards in discussion with school administrators, school staff and the Chief of Speech-Language Pathology Services, where there is one.

**Services.** There are many different speech-language pathology service models across Ontario. Selection of service delivery models is determined at the Board level and is influenced by funding, distance issues and the number of staff. Speech-language pathology services usually focus on oral language and help students to access the curriculum including use of Alternative and Augmentative Communication (AAC). Implementation of the RTI model is inconsistent across school boards.

**Services not provided:** Integration of speech and language services in schools is not provided due to the way Policy/Program Memorandum (PPM) 181 was set up. Further collaborative talks after the provincial election have stopped with no clear or collaborative model for addressing issues with PPM 181. Many of the speech and language service departments in schools are not managed by an S-LP resulting in directions that are incongruous with the S-LP role in schools. Data driven clinical research to support speech-language pathology evidence based practices in schools through more university partnerships is very reduced. Many students in Ontario schools who need a blended speech and language intervention approach do not receive supports needed due to reduced staffing and the current model based on PPM181. Speech-language pathology services are not in the Education Act and are not mandated as they should be so that all students across Ontario can access speech-language pathology services in schools.
Issues. S-LPs in Ontario are concerned about insufficient funding for speech-language pathology services to meet communication demands of high needs students in the system. There is a lack of representation of the profession in the Ministry of Education so needs in the area of communication and impact on learning and social communication and self-regulation is not understood. There is the separation and fragmentation of speech and language services which should be addressed as a whole for progress to be successful. There are large caseload/workload issues restricting access for service and there is an increasing number of children with high-needs every year. SLP services are not always being managed by a chief S-LP and limited understanding of the functional role of S-LPs in schools. Current advocacy includes the lobbying of the provincial government and Ministry of Education by the Ontario Association of Speech-Language Pathologists and Audiologists, S-LPs’ participating in school board and provincial planning initiatives and partnering with Universities to partake in clinical research within schools. These activities promote the understanding of the role of SLPs in schools.

Québec

Funding. Speech-language pathology services in schools in Québec are funded by the Ministry of Education and Higher Education. The Ministry allocates funds to the school boards which then hire staff. Schools receive extra funding to ensure services for students with special needs. The Ministry may also allocate additional funding to support socioeconomically disadvantaged schools or promote literacy skills, for example. Recently, the Ministry has begun to provide funds directly to schools. School boards normally establish a ratio of speech-language pathology services which are generally proportional to the number of students, and the socioeconomic rating of the school. Specialized classes normally come with an identified ratio of service that varies from school board to school board. Each school has a committee comprised of educators that determines the professional services required for the school year.

Services. S-LPs in Québec provide screening, assessment and intervention in schools, as well as have an advisory role. School-based S-LPs provide services at different tier levels, targeting mostly language, articulation and communication, as well as literacy skills (reading and writing).

Services not provided. Children with fluency disorders rarely receive intervention in schools (health services usually provide this intervention). The types of speech-language pathology services can differ from one school board to another.

Issues. S-LPs in Québec are concerned about caseload/workload, lack of report writing time, the restrictive criteria for service funding and access to specialized classes, and the lack of time available to collaborate with teachers in the development of intervention plans or case discussions. Advocacy is undertaken by the Association québécoise des orthophonistes et audiologists, unions (i.e. Fédération des professionnelles et professionnels de l’Éducation du Québec) and S-LPs as well as groups representing individuals with communication disorders.
New Brunswick

**Funding.** Speech-language pathology services in schools in New Brunswick are funded by the Department of Education. The current speech-language pathology positions were transferred from the Department of Health in 2012, and no new positions have been created since 1997.

**Services.** New Brunswick is divided into English and French school districts. From the Department of Education, the mandate is to provide services from Kindergarten through Grade 3. However, services are also provided for the other grades and this service varies from district to district. Some provide regular services and others provide consultation only to the upper grades. Services are also provided to First Nations schools as well as private schools and children that are home-schooled. S-LPs in New Brunswick schools assess and treat speech, language, feeding and swallowing disorders. S-LPs are instructed to implement RTI the primary focus being to provide service at Tier 1.

**Services Not Provided.** Services that are not provided vary from district to district. Some do not provided services to those with written language problems or provide prevention services.

**Issues.** S-LPs in New Brunswick are concerned about the lack of new positions, limited understanding of the role of speech-language pathologists in schools, not being supervised by an S-LP, lack of support from administrators and space issues in schools. Advocacy has focused on concerns about caseload/workload.

Nova Scotia

**Funding.** Speech-language pathology services in schools in Nova Scotia are funded by the Department of Education and Early Childhood Development. Each school region is assigned speech-language pathology positions according to a funding ratio. The current ratio is 1 S-LP to 1400 students, but a recent report recommended a change to 1 S-LP to 1200 students. As a result of this recommendation, there was a slight increase of services in the province (approximately 3 positions province-wide). Prior to June 2018, newly hired S-LPs were members of the Nova Scotia Teachers Union (NTSU), however, all S-LPs without permanent contracts and/or hired after that date are no longer members of NSTU. Newly hired S-LPs now have different contracts and working expectations, hours and rates of pay (including expectations to provide speech-language pathology services during the summer months).

**Services.** The organization of speech-language pathology services varies according to school region. For example, some regions are involved with early literacy/language connections (including some Tier 1 work in lower level classrooms); some regions focus mainly on students up to Grade 3; some regions provide limited direct service but instead focus on mainly consultative services. In general, however, services are usually provided for all speech and language difficulties and may include assessment, intervention, home programs, in-class support, pull-out services, classroom presentations and professional development to various school staff.
**Issues.** S-LPs in Nova Scotia are concerned about caseload demands, having adequate space to work, as well as having sufficient time (to plan, meet with teaching staff and parents, prepare home materials, complete written reports etc.). Recent concerns are also focused on the changes to school-based S-LP services through changes in contract/work expectations (now two different expectations based on which contract the S-LP has). The Speech and Hearing Association of Nova Scotia as well as the Speech-Language Pathologists and Audiologists Association (a Professional Association of the NSTU) have been vocal in advocating for speech-language pathology services in schools.

**Newfoundland and Labrador**

**Funding.** Speech-language pathology services in schools in Newfoundland and Labrador are funded by Department of Education and Early Childhood Development (DEECD). The DEECD makes decisions about the funding of S-LP positions, and the schools district determines the organization of speech-language pathology services.

**Services.** S-LPs in Newfoundland and Labrador provide assessment, direct intervention, consultation, professional learning for staff and teletherapy.

**Services not provided.** Across Newfoundland and Labrador, large caseloads result in reduction of the frequency of speech-language pathology services. Older students with speech-language disorders/delays often do not receive direct or indirect services despite qualifying for them due to high caseload numbers and their associated workload. The majority of students, especially in hard to reach geographical areas and urban centres, do not receive the frequency and consistency of service required to remediate their speech-language delays due to high caseload numbers and associated workload. This means they are spending years in therapy when their delay/disorder could have been remediated in a shorter period of time if workloads were more manageable. Wait times for assessment in rural areas (i.e., Labrador) can sometimes exceed a year due to S-LP job position vacancies, insufficient speech-language pathology school positions and workload expectations.

**Issues.** S-LPs in Newfoundland and Labrador are concerned by the current lack of S-LPs to meet the needs of students from Kindergarten to Grade 12. They are also concerned about the amount of travel in rural areas, caseload/workload, recruitment and retention in rural areas and access to professional development. The Special Interest Council of the Newfoundland and Labrador Teachers Association and the Newfoundland and Labrador Audiology and Speech-Language Pathology Association have engaged in advocacy.

**Prince Edward Island**

**Funding.** Speech-language pathology services in Prince Edward Island are funded by the Department of Education, Early Learning and Culture. S-LPs are provided to education authorities through a Minister's Directive (Education Authority Staffing and Funding Program).
In the Public Schools Branch (English speaking schools), there are 9.3 FTE S-LP positions. In the French Language School Board, there are 1.5 FTE S-LP positions.

**Services.** In the Public Schools Branch, the organization of services is determined by the S-LPs, in conjunction with the Director of Student Services. In the French Language School Board, service delivery is determined by the S-LPs in conjunction with the school board. S-LPs provide diagnostic assessment of communication disorders and literacy difficulties (Kindergarten to Grade 6) and intervention for communication disorders (Kindergarten to Grade 6) in the form of direct therapy (individual and groups). Students in kindergarten to Grade 2 are prioritized for therapy. S-LPs also develop Individualized Education Plan (IEP) goals and objectives, consult with school staff and parents, provide programming materials and collaborate with other professionals, as well as train/coach teachers, educational assistants and parents. Furthermore, S-LPs provide professional development to teachers, educational assistants, and other professionals and consultation services for complex alternative and augmentative communication users in junior high school and high school.

**Services not provided.** In the Public Schools Branch, speech-language pathology services at the junior and senior high school level are limited to students with complex alternative and augmentative communication needs. It is also noteworthy that many students with speech, language, communication and literacy needs in Kindergarten through Grade 6 are not able to access school based speech language pathology services due to the limited number of positions and the high demand for services.

**Issues.** S-LPs in Prince Edward Island are concerned about the limited understanding of the role of S-LPs in schools (particularly in relation to language and literacy), the need to educate the public about DLD, the need for increased public awareness of the way in which language/communication skills impacts students’ ability to access the curriculum, caseload/workload, and the difficulty of meeting needs of complex communicators and students with severe apraxia in the educational system, and hours of work/compensation. S-LPs in Prince Edward Island have participated in advocacy initiatives to increase educator and public understanding of the role of S-LPs in schools and increase provincial investment in speech-language pathology services.

**Yukon**

**Funding.** Speech-language pathology services in the Yukon are funded by the Department of Education. The Department of Education funds Kindergarten to Grade 12 speech-language pathology services which include educational assistants trained to deliver in-school individual speech and language support, including phonological awareness. The S-LPs work within the Student Support Services Unit, and report to the Unit Manager. Decisions about speech-language pathology services are made within the Department of Education. The Director of Student Support Services makes decisions about caseload distribution, travel expenses, professional development, resources and materials based on the operational budget.
**Services.** There are 4 full-time S-LP positions for the Yukon’s 30 schools (including a Virtual School and an urban Individual Learning Center), approximately half of which are located in rural communities across the territory. Each S-LP works in several urban and rural schools, the latter involving frequent long-distance travelling. Yukon school S-LPs work in a consultation model, with little or no direct intervention services to students. The bulk of our work consists of consultation with school-based teams (including parents); identifying the needs in schools through screenings; assessment of speech and language needs; writing and supervising programs delivered by communication assistants; writing assessment reports, which contain recommendations and strategies to be implemented by school staff; participating in Individual Education Plan (IEP) meetings; in-service and training, mostly to school staff; and participating in multidisciplinary teams such as the Shared Resource Program Team or the Fetal Alcohol Spectrum Disorder (FASD) diagnosis team.

**Issues.** S-LPs in the Yukon are concerned about the absence of direct intervention in the consultation-based model; caseload/workload demands, partly compounded by the large amount of travel time necessary for rural school supports; lack of qualified partners to implement recommendations; high staff turnover rates; difficulties building relationships with parents in communities; limited access to culturally relevant resources for people of aboriginal ancestry; limited understanding of the role of S-LPs in schools, particularly within an RTI model; and the lack of knowledge about evidence-based practices in early literacy instruction. The Yukon Speech-Language Pathology and Audiology Association and the S-LPs working in schools participate in advocacy initiatives.

**Northwest Territories**

**Funding.** Speech-language pathology services in the Northwest Territories are funded through the Government of the Northwest Territories - Northwest Territories Health and Social Services Authority (GNWT- NTHSSA). Speech-language pathology services in schools in the self-governing Tli cho region are funded by the Tli cho Government. The Northwest Territories does not have a specific funding model that determines speech-language pathology services in schools. Each health region determines how much speech-language pathology time they allocate to preschool, school, and adult services.

**Services.** In the four main cities of the Northwest Territories (Yellowknife, Hay River, Inuvik, Ft. Smith), the school S-LPs primarily work in a consultative model with little or no direct intervention services to students. The majority of the school S-LP’s work consists of providing consultation to the school and family (e.g., IEPs, meetings, observations, recommendations), screenings and assessments, writing goals, supervising speech and language programs implemented by the speech and language assistant, and writing assessment/progress/consultation reports. Speech-language pathology services are typically available to students from Junior Kindergarten to Grade 3, with very limited services available for students in Grade 4 and beyond. S-LPs in the Northwest Territories also provide community outreach, which entails the S-LP travelling to a specific community typically twice a year. When in the community, the
S-LP provides services to all ages, which consist primarily of assessments and consultation. Most remote communities have access to telehealth equipment, and schools have the opportunity to receive limited treatment services through telehealth approximately once a week. If the school is able to provide an assistant for the S-LP to work with, the S-LP will provide training, guidance, and supervision to that assistant for them to provide direct treatment with specific students. S-LPs also provide in-services and education to school staff. In Yellowknife, the school S-LPs are also a part of multidisciplinary teams such as the Child Development Team and FASD diagnostic team.

*pService not provided.* Very limited speech-language pathology services are available for students in Grade 4 and beyond. Speech-language pathology services for students of any age who have fluency, voice, childhood apraxia of speech, complex needs (e.g., autism spectrum disorder, cerebral palsy, etc.), or augmentative communication systems are limited.

**Issues.** S-LPs in the Northwest Territories are concerned about caseload/workload, limited services for students in Grade 4 and beyond, limited time to provide direct treatment, an increasing number of students with complex needs, frequent time away from schools due to travel to remote communities, very limited services provided to each remote community, limited materials/resources that are culturally sensitive to our northern/indigenous population, no/limited access to speech-language pathology assistants who have completed a communication health assistant academic program, and difficulty recruiting and retaining S-LPs in the Northwest Territories (especially in the more remote communities).

**Nunavut**

Department of Health provides speech-language pathology services to school-aged children. The Working Group did not have a volunteer from Nunavut.
# APPENDIX B: ADVOCACY MESSAGES, TARGET AND TACTICS

<table>
<thead>
<tr>
<th>Messages</th>
<th>Targets</th>
<th>Current Tactics</th>
<th>Proposed Tactics</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1. Governments should provide sufficient funding for speech-language pathology services in schools to ensure the needs of all students (including older students) with speech, language, communication and literacy difficulties are met.</td>
<td>Provincial/ territorial Education/ Health Ministers, Ministry of Education/ Health, Federal Minister of Families, Children and Social Development and staff, Federal Minister of Public Safety and Emergency Preparedness and staff, MPs, school boards, Directors, unions, provincial associations</td>
<td>Some provincial/ territorial advocacy (e.g., NL, NS, NWT).</td>
<td>Fact sheets on benefits of speech-language pathology in schools/risks of no speech-language pathology in schools. Highlight best practices.</td>
<td>Fact sheet for federal advocacy; fact sheet for provincial advocacy Highlight impact on function, education, student, society. Highlight service delivery models to reach larger # of students (e.g., resources in Tier 1). Link to behavior issues. Highlight needs of older students (facts/evidence)</td>
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<tr>
<td>2. Governments should provide incentives (e.g., bursaries, funding for professional development,</td>
<td>Principals, school boards, Ministry of Education/Health, Education/Health Minister, parent groups and other user groups,</td>
<td>Employers provide incentives. SAC advocates for inclusion of S-</td>
<td>Ministry of Education could offer bursaries (with a required service obligation).</td>
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reimbursement of professional fees, housing allowance etc.) to encourage speech-language pathologists (S-LPs) and speech-language pathology assistants to work in rural/remote school boards.

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<th>3. S-LPs working in schools and the speech-language pathology assistants who support them must have manageable caseloads/workloads.</th>
<th>S-LPs, principals, school boards, Ministry of Education Health, Education Health Minister, unions, advisory committees, university programs</th>
<th>SAC Caseload Measurement Planning Tool is available. Also Ohio Workload Calculator, ASHA tool.</th>
<th>Position Paper on Caseload/Workload</th>
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<th>4. S-LPs are essential members of educational teams supporting students of all ages with speech, language, communication and literacy challenges to achieve their academic and personal potential.</th>
<th>Teachers, Educational Assistants (EAs), principals, school boards, Ministry of Education Health, Education Health Minister, physicians, parents, school administrators, Curriculum Department, other professions’ associations</th>
<th>SAC Position Statement launched in April 2019; S&amp;H Month Poster; Ad in Leader &amp; Learners in early July 2019.</th>
<th>Infographic TED Talk/video</th>
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<td></td>
<td>Assembly of First Nations, Inuit Tapiriit Kanatami</td>
<td>LPs in Canada Student Loan Forgiveness program.</td>
<td>Sharon shared an infographic developed in her school board. ASHA has developed a video (narrated slides) Highlight oral language and links with literacy.</td>
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</tbody>
</table>
5. S-LPs make important and unique contributions to all tiers of intervention in multi-tiered approaches to instruction and UDL.

- S-LPs, teachers, principals, school boards, Ministry of Education Health, Education Health Minister, Curriculum Department, Education programs (universities), parents.

Likely will be addressed in SAC Position Paper on Service Delivery Models in Schools.

Resource on the S-LP’s role RTI/UDL (e.g., Speech Pathology Australia’s brochure).

FAQs

Highlight best practices (Communiqué?)

PowerPoint slides/narrated slides

Professional Development webinars

6. Speech, language, communication and literacy difficulties (including developmental language disorder) have significant impacts on academic and everyday functioning success.

- S-LPs, psychologists, physicians, teachers, EAs, policy makers, governments, parents, principals, school boards, Ministry of Education/Health.
  
  Teacher training programs, early childhood education programs, Canadian Teachers’ Federation

SAC Official Statement was released in December 2019; Web resource pages released in June 2019.

Incorporate CLD in advocacy materials (not a separate resource).

Resources to educate/inform teachers including slides, infosheets etc. about oral language, articulation, narratives, literacy, phonological awareness and UDL.

OOAQ has developed resources in French.

Early identification of language disorder is an issue.

- **YouTube video on Supporting Children with DLD in the Classroom**

- EAs also require education. Online training about speech and
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<td>8. University programs must prepare new professionals to work collaboratively in an education model, as well as in a health care model.</td>
<td>S-LPs, Ministry of Education, Canadian Council of University Programs—Communication Sciences and Disorders (CCUP-CSD), university programs, school boards</td>
<td>Provide input to speech-language pathology program curricula, including the revised Foundations document and timing and structure of clinical placements. Professional development. Brochure or information sheet on working in an education model (e.g., Speech Pathology Australia’s brochure).</td>
<td>language disorders for EAs is needed.</td>
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