



February 10, 2022

Mr. Clayton La Touche,
Assistant Deputy Minister, Student Support and Field Services Division,
Ministry of Education

Ms. Amy Olmstead
Acting Executive Lead, Ontario Health Teams Division
Ministry of Health

Ms. Jennifer Morris
Assistant Deputy Minister, Children with Special Needs Division,
Ministry of Children, Community and Social Services

Via email: specialeducation@ontario.ca

Re: Policy/Program Memorandum No. 81, Provision of health support services in school settings

Dear Mr. La Touche, Ms. Olmstead and Ms. Morris,

The Ontario Physiotherapy Association (OPA) with over 6,000 member physiotherapists, physiotherapy residents, physiotherapist assistants, and students is the Ontario Branch of the Canadian Physiotherapy Association. Our members provide physiotherapy services in all sectors of the health care delivery system, including Children's Treatment Centres, School Boards, and as providers in the Ontario Autism Program (OAP).

We are pleased to have this opportunity to provide feedback to this consultation on the redrafting of Policy/Program Memorandum No. 81 (PPM 81).

General Feedback

The stated purpose of the document is 'to provide expectations on the delivery of evidence-based health services, rehabilitation services, and other community-based clinical services in schools and to clarify the roles and responsibilities of schools boards and community partners as they relate to the provision of these services in school settings in Ontario'. Foremost however, is the commitment across three Ministries to ensure that services are there for children 'to assist them to meaningfully engage with their learning and be successful in school and in life'. The purpose and commitment in PPM 81 must also align with the work initiated through the Special Needs Strategy (SNS) that recognized that regional differences need localized solutions.



The OPA reviewed this document with the lens of ensuring it enabled the required collaboration between organizations to meet the purpose and commitment with optimized local innovations that reflect best practices. We offer the following general feedback to the document overall:

Children Treatment Centres and School Board programs: It should be noted that at least 12 school boards, close to 20% of the total, have in-house physiotherapists, occupational therapists, and/or speech language pathologists who provide embedded programs to meet the needs of individual children and the learning community as a whole. Both the programs provided by the Children’s Treatment Centre (CTC) professionals and the programs provided by the professionals in school boards must be valued and fully considered in PPM 81. The document emphasizes the CTC model based on referral and fee-for-service funding is pre-eminent. There are many benefits to this including the continuity of service from pre-school to school age care for those who have accessed services through the CTCs prior to entering the school system. However, changes must be made to PPM 81 to also recognize the embedded model of care and the best-practice tiered programs that address both the needs of individual children and the organization as a whole.

The SNS recognized the value of the embedded model in several recommendations in their reports. In-house rehabilitation professionals provide services that include screening, assessment and continued re-assessment. They focus on a social disability approach and provide needs-based programming within the educational environment. We have heard from many physiotherapists working in school boards that they are concerned if PPM 81 proceeds as currently drafted, without recognition of and enabling directions for the embedded programs, that these services will be at risk. This would in turn put equitable access to care at risk for many who have not been able to access care through CTC programming or who would benefit from the classroom and organizational wide interventions of the tiered approach to care.

Collaboration: Collaboration, especially with so many variances in models across the province, requires equal expectations to all involved stakeholders. The document leans toward placing the expectation of collaboration on school boards and school personnel explicitly. For example: “***School Boards are expected to collaborate with CTCs*** to develop a framework for the delivery of a continuum of SBRS that meets the needs of students.” pp. 6 – creates an imbalance of expectations and does not reflect the reality in different regions. We recommend changes to the language to enable meaningful collaboration and reflect the variance in models across the province, such as – “***School Boards and CTCs will collaborate*** to develop a framework...”

Scope of Practice and Delegation of Controlled Acts: Listed health care services include acts that are listed as Controlled Acts under the Regulated Health Professions Act (RHPA) and are assigned to specific professions based on their scope of practice. Delegation of these acts to anyone – including regulated health professionals who do not



have those acts in their scope of practice – must be done in keeping with specific standards of practice. In all cases, a regulated health professional must determine whether an individual is competent to do the act and under what circumstances. The document should acknowledge this and provide clarity on how competence is determined and how the delegation is recorded.

Specific Comments:

Framework for the delivery of health services in schools

- All of the services listed can and would be, at least on occasion, administered by a regulated health professional. A regulated health professional whose scope of practice includes the service/act would provide the training and/or direction to the other administering the service.
- In the section for Lifting and Positioning/Assistance with mobility/Feeding/Toileting, administration should include regulated health professionals. Training and/or direction should include regulated health professionals and the organizations that fund them, including school boards. The same group(s) should be listed under consultation.

Rehabilitation Services and Other Community-Based Clinical Services for Students with Special Needs

- Under the list of services by OAP on page 7: physiotherapy is a service that is funded under the OAP program and should be listed.
- In the chart p. 7: physiotherapy assessment is delivered by School Board physiotherapists and physiotherapists acting as OAP Service Providers, in addition to physiotherapists from CTCs.
- In the chart p. 7: clinical interventions for physiotherapy are provided by School Board physiotherapists, OAP physiotherapists, and CTC physiotherapists. They may also be delivered by a rehab/physiotherapist assistant under the direction of a physiotherapist.

We thank you for this opportunity to provide feedback and look forward to future dialogue and engagement in this process.

Sincerely,

A handwritten signature in black ink that reads "D. Sauvé".

Dorianne Sauvé
Chief Executive Officer