# DISCUSSION PAPER:

# OCCUPATIONAL THERAPY SERVICES FOR SCHOOL-AGED CHILDREN IN THE PROVINCE OF BRITISH COLUMBIA

Compiled and Respectfully Submitted by:
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# A DISCUSSION PAPER:
# OCCUPATIONAL THERAPY SERVICES FOR SCHOOL-AGED CHILDREN IN THE PROVINCE OF BRITISH COLUMBIA

Occupational therapists are primary health care providers who play a significant role in the lives of children with special needs. All children, regardless of the month in which their birthday falls or the community in which they live should have adequate and equitable access to therapy services in order to achieve their highest level of physical, cognitive and mental well-being.

There are a number of barriers to achieving adequate and equitable access to experienced occupational therapists in this Province. In some communities, there are recruitment and retention challenges impacted by wage disparities and/or the lack of full-time positions. In other situations, gaps in service may be related to unmanageable caseloads, local variations in services offered within Early Intervention and School-Aged Therapy, differences in funding levels and funding sources, and/or the lack of community therapists to provide private therapy.

Therapists and Managers involved with therapy services to children have expressed serious concerns regarding the limited resources for children, in particular, services to children of school age. In their October 2004 submission to the Government Standing Committee on Finance, the BCACDI recommended that funding for school based therapies in the K-12 education system be increased from $1.9 million to $10 million "so that therapists can provide actual intervention and remediation services as opposed to only consultation services". Therapists report that in many school districts the caseloads are too high to provide even a consultation service to many children referred to occupational therapy by their school-based teams for an OT assessment.

## *OCCUPATIONAL THERAPY SERVICES FOR SCHOOL-AGED CHILDREN HAVE BEEN CHRONICALLY UNDER-FUNDED AND HAVE EVOLVED AS A PATCHWORK OF SERVICES AND INITIATIVES*

Prior to 1992, therapy services for children between the ages of seven and nineteen varied greatly. Some children and youth received occupational therapy and/or physiotherapy through the school district, while other children received ongoing therapy from local Child Development Centres. Although some children and youth received therapy support through both these sources, others had no access to therapy services once they were discharged from the Early Intervention Program on their seventh birthday.

In some communities, children could receive up to 10 private physiotherapy treatments annually, funded through MSP. Private occupational therapy service was typically not available and OT was not covered by MSP. Child Development Centres often fundraised to supplement government funding for therapy and specialized equipment, resulting in children in some communities having greater access to therapy support.

### *THE SCHOOL-AGED THERAPY PROGRAM WAS LAUNCHED IN 1991/92*

The 1988 Royal Commission on Education led to the1989 ***Inter-Ministerial Protocols for the Provision of Support Services to Schools.*** These protocol agreements provided a framework for the launch of the School-Aged Therapy Program in 1991/92. This Provincial program was initiated to provide occupational therapy and physiotherapy to children, ages seven to nineteen, in the most appropriate setting. The program was to be multi-phased, with the initial phase to support integration and inclusion of the most challenged children into regular education settings. The 26 positions created for the initial phase were allocated based on the 1991/92 student enrolment figures. Funding for subsequent phases was intended to support children with less significant challenges, including those with physical disabilities, chronic health impairments, autism, fetal alcohol syndrome disorder, and fine motor delays. Although only the initial phase of this program was funded, in many school districts therapists were expected to provide the full array of services children required.

### *STAFFING LEVELS WERE DETERMINED BY THE MINISTRY OF HEALTH*

The School-Aged Therapy Program determined that 20% of the funding would be for physiotherapy and 80% would be for occupational therapy. This ratio was based on MSP coverage, and roles and responsibilities. Dual-trained therapists, who did both occupational therapy and physiotherapy, filled some of the school-aged therapy positions. Physiotherapists were required to be licensed by their College several years before occupational therapists were required to be registered with the College of Occupational Therapists of BC. This resulted in some dual-trained therapists not maintaining the necessary requirements to be registered occupational therapists. In addition, some school districts described these dual positions as physiotherapy, a health profession that can be easier for the public to understand. This has resulted in some positions that were intended to be occupational therapy being filled by registered physiotherapists. As these dual-trained therapists retire, it would be important to ensure the ratio of physiotherapy to occupational therapy is reviewed and reestablished.

The twenty-six therapy positions created for the initial phase were allocated based on the 1991/92 student enrolment figures. According to the protocol agreement, the Ministry of Health also provided funding for about 8 FTEs in the province to provide direct occupational therapy and physiotherapy (see Protocal Agreement). Details of how these 8 FTEs were distributed or which agencies received the funding is unknown to this author. Direct physiotherapy was also available through MSP, which was also funded by the Ministry of Health.

### *REGIONAL DIFFERENCES HAVE RESULTED IN INADEQUATE AND INEQUITABLE ACCESS TO THERAPY SERVICES*

When the School-Aged Therapy Program was launched, there were existing differences in the provision of therapy services to children ages seven to nineteen years of age. In some communities, therapists were employed by the local school districts. When the School-Aged Therapy Program was launched, agreements were reached to provide the ‘health’ funding to school districts and the school therapists’ roles were expanded to support children and youth in the home and community settings. In some communities,

Child Development Centres employed the therapists, with school districts providing the 'education' funding to also support children in the education setting.

In a few communities, agreements were reached for health units to provide this jointly funded program. In at least two communities, the school districts continued to employ a therapist for the 'education' portion and the CDC employed a therapist for the 'health' portion. The Ministry of Health funding was contingent on matching funds from the local school district. In some school districts, either through limited appreciation of the value of occupational therapy and physiotherapy or possibly the lack of available therapists or resources, the initial FTE for the OT and/or the PT was less than what had been calculated based on student enrolment in that school district.

***THE MINISTRY OF HEALTH DIRECTED AND COORDINATED THE SCHOOL-AGED THERAPY PROGRAM.***

With the launch of the School-Aged Therapy Program, continuity of care and consistency between environments was to be enhanced by integrating the community and school roles of the therapists. Program manuals and guidelines were developed by the Early Intervention Program of the Ministry of Health and workshops were held across the Province for therapists and Managers who would be implementing this new program. A Paediatric Rehab Consultant was employed by the Ministry of Health to coordinate service, develop resources and provide ongoing support to therapists and employers. The Ministries of Health and Education provided free workshops in a number of communities to build capacity at the local level for therapists new to the school system.

***CHANGES HAVE IMPACTED SIGNIFICANTLY ON THE PROVISION OF ADEQUATE AND EQUITABLE THERAPY SUPPORT***

Over the past ten years many changes have occurred which have impacted on occupational therapy support for school-aged children. The incidence of special needs children has increased significantly without a corresponding increase in School-Aged Therapy positions. The Ministry of Education provides school districts with supplemental funding for children designated as low incidence. Therapists typically support designated low incidence children with a dependent handicap, physical disability/chronic health impairment or autism.

According to Ministry of Education data, there has been a significant increase in the number of low incidence students since the funding levels were established in 1991/92.

| Year | Dependent Handicapped | Physical Disability | Autism |
|---|---|---|---|
| 1991/92 | 470 | 936 | 324 |
| 1996/97 | 739 | 2,237 | 649 |
| 2001/02 | 811 | 4,516 | 1,523 |

Therapists also have a role in children not designated as low incidence but who have fine motor delays, visual perceptual challenges or sensory challenges. Some school districts

recognize this role and provide funding in addition to the FTE described in the MCFD School-Aged Therapy contracts.

Despite the significant increase in the incidence of special needs children, the staffing level for the jointly funded occupational therapist has remained virtually unchanged since the FTE was determined in 1991/92. In some districts, the total student enrolment has also increased significantly, further impacting on adequate and equitable access to therapy support. As previously mentioned, although only the initial phase of the School-Aged Therapy Program has been funded, there is an expectation in many districts that occupational therapists will provide the full range of services that were intended to be offered when the additional phases were implemented.

***NOT ALL SCHOOL-AGED THERAPISTS SUPPORT CHILDREN IN THE HOME, SCHOOL AND COMMUNITY SETTINGS***

The School-Aged Therapy Program is jointly funded to provide occupational therapy and physiotherapy to children ages seven to nineteen in the most appropriate setting. Therapists implementing the program are jointly funded and typically employed by the School District or the Child Development Centre / Health Agency. Regional differences in the delivery of service indicate that in addition to a significant under-funding of the School-Aged Therapy Program, there may also be a lack of understanding and/or appreciation of the dual role of the therapists on the School-Aged Therapy Program.

As there has been a significant increase in workload with no corresponding increase in funding, local decisions have been made in order to address caseload management issues. Some school districts direct their therapist not to address the 'health' needs of the children, despite continuing to receive 'health' funding from MCFD. There is an indication that some school districts are requesting not to receive the MCFD portion of the funding. As the education and health aspects of the School-Aged Therapy Program are overlapping and intertwined, this request would indicate a lack of understanding of the roles and responsibilities of the therapist on the School-Aged Therapy Program.

As a child would likely have the same challenge in the home and school setting, it would not be practical to separate the two aspects of the jointly funded program. Two examples would be (1) Seating and positioning needs. Therapists need to prescribe appropriate medical equipment for both the home and school settings to provide adequate support and to ensure comfort and skin integrity. The recommended equipment or positioning would likely be applicable to both the school and home settings. (2) Feeding challenges. Children at risk for aspiration and/or reflux have the same challenges in the home and school setting. Positioning and safe feeding techniques recommended for one setting would also be recommended for the other setting.

***SIGNIFICANT DIFFERENCES EXIST BETWEEN SCHOOL DISTRICTS***

In many communities, the therapist on the School-Aged Therapy (SAT) Program is the only therapist providing support to children from school entry to age nineteen. The student enrolment in some school districts has been far greater since the staffing levels were determined in 1991/92. Some agencies also receive funding from the Ministry of

Health or through charitable donations to supplement the School-Aged Therapy Program. Some school districts supplement the School-Aged Therapy contracts, which enables the school therapist to support a broader range of children. This creates inequitable access to occupational therapy intervention based on the school district in which the child resides. In most communities, the funding does not provide sufficient resources to provide the therapy support described in the program manuals. Insufficient funding results in the need to reduce the scope of services provided, creating further discrepancies in access to occupational therapy services between districts.

Further regional differences occur when there are difficult to fill positions or when one-time grants are offered to only some agencies to address waitlists. When a position is difficult to fill, such as a physiotherapy position, the workload of the other team member, such as the occupational therapist, is significantly increased. In addition, there is no consistent method of determining caseloads and waitlists so when one-time grants become available, it could be difficult to determine a fair distribution of this supplemental funding. Some school therapists are not required to submit caseload statistics. Given the very limited resources in many school districts, some caseloads consist of only very challenged children and referrals for assessment of higher functioning students are not made and/or not accepted. This creates inconsistencies in determining and comparing caseloads between school districts.

***COMMUNITY CARE FOLLOWING DISCHARGE FROM ACUTE HOSPITAL***

Residents of British Columbia who require care following discharge from an acute care hospital typically receive support through the Ministry of Health's Home Care Program. Paediatric rehabilitation beds have recently been closed and children are returning to their home communities sooner to recuperate before returning to school. At one time the therapist working in the School-Aged Therapy Program may have provided this home support before return to school. In some communities there is an ongoing expectation that the school therapist will provide post-acute support before the child returns to school. With the limited funding and the significantly higher caseloads, it is no longer possible for the school therapist to provide this short-term direct support despite the benefit of continuity of care.

In some communities, Home Care therapists have been able to provide limited support to children following discharge from acute care and prior to their return to school. Some children have been able to receive up to 10 physiotherapy visits funded through MSP, but occupational therapy is not a service provided through the Medical Services Plan. As the school therapist is often familiar with the child and their family, continuity of care would be facilitated if the school therapist could provide this short-term direct, post-acute therapy. The school therapist can also address the child's broader equipment needs and facilitate their return to school. Many therapists working in Home Care do not have experience in paediatrics and may need to consult with the school therapist, who is often very familiar with that child and their family.

### *COORDINATION OF THERAPY IS IMPACTED BY THE FORMATION OF THE MINISTRY FOR CHILDREN AND FAMILIES*

When the Ministry for Children and Families was formed, the Early Intervention and School-Aged Therapy contracts were moved to this new Ministry. Although the MOH Paediatric Rehabilitation Consultant position was also shifted to the newly formed Ministry, this position was soon eliminated. The elimination of this position resulted in the loss of coordination and consistency of therapy services to school-aged children across the Province. The loss of the provincial consultant also resulted in the loss of resources, program development and support, particularly to therapists working in sole charge positions. The lack of support is a contributing factor in recruitment and retention of paediatric therapists.

The Ministry of Children and Family Development, the Ministry of Education and the Ministry of Health all provide funding for occupational therapy for school-aged children and yet there is no clear mechanism of communication and coordination of therapy services to school-aged children. Prior to the formation of the Ministry for Children and Families, policies and program development of the School-Aged Therapy Program was the responsibility of the Ministry of Health. The MOH Paediatric Rehabilitation Consultant consulted on all issues related to physiotherapy or occupational therapy for school-aged children. This consultant also communicated regularly with therapists working across the Province, facilitated professional development and developed resource packages to support therapists working in School-Aged Therapy.

The Ministry for Children and Family Development, in recognition of the significant challenges in recruiting and retaining paediatric therapists, created a new Paediatric Therapy Advisor position over a year ago. This therapy advisor is funded by the Ministry for Early Childhood Development and, as such, has been limited to issues regarding children 0 to 6 years. Therapists working with school-aged children do not have a therapy consultant at the Ministry level to contact for advice or to participate in policy development or new initiatives at the Ministry level. The majority of concerns brought forward to the Paediatric OT Council in the past year are related to the inadequacies, discrepancies and gaps in service for children of school age. A number of therapists with considerable experience in School-Aged Therapy have reported that they have recently resigned or are considering resigning, citing the lack of support and insufficient resources as a contributing factor. The loss of experienced therapists working in the public system will further diminish therapy services to school-aged children.

### *MINISTRY OF EDUCATION FUNDING FOR SPECIAL HEALTH SERVICES IS NO LONGER PROTECTED*

Until recently, the Ministry of Education provided targeted funding for occupational therapy, physiotherapy and speech-language pathology through special health services grants. The Ministry of Education recently changed its budget process, rolling the special health services grant (physiotherapy, occupational therapy and speech-language pathology) into the core education grant. This change allowed school districts to make local decisions with regards to the allocation of funding for therapy services. The roles and responsibilities of the school-aged therapists are typically not well understood by

decision-makers in the education system. Some therapists have reported recent reductions in staffing despite a continual and significant increase in the number of low incidence children in the school system.

The Ministry of Education provides supplemental grants to school districts for designated low incidence children. Children designated as hearing impaired must receive ongoing support from a teacher of the deaf and hard of hearing to be eligible for supplemental funding. A child designated as visually impaired must receive ongoing support from a teacher of the visually impaired to be eligible for supplemental funding. The Ministry of Education does not require ongoing support from a therapist for a child designated as dependent handicapped, physically disabled, or autistic to be eligible for supplemental funding, despite an expectation by many school districts that ongoing therapy support will be provided.

### *REGIONAL CHANGES IN EARLY INTERVENTION PROGRAMS CREATE INEQUITIES BETWEEN COMMUNITIES*

When the Ministry of Health - Child Development and Rehabilitation branch developed the School-Aged Therapy Program, it was intended to support children after they were discharged from Early Intervention Programs on their seventh birthday. Some communities began to transition children between programs once the child entered school. The January 1995 revision of the ***Program Guidelines: School-Aged Therapy Program – Occupational Therapy and Physiotherapy*** **and the December 1996** ***Transition Guide for Occupational Therapy and Physiotherapy Services: Preschool to School***, reflected this flexibility in transitioning between programs. Although in most communities, the school therapist is expected to provide therapy support once the child enters school, funding for the School-Aged Therapy Program was not increased to provide service to children under the age of seven.

Additional pressures on Early Intervention Programs have resulted in some local decisions to restrict eligibility for Early Intervention. In some communities, children are discharged from Early Intervention once they are eligible to enter school regardless if they enter. This has resulted in gaps in service for children not entering school the first year they are eligible. Some therapists indicate that some children with autism may not eligible for Early Intervention if they are receiving private therapy in the community. In some communities, private therapists are required to sign co-therapy agreements for children to continue to be eligible to receive therapy through the Early Intervention Program. This ineligibility for Early Intervention Therapy has also impacted on the difficult decision some parents have regarding whether to hold their child back for an additional year of preschool to better prepare them for school. Many parents are registering their child for Kindergarten despite believing an extra year of preschool would be beneficial. Some parents are electing to delay their child's entry into school regardless if their child will continue to receive Early Intervention.

These local differences regarding eligibility for Early Intervention results in discrepancies between communities and **discrimination based on the month in which a child's birthday falls**. Children whose birthday falls in January are eligible to receive direct

therapy for almost a full year longer than children whose birthday falls in December. In addition, children who might have benefited from an additional year of preschool and Early Intervention are less prepared for school and often require greater support when they enter school, thus placing a further burden on the limited resources for School-Aged Therapy.

***SOME CHILDREN ARE ELIGIBLE TO RECEIVE DIRECT ONGOING THERAPY***

Several years ago, funding for direct therapy became available through the MOH/MCFD At Home Program. Initially, the At Home Program – School-Aged Extended Therapies provided funding up to a total of $720 for all therapies (OT, PT and SLP). Private therapists could bill at a rate of $60 per hour. These Extended Therapies funds were later increased to enable eligible children to receive up to 24 one-hour treatments every 6 months for occupational therapy, physiotherapy and speech-language pathology.

Only children on the At Home Program – Medical Benefits are eligible to receive therapy treatments through the Extended Therapies funds. To qualify for the At Home Program (AHP), a child must be dependent in at least three of four areas of daily living (i.e., the functional skills related to washing, toileting, feeding and dressing). There are many children who require periodic or ongoing therapy who do not qualify for the At Home Program. These children might be eligible for 10 physiotherapy visits through MSP, but occupational therapy is not included as one of the supplementary health care benefits in the BC Medical Services Plan.

Access to the supplemental AHP funding is dependent on pre-approval from the At Home Program and the availability of therapists working in private practice. In many communities, there has been limited availability of private occupational therapists. The number of paediatric occupational therapists working in private practice has increased significantly as a result of ICBC and Autism funding, but these therapists typically have an interest in autism or case management, not an interest or experience in the challenges faced by children with significant physical challenges.

Private therapists offering direct therapy through At Home funding have reported that it has become more difficult to obtain approval for direct occupational therapy. It seems there might be a lack of understanding of the role of the occupational therapist by decision-makers involved in approving these supplemental therapy requests. Therapists have reported that a number of requests to provide direct occupational therapy not available through existing programs have not been approved. Some reasons given have included that the goal, such as independence in dressing or simple meal preparation, is not within the role of the occupational therapist.

***THE AT HOME BILLING RATE DOES NOT COVER COSTS***

There are other factors impacting on the availability of supplemental therapy through the AHP. The At Home Program - Extended Therapies allows therapists to bill $60.00 per hour for direct therapy only. As it does not cover other essential aspects of therapy, such as assessment, travel, communication or documentation, many therapists are unwilling to accept children funded through the At Home Program. A few agencies receive these

extended therapies funds and employ therapists to provide this direct service. Other agencies have indicated that they are unwilling to provide supplemental direct therapy funded through the At Home Program as, at $60.00 per hour, they would be operating at a loss. This results in funding being available to support children but therapists unavailable or unwilling to provide the necessary direct therapy. Private occupational therapists supporting children after a car accident or children with autism can bill at a significantly higher rate. As the demand for service is greater than the supply of private occupational therapists, these therapists may elect not to fill their limited after school treatment slots with children funded through the At Home Program.

***EXTENDED AUTISM FUNDING***

The Ministry for Children and Family Development has demonstrated its commitment to children with autism by providing funding for early intensive therapy and ongoing therapy after age six. This supplemental funding is available for children within the autism spectrum disorder to receive more intense therapy than what is available through the Early Intervention or School-Aged Therapy Programs. Despite this supplemental funding, some children with autism are unable to receive private occupational therapy in the home or community settings.

For children under age six, a behaviour consultant develops an individual behaviour plan, which describes the specific interventions recommended for that child. Apparently, this plan must include occupational therapy in order for parents to contract the services of an occupational therapist. Some parents and therapists have indicated that the role of occupational therapy in autism may not be appreciated and OT may not be included in the child's behaviour plan. In many communities, there is limited access to private occupational therapists with experience in autism. This limited access can result in children not being able to receive direct occupational therapy regardless if OT is included in the child's individual behaviour plan. Children over six must receive occupational therapy after school hours, which limits the number of treatment times available for direct therapy. This can result in school-aged children being unable to receive occupational therapy even when it is recommended and when there are private occupational therapists with experience in autism working in their community.

The availability of supplemental funding for children with autism has been beneficial in raising the profile and recognition of the valuable role occupational therapists have for children with autism. This increased appreciation of occupational therapists has further increased pressures on school therapists. Funding to support children with autism was apparently to be included in a future phase of the multi-phase School-Aged Therapy Program. When a child is receiving private therapy, collaboration between the school therapist and private therapist is essential to ensure consistency between environments and to enhance the school and home programs. Private therapists can bill for the additional time required for consultation, collaboration and team meetings, whereas additional funding has not been provided for the Early Intervention or School-Aged therapists to collaborate or meet these increased expectations.

### *GAPS IN SERVICE FOR SCHOOL-AGED CHILDREN*

Although the Province is to be commended for recognizing the benefit of supplemental funding for children with autism to receive more intense therapy, the provision of funding for one diagnostic group creates discrimination based on diagnosis as opposed to need. Many children with Fetal Alcohol Syndrome Disorder have similar needs to some children with autism but typically are unable to receive occupational therapy support either in the school or community settings. Children with Developmental Coordination Disorder, fine motor or visual perceptual difficulties benefit from occupational therapy, not only improving their skills and access to the curriculum, but also improving their confidence and self esteem.

Therapists working in acute care and tertiary programs have also identified gaps in occupational therapy service for children in their home communities. Areas identified include palliative care, rheumatology, post-acute, and short-term rehabilitation. Children who are considered palliative are eligible for the At Home Program. As previously mentioned, the availability of therapy through the At Home Program is dependent on pre-approval of the request for therapy, and the availability and interest of private occupational therapists to provide direct therapy at $60 per hour.

Therapists working in paediatric rheumatology at BCCH have expressed concerns regarding the lack of continuity of care in the community and schools. Intermittent service is required at school and the home as issues arise but the school therapists are typically too busy to see these relatively high functioning children. If time permitted, therapists on the School-Aged Therapy Program could support educators to plan appropriate modified PE programs and recommend adaptations to accommodate the child's specific needs. These modifications and adaptations would help reduce exacerbation of the child's condition in the home and school settings.

### *MORE TIME IS REQUIRED TO JUSTIFY MEDICAL EQUIPMENT*

Therapists are responsible for prescribing and justifying most medical equipment required for school-aged children. Therapists have reported that it has become more difficult to obtain approval for medical equipment purchases through the At Home Program – Medical Equipment program. Therapists are more often required to trial alternative options, obtain comparison quotes and to clarify the justification for the request. This lengthier process has significantly increased the time required to obtain the basic equipment children require for the home and school settings, further eroding the time school therapists have to address other aspects of the child's program.

In some communities, children are able to easily access seating and mobility clinics. Therapists in more rural communities may spend considerably more time addressing seating concerns and medical equipment prescriptions. Therapists in larger Centres may also have more support from rehabilitation technicians and rehabilitation assistants to support in the trial and provision of appropriate medical equipment. These therapists may also have ready access to an extensive loan cupboard of equipment purchased through charitable donations.

### *COMMUNITY LIVING RESTRUCTURING FUND*

The closure of rehabilitation and respite beds in Paediatric Centres resulted in the need to build capacity in communities to provide respite and ongoing care in local communities. On March 31, 2003, the Ministry of Children and Family Development approved and provided $20 million dollars for the Community Living Restructuring Fund. This fund was intended to provide grants to families and service providers to build capacity at the community level. Families and service providers could apply for grants to facilitate in the transition to this new Community Living Services structure. School-aged therapists are typically involved in recommending equipment and home renovations but many therapists were not informed when this fund was initiated. Therapists have recognized the value of this fund and would support its continuation, despite the time required to provide letters supporting the grant applications.

## SUMMARY

Occupational therapists are primary health care providers who play a significant role in the lives of children with special needs. All children, regardless of the month in which their birthday falls, their diagnosis or the community in they reside should have adequate and equitable access to therapy services in order to achieve their highest level of physical, cognitive and mental well-being. Therapists on the School-Aged Therapy Program typically monitor the most significantly challenged children from school entry to graduation, and are therefore able to support children in receiving timely and consistent primary health care.

Funding for occupational therapy is inadequate to meet the basic health needs of the children and youth of school age. The School-Aged Therapy Program was launched in 1991/92 and was to be multi-phased. Although only the initial phase was funded to support the integration of the most challenged children into regular education settings, there is often an expectation that therapists will provide the full range of services beneficial to school-aged children. Since the staffing levels were determined in 1991/92, the incidence of special needs children and the age and diversity of children is broader. In the first ten years, the number of dependent handicapped students doubled and the number of children with physical handicaps and autism increased five-fold and yet the staffing levels for school-aged therapists have remained unchanged.

Additional pressures on school-aged therapists include: recruitment and retention problems, increased difficulty obtaining approval for funding for medical equipment, the lack of community therapists to provide supplemental therapy and the closure of paediatric rehabilitation beds. The loss of the MOH/MCF Paediatric Rehabilitation Consultant position also resulted in the loss of coordination of services, advocacy at the Ministry level, consistency between communities, program development, policy decisions and accessible and affordable professional development opportunities. Although the Ministry for Children and Family Development has created a new Provincial Paediatric Therapy Advisor position, this consultant has been limited to addressing issues regarding therapy for children 0 to 6 years of age.

The loss of the Paediatric Rehabilitation Consultant also resulted in the lack of consistency in collecting, describing and reporting therapy caseloads and waitlists. Some districts have such limited funding that only referrals for the most severely impaired children with urgent health and safety needs are accepted. Some districts with higher funding levels are able to support a larger number of children with less significant challenges. Some therapists are not required or able to submit statistics on a regular basis. In February 2003 the Ministry for Children and Family Development conducted a survey of caseloads and waitlists of Early Intervention (0-5.9 years) and School-Aged Therapy (6.0 – 18.9 years) Programs across the Province. The results of the survey were not made available to the participants and, given the discrepancies in reporting, may not have fully reflected the caseloads and waitlists.

Changes in the Ministry of Education budget process resulted in the special health services grant being rolled into the student core grant. Although this change provides more flexibility for school districts to make local budget decisions, the roles and responsibilities of therapists are typically not well understood by decision-makers in the education system. Therapists are sometimes directed not to provide 'health' support despite the district receiving the MCFD funding. Some Districts are requesting not to receive the 'health' portion of the funding. As the role of the therapist in the school, home and community settings is intertwining and overlapping, it is not feasible to separate the 'health' and 'education' aspects of their program.

New funding initiatives indicate a strong commitment to enhancing services for special needs children, particularly in the education setting. To ensure adequate and equitable access to occupational therapy services across the Province, a comprehensive provincial review of therapy services to school-aged children must be completed. This review must include a consistent method of describing and reporting caseloads and waitlists, overall student enrolment figures, the number and categories of low incidence students, and the level and sources of all funding for staff and resources.

Compiled and respectfully submitted by:
Susan Stacey, Co-Chair
British Columbia Paediatric Occupational Therapy Council
March 29, 2005

# APPENDIX I

# JOINT PROTOCOL AGREEMENT
# FOR
# THE PROVISION OF
# OCCUPATIONAL THERAPY AND PHYSIOTHERAPY
# FOR SCHOOL-AGED CHILDREN

# AND

# INFORMATION CIRCULAR
# ISSUED JOINTLY
# BY THE
# MINISTRY OF HEALTH
# AND
# THE MINISTRY OF EDUCATION
# WHICH INCLUDES
# THE TOTAL OT/PT EQUIVALENTS
# FUNDED IN 1992

# PROTOCOL AGREEMENT

BETWEEN THE MINISTRIES OF:

Education and Health

**REGARDING THE FOLLOWING SERVICES:**

*Physiotherapy and Occupational Therapy*

I. Background

The determination of the need for physiotherapy and occupational therapy services is the responsibility of the Ministry of Health. Determination of the educational system's need for assistance is the responsibility of the Ministry of Education. Services include assessment, arranging and providing treatment if required, consultation, and monitoring.

When direct services of an occupational therapist/physiotherapist are required, either temporarily or long-term, the student's physician generally makes the referral to a community-based occupational therapist/ physiotherapist. These services would normally be carried out at times which would provide minimum disruption to the student's learning activities.

Schools require the assistance of occupational therapists and physiotherapists in school settings for those students for whom the absence of these services provides an impediment to learning. These services are primarily assessment, consultation for school staff, training of staff, monitoring and ongoing evaluation of students in classroom settings.

**II. Target population**

Students with physical or motor difficulties, or neurological problems which affect their physical or motor functioning.

III. Services to be provided

- Direct Services:
  - physiotherapy
  - occupational therapy

- Support Services:
  - consultation to school personnel
  - training of teachers and paraprofessionals
  - on-site demonstrations of routines in classrooms
  - on-site monitoring and evaluation of physical adjustment to classroom settings

IV. Obligations of each Ministry *Ministry of Health*

- The Ministry of Health will determine the need for physiotherapy and occupational therapy in school settings in consultation with the Ministry of Education. Physiotherapists and occupational therapists will carry out direct therapy using the setting and means least disruptive to the educational program. Assessment and consultation will be provided to schools upon request.

- The Ministry of Health will provide direct occupational therapy and physiotherapy services in designated Provincial Resource Programs (estimated 8 FTEs in the province) and arrange for the provision of contracted rehabilitation services required. Contract monitoring will be the responsibility of Ministry of Health rehabilitation personnel with tracking mechanisms to be developed through agreement with the Ministry of Education.

***Ministry of Education***

- The Ministry of Education will include funds in the Fiscal Framework to enable school boards to contract for the services of physiotherapists and occupational therapists to provide the following educational support services:

    - provision of assessment information;
    - consultation to school staff;
    - training paraprofessionals and/or teachers to carry out routines such as positioning, seating, feeding, or motor activities for optimal maintenance of the student in a classroom setting during the school day;
    - monitoring and ongoing evaluation of students in classroom settings.

- School boards will contract to the Ministry of Health for the provision of these services to schools whenever possible. Where the Ministry of Health is unable to provide these services, the school board may contract a certified occupational therapist or physiotherapist in private practice for the provision of these services. The Ministry of Health will set standards for contracted services.

**Approved and agreed to this tenth day of October, 1989.**

A.L. (Sandy Peel
Deputy Minister of Education

S.P. Dubas
Deputy Minister of Health

(Agreement signed by above Deputy Ministers)

**Re:** Protocol Agreement - Physiotherapy - Occupational Therapy

The attached Information Circular is being issued jointly by the Ministry of Education and the Ministry of Health.

Attachment

GEE:eeb A:\Protocol.Agr

Valerie Mitchell
Deputy Minister
Ministry of Education and
Ministry Responsible for
Multiculturalism and Human Rights

Douglas Allen
Deputy Minister
Ministry of Health and
Ministry Responsible
for Seniors

Superintendents of Schools:
Directors of Instruction (Special Education): Medical Health Officers/Directors: Continuing Care Administrators: Public Health Nursing Administrators:
Executive Directors, Child Development Centres:

Re: Protocol Agreement - Physiotherapy and Occupational Therapy between the Ministries of Education and Health

In support of the Protocol Agreement between the two Ministries, the Government of British Columbia has made funds available to the Ministry of Health to fund up to 26 Occupational Therapists and Physiotherapists to support the school system.

The Program is being resourced in school districts, through a collaborative approach via, in most instances, the nearest Child Development Centre (CDC). A list of CDCs and contact persons is attached. In areas of the Province where there are no CDCs within reasonable travelling distance, or in instances where no contact has been made to your school district by a CDC or Ministry of Health Speech and-Language Services and Early Intervention Programs staff, contact should be made with the Ministry of Health in Victoria. You may telephone Jeanne Faith at 387-2349, or Bradford Gee at 387-2451. Given the dual responsibilities contained within this Protocol, there is a need for a negotiated agreement between- health agencies and school districts before funds can be committed under this Program.

The major principles of the Occupational Therapy/Physiotherapy Program are as

follows: Therapy goals will be integrated into the child's daily and family

life. A collaborative program between parents, education staff and therapy

staff. This is a related service to support educational and life goals. The

goals of therapy in the school program must be educationally relevant.

The scope of practice includes all school-aged children, whether they attend school or not (e.g. at home or all independent schools).

The service would take place in the home, school, and/or community at large.

The range of intervention will include: direct (individual and group), indirect - (consultative or monitoring).

Necessary planning should take place to insure a smooth transition for the child from preschool to school, and from school to community.

.../2

Health funding for the Protocol will enable the development of up to 26 positions to support school-aged children. These positions have been allocated on a regional and school district basis, as determined by student enrolment figures. In order for positions to be developed, there will need to be a corresponding match of therapy resources by school districts.

For your further information, attached are two draft manuals that will provide a more complete description of the Program. These draft editions contain a response page located at the back of each manual. We welcome your comments in order that improvements can be made in the next editions.

It is anticipated that, where possible, a starting date and finalization of community plans will be accomplished early in the next school year, with negotiations underway in many communities at this time. Resources are being held for each School District, pending initial contact, the negotiation, and finalization of overall joint plans.

Planning is underway for broader discussion on this Program late this year, with a variety of groups involved in implementing and enhancing the Program.

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TOTAL OT/PT EQUIVALENTS FUNDED THROUGH EDUCATION AND HEALTH (50/50)

| **R E** G I O N | PT-FTE% | OT-FTE% | TOTAL FTE (OT/PT) |
|---|---|---|---|
| 1. Fernie, Cranbrook, Kimberley, Windermere | .2 | .8 | 1.0 |
| 2. Nelson, Castlegar, Arrow Lakes. Trail. Creston - Kaslo | .2 | 1.0 | 1.2 |
| 3. Grand Forks, Kettle Valley Southern Okanagan | .1 | .4 | .5 |
| 4. Penticton, Keremeos, Princeton | .12 | .5 | .6 |
| 5. Golden, Revelstoke, Armstrong Spallum, Vernon | .3 | 1.2 | 1.5 |
| 6. Central Okanagan, Summerland | .4 | 1.6 | 2.0 |
| 7. Kamloops, North Thompson, Shuswap | .4 | 1.6 | 2.0 |
| 8. **Cariboo-Chilcotin**, Quesnel | .4 | 1.6 | 2.0 |
| 9. Lillooet, South Cariboo, Merritt | .1 | .4 | .5 |
| 30.Hope, Chilliwack, Abbotsford, Agassiz - Harrison, Mission | .64 | 2.5 | 3.2 |
| I1.Langley | .34 | 1.3 | 1.7 |
| 12.Surrey | .8 | 3.6 | 4.4 |
| 13.Delta | .5 | 1.5 | 2.0 |
| 14.Richmond | .4 | 1.6 | 2.0 |
| 15.Vancouver | 1.0 | 4.2 | 5.2 |
| 16.New Westminster, Burnaby | .5 | 2.0 | 2.5 |
| 17.Maple Ridge | .2 | .8 | 1.0 |
| 18.Coquitlam | .5 | 2.0 | 2.5 |
| 19.North Vancouver, West Vancouver | .4 | 1.6 | 2.0 |
| 20.Sunshine Coast | .06 | .28 | .34 |
| 21.Powell River | .06 | .28 | .34 |
| 22.Howe Sound | .1 | .3 | .4 |
| 23.Central Coast, Queen Charlotte Prince Rupert | .1 | .4 | .5 |
| 24.Bulkley Valley, Burns Lake. Nisga'a | .1 | .4 | .5 |
| 25.Nechako, Prince George | .4 | 1.7 | 2.2 |
| 26.Peace River-South | .1 | .5 | .6 |
| 27.Peace River-North, Fort Nelson | .12 | .48 | .6 |
| 28.Greater Victoria, Sooke, Saanich, Gulf Islands | .8 | 3.2 | 4.0 |
| 29.Cowichan,. Lake Cowichan | .16 | .64 | .8 |
| 30.Nanaimo, Qualicum | .5 | 1.5 | 2.0 |
| 31.Alberni, Vancouver Island-West | .14 | .6 | .7 |
| 32.Courtenay, Campbell River | .3 | 1.2 | 1.5 |
| 33.Kitimat, Stikine, Terrace | .2 | .8 | 1.0 |
| 34.Vancouver Island-North | .1 | .4 | .5 |

# APPENDIX II

## EXCERPTS FROM

## THE SCHOOL-AGED THERAPY PROGRAM GUIDELINES APRIL 1992

## AND

## THE TRANSITION GUIDE FOR OCCUPATIONAL THERAPY AND PHYSIOTHERAPY SERVICES: PRESCHOOL TO SCHOOL DECEMBER 1996

# PROGRAM GUIDELINES: OT & PT WITH THE SCHOOL-AGED CHILD
# INTRODUCTION

## I. INTRODUCTION

It is now widely believed that access to a continuum of therapeutic services is required to assist individuals with special needs to achieve their goals at various stages throughout their lives. Occupational and physiotherapy service delivery in British Columbia has been well established in Early Intervention Programs and is now being extended to school-aged children and their families. The School-Aged Therapy Program has been designed to focus upon the developmental tasks and roles of children from seven to nineteen years. Therapists collaborate with families, with educators and with other professionals to provide services to school-aged children.

Ministerial Order 150/89 of the *School Act* maintains that "unless the educational needs of a handicapped student indicate that the student's educational program should be provided otherwise, a board shall provide that student with an educational program in classrooms where that student is integrated with other students who do not have handicaps". This statement indicates a commitment to providing learning environments, whenever possible, in mainstreamed settings, which facilitate the learning and enhance the self-concept of children with special needs. Individual differences and particular requirements must always be considered when planning educational programs for any child. However, it is the belief that all students are persons with distinct characteristics whose abilities and developmental differences represent a continuum of behavioural and cognitive skills that vary with the learning situation. Most children benefit from education in a regular classroom, preferably in their own neighbourhoods.

In *Year 2000: A Framework for Learning,* the Ministry of Education defines the principles which constitute the foundation of education in the province of British Columbia. Among the principles outlined in this document, is the conviction that "people learn in a variety of ways and at different rates". This implies that, ideally, educational programs should be capable of meeting the learning needs of all students. In a learner-focused curriculum, learning experiences and teaching methods are characterized by flexibility so that individual learning needs can be accommodated. This approach allows teachers to fulfil a wide variety of needs by adapting

equipment, by altering the pace of instruction and by utilizing specialized support services. The principle of individualized learning also implies that learning is continuous and that each student works towards learning outcomes at his own rate depending on individual differences. Because students cannot "fail" but, instead, are encouraged to progress at their own rates and are assessed in miscellaneous ways, this system is well prepared to meet the needs of a wide variety of learners.

**Although the province of British Columbia supports the contention that students with special needs should be integrated into mainstream classrooms, teachers often require assistance in discerning the best ways to meet the educational goals of children with a wide variety of needs. Teachers may also find it essential to acquire specialized skills to assist children with behavioural**
problems, communication disorders or with physical or mental disabilities to participate actively in the classroom. Parents and teachers may need assistance in determining the best educational settings for specific students so that their individual needs can be best accommodated.

For this reason, in the province of British Columbia, physiotherapists, occupational therapists and speech-language pathologists play a critical role in facilitating integration. The role of the therapist in the school is that of advisor and facilitator. Teachers and parents seek the expertise of therapists in assisting them to meet the educational needs of children with complex challenges and to integrate therapy goals with educational goals. Therapists must be prepared to consult, to assess and to evaluate, to teach skills, to suggest adaptations to equipment and to the environment and to support parents, teachers and administrators. Therapists also provide support and instruction to the teaching assistants who aid in the instructional program and to the nursing care coordinators who supervise the personal care given to students with special needs. Because therapists provide support services to teachers and to their assistants, their intervention should be viewed as having the potential to affect positively all of the students in the classroom.

It is evident that therapists must develop skills in many areas besides their therapeutic specialities. They must have a strong belief in meeting individual needs in educational settings and they must be able to do so, or direct others to do so, in a fashion which is least disruptive

for the child and for the educational program. They must have excellent team skills because it is by means of collaborative teams, comprised of parents, teachers, therapists and other professionals, that appropriate learning environments for individual children can be determined. Collaborative teams also create an Individual Educational Plan (IEP) for each student with special needs which identifies the priorities for educational programming based on the strengths and needs of the student and which defines who will deliver, monitor and review the student's educational program. Therapists must develop problem-solving skills so that, with other members of the team, they formulate plans that allow children to reach their potentials in an educational setting.

The *Inter-Ministerial Protocols for the Provision of Support Services to Schools,* established the framework for a collaborative approach between the Ministries of Education and of Health regarding therapy for school-aged children with special needs. The Early Intervention Program was given the task of developing the protocols further to reflect the following intentions regarding the School-Aged Therapy Program:

- that there be collaboration among parents, teachers and health care workers;
- that the transition of young people with special needs into and out of school be facilitated;
- that the School-Aged Therapy Program operate both in the schools and in other settings;
- that health care agencies be responsible for developing, delivering and monitoring service;
- that funding for the School-Aged Therapy Program be shared equally between the Ministries of Education and of Health.

Therapists who work for the School-Aged Therapy Program are committed to the individual child and family as well as to the larger issue of integration. They possess the expertise and experience upon which teachers, who may have had little or no previous experience with children with special needs, must rely. They can assist children and families requiring continuing intervention to prepare for and to make the transitions from other programs. They support school staff who are striving to meet the needs of all of the children in the province. It will be partly as a result of their dedication and expertise that students with special needs in British Columbia will become successfully integrated into educational and community settings.

**Province of British Columbia**
**Ministry of Health and**
**Ministry Responsible for Seniors**

**CHILD DEVELOPMENT AND REHABILITATION SECTION**

# *TRANSITION GUIDE FOR OCCUPATIONAL THERAPY AND PHYSIOTHERAPY SERVICES: PRESCHOOL TO SCHOOL*

**December 1996**

**Introduction**

Children and youth who require extra support encounter predictable transitions as they move from one developmental stage to another, as their needs for support change and as they change settings - home to child care, child care to elementary school, school to after-school programs, elementary school to high school, school to the community and the work place. Transitions require thoughtful planning. Children and youth should be prepared for transitions with understanding and sensitivity. It is essential that families be made aware of the importance of early transition planning. In family-centred programs, service providers collaborate with families in planning for all of the transitions which children and youth make.

## Transition Between the Child Development and Rehabilitation Program and the School-Aged Therapy Program

The purpose of this document is to support the transition of children who are currently receiving physiotherapy or occupational therapy services through the Child Development and Rehabilitation Program and who are eligible for these services through the School-Aged Therapy Program

School-aged means the age between the date on which a person is permitted to enroll in an educational program provided by a board and the end of the school year in which the person attains the age of nineteen years. Residents of British Columbia can enroll in an educational program provided by a board on the first school day of the year that he or she reaches five years. The School-Aged Therapy Program serves children from the time they enter school until the time they leave school. Transition planning for school entry should begin at least one year before a child enters school.

It is the position of the Ministries of Health and Education that most children who require extra support benefit from entry into the school system at the same age as their peers. Therefore, the Child Development and Rehabilitation Program in the Ministry of Health funds children in preschool programs only until school entrance age. In limited circumstances some children may be best served by continuing within the Child Development and Rehabilitation Program into their first school year(s). This can occur if the school therapist is unable to provide the service which the child requires within existing funding and the Child Development and Rehabilitation Program therapist is able to provide the

required service within existing funding. In these circumstances the following policies must be observed:

- a written plan is to be developed and agreed to by parents and therapists specifying the transition therapy that will be provided to the child and indicating when therapy will be reviewed or discontinued;
- the school therapist is to remain the primary therapist (serving as service manager for therapy);
- this arrangement is not to be continued beyond the child's seventh birthday.

Parents should also be aware that, in some areas of the province, school districts do not pay for an additional year of a preschool program for a child who needs extra support. Parents who are considering deferring the enrollment of their child should investigate whether or not the school district will pay, and, if not, whether the Ministry of Social Services may be able to cover the costs of the additional preschool year. It should be emphasized to parents that, given appropriate supports, most five year old children are ready for placement in school and most experience success there.

**In areas where an agency holds both the Child Development and Rehabilitation Program and the School-Aged Therapy Program contracts**, for the purpose of effecting a smooth transition for children, occupational therapists and physiotherapists funded through Ministry of Health contracts, will be considered to be flexible between the Child Development and Rehabilitation Program and the School-Aged Therapy Program. The contractor will be accountable for the amount of time assigned to each program and must be able to justify and report the distribution based on child need and program guidelines. Agencies cannot shift funding between disciplines without a written amendment to their contracts.

**In areas where the agency holds only the Child Development and Rehabilitation Program contract or the School-Aged Therapy Program contract**, each agency must collaborate in a general plan for transition for the children and families they serve. In most circumstances, for a child under the age of seven, who is not registered in a school, the therapy remains the responsibility of the agency holding the contract for the Child Development and Rehabilitation Program. In situations in which a child is registered in a school district, and the child is either attending the school, is being home-schooled or is being supported to remain in preschool by the School District, the therapy is the responsibility of the agency holding the School-Aged Therapy contract.

**December 1996**

# APPENDIX III

## EXCERPT FROM
## THE
## MINISTRY OF EDUCATION
## SPECIAL EDUCATON MANUAL
## DESCRIBING
## PHYSIOTHERAPY/OCCPATIONAL THERAPY

## AND

## MINISTRY OF EDUCATION
## NUMBERS OF
## LOW INCIDENCE STUDENTS
## GROUPED BY
## DESIGNATION

# Special Education Services: A Manual of Policies, Procedures and Guidelines

## Special Considerations: Services

## Physiotherapy/Occupational Therapy

## Purpose

Physiotherapy is a professional health discipline primarily directed toward the prevention and alleviation of movement dysfunction to promote maximal independence for the student in his/her home, school and community. Physiotherapists provide services to children with orthopedic, neurological, muscular, spinal, joint or sensory dysfunction. These services include assistance in physical positioning to promote optimal physical access, assistance in maximizing independence for students who have limited mobility, and prevention and alleviation of movement dysfunction. The services performed by a physiotherapist in schools may include screening, assessment, consultation, program planning, assistance in diagnosis, treatment, equipment selection/adaptation, administration, education and research.

Occupational therapy is a professional health discipline that utilizes the analysis and application of activities specifically related to performance in the areas of self-care, productivity, and leisure. In a school setting, occupational therapists work to promote, maintain, and develop the skills needed by students to be functional in a school setting. The services provided by the occupational therapist in schools may include assessment, consultation, program planning, assistance in diagnosis, treatment and equipment selection/adaptation.

## Description of services

Physical disabilities and developmental delays may be noted in students who have other special needs, but they can also occur in isolation. Not all students with physical disabilities or delays will require physical/occupational therapies or consultation, but all students with such conditions should be drawn to the attention of the appropriate community or school-based personnel. Information sharing, monitoring of needs or requests for health assessments and subsequent referral should be handled through the school-based team management process, to ensure that appropriate services are considered for every child.

A student's needs in the area of physiotherapy or occupational therapy services should be determined by the appropriate health professionals after reviewing reports, interviewing parents or guardians, observing and assessing the learner's needs, and consulting with education staff and/or appropriate medical

personnel.

Physiotherapists and occupational therapists are members of the student's educational team. Educators and therapists collaborate to optimize the student's physical functioning and to implement the student's therapeutic goals within all of the student's educational routines.

## Access to Physiotherapy/Occupational Therapy services

Information sharing, monitoring of student needs or requests for physiotherapy or occupational therapy assessments and subsequent referral should be handled through the school-based team management process, to ensure that appropriate services are considered for every child.

School boards should secure the services of an occupational therapist or physiotherapist for students when the absence of basic services provides an impediment to their learning in the school. These services may include:

- screening/assessment;
- consultation for school staff/families;
- training of staff to carry out routines such as positioning, seating, feeding or motor activities for optimal maintenance of students in classroom settings during the school day; and
- monitoring and ongoing evaluation of students in classroom settings.

The *Inter-Ministerial Protocols for the Provision of Support services to Schools (1989)* describes the agreed-upon relationship between the Ministries of Education and Health regarding physiotherapy and occupational therapy. The protocol for physiotherapists and occupational therapists states that the Ministry of Health is responsible for determining a child's needs for physiotherapy and occupational therapy services. The Ministry of Education is responsible for determining the educational system's needs for assistance from these disciplines. The protocol differentiates between "direct services" and "support services" in describing the responsibilities of each ministry, and describes preferred avenues for securing school-related occupational therapy and physiotherapy services.

When "direct" service (i.e. direct treatment) is required, either temporarily or long-term, the student's physician makes a referral to a community-based physiotherapist. This kind of service is considered to be a matter between health professionals and the family, and is beyond the realm of the school district's responsibility. Given the dual responsibilities contained within this protocol, there is a need for locally negotiated agreements between health agencies and school districts.

Funds are issued to school boards through supplemental funding for special needs to assist them in meeting their obligations.

The advice provided by health professionals and the routines established for students should be articulated in an Individual Education Plan which is monitored in a manner consistent with other aspects of the student's program. School districts should ensure that their policies and practices in the delivery of these services emphasize the collaborative nature of these services and clarify lines of authority and responsibility between and among classroom teachers, teacher assistants carrying out routines, and health professionals (occupational therapists and physiotherapists) who consult with and advise them. In those instances where students are enrolled in ongoing therapy programs,

communication links should be well established between health personnel, the student's home and school staff to ensure that consistency among environments is maintained and case management practices in all sites support each other.

Students with physical disabilities may require adaptations to facilities or provision of specialized equipment or technologies. The physiotherapist and occupational therapist will often be able to provide useful advice to school personnel in these matters.

## Personnel

Standards of training for physiotherapists are determined by the College of Physical Therapists of British Columbia, which has the authority to issue licences to qualified practitioners. Possession of a current licence is a requirement for practicing physiotherapists in British Columbia. Those who provide physiotherapy services in schools should meet standards established by the College of Physical Therapists of B.C.

Standards of training for occupational therapists are documented by the B.C. Society of Occupational Therapists. Occupational therapists who provide services to students on behalf of school districts in British Columbia should meet the standards for membership in this association.

Numbers of Low Incidence Students Funded

| Year | Dep H | d/Svr/Profo | Phys Dis | Vis Dis | Deaf/HH | Autism |
|---|---|---|---|---|---|---|
| 88-89 | 288 | 1,567 | 603 | 389 | 926 | 180 |
| 89-90 | 364 | 1,584 | 698 | 415 | 1,051 | 225 |
| 90-91 | 428 | 1,654 | 828 | 420 | 1,158 | 275 |
| 91-92 | 470 | 1,697 | 936 | 397 | 1,176 | 324 |
| 92-93 | 551 | 1,786 | 1,177 | 424 | 1,237 | 367 |
| 93-94 | 592 | 1,834 | 1,422 | 423 | 1,288 | 444 |
| 94-95 | 670 | 1,947 | 1,658 | 439 | 1,392 | 552 |
| 95-96 | 693 | 2,034 | 1,902 | 458 | 1,387 | 561 |
| 96-97 | 739 | 2,127 | 2,237 | 456 | 1,413 | 649 |
| 97-98 | 746 | 2,253 | 2,607 | 445 | 1,386 | 768 |
| 98-99 | 792 | 2,321 | 2,856 | 435 | 1,395 | 920 |
| 99-00 | 783 | 2,359 | 3,283 | 434 | 1,427 | 1,089 |
| 00-01 | 810 | 2,431 | 3,853: | 433 | 1,444 | 1,311 |
| 01-02 | 811 | 2,455 | 4,516 | 425 | 1,431 | 1,523 |
| 02-03 | 821 | 2,475 | 4,644 | 406 | 1,407 | 1,765 |

| Year | Vis Impmnt | Dep H | Autism | Deaf/HH | d/Svr/Profo | Phys Dis |
|---|---|---|---|---|---|---|
| 88-89 | 389 | 288 | 180 | 926 | 1,567 | 603 |
| 89-90 | 415 | 364 | 225 | 1,051 | 1,584 | 698 |
| 90-91 | 420 | 428 | 275 | 1,158 | 1,654 | 828 |
| 91-92 | 397 | 470 | 324 | 1,176 | 1,697 | 936 |
| 92-93 | 424 | 551 | 367 | 1,237 | 1,786 | 1,177 |
| 93-94 | 423 | 592 | 444 | 1,288 | 1,834 | 1,422 |
| 94-95 | 439 | 670 | 552 | 1,392 | 1,947 | 1,658 |
| 95-96 | 458 | 693 | 561 | 1,387 | 2,034 | 1,902 |
| 96-97 | 456 | 739 | 649 | 1,413 | 2,127 | 2,237 |
| 97-98 | 445 | 746 | 768 | 1,386 | 2,253 | 2,607 |
| 98-99 | 435 | 792 | 920 | 1,395 | 2,321 | 2,856 |
| 99-00 | 434 | 783 | 1,089. | 1,427 | 2,359 | 3,283 |
| 00-01 | 433 | 810 | 1,311 | 1,444 | 2,431 | 3,853 |
| 01-02 | 425 | 811 | 1,523 | 1,431 | 2,455 | 4,516 |
| 02-03 | 406 | 821 | 1,765 | 1,407 | 2,475 | 4,644 |

# APPENDIX IV

# AT HOME PROGRAM
# SCHOOL-AGED EXTENDED THERAPIES

# AND

# HOME AND COMMUNITY CARE
# ELIGIBILITY FOR SERVICES

## School-Aged Extended Therapies

For your convenience, a School-Aged Extended Therapies form is now available online.

The At Home Program provides physiotherapy, occupational therapy, speech language pathology, chiropractic and massage services for school-aged children, if the therapies are not available through existing programs (therapies available through MSP or the school districts).

Therapy services must be delivered by a qualified professional and must be pre-approved.

Therapies are provided to a maximum of 24 hours during a six month period.

Maximum fees:

- physiotherapy, occupational therapy, speech language pathology services **–** $60 per hour
- massage and chiropractic services **–** $40 per hour

To request extended therapies print a School-Aged Extended Therapies form (fill and print, or print only) and have the form completed by a health care professional (e.g., Occupational Therapist, Physical Therapist, Speech Language Pathologist, Chiropractor or Massage Therapist).

The therapist or health care professional must describe the functional outcomes or intended results of the therapy. For further information, therapists should refer to Writing Functional Outcomes - Guidelines for Therapists.
Fax the completed form to (250) 356-2159 or mail it to:
**Medical Benefits Program**
**Ministry of Children & Family Development**
**PO Box 9763 - STN PROV GOVT**
**Victoria BC V8W 9S5**
For further information call:
**1-888-613-3232**
**Note:** The guidelines and the request form are in PDF format and require Adobe Acrobat to view, fill and print.
**Other resources**
**Medical Services Plan** funds up to a combined total of 10 visits for chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry per calendar year when performed in British Columbia by a practitioner who is enrolled with MSP.
For further information visit: www.gov.bc.ca/healthservices/
or contact MSP at:
**Vancouver: (604) 683-7151**
**Victoria: (250) 386-7171**
**Toll-free: 1-800-663-7100**




## Eligibility for Services

To be eligible for services such as home care nursing or physiotherapy and occupational therapy, clients must:

- be a resident of British Columbia;
- be a Canadian Citizen or have permanent resident status*; and
- require care following discharge from an acute care hospital, care at home rather than hospitalization or care because of a terminal illness.

To be eligible for subsidized services, such as home support, assisted living, adult day care, case management, residential care services and/or palliative care services, clients must:

- be 19 years of age or older;
- have lived in British Columbia for the required period of time - contact the local health authority for up to date information;
- be a Canadian Citizen or have permanent resident status*; and
- be unable to function independently because of chronic, health-related problems or have been diagnosed by a doctor with an end-stage illness.

*Landed immigrant or are issued a Minister's permit approved by the Ministry of Health Services Medical Advisory Committee.

Copied from:
http://www.healthservices.gov.bc.ca/hcc/eligibility.html

# APPENDIX V

# PAEDIATRIC OCCUPATIONAL THERAPY COUNCIL OF BRITISH COLUMBIA TERMS OF REFERENCE

# AND

# DIRECTORY OF PROFESSIONAL OCCUPATIONAL THERAPY ASSOCIATIONS

**British Columbia Paediatric Occupational Therapy Council**

**TERMS OF REFERENCE**
***April 21, 2004***

The British Columbia Paediatric Occupational Therapy Council is comprised of Occupational Therapists who provide services to children from birth to 19 years of age. These include both publicly and privately funded services.

## 1.0 PURPOSE

- 1.1 To engage all Paediatric Occupational Therapists throughout British Columbia in discussions regarding the issues around the development and application of relevant policies, guidelines and standards directed by the ministries and governance authorities

- 1.2 To provide a provincial voice for paediatric occupational therapy in British Columbia

- 1.3 To act as an advisory body to the various government ministries, including but not limited to the Ministry of Children and Family Development, the Ministries of Health Services and Health Planning, and the Ministry of Education, either directly or through the Paediatric Advisor or Provincial Oversight Steering Committee, on issues which affect the delivery of Occupational Therapy services to children

- 1.4 To identify and communicate to the ministries and governance authorities concerns and emerging issues to promote and maintain optimal health, development and well being for children and their families who receive or are eligible to receive Occupational Therapy services.

- 1.5 To actively assist the ministries and governance authorities in the development of policy relating to Occupational Therapy services for children

- 1.6 To network with other professional organizations and consumer groups on issues of common concern

## 2.0 RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE OF THE BRITISH COLUMBIA PAEDIATRIC OCCUPATIONAL THERAPY COUNCIL

- 2.1 To provide information about paediatric Occupational Therapy issues, policies, practices, principles and standards to the ministries and governance authorities

- 2.2 To promote a clearer understanding, at the ministerial as well as regional levels, of the educational background, professional responsibilities, code of ethics and standards of practice that govern Occupational Therapists

- 2.3 To mobilize paediatric council members by formulating networks to address issues of priority in specific areas of paediatric practice

## 3.0 RESPONSIBILITY OF THE PAEDIATRIC COUNCIL MEMBERS

- 3.1 To provide their up-to-date contact information to their regional representative

- 3.2 To contact their regional representative to convey information about positive initiatives or issues of concern

- 3.3 To serve on subcommittees working to address specific priority issues

## 4.0 STRUCTURE

4.1 In order to fully represent the province, the Council Executive Committee must endeavour to have representation (at least 1 member) from both rural and urban areas, public and private practice, as well as from acute care, rehabilitation, early intervention, and school-age services.

4.2 The province will be divided into the following **macro regions** (to correspond to Health and MCFD regions):

- Vancouver Coastal
- Northern
- Fraser
- Interior
- Vancouver Island
- Provincial

- 4.3 Executive Committee: to include 2 representatives elected by each Macro Region of the province as defined above and Co-Chairs will be elected from this group. All members are eligible to become executive council members. A term in office is two years.

- 4.4 BCSOT will be represented on the Executive Committee by a member appointed by the BCSOT Board of Directors

- 4.5 Macro Regional committees: composed of all member Occupational Therapists in that region. *In some regions due to distance it may be desirable to divide into smaller areas **(Micro Regional Groups)**, which would then provide information and feedback to the larger Macro Regional Committee.*

- 4.6 Ex-officio members (non-voting members): Occupational Therapy representatives on the Steering Committee for the Provincial Paediatric Therapy Advisor, the College of Occupational Therapists of British Columbia, the Provincial Paediatric Therapy Advisor, the Ministry of Children and Family Development, Ministries of Health Services and Health Planning, and the Ministry of Education will all be represented by an appointed member from their respective ministry.

**DIRECTORY OF**
**PROFESSIONAL OCCUPATIONAL THERAPY ASSOCIATIONS**

## British Columbia Paediatric Occupational Therapy Council (POTC)

The British Columbia Paediatric Occupational Therapy Council is comprised of occupational therapists who provide services to children from birth to 19 years of age. These include both publicly and privately funded services.

The purpose of POTC is to identify and advise the ministries and governance authorities regarding concerns and emerging issues to promote and maintain optimal health, development and well being for children and their families who receive Occupational Therapy services. (Please refer to the attached Terms of Reference for details).

## British Columbia Pediatric Occupational Therapy Directors (DOT)

Purpose/Mandate of the Pediatric Occupational Therapy Directors:

- To represent and address pediatric OT issues including but not exclusive to:
  - Professional
  - Educational program development
  - Advocacy – key
  - Management in collaboration with OT council, College and BCSOT

Membership includes OT directors, site or section heads, sole charge and/or OT staff designated by their manager from agencies within the province who have pediatric programs. This will include but not be limited to CDC's, hospital sites, health boards and private practice. (Pediatric OT Directors Terms of Reference)

## College of Occupational Therapists of British Columbia (COTBC)

The COTBC is the governing body responsible for regulating the practice of occupational therapy in B.C. All occupational therapists who practice in B.C. must be registered members of the college. It is illegal to use the title "occupational therapist" without registration in the college.

The college operates under B.C.'s Health Professions Act and the Occupational Therapists Regulation. It is responsible for ensuring the safe, ethical, and competent practice of occupational therapy in B.C. (www.cotbc.org)

## British Columbia Society of Occupational Therapists (BCSOT)

The British Columbia Society of Occupational Therapists (BCSOT) is the provincial professional association representing occupational therapists in British Columbia.

BCSOT seeks to be the leader in enabling occupational therapists in BC to achieve excellence in practice and in promoting a healthy and vital profession in the province.

BCSOT promotes the profession in BC, represents members' interests to governments, educational institutions, other professions, business and the public, and supports the professional needs of occupational therapists in BC. (www.bcsot.org)

## Canadian Association of Occupational Therapists (CAOT)

The Canadian Association of Occupational Therapists provides services, products, events and networking opportunities to assist occupational therapists achieve excellence in their professional practice. In addition CAOT provides national leadership to actively develop and promote the client-centred profession of occupational therapy in Canada and internationally. (www.caot.ca)

## Canadian Occupational Therapy Foundation

Mission
The Canadian Occupational Therapy Foundation (COTF) is an organization incorporated to create and administer funds to support programs of a scientific, charitable or educational nature related to occupational therapy within Canada for the purpose of advancing the ability of occupational therapy to serve the people of Canada.

Goals

- To further research development in occupational therapy
- To encourage advanced study in occupational therapy
- To support the publication of occupational therapy literature
- To increase the Canadian public's knowledge and understanding of the value of occupational therapy in achievement and maintenance of optimal health and productivity

(www.cotfcanada.org)

# APPENDIX VI

# MINISTRY ANNOUNCEMENTS REGARDING INCREASED FUNDING FOR SPECIAL NEEDS CHLDREN

BRITISH
COLUMBIA

ACHIEvEBC
BRINGING OUT THE BEST

# NEWS RELEASE

For Immediate Release
2005BCED0006-000070
Jan. 31, 2005

Ministry of Education
Office of the Premier

## PROVINCE MAKES $150-MILLION INVESTMENT IN SCHOOLS

SURREY - Premier Gordon Campbell today announced the single largest increase in education funding for B.C.'s schools in a decade. Premier Campbell and Education Minister Tom Christensen said funding to schools will increase by $150 million next year.

The 2005/06 funding will be more than $4.025 billion - the highest ever - or an estimated $7,079 per student. Since 2000/01, education funding is up $863 per student, including the $328 increase per student resulting from the new funding. At the same time, public school enrolment has declined by 29,300 students since 2000/01.

"We have listened to the parents and teachers alike who have said we should add resources to critical education services," said Campbell. "With this additional funding, school boards have the money they need to plan for their student populations and enhance library services, music and arts programs, and special needs education."

The government will require that school boards work with educators, parents and school planning councils to provide a plan detailing how this **added** funding will be allocated. Those plans must ensure that every student has access to:

- School libraries and quality learning resources;
- Music and arts programs, which are known to enhance learning; and,
- Improved services to support every special needs student.

"B.C. is home to the best schools, teachers and students anywhere, and they all contribute to one of the best education systems in the world," said Campbell. "This is a direct investment in our students and, building on the additional funding of the last three years, will help ensure that we continue to give our children the best education possible.

"We made the commitment to school boards that they would know their funding allocations by February first of each year so they know where they stand, and we continue to meet that commitment," said Campbell.

"We told British Columbians that when we got our fiscal house in order and when B.C.'s economy was back on track there would be more money for education - and we're keeping that commitment," said Tom Christensen. "We expect districts to spend this funding wisely to make the biggest improvements in student achievement."

-more

BRITISH
COLUMBIA

BACKGROUNDER

**2005BCED0010-000137** Ministry of Education
Feb. 11, 2005

**MORE SUPPORT FOR STUDENTS WITH SPECIAL NEEDS**

## Special Equipment Grant

The equipment required to support the unique needs of students with special needs can be technologically advanced, or in the case of lifts, specially designed for one student. Following are examples of equipment that may be purchased with the special grant:

**Prone board -** a close-to-the-body support to keep the spine in position while standing. If the spine is not supported straight in standing then gravity will cause it to bend.

**Standing frames -** enables users to stand unattended comfortably and safely with secure, padded support areas.

**Braille writing aids -** includes manual or electric Braille writers, computers running Braille software that are attached to a Braille printer, as well as Braille copy machines.

**Sound field system -** helps listeners more clearly hear a presenter speaking regardless of the ambient noise, distance, or echo. The presenter wears a microphone that transmits the presentation to a receiver used by the student to hear the presentation as well as record it for future playback.

**$28 million increase in special education funding**

In 2005/06, the funding for levels 1, 2 and 3 will increase. These increases represent an overall estimated increase of $28 million, based on projected enrolment numbers for special needs students.

- Level l (dependent handicapped and deaf/blind) will be funded at $32,000 per FTE student - up $2,000 from the previous year.
- Level 2 (intellectually disabled, physically disabled, chronic health impaired, visually impaired, hearing impaired, autistic) funded at $16,000 per FTE student - up $1,000 from the previous year.
- Level 3 (intensive behaviour interventions, serious mental illness) funded at $8,000 per FTE student - up $2,000 from the previous year.

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Visit the Province's website at www.gov.bc.ca for online information and services.

BRITISH
COLUMBIA

ACHIEvEBC
*BRINGING OUT THE BEST*

# NEWS RELEASE

For Immediate Release
2005BCED0010-000137
Feb. 11, 2005

Ministry of Education

## PROVINCE TO DO MORE FOR STUDENTS WITH SPECIAL NEEDS

VICTORIA - The Province will provide an additional $3.7 million as part of a plan to increase support for students with special needs, Education Minister Tom Christensen said today.

"Government is committed to improving achievement for all students, including those with special needs," said Christensen. `By providing districts with additional support we are helping students with special needs achieve their best."

The four key components of the plan for supporting special education are:

- $1.5 million for students with special needs who either move from one district to another or who are identified after Sept. 30.
- $1.2 million for specialized speech equipment.
- $1 million for a range of special needs equipment.
- An annual report that monitors the progress of special needs students.

The plan builds on government's commitment in the throne speech to increase funding for special education students by a projected $28 million next year to nearly $260 million. Since 2001/02, special needs funding has increased by almost $75 million.

The Province will provide funding to school districts for any additional special needs students who have transferred into a district or who have been identified after the Sept. 30 enrolment report. Districts with a decline in special needs students since Sept. 30 will see no change in funding. The projected $1.5 million in additional funding will come from the Ministry of Education's 2004/05 budget.

The Province will provide Special Education Technology B.C. with $1.2 million from the current ministry budget to provide up to 110 young adults with speech generating devices. The technology allows the user to push a button and have the computer speak for the person. This equipment will be available for students who are either completing or have completed secondary school within the last four years to help them with their transition into adulthood.

School districts will also share a $1 million special equipment grant. The grant is provided to districts each year and may be used to provide extraordinary equipment such as lifting devices, Braille writers and closed caption machines to students with varying degrees of special needs. The $1 million in funding will come from the ministry's 2004/05 budget.

"This equipment will support the unique requirements of students with special needs and help increase their ability to learn," said Christensen.

An annual report called "Special Education Report - How Are We Doing?" will monitor student progress to help educators identify areas where students are succeeding and where more attention needs to be focused.

Premier Gordon Campbell recently announced a $150 million increase in funding for schools next year. The government will require school boards to work with educators, parents and school planning councils to provide a plan showing how the added funding will be allocated. The plan will also have to ensure there are improved services to support special needs students.

Since 2000-01, the Province has increased funding to B.C. public schools by more than $440 million: $305 million for district operating grants and $138 million for special, one-time grants. During the same period, enrolment has declined by more than 29,000 students.

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For information on AchieveBC, visit http://www.achievebc.ca online.

1 backgrounder(s) attached.

Visit the Province's website at www.gov.bc.ca for online information and services.

## http://www.bcbudget.gov.bc.ca/bfp/bgt2005_part1_tb_children.htm

# Children and Youth with Special Needs

It is estimated that up to 15 per cent of children in British Columbia (or approximately 200,000) have a developmental disability, mental health condition or learning disability. Of these children, approximately 25 per cent (or 52,000) have significant special needs that affect the child's functioning in their home, school and community.

These children and their families require significant medical, health, educational and social supports. Government currently spends over $500 million annually on various programs and services that support these children and their families. These programs and services are provided through three key ministries: Children and Family Development, Health Services, and Education.

*Budget 2005* allocates additional resources for programs and services for children and youth with special needs and their families. A key expectation that accompanies the increased funding is that service providers, regardless of which sector they are funded through, will work collaboratively with other providers in moving towards a more integrated system of service delivery.

By 2007/08, government will increase spending on programs and services for children and youth with special needs and their families by $134 million.

The additional funding will be used to:

Provide new and enhanced services for children who have developmental behavioural conditions including Fetal Alcohol Syndrome Disorder (FASD) by:

– facilitating the development of an integrated diagnosis and assessment capacity for these conditions, including FASD, building on the process developed for autism, using the Provincial Health Authority for centralized functions and the Health Authorities for the delivery of assessment services. This will improve the timely and reliable assessment and diagnosis for children affected by these conditions (up to 1,500 children are expected to be assessed by 2007/08); and

– providing new intervention and support services including cognitive behavioural intervention, positive behavioural support, and assistance to develop functional life skills and respite through community agencies and service providers (up to 1,000 children are expected to benefit by 2007/08).

Reduce waitlists in direct intervention services and key family support services, including:

– enhancing supported child development programs for children over 6 years of age (i.e. assessment, training and individualized specialized support to assist

children with special needs to participate in child care settings) to benefit up to an additional 250 children by 2007/08;

– an additional 2,500 children will access intervention and therapies (i.e. occupational therapy, physiotherapy, speech language pathology and behavioural intervention services) by 2007/08; and

– providing respite care for up to an additional 800 families by 2007/08 through direct funding and other contracted respite services.

Enhance specialized supports for children and youth with sensory impairment conditions or complex health needs for over 600 children by 2007/08, including:

– providing additional nursing assessment and consultation services for children with complex health needs;

– providing mobility orientation training for blind and deaf blind pre-school children; and

– providing interpreters and counseling services to assist deaf, deaf blind or blind youth transitioning to adulthood.

Enhance services to children and youth with special needs in the education system:

– increased funding for school boards to provide programs and supports for students with special needs;

– funding to recognize increased service levels needed when students enroll in a school district during a school year; and

– additional funding to enhance early intervention and inter-agency collaboration for students with complex needs.

These new funds will enable children with special needs and their families to have improved access to assessment, intervention and support when they are young and support their success in education programs when they are ready for school.

Government is committed to enhancing British Columbia's system of support for children with special needs by delivering services that are timely, of high quality and responsive to family needs.

# APPENDIX VII

## MCFD JOB POSTING
## FOR
## PROVINCIAL CONSULTANT FOR PAEDIATRIC THERAPIES

## AND

## MCFD JOB POSTING
## FOR
## CONSULTANT FOR CASELOAD
## AND
## WAITLIST MANAGEMENT
**Posted April 15, 2005**
**(Withdrawn)**

# EMPLOYMENT OPPORTUNITY
**DECEMBER 10, 2004**

**Position: Provincial Consultant for Paediatric Therapists (Occupational Therapists, Physiotherapists, and Speech-language Pathologists)**

The position of Provincial Consultant for Paediatric Therapists has been created to work under the direction of a Provincial Steering Committee representing paediatric therapists and government. This is part of an interdisciplinary approach to address issues in therapy services for children in British Columbia, particularly recruitment and retention of paediatric therapists. The Provincial Consultant will work with therapists, provincial therapy councils, service providers and stakeholders, consumers and the Ministry of Children and Family Development, using a collaborative consultation approach. The ultimate goal of this position is to make BC the place of choice for Paediatric Therapists and to significantly enhance therapy services available to children and families in BC.

**Role:**
The Provincial Consultant will be responsible to:

- Under direction of the Steering Committee, continue to develop and implement a workplan, focusing on provincial issues in paediatric therapy, particularly recruitment and retention in British Columbia
- Manage contracts that are specified in the workplan
- Assist government and regional authorities with recruitment and retention issues by identifying and advising on policy or practice guidelines for Early Intervention Therapies
- Maintain ongoing communication and meetings with MCFD personnel and other Provincial Consultants
- Collaborate with MCFD to highlight critical and emerging issues that effect paediatric therapists, and ultimately therapy services to children, in BC, and work towards resolution
- Link with professional councils for paediatric occupational therapists, physiotherapists and speech-language pathologists
- Facilitate partnerships with Provincial and National organizations, governments, Ministries, institutions, and other key stakeholders to address issues relating to paediatric therapy. Collaborate with First Nations stakeholders to inform and promote access to paediatric therapy services.
- Link with UBC School of Rehabilitation Sciences and School of Audiology and Speech Sciences, Sunnyhill Health Centre for Children, British Columbia Association for Child Development and Intervention, and relevant stakeholders
- Develop a provincial system to co-ordinate learning resources and opportunities for paediatric therapists

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**QUALIFICATIONS**
**Education**
Requirement:

- Bachelors degree in occupational therapy or physiotherapy

Preferred:

- Masters in leadership/administration, research, or education

**Experience**

Requirement:

- At least 5 years experience working in a leadership or advocacy role, and
- Experience working at a regional or provincial level in developing and implementing a strategic plan

Preferred:

- Experience working as a paediatric therapist in British Columbia

**Skills and Abilities**

- Collaborative consultation skills
- Multidisciplinary teamwork skills
- Leadership abilities
- Program development and evaluation skills
- Organizational and administrative abilities, including managing contracts
- Strong interpersonal skills
- Ability to address complex and multiple issues simultaneously
- Research and analysis skills
- Computer skills

**Knowledge**

- Knowledge of paediatric OT, PT, and SLP and Early Intervention programs (eg. Infant Development)
- Knowledge of provincial issues pertaining to paediatric therapy services in BC, particularly recruitment and retention of paediatric therapists
- Knowledge of evidence for effective recruitment and retention practices in paediatric therapies

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**Term:** Employment will commence in February 2005. Person must be willing to commit to minimum of one year or longer.

**Availability**: Person must be available and have flexibility to work an average of 3-4 days per week. Willingness to travel as part of the job, especially to attend meetings in the Lower Mainland or Victoria as required.

**Office location**: can be negotiated.

**Salary**: $50,000 - $65,000/year (dependent on negotiated hours of work), terms of payment and benefits negotiable. Experience and qualifications considered.

**Application Process**: Please send resume by mail or fax by noon Friday, January 28, 2004.

Attn: Steering Committee for Early Intervention Therapists
c/o Karen Simmons, Secretary
BC Centre For Ability Association
2805 Kingsway Ave
Vancouver BC  V5R 5H9  Fax:: 604 451-5651

Applications will be short-listed and, a panel interview process will be used, with final approval of successful candidate from the Provincial Steering Committee.

Requests for further information or to speak to a Steering Committee representative contact:  Karen Simmons, Secretary, Centre for Ability: 604-451-5511 #276

**Contract Employment Opportunity**
**Request for Proposals**
**April 15, 2004**

**Position: Consultant for caseload and waitlist management project**

The Provincial Steering Committee representing paediatric therapists and government requires a self-motivated individual who has the ability to work independently and work collaboratively with the Provincial Consultant for Paediatric Therapists (OT, PT, SLP).

This position will be focused on completion of Objective 2 of the workplan (full workplan can be viewed at www3.telus.net/paedtherapists/), specifically to:

**Promote manageable workloads by developing guidelines for caseloads and waitlists, and develop a common language to describe these.**

Goal for the year (2003-2004): This person's job will be to develop valid measure for tracking caseloads and waitlists using common, consistent language.

**Competencies:**
- Literature searching of health and social science literature and critical appraisal
- Therapeutic background (OT, PT or SLP) preferred; paediatric experience not essential - Experience in selecting or developing valid and reliable tools, then adapting them as needed
- Holistic understanding of therapeutic services in the province within the political context
- Able to think broadly enough to understand needs of all three therapies
- Program evaluation and management experience
- Good listening skills, collaborative skills – able to pull diverse bits of information into meaningful/objective data (able to synthesize information)
- Understanding of the difficulty and the importance of measuring and tracking flexible service delivery
- Possibility that this person could supervise (an) assistant(s) to gather, analyze and translate into user-friendly data
- Possibility of connecting this project with the waitlist management project currently happening at Centre for Ability (potential collaboration)

**Deliverables:**

1. Literature review for tools on caseload measurement and tracking caseloads currently in use nationally and internationally. Summary of definitions, critical appraisal of tools for access management/caseload management/waitlists, summary of indicators.
2. Review and summary of related initiatives (e.g., Centre for Ability waitlist management project, Sunny Hill access management project, Priority of Intervention tools, etc.) on a local, national and international level.
3. Propose system for tracking and reporting waitlist and caseload information and indicators provincially.

This work will be the initial phase of project which will lead to additional steps in the future, to include:

4. Develop/modify pilot tool
5. Test pilot tool
6. Evaluate tool and reassess

**Start Date:** ASAP

**Completion Date for Deliverables 1 to 3:** October 14, 2004

**Funding Source:**

A contract will be drawn up between the successful bidder and steering committee for paediatric therapists. Funds for this work have been made available through the Ministry of Child and Family Development.

**Application Process:** All proposals to be sent by mail or fax by May 15, 2004 to:

Attn: Steering Committee for Paediatric Therapists
c/o Jennifer Sweeney, Provincial Consultant for Paediatric Therapists
3644 Slocan Street
Vancouver, BC V5M 3E8 Fax: 604-453-8309

**For more information, contact:**

Jennifer Sweeney
paedtherapists@telus.net
604-453-8307