

**Towards Sustainable
Speech-Language Services
for Alberta's Children and Youth:**

**A review of Speech-Language Services in Alberta
Final Report for Deputy Ministers
July 6, 2005**



**Alberta
Children and
Youth
Initiative**

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Executive Summary

Imagine not being able to ask if you can play with other children, not being able to tell someone you have been hurt, not being able to speak fluently without stuttering and being embarrassed, or not being able to retell a story in your classroom. Imagine living in a world where you are not able to comprehend directions such as printing your name.

The ability to communicate is critical to the quality of life for children and youth. Communication skills have a profound impact on the social, emotional and cognitive development and well-being of every child and youth.

The literature indicates that there is a median prevalence rate of 6 per cent of the population of children and youth who have primary speech-language disorders. These children and youth may have experiences similar to those described above. Applying the 6 per cent rate to the total number of Alberta children and youth from birth to 17 years of age could mean that over 40,000 children and youth require speech-language services.

The literature review also concluded that primary or secondary speech or language delays or disorders can have considerable negative effects on school achievement and can be associated with social, emotional and behavioural problems. The benefits of speech-language services with both preschool-aged and school-aged children and youth include positive impacts on literacy, written language skills, socialization and the ability to follow classroom routines.

Over the past several years, concerns have been expressed by parents, service providers and other caregivers that speech-language services have not met the growing or current demand for services for children and youth in Alberta. Concerns have been expressed over increasing demand for services, shortages of speech-language pathologists and speech-language pathologist assistants to work with children and youth, and a lack of coordinated speech-language services in Alberta.

The Review

In the spring of 2004, a cross-ministry Working Committee and a cross-sector stakeholder Advisory Committee were struck to identify issues related to speech-language service delivery, and to gather current information from providers, provincial ministries, regional partners, stakeholders and communities. The Advisory Committee included representatives from school authorities, regional health authorities, child

and family services authorities, student health partnerships, the speech-language profession and post-secondary institutions, as well as individuals who bring Aboriginal and parental perspectives.

By drawing on the best available evidence, knowledge and experience, the review examined the strengths and challenges related to access, delivery and coordination of speech-language services, as well as the availability of speech-language professionals and paraprofessionals (such as communication assistants and speech-language pathologist assistants).

The review included a comprehensive literature review of service delivery models, components of service delivery, workforce considerations and environmental factors. A Pan-Canadian survey was conducted with eighteen representatives of ministries of health, education and children's services in all ten Canadian provinces and three territories to identify issues related to the delivery of speech-language services for children and youth. Finally, service inventories were sent to student health partnerships, Regional Education Consulting Services, school authorities, regional health authorities, and child and family services authorities to obtain information on existing speech-language services in Alberta. Matters related to policy, service delivery and funding were also examined.

Focus groups were held across the province with stakeholder groups to share findings of the review, facilitate awareness and understanding of the draft strategic approach, and obtain input regarding implementation of the strategic approach.

Highlights of the Strategic Approach

The strategic approach is based on the findings of this review and aims to create a system that better meets the speech-language needs of Alberta's children and youth, and their families.

Issue: Coordinated Speech-Language Services

Key Findings:

- In Alberta, speech-language services for children and youth are primarily delivered by service providers employed by regional health authorities and educational organizations.
- The responsibility for determining priorities for speech-language services has been delegated to regional authorities, which has resulted in issues of coordination, duplication and gaps in services.
- The literature identified that the main barriers to collaboration are time and differing priorities, while Alberta inventories identified service inconsistencies, lack of coordination and fragmentation of services as barriers to collaboration.

Highlights for Action:

- Develop cross-sector guidelines for planning and delivery of speech-language services for children and youth.
- Develop a cross-sector plan at the regional level for coordinating speech-language services for children and youth.
- Ensure that planning for transitions is incorporated into integrated services plans for children and youth with speech-language needs, including the transition to adulthood.

Issue: Speech-Language Service Delivery

Key Findings:

- The literature identified seven models for delivery of school-based speech-language services: collaborative/consultation, classroom-based/integrated, pullout, self-contained, community-based, monitoring and combination).
- Surveys of practice patterns suggest that Canadian Speech-Language Pathologists (SLPs) mostly use either consultative (indirect) or traditional pullout models (direct individual or group treatment) over SLP/teacher collaborative models.
- There is currently an international trend away from traditional pullout services toward collaborative and integrated models of delivery.
- There is evidence that trained parents are effective interveners with children and youth with language difficulties.

Highlights for Action:

- Provide information about the various interventions that would be appropriate for children and youth with speech-language needs.
- Work with families, the school community and other groups to identify opportunities and provide strategies for language development, remediation and enrichment.

Issue: Demand for Speech-Language Services

Key Findings:

- Approximately three-quarters of all respondent organizations providing speech-language services in Alberta reported that they have children waiting to receive speech-language services. This finding is congruent with the findings of the literature review.
- Eight of the ten provinces reported that the demand for speech-language services exceeds the resources available.

Highlights for Action:

- Develop a coordinated approach to address the demand for speech-language services.
- Encourage and support provincial, regional and local activities that promote the healthy development of children and youth, and address the demand for speech-language services.
- Encourage the provision of language-rich environments for children and youth.
- Increase public awareness of strategies to support the development of speech-language skills in children, including early identification and intervention.

Issue: Workforce/Supply of Speech-Language Pathologists and Speech-Language Pathologist Assistants

Key Findings:

- There are over 750 speech-language pathologists currently registered with the Alberta College of Speech-Language Pathologists and Audiologists. These individuals provide assessment or treatment for speech and language disorders to over 38,000 Albertans annually in Alberta hospitals, health units, schools and private practices.
- The demand for speech-language services exceeds the supply of speech-language pathologists (SLPs) and speech-language pathologist assistants (SLPAs) 75 per cent of the employer organizations providing direct services (e.g., regional health authorities, school authorities, etc) have children waiting to receive speech-language services.
- The supply of speech-language pathologists is an issue. Employer organizations reported 48 vacant positions for speech-language pathologists. The only institution in Alberta with a Masters level program in Speech-Language Pathology is the University of Alberta. The U of A graduates 40 speech-language pathologists every year.
- There are a few institutions across the country that offers a formal two-year diploma program for speech-language pathologist assistants. Both Grant MacEwan and Medicine Hat College offer a second year concentration/specialization within an existing program (Therapist Assistant) focused on speech-language.

Highlights for Action:

- Develop a five- to ten-year workforce forecast for speech-language pathologists and speech-language pathologist assistants.
- Develop a coordinated plan for a continuum of education preparation and professional development for speech-language service providers.
- Develop a plan to address the disparity between urban and rural speech-language training and service provision.

- Clarify roles and responsibilities of speech-language service providers and investigate models of speech-language service delivery that incorporate different levels of service providers.

Issue: Recruitment and Retention of Speech-Language Pathologists and Speech-Language Pathologist Assistants

Key Findings:

- Alberta continues to experience challenges in recruiting and retaining speech-language pathologists and speech-language pathologist assistants, especially in rural and remote areas.
- Across Canada, governments and regional authorities are implementing strategies to recruit, support and provide ongoing professional development for speech-language pathologists and speech-language pathologist assistants.

Highlights for Action:

- Develop and implement a coordinated retention and recruitment plan.
- Identify best practices in recruitment and retention, and disseminate to service providers.

Issue: Alternative and/or Augmentative Communication Devices, Other Specialized Equipment and Technology for Providing Services

Key Findings:

- The use of technology to facilitate the provision of speech-language services has received increasing attention in the literature in recent years.
- There is a need for professional support and training to use and maintain equipment and technology.

Highlights for Action:

- Develop a coordinated approach to the provision of augmentative communication devices, and other specialized equipment and technology.
- Develop guidelines for accessing specialized equipment and technology.

Issue: Research Continuum on Speech-Language

Key Findings:

- There is limited evidence-based research on the effectiveness of different service delivery models and the appropriate use of these models.

- There is a need to explore alternative service delivery models and use evidence-based practice, applied research projects and outcome measures to determine the efficacy of those models.
- Collaborative models need to be developed that involve parents, teachers, paraprofessionals and speech-language pathologists working together to deliver services.

Highlights for Action:

- Encourage collaboration among academics, practitioners, regional authorities and government representatives to collect, conduct, compile and disseminate research on speech-language services.
- Develop a provincial research agenda for speech-language services and encourage those providing speech-language services to use research to inform practice.

Recommendations for Next Steps

- To ensure success and achieve the goals of the strategic approach outlined in this report, all partnering ministries, regional and local authorities and stakeholders will need to work together to implement the strategies identified.
- Timely implementation of the goals and strategies will help to ensure the best possible services for children and youth with speech-language needs.
- Ministries, regional authorities and service providers will require regular updates on the implementation of the strategic approach.

Summary

Working together to enhance speech-language services for children and youth in Alberta, we can achieve what no single ministry, sector or stakeholder can.

We can ensure that Alberta's children and youth are able to say their own names, tell us when they are happy, hungry or in pain, and communicate with their families, friends and teachers. In doing so, we will have a positive impact on literacy, written language skills, and socialization skills for Alberta's children and youth.

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1.0 Introduction

This report outlines the current status of speech-language services in Alberta and across Canada, and then sets out a strategic approach that will enable Alberta to improve access, provide a more coordinated and integrated service delivery approach, and contribute to the long-term sustainability of speech-language services in the province.

One of the first of its kind in Alberta, this report may be viewed as a baseline for comparison of services in future years as policies and programs evolve. Moving forward is expected to have positive impacts on Alberta's children and youth and their families.

This report is divided into five key sections.

- **Introduction:** This section provides information on the background, scope and focus of the review, identifies the speech-language workforce and describes speech-language services in Alberta (pages 11-18).
- **Review Process:** This section outlines the process used by the Working and Advisory Committees to complete the review (pages 19-21).
- **Review Findings Related to the Seven Strategic Issues:** This section identifies each of the issues, what we heard from stakeholders and findings from each of the components of the review (pages 22-36).
- **Summary of Focus Group Sessions:** This section outlines the common themes from the focus group sessions that were held across the province to share findings of the review and obtain input regarding implementation of the strategic approach (pages 37-38).
- **Strategic Approach:** This section includes the vision, principles, goals and strategies that make up the strategic approach developed to enhance speech-language services for children and youth in Alberta (pages 39-44).

1.1 Review Requested

On July 21, 2003, the Ministers of Alberta Learning, Alberta Health and Wellness, and Alberta Children's Services requested a review of the Student Health Initiative service delivery model with a view to making it sustainable into the future. From this initial review, it was recommended that development of an approach to speech-language services be one of the 2004-2005 priorities for the Alberta Children and Youth Initiative.

1.2 Background to the Review

A strategic approach is required to address issues related to speech-language services for children and youth in Alberta. A review of speech-language services was conducted by a cross-ministry Working Committee with advice and expertise from a cross-sector Advisory Committee of service providers, provincial ministries, regional authorities, stakeholders, parents and Aboriginal representatives.

The purpose of the review was to determine what services are currently available, identify existing strengths and challenges, and recommend how government and stakeholders can best respond to these challenges.

1.3 Scope of the Review

By drawing on the best available evidence, knowledge and experience, the review examined the strengths and challenges related to access, delivery and coordination of speech-language services, as well as the availability of speech-language professionals and paraprofessionals (such as communication assistants and speech-language pathologist assistants).

The review included a comprehensive literature review, an issues validation process with stakeholders, an inventory of services in Alberta and a survey of other Canadian jurisdictions. Matters related to policy, service delivery and funding were also examined.

1.4 Focus of the Review

The focus of the review was on community-based speech-language services for children and youth aged 0-18 years including the transitions occurring from preschool to school, and 18+ to adulthood. The purpose was to identify strategies that will contribute to the short-, intermediate- and long-term sustainability of speech-language services for children and youth.

Once the evidence, knowledge and information related to speech-language services was gathered, the Advisory and Working Committees synthesized the material, identified strategic issues, and proposed goals and strategies to enhance the delivery of speech-language services for children and youth in Alberta.

This report considers access, delivery and coordination of services, and examines the availability of speech-language pathologists (SLPs) and speech-language pathologist (SLP) assistants provincially and nationally.

1.5 Speech-Language Workforce

Speech-language services are delivered by a broad cross-section of people including parents, teachers, SLPs, teacher assistants and SLP assistants.

Two key service providers are:

- **speech-language pathologists**, health care professionals with clinical training and educational background in speech production, language understanding and expression, stuttering, voice health, and swallowing disorders. They assess all kinds of communication difficulties as well as feeding and swallowing difficulties. They provide treatment and consultation to individuals of all ages. They are regulated through the Alberta College of Speech-Language Pathologists and Audiologists.
- **speech-language pathologist assistants**, sometimes referred to as paraprofessionals or communication assistants. The SLP assistant role is to implement strategies recommended by SLPs. Most paraprofessionals are trained on the job, although there are a limited number of college-level programs that graduate formally-educated speech-language pathologist assistants.

1.6 Speech-Language Services in Alberta

History

Speech-language services in Alberta were historically provided by schools, hospitals, health units and some social services agencies through discretionary funds. There was an ongoing issue of higher demand for services than there were resources for both school boards and health unit boards.

In some areas of Alberta, school-aged children had little or no access to speech-language services. In the mid-1980s, an interdepartmental committee was struck with representation from six ministries, including Education, Hospitals and Medical Care, Community and Occupational Health, Social Services, Solicitor General, and Advanced Education. The committee worked together on identifying alternatives which were intended to accomplish several goals: coordinate speech-language services, decrease service inequities, provide a means for allocating funds specifically to speech-language services and allow local communities input into the type of services provided in their area.

In October 1988, the Ministers of Health and Education announced that speech-language pathology services would come under the mandate of Alberta Health with the following exceptions:

- specialized educational assessment and consultation services provided by Alberta Education
- services to residents of social services institutions.

With the announcement, additional funding of \$6.9 million was targeted at school-aged children, which brought the total funding for provincial speech-language services to \$10.4 million.

The services were then coordinated and funded through Alberta Health, which was responsible for setting program standards and policies. The services were provided through local public health units to preschool and school-aged children (not involved with specialized education or hospital-based services) and to non-institutionalized adults living in the community. To a lesser extent, hospitals and other institutions would continue to provide speech-language services to inpatients and for specific outpatient multidisciplinary care. School authorities continued to have the choice of providing services that supported students in their educational program, including the provision of speech-language services.

In 1994, the Alberta government organized the health system into 17 Regional Health Authorities (RHAs). The responsibilities for program administration and funding allocation were transferred to health regions with initial planning guidelines outlined in the document *Core Health Services of Alberta*.

The Community Rehabilitation Program (CRP) was implemented in 1995 and included five rehabilitation disciplines: audiology, occupational therapy, physical therapy, speech-language pathology and respiratory therapy. Each regional CRP became responsible for administering the program and managing costs for providing community-based rehabilitation services to residents of all ages. Speech-language services for children in schools continued to be provided as a unique part of the community-based rehabilitation services. For those speech-language services delivered in hospitals, long-term care or home-care programs, different regional funding arrangements were in place.

Funding and Service Delivery Today

Speech-language services in Alberta are currently funded by the ministries of Alberta Health and Wellness, Alberta Education and Alberta Children's Services. Administration of services, including decisions related to priorities, planning and allocation of resources is handled by the local authorities.

Alberta Health and Wellness

Although organizational changes have occurred in RHAs since 1994, the majority of speech-language services for children and youth continue to be administered under regional health authorities today.

RHAs receive global funding, based on a population funding formula, for most health services. Funding is allocated to RHAs on a population basis, according to age, gender and socio-economic characteristics. Variations in funding occur based on the population size, different mix of population characteristics and on the availability of health care services in the region.

In turn, RHAs have a planning and prioritization process for allocating funds for the services provided in hospitals, home-care and community settings. Speech-language services are allocated resources through any or all of these three service areas. Given that most speech-language services are delivered in the community setting, level of funding is determined through a process of prioritization and planning in the community health services divisions of RHAs. Resources for community speech-language services are further allocated according to priorities determined by the speech-language program, considering factors such as service to all age groups, targeted programs and available workforce.

Alberta Education

Alberta Education provides funding to school authorities to meet the education needs of students. Decisions about staffing, resources and the allocation of funding are made by the school board or private school. School authorities have the flexibility to determine how the funds should be spent and, by pooling funds, they provide students with special education needs with appropriate programming. Some students will require extensive supports and services while others will require less. It is up to the school authority to determine if resources will be allocated for speech-language services for students with disabilities.

- **Early Childhood Services Children with Severe Disabilities**

Alberta Education makes available Program Unit Funding (PUF) to ensure that a child with a severe disability where language is a component can participate in an early education program that provides appropriate preschool and support services prior to entering Grade 1. Program Unit Funding is made available to approved Early Childhood Services (ECS) operators for education programs for children with severe disabilities/delays. This funding is designed to provide educationally relevant supports and services that would not normally be available in the ECS classroom.

- **Grades 1 to 12 Students with Severe Disabilities**

Alberta Education provides funding to support the development and implementation of educational programming for students with severe disabilities. Funding for students with severe disabilities in school jurisdictions is based on the established jurisdiction profile. Funding for students with severe disabilities in private schools, designated special education private schools and charter schools continues to be based on the review of eligibility documentation on an individual student basis.

- **Regional Educational Consulting Services**

Funding is provided to designated school jurisdictions to provide school authorities with access to subsidized educational consulting services for children and students with severe learning needs. School authorities may access Regional Educational Consulting Services (RECS) for funded students and funded children assessed and identified by the school authority as meeting the criteria for one of the Alberta Education exceptional student categories and requiring the support of a multidisciplinary educational support team. Teams are located in Grande Prairie, Edmonton and Calgary, with sub-offices in Red Deer and Lethbridge.

Le Réseau provincial d'adaptation scolaire has a unique mandate, granted to it by Alberta Education, that expands service delivery to Francophone students with mild/moderate needs as well as those with severe needs including multi-handicapped sensory impaired, severely emotionally disturbed and severely language disordered. Under section 23 of the Charter, all Canadian citizens—Francophone and Anglophone alike—who live in a minority linguistic setting are entitled to have their children educated in the official language of the minority. Francophone school authorities may access Le Réseau provincial d'adaptation scolaire for funded students meeting the criteria for any special needs code/category. The creation of Le Réseau stems directly from the constitutional right to education for linguistic minorities in Canada.

Alberta Children's Services

Alberta Children's Services delivers the Family Support for Children with Disabilities (FSCD) program for children up to 18 years who have a disability. In addition to providing families with information regarding disability-related supports and assistance with coordinating services, the program offers a wide range of family support and child-focused services to address the individual needs and circumstances of children and families.

The provision of speech-language services is not specifically identified within the FSCD legislation or program mandate. In some unique circumstances, children with severe disabilities, who have significant needs in two or more areas and whose needs cannot be appropriately addressed by any other available service, may be eligible to receive Specialized Services for Children with Severe Disabilities. A “severe disability” is defined as a disability that:

- results in a major loss of the child's functional abilities or capacity to engage in activities of normal daily living
- requires the guardian and other caregivers to provide continual and ongoing supervision, assistance and support in the activities of daily living, to ensure the child’s safety or to facilitate the child’s participation at home and in the community.

Specialized services are available to all children meeting the criteria regardless of their diagnosis. Specialized services are then provided based on the recommendations of a multidisciplinary team assessment and are intended to address critical needs in the areas of behaviour, communication and socialization, cognitive abilities, physical and motor development, and self-help and adaptive functioning.

If one of a child's areas of need is communication, speech-language services may be provided where:

- a critical need for speech-language services is identified by a multidisciplinary team
- speech-language services are recommended by the multidisciplinary team
- other available programs and services are not appropriate or are insufficient to meet the child’s needs
- an individualized plan has been developed
- the specialized speech-language services are based on established rehabilitation practices, strategies and approaches, and are likely to result in measurable improvement.

The multidisciplinary team will make recommendations regarding the type and level of support that will best address the child’s needs.

Rehabilitation professionals such as speech-language therapists and occupational therapists are members of the team.

The FSCD program assists with the coordination of the recommended supports and services. Specialized services are reviewed at least annually to ensure that the supports being provided are meeting the child’s needs.

Student Health Initiative

On March 17, 1999, government announced the Student Health Initiative (SHI) as one of the priorities of the Alberta Children and Youth Initiative. Developed through a partnership of Alberta Education, Alberta Family and Social Services, Alberta Health, and the Child and Family Services Authorities Secretariat, the SHI is intended to build partnerships that strengthen the province's collective capacity to support students with special health needs.

The goal of the SHI is to improve access to and enhance the provision of integrated health and related support services for children with special health needs so that they can participate fully in their education programs to attain their potential and be successful at learning. This includes children with physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions and/or emotional/behavioural disabilities who are registered in school programs from Early Childhood Services (ECS) through Grade 12. Services eligible for funding include speech-language therapy, physical therapy, occupational therapy, audiology, respiratory therapy, nursing and emotional/behavioural supports.

SHI funding is accessed by partnerships of school authorities, regional health authorities, and child and family services authorities which collectively set priorities, develop collaborative strategies for delivering services and share accountability for results.

Provision of speech-language services has been a high priority for student health partnerships since the beginning of the initiative and currently makes up over 24 per cent of total student health services.

2.0 Review Process

The review was conducted under the auspices of the partnering ministries that are part of the Alberta Children and Youth Initiative.

2.1 Speech-Language Advisory Committee

The Advisory Committee included representatives from school authorities, regional health authorities, child and family services authorities, student health partnerships, the speech-language profession, post-secondary institutions, as well as individuals who brought Aboriginal and parental perspectives. This group provided advice and expertise, and collected and offered input to the Working Committee. Other stakeholders were engaged throughout the review in providing information and feedback.

2.2 Speech-Language Working Committee

The Working Committee, comprised of representatives from Alberta Children's Services, Alberta Seniors and Community Support, Alberta Health and Wellness, Alberta Education, and Alberta Advanced Education identified and implemented a work plan, supported the work of the Advisory Committee, and developed a final report outlining a proposed strategic approach to the provision of speech-language services.

2.3 Work of the Review: Information Gathering

Information for this review was gathered in the following areas.

Issues Consultation

In January 2004, the Working Committee of cross-ministry representatives identified speech-language issues from their respective areas. These issues were then brought for validation to the Advisory Committee who provided input on:

- aspects of speech-language services that are currently working well
- other issues
- what services could be built upon.

The Advisory Committee representatives then took their refined responses out to their organizations for further validation, either formally or informally. Responses from this exercise were sent to the Working Committee for analysis and the committees identified and consolidated the issues under the following themes:

- Coordinated Speech-Language Services
- Speech-Language Service Delivery
- Demand for Speech-Language Services
- Workforce/Supply
- Recruitment and Retention
- Alternative and/or Augmentative Communication Devices, Specialized Equipment and Technology for Providing Services
- Research Continuum.

Literature Review

A comprehensive literature review was commissioned by the Working Committee to examine current research in speech-language that would identify evidence of alternative service delivery models and related information that would assist in speech-language service sustainability as well as to inform the activities and strategies being developed through this review process. Using a well-defined approach and a broad range of sources, 137 research articles and discussion papers were reviewed, analyzed and summarized. Current (1999 to present) and recognized sources and databases were used for the literature review. Key topics examined were:

- service delivery models
- components of service delivery
- workforce considerations
- environmental factors.

Pan-Canadian Survey

Telephone interviews were conducted with eighteen representatives of ministries of health, education and children's services in all ten Canadian provinces and three territories in order to identify the various issues related to the delivery of speech-language services for school-age children and youth nation-wide. A small amount of information was gathered about speech-language services for preschool children and adults, including important transition points.

The following topic areas were the subjects of the interviews conducted:

- funding
- service provision
- access
- service delivery models
- other key issues.

Service Inventories

Service inventories were sent to organizations in Alberta providing speech-language services to obtain relevant statistics and information. Information was solicited from regional health authorities, school authorities, student health partnerships, Regional Educational Consulting Services, and child and family services authorities.

A total of 101 surveys were returned for a return rate of forty (40) per cent that gives reasonable confidence that the data from the inventories represent a snapshot of the state of speech-language services in Alberta. The inventories were not conducted using survey methodology and therefore the results are considered as a current description of services offered in Alberta. While the data cannot be considered comprehensive, the results of the inventories are best seen as a baseline for comparison of services in future years as policies and programs evolve.

Inventory of Post-Secondary Programs for Professionals and Paraprofessionals in Canada

An initial inventory of post-secondary educational programs for speech-language professionals and paraprofessionals was put together based on information provided by the University of Alberta, Grant MacEwan College and Medicine Hat College. A web search was then conducted to identify other relevant programs across the country. Once all the programs were identified, program coordinators or deans responsible for programming were contacted at each institution to identify or update enrolment numbers and other pertinent information. An updated inventory of university and college-level programming was then compiled.

Statistics on Speech-Language Pathologist Workforce

The Alberta College of Speech-Language Pathologists and Audiologists provided statistical and background information related to their role and their members. In addition, the results of a 2003 Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) study were reviewed and the organization was contacted for further input.

2.4 Focus Group Sessions

On March 18, 2005, two breakout sessions were held at the Student Health Initiative Partnership Forum. In May 2005, focus groups were held across the province to share findings of the review, facilitate awareness and understanding of the draft strategic approach, and obtain input regarding implementation of the strategic approach. 137 representatives from school authorities, regional health authorities, child and family services authorities, post-secondary institutions, the Alberta College of Speech-Language Pathologists and Audiologists, and representatives from other stakeholder groups participated in the sessions held in Edmonton, Calgary, Lethbridge, Red Deer, Lac La Biche and Grande Prairie.

3.0 Review Findings Related to the Seven Strategic Issues

The issues related to the delivery of speech-language services in Alberta are long-standing, interrelated and complex. The members of both the Advisory and Working Committees identified seven important issues related to speech-language service delivery in the province. This section identifies the issue statements developed by the committees, the What We Heard through the issues consultation process and the findings (by source) from the review process (literature review, Pan-Canadian survey, inventory of post-secondary programs, Alberta Health and Wellness data, Alberta Education data, student health initiative partnerships data and inventory data).

3.1 Coordinated Speech-Language Services

***Issue:* There are issues of coordination, duplication and gaps in speech-language services for children and youth.**

What We Heard

What We Heard

Clarification is needed on the roles of speech-language pathologists, speech-language pathologist assistants, teachers, teacher assistants and parents in providing speech-language services. There is currently no clear provincial expectation of the level of service that children and youth with speech-language needs should receive. In addition, there is a lack of a coordinated approach within the community of providers and a need to support each other in the overall effort.

Delegation of responsibility by government to regional authorities to set priorities, allocate funding and determine strategies for speech-language services has resulted in issues of coordination, duplication and gaps in service.

The lack of a single point-of-entry for referral processes and lack of coordination of speech-language services continue to be issues. Service delivery models are often driven more by the sources of funding than by the needs of children and youth, and collaboration between provincial and regional levels is limited. In some areas, artificial boundaries exist between service providers that limit the creativity and suitability of services/solutions available to support children, youth, families and schools.

Review Findings

Partners have differing perspectives on what collaboration “looks like” and how to collaborate. Expectations, vision of service, model of service, language across providers and outcomes for combined effort in service provision are not shared by the partners, and this creates challenges for shared planning, delivery and accountability. Changes occurring at a ministry level, including the implications and impacts on regions and other ministries, are not communicated consistently.

Review Findings

Literature Review

The literature review identified that the main barriers to collaboration are time, differing priorities, role clarity and interpersonal relationships. The literature also identified that both SLPs and teachers believe that it is important to work together regarding communication skills of children and a large majority of both teachers and SLPs perceive that collaborative processes influence them. Also identified was the need for development of collaborative models of service delivery that involve parents, teachers, paraprofessionals and SLPs working together to deliver services.

The transitions of students through various placements from home to preschool, kindergarten, school and post-secondary school has also received attention in the literature. While articles generally reflected informed opinion rather than evidence, most authors writing on transitions stressed the need for formal and collaborative mechanisms to assist children with disabilities through their transitions.

Pan-Canadian Survey

Across the provinces and territories, provincial government departments, including health, education and children’s services, are funders of speech-language services. Ministerial responsibilities often change with the age of children. Decisions about priorities for how services are delivered are made at local and regional levels in all jurisdictions. Services are delivered by regional health authorities, educational organizations and child and family services authorities. The importance of collaborative approaches was emphasized in responses from Alberta, British Columbia, Saskatchewan and Newfoundland/Labrador.

Inventory Data

Positive comments from the inventories indicated that the best results for children occur when the regional authorities are able to work together collaboratively.

Responders to the inventories identified service inconsistencies, lack of coordination and fragmentation of services across Alberta as barriers to collaboration.

3.2 Speech-Language Service Delivery

Issue: The effectiveness of a range of speech-language service delivery models may not be recognized or understood as the emphasis has often been on direct one-to-one intervention with a speech-language pathologist.

What We Heard

What We Heard

There is a tendency for some to view direct, one-to-one intervention as the first and only option for treatment, and the benefits of capacity-building activities do not appear to be acknowledged. While there are alternate service delivery models available, their effectiveness and appropriateness need to be clarified. Speech and language development is seen as a responsibility of families, service providers and schools. Speech and language services support family and school intervention.

The validity of service delivery does not need to be based on formalized assessments alone for some populations. There should be an acknowledgement of alternatives to formalized assessments including the use of trained observations, interviews, checklists, individualized program plan goals, parental reports, environmental, home and ecological task analyses and scans, as well as transdisciplinary collaboration. These activities can provide the basis for appropriate programming, establishing baselines and measuring outcomes.

There are unique situations and a need to consider different methods of supporting language skills beyond basic stages. Collaborative models of speech and language service delivery allow for a variety of programs and strategies interwoven with learning community goals but resources and demand for speech-language services may restrict use of these models.

Service delivery models and protocols are often not well suited to meet the needs of some populations, such as Francophone students, Aboriginal children and youth, and other multicultural children and youth.

Review Findings

Review Findings

Literature Review

A general trend noted in the literature was a move from the traditional pullout services to more collaborative and integrated models. In the United Kingdom and the United States, this trend is generally associated with legislative changes towards “inclusion” where children with disabilities are educated alongside non-disabled children and all children have the right to access quality services. A second noted trend is towards increased accountability. The latter trend is often associated with

Review Findings (cont'd)

managed care (HMO) models in the United States and Local Education Authority/Health Trust collaborations in the United Kingdom.

The evidence of effectiveness of the various models was noted as follows.

- There is evidence that classroom-based intervention is effective when compared with no treatment.
- Evidence for pullout models is represented by the general SLP literature. There is strong evidence that SLP interventions are effective for children with expressive phonological and expressive vocabulary difficulties. There is less evidence of effectiveness for receptive language difficulties and the evidence is mixed for children with expressive syntax difficulties (Law, Garrett and Nye, 2003). Studies with the strongest designs suggest that both classroom-based and traditional pullout models are equally effective for children with expressive language delays/disorders. When combined, the classroom-based and pullout models are more effective than either model used independently.
- Within the pullout model, studies generally report no difference in the effectiveness of individual versus group therapy (Law, Garrett and Nye 2003).

There are seven models for delivery of school-based speech-language services (collaborative/consultation, classroom-based/integrated, pullout, self-contained, community-based, monitoring and combination). Surveys of practice patterns suggest that Canadian SLPs mostly use either consultative (indirect) or traditional pullout models (direct individual or group treatment) over SLP/teacher collaborative models. When classroom-based interventions are used, there is a preference to use those models involving the least collaborative interventions.

One study identified that trained parents are effective interveners with children with language problems. The evidence is less compelling for parent-administered articulation therapy.

Pan-Canadian Survey

A wide variety of service models are being used and the specific approach is determined by the individual situation. Across the provinces and the territories, there are also many examples of innovations in areas of service delivery models that have been created to meet local, regional or provincial needs.

Review Findings (cont'd)

Inventory Data

Inventory recipients were asked to estimate the percentage of each type of service delivered by SLPs in their organizations. The percentages vary widely across different parts of the service system. This suggests that the roles of SLPs differ depending on which system they work in. The inventories also identified that individual intervention was delivered most often by SLPs, followed by classroom and group therapy. The Regional Educational Consulting Services do not provide direct therapy, therefore identified consultation followed by assessment and in-service as the highest percentage of service delivered.

3.3 Demand for Speech-Language Services

Issue: **An increasing number of children and youth are being identified with speech-language difficulties that impact growth, development and learning.**

What We Heard

What We Heard

While excellent services exist in a variety of programs, services and agencies across the province, the number of children and youth with need of speech-language services continues to grow beyond the availability of current service delivery models and resources.

The demand for services exceeds availability in terms of providing timely and appropriate levels of service. In some rural and remote areas, it is an ongoing challenge to provide speech-language services for children and youth within their home communities, given present staffing levels and caseload sizes.

Availability of speech-language services for children moving from kindergarten to Grade 1 and at other transition points in their lives is also important. Because of benefits of early intervention and lack of resources, the level of speech-language services in schools often declines as the age of children increases.

When early identification and intervention activities are not provided in the preschool years, it often leads to increased demand for services in the school-age years. Screening and the early identification and treatment of speech-language needs may have long-term benefits.

What We Heard (cont'd)

As Alberta's population becomes more diverse, there are growing challenges. Language-based issues in the classroom, training for teachers in how to provide language-rich environments and linking speech-language programs with literacy programs in schools continue to be issues. Other issues relate to providing access to appropriate assessment and intervention services for Francophone, Aboriginal and other students with cultural needs.

The challenge of disassociating English as a Second Language concerns from diagnosed language disability/delay issues is growing.

Review Findings

Review Findings

Literature Review

The literature documents the negative impact of speech or language delays on school achievement and can be associated with social, emotional and behavioural problems among children and youth with speech and language delays or disorders. Researchers have confirmed the benefits of speech-language services with both preschool-aged and school-aged children. The benefits of SLP interventions vary with the type or model of services used.

In any general population up to 16 years of age, the literature reported a median prevalence rate of 6 per cent of children with primary speech or language delays. Children and youth with secondary delays, who may also require speech-language services, were excluded from the researchers' review of median prevalence estimates. The literature also indicates that the frequency of speech-language services in schools declines as the age of children increases.

Pan-Canadian Survey

Eight of the ten provinces reported that the demand for speech-language services exceeds the resources available. Jurisdictions also find it difficult to adequately serve Francophone and Aboriginal children in their native language.

Alberta Health and Wellness Data

Using the 2003 demographic statistics for Alberta, the total number of children and youth in the 0–17 age group is estimated at 745,388. Applying the median 6 per cent prevalence rate to the total number of Alberta children and youth results in an estimated 44,723 children. (Note: the cohort here includes an additional year resulting in a higher estimate).

Review Findings (cont'd)

Data for publicly-funded speech-language services in the community or outpatient hospital settings in Alberta's health regions are collected and submitted to the Alberta Health and Wellness Ambulatory Care Classification System (ACCS) database. According to this database, in the fiscal year April 1, 2002 to March 31, 2003, a total of 25,994 clients received 241,272 speech-language services. The average number of services or visits provided to each client was 9.3. Children six to eight years receive the largest number of services of all types.

Alberta Education Data

For 2004/2005, the number of children with severe communication disabilities receiving Program Unit Funding services make up approximately 45 per cent of the total number of children receiving funding.

Student Health Initiative Partnerships Data

In 2003/2004, the Student Health Initiative partnerships provided enhanced speech-language services to over 10,000 students in schools in Alberta, making up 24 per cent of all student health services.

Inventory Data

Data collected from organizations responding to the inventories support the findings of the literature review that the frequency of speech-language services in schools declines as the age of children increases. Children 2 ½ to 5 ½ years of age receive a range of 31 per cent to 76 per cent of the services provided in Alberta. This number gradually decreases as the child's age increases indicating that children 12–17 years of age receive from 2 per cent to 15 per cent of the speech-language services provided.

3.4 Workforce/Supply of Speech-Language Pathologists and Speech-Language Pathologist Assistants

Issue: The demand for speech-language services exceeds the supply of speech-language pathologists and speech-language pathologist assistants.

What We Heard

What We Heard

The vacancy rates of speech-language pathologists across Alberta are an ongoing issue and are higher in rural areas. In some rural areas, referrals have stopped when there is a realization that there is no service available. This creates difficulty in identifying the true level of need.

The supply of seats for speech-language pathologists in universities is also low relative to the demand for these professionals and this has contributed to the high vacancy rates for speech-language pathologists. There is high competition to hire new graduates but organizations are often limited in what they can offer in recruitment/retention incentives. Alberta often

What We Heard (cont'd)

attracts students from Manitoba and Saskatchewan as they do not have university programs in speech-language pathology. Some graduates leave Alberta after graduation to return to their home province.

There are also insufficient numbers of formally-educated speech-language pathologist assistants and unclear standards regarding their scope of practice. Most people working as speech-language pathologist assistants are trained on the job. Enhanced practical experience for speech-language pathologist assistants is needed to prepare them for job expectations.

When speech-language pathologist assistants are trained and stay to work closely with the children, parents and teachers, they make strong, positive contributions to service delivery outcomes.

The lack of speech-language pathologists and speech-language pathologist assistants has resulted in regions identifying service priorities. Many have chosen to give priority to elementary-aged children. The lack of availability of professionals to provide service to children has caused frustration for service providers and parents.

There are currently no training opportunities in Alberta for professionals and paraprofessionals in providing speech-language services to Francophone children and youth.

Review Findings

Review Findings

Literature Review

The literature identified recommended caseloads in the United States as 40 school-aged children or 25 preschool-aged children per full-time SLP. A 2003 Canadian survey of 132 SLPs showed median caseloads of 60 for school-aged children or 41 for preschool-aged children per full-time SLP. Thirty-nine per cent of SLPs who served school-aged children over six reported caseloads in excess of 75 children. Several authors reported analyses that suggest the effectiveness of the SLP is influenced by caseload size.

One author described the perspectives of the health and education sectors with respect to caseload selection and prioritization decision. The education sector is seen as allocating service from the perspective of 'inclusion' – that is that all children have a right to services and prioritization of students based on resource constraints is not acceptable. The health sector prioritizes services based on need as an essential component of caseload and resource management.

Review Findings (cont'd)

The literature suggests prioritization of services can be based on a host of considerations including age, severity of delay/disorder, willingness of Caregivers to cooperate, readiness (including child motivation) for therapy, range of delay (expressive and/or receptive delays), impact of the problem on quality of life, risk factors (safety, functional ability, deterioration) and other factors (neurodevelopmental factors, hearing loss, other developmental delays).

There is an absence of literature regarding the impact of using different scheduling options (e.g., block scheduling), frequency, intensity and duration of treatment. There is some data that suggests the optimum duration of treatment is between four and twelve weeks. These factors have impact on caseload size and on the number of children who can be served in various settings.

Additional issues identified under workforce/supply included speech-language services for Francophone and Aboriginal children and youth, and for children and youth with cultural and diverse needs. Three themes noted in the literature that were also identified by stakeholders were: insufficient numbers of multicultural and/or bilingual SLPs, insufficient education of SLPs to work with students who are multicultural or bilingual, and lack of, or inappropriate use of, standardized assessment instruments for languages other than English.

Alberta Health and Wellness Data

The Alberta Health and Wellness Ambulatory Care Classification System (ACCS) database shows that speech-language services are primarily provided by SLPs followed by SLP assistants.

Inventory of Post-Secondary Programs

Alberta's Health Professions Act entry level to practice education requirement for SLPs is a master's degree in speech-language pathology. The University of Alberta offers a master's degree in speech-language pathology. The University of Calgary offers a concentration in speech-language sciences for undergraduate students intending to pursue speech pathology as a career path.

The supply of speech-language pathologists is an issue. The only institution in Alberta with master's level program in speech-language pathology is the University of Alberta. The U of A graduates 40 speech-language pathologists every year. A telephone survey of universities across Canada offering speech-language pathology programming revealed that, in 2004/2005, 169 students were admitted in first-year master's level programs (English language) and 89 students in first-year master's level programs (French language).

Review Findings (cont'd)

Most people currently working as speech-language pathologist assistants are trained on the job. There are a few institutions across the country that offer a formal two-year diploma program for speech-language pathologist assistants. Including Grant MacEwan and Medicine Hat Colleges in Alberta, there are six known post-secondary institutions across Canada that offer college-level programming that includes a concentration in the area of speech-language pathology and results in a diploma or certificate. Both Grant MacEwan and Medicine Hat Colleges offer a second year concentration/specialization within an existing program, e.g., therapist assistant programs.

In October 2003, Grant MacEwan College received department approval to change the structure of its existing therapist assistant program from three to two areas of study by combining the physical and occupational therapist assistant majors into one stream, to expand the content of the existing speech-language pathologist assistant major, and to alter the delivery schedule from a compressed 14-month to a regular 16-month program delivered over a two-year time frame.

Alberta College of Speech-Language Pathologists and Audiologists Data

There are 774 speech-language pathologists currently registered with the Alberta College of Speech-Language Pathologists and Audiologists. These individuals provide assessment or treatment for speech and language disorders to over 38,000 Albertans annually in Alberta hospitals, health units, schools and private practices.

Inventory Data

There is a greater demand for speech-language services than existing human resources can accommodate and this need appears to be growing. The shortage is evidenced by vacant (unfilled) SLP positions, by large caseloads of many SLPs in most areas of the province and by waiting lists for speech-language services for children and youth. High caseloads contribute to SLP stress and increase difficulties in recruitment and retention of SLPs province-wide.

Review Findings (cont'd)

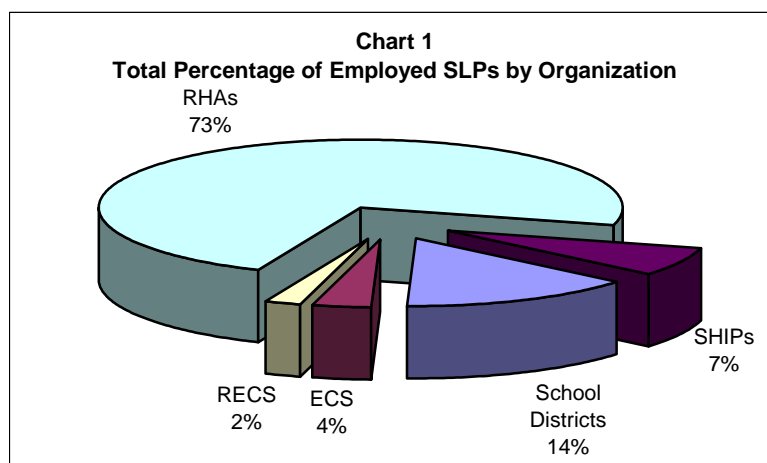


Chart 1 shows a comparison of the percentage of SLPs employed by each group of stakeholders who responded to the inventories.

The total number of SLPs employed or contracted for all Alberta organizations responding was 707. This number converts to 487 full-time equivalent positions (FTEs). In addition there were 48 vacant positions (10 per cent of the total FTEs), 37 of which were positions within RHAs. Respondents also reported that vacancy rates were much higher than average (23 to 67 per cent) in four rural regional health authorities.

In Alberta, data gathered from stakeholders clearly indicates that current SLP caseloads in most areas of Alberta are higher than the recommended caseloads in the research literature. In addition, several factors related to caseloads were identified including: there is no consistent definition of “caseload” in Alberta, which made it difficult to identify current caseloads across the province; caseloads vary widely based on how services are delivered; and in some areas where there are vacancies and waitlists, service providers have stopped referring children and youth for services.

Stakeholders reported that waiting lists most often occur in regional health authorities, Student Health Initiative partnerships and Regional Educational Consulting Services (RECS). (Note: RECS provide assessment, consultation and in-service, but do not provide direct service delivery). Approximately three-quarters of all respondent organizations providing direct services in Alberta report that they have children waiting to receive speech-language services.

Review Findings (cont'd)

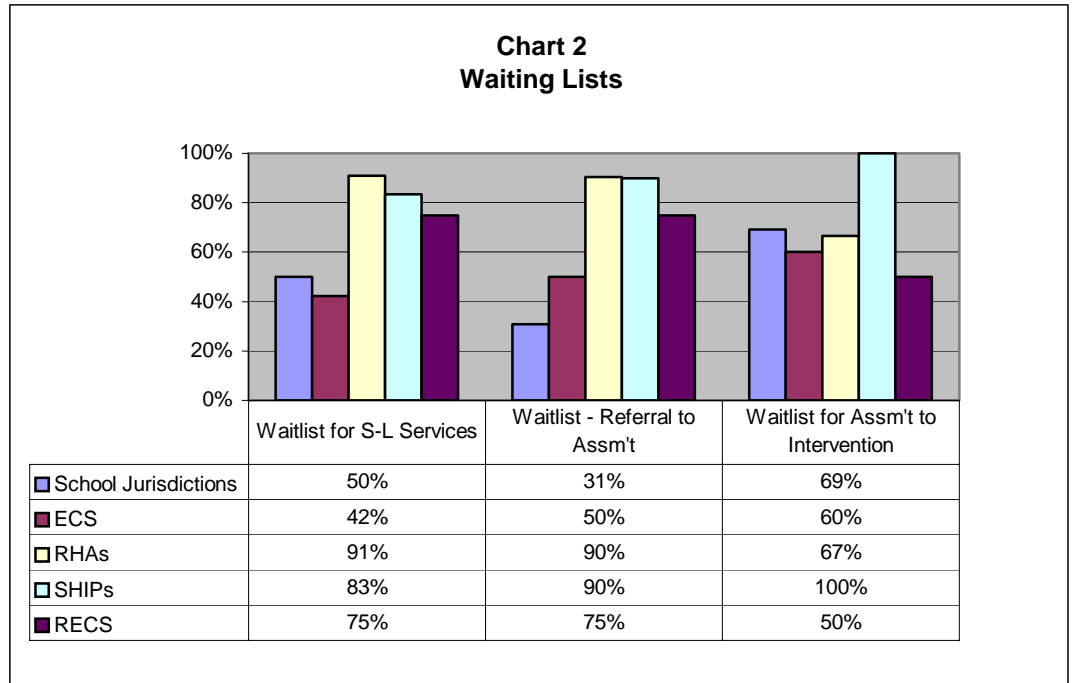


Chart 2 shows the percentage of respondents who identified waiting lists in their organizations.

Waiting lists are being addressed in many different ways and approaches vary widely across regions and systems. Some of the approaches include: block scheduling, group treatment, training parents to deliver home-based programs, use of SLP assistants to deliver direct services to children and youth, and use of collaborative and multidisciplinary approaches to service.

3.5 Recruitment and Retention

Issue: Recruitment and retention of speech-language pathologists and speech-language pathologist assistants are ongoing challenges.

What We Heard

There is high competition to hire new graduates and a need to understand where graduates are going and why some are not staying in Alberta. There are challenges in recruiting speech-language pathologists to rural and remote communities, and many speech-language pathologists do not stay long in these positions.

What We Heard

What We Heard (cont'd)

Compensation packages, mentoring support, distance learning opportunities and the transient nature of northern communities often do not support recruitment and retention of staff in rural and remote areas.

Professional development continues to be an issue, especially in rural and remote areas. Urban areas face similar challenges but to a lesser degree. There are also issues around job satisfaction including large caseloads, partner demands, and untrained speech-language pathologist assistants and teacher assistants in the schools. In addition, issues around differences in working conditions and benefits offered through various employing authorities have been identified.

Review Findings

Review Findings

Inventory Data

Information gathered from the inventories identified that there are:

- differences in compensation and time off depending on what part of the system employs SLPs (e.g., school authorities employ SLPs on a 10-month school year and regional health authorities employ SLPs on a 12-month basis)
- issues for SLPs feeling isolated in rural and remote areas
- concerns about caseload sizes and the impact on services for children and youth, travel requirements and long waiting lists
- changing scope of practice based on new models of service. This includes more time spent working with partners, supervision of paraprofessionals, building collaborative team approaches to intervention, expectations that assessments and programs be multicultural and multilingual, and training related to these changes.

Attracting and retaining SLPs were identified as major concerns in most organizations responding to the inventories. Important issues identified through the review include: difficulty in recruiting enough SLPs to meet the increasing needs of children, parents and other professionals, and difficulty retaining SLPs in some areas of the province, particularly in rural and remote areas.

3.6 Alternative and/or Augmentative Communication Devices and Other Specialized Equipment and Technology for Providing Services

***Issue:* There is limited access to alternative and/or augmentative communication devices, specialized equipment and technology for providing services for children and youth with speech-language difficulties.**

What We Heard

What We Heard

Processes for acquiring and maintaining augmentative communication devices or alternative devices are not consistent and are not meeting the needs of children and youth. There is currently no coordination of resources, which has resulted in each organization acquiring their own funding, personnel, devices, equipment and technology, and not enough professional development, especially with regard to staying current with technological advances.

For those organizations that purchase equipment for children and youth, issues include the inability to purchase enough equipment to meet the needs of children and youth who require it, who owns the equipment when a child moves, how to access funding to buy equipment and access to professionals to provide support and maintenance.

Review Findings

Review Findings

Literature Review

The use of technology to facilitate the provision of speech-language services has received increasing attention in recent years. It is not always clear who funds, distributes and maintains alternative/augmentative communication devices, and specialized equipment and technology. There is a need for professional support and training to use equipment and technology.

Pan-Canadian Survey

Although not asked specifically during the survey, one province identified servicing children and youth with speech-language needs with augmentative communication devices as an issue.

3.7 Research Continuum

Issue: There is limited evidence-based research on the effectiveness of different service delivery models and the appropriate use of these models.

What We Heard

What We Heard

One of the overarching issues identified was the limited amount of evidence-based research available on speech-language services for children and youth.

Speech-language pathologists need time to conduct research into evidence-based practice and employers need to support research initiatives.

Review Findings

Review Findings

Literature Review

There is a need and interest to explore alternative models and to determine their efficacy. The literature contains considerable research on the effectiveness of traditional SLP service models; however there has been less effort directed to the more recent models for school-based services.

Findings from the literature review include the following.

- No comparative studies were found on the self-contained model where the SLP is the classroom teacher, a weak study was identified for the interactive consultation model, and several articles on classroom-based interventions were identified involving the SLP providing services within the classroom or other natural environments.
- The models of service used are not always those found to be most effective based on research findings.
- There is a need for development of collaborative models of service delivery. These models involve parents, teachers, paraprofessionals and SLPs working together to deliver services.
- Evidence-based practice, applied research projects and outcome measures are necessary components of determining efficacy of any model.

There is minimal research on the effectiveness of paraprofessionals as providers of service. Professional SLP associations in Canada, the United States and Great Britain have position papers, guidelines and standards on the use of speech-language pathologist assistants. Concerns exist among SLPs regarding job security, training to assume supervisory duties of SLPAs, liability, increased workloads and compromised service quality.

There is strong evidence that trained parents are effective interveners with children with language problems. The evidence is less compelling for parent-administered articulation therapy.

Inventory Data

In Alberta, models of service delivery include use of paraprofessionals for direct intervention, multicultural speech-language services including Aboriginal children and youth and Francophone children, and development of language-rich environments. These programs have arisen in response to the desire for improved efficacy and outcomes, service demands that exceed funding/program resources, and the shortage of SLPs in several regions.

4.0 Summary of Focus Group Sessions

Focus group sessions were held across the province with representatives from the following stakeholder groups: regional health authorities, school authorities, child and family services authorities, post-secondary institutions, Student Health Initiative partnerships, Regional Educational Consulting Services and other stakeholder groups.

The purpose of the regional focus group sessions was to share findings of the review, facilitate awareness and understanding of the draft strategic approach, and obtain input regarding implementation of the strategic approach. The following are the common themes identified across the issues.

Common Themes Across Issues

Prevention, early identification and intervention: The need for more prevention, early identification and intervention was reiterated during the discussions regarding each of the seven identified issue statements and corresponding goals and strategies. The need for increased prevention, early identification and intervention was also raised during the discussion regarding recruitment and retention, the research continuum (need for research on the effectiveness of early intervention), service delivery models, coordination (e.g., when preschool services are not coordinated, the opportunity for early intervention is missed), and alternative devices, specialized equipment and technology (e.g., need for universal screening tool, suggestions regarding software programs for early identification).

Rural capacity: The need to build rural capacity and to address the needs of rural and remote communities was reiterated throughout the focus group discussions. Participants repeatedly advocated for the development of a rural incentive plan to address a broad range of factors including recruitment, retention, training opportunities and ongoing professional development. The need to recognize existing strengths in rural areas was also emphasized.

Parental engagement: The need to engage parents and families in planning, service delivery, and research was emphasized throughout all of the focus group discussions. Participants cautioned, however, that there are barriers to engaging parents that must be recognized and addressed.

Integration between education and speech-language: Participants advocated for the integration of speech-language development into bachelor of education programs as well as the provision of ongoing joint professional development opportunities for teachers and speech-language professionals. The need for training in education models and classroom-

based experience for SLPs and SLPAs was also emphasized during the focus group sessions. Participants reported that increased integration between the education and speech-language service delivery systems was critical to meet the needs of children and youth.

Provincial standards: Participants reported a lack of consistency in many areas related to the delivery of speech-language services for children and youth. Focus group participants suggested the development of provincial standards to address many of the identified issues.

Collaboration: Collaborative models were accepted and endorsed as necessary, positive steps for the future. Focus group participants further noted that in many cases collaboration was already occurring in both rural and urban settings. However, it was strongly suggested that it takes time, willingness and resources to collaborate. Willingness often exists, but participants reported a lack of time and resources as key barriers to collaboration.

Action: The desire for action was clear. Participants expressed eagerness and enthusiasm to move forward from issue identification to action.

5.0 Strategic Approach

The following strategic approach is based on the findings of the review and aims to create a system that better meets the speech-language needs of Alberta's children and youth and their families.

In broad terms, the strategic approach outlines the development of a more integrated and coordinated speech-language service delivery approach; a shift towards utilization of a broader range of interventions, including an increased focus on prevention and early intervention; the development of evidence-based practice to drive the provision of services; the development of a workforce plan for the province with enhanced training opportunities; the use of registered speech-language professionals and paraprofessionals; and a more coordinated approach to providing augmentative communication devices, specialized equipment and technology.

Vision

All children and youth have the speech-language skills for life-long participation in their homes, schools and communities.

Principles

- Speech-language services are provided to children and youth with assessed needs in a variety of settings.
- Speech-language services are delivered in a way that is sensitive to social and cultural factors.
- Speech-language services consist of a variety of delivery models and interventions to best meet the needs of children and youth.
- Speech-language services are evidence-based, effective and efficient.
- Families/caregivers have an essential role in the effective development of speech-language skills in their children and youth.
- Families/caregivers, service providers, schools and communities participate to optimize the delivery of speech-language services for children and youth.
- Strategies to improve speech-language skills for children and youth are integrated into all aspects of their daily activities.
- Early and ongoing identification and intervention are available for children and youth with speech-language needs.
- Transitions for speech-language services for children and youth are seamless.
- Partners share responsibility and accountability for responding effectively to children and youth with speech-language needs.

Issues, Goals and Strategies

1.0 Coordinated Speech-Language Services

Goal 1.1:

Speech-language funding and services to children and youth will be coordinated at the planning and delivery levels.

Strategies:

- 1.1.1 Clarify existing parameters and identify systems barriers for coordinated speech-language service delivery.
- 1.1.2 Develop cross-sector guidelines for the planning and delivery of speech-language services for children and youth.
- 1.1.3 Develop a cross-sector plan at the regional level for coordinating speech-language services for children and youth.

Goal 1.2:

Children and youth receiving speech-language services will have an integrated service plan in place.

Strategies:

- 1.2.1 Coordinate the development and implementation of integrated service planning for children and youth involved with more than one sector.
- 1.2.2 Ensure that planning for transitions is incorporated into integrated service plans for children and youth with speech-language needs, including the transition to adulthood.

2.0 Speech-Language Service Delivery

Goal 2.1:

Families and service providers will be assisted in understanding their role in speech-language development and the effectiveness of a full range of speech-language services.

Strategies:

- 2.1.1 Provide information on the various interventions that would be appropriate for children and youth with speech-language needs.
- 2.1.2 Work with families to provide strategies for language development, remediation and enrichment in a natural setting.
- 2.1.3 Work with the school community and other groups to identify opportunities for language development, remediation and enrichment.

3.0 Demand for Speech-Language Services

Goal 3.1:

Provincial, regional and local levels will collaboratively respond to the demand for speech-language services for children and youth.

Strategies:

- 3.1.1 Develop a coordinated approach to address the demand for speech-language services.
- 3.1.2 Encourage and support provincial, regional and local initiatives that support prevention, early identification and intervention to promote the healthy development of children and youth.
- 3.1.3 Encourage and support current and future provincial, regional and local activities that address the demand for speech-language services for children and youth.

Goal 3.2:

Albertans will be aware of factors that influence the development of speech-language skills as well as the range of interventions available for children and youth with speech-language needs.

Strategies:

- 3.2.1 Develop a public awareness initiative that highlights strategies to support the development of speech-language skills in children and youth, including prevention, early identification and intervention.
- 3.2.2 Encourage the provision of language-rich environments for children and youth.
- 3.2.3 Enhance awareness of learning opportunities and resources for physicians and other professionals working with children and youth with speech-language needs.
- 3.2.4 Enhance existing and new resources by incorporating information on speech-language services for children and youth.

4.0 Workforce/Supply

Goal 4.1:

Alberta will have an adequate supply of speech-language pathologists and speech-language pathologist assistants.

Strategies:

- 4.1.1 Develop a five- to ten-year workforce forecast for speech-language pathologists and speech-language pathologist assistants, and investigate the need to expand the number of spaces in existing post-secondary programs or to develop new programs.
- 4.1.2 Enhance the capacity of post-secondary institutions and employers to ensure that students receive academic and practicum experiences that prepare them for professional practice with children and youth.
- 4.1.3 Develop a plan to address the disparity between urban and rural speech-language training and service provision.

Goal 4.2:

A mix of trained service providers will deliver speech-language services for children and youth.

Strategies:

- 4.2.1 Investigate and establish differentiated models of speech-language service provision that incorporate different levels of trained and formally-educated service providers.
- 4.2.2 Develop a coordinated plan for a continuum of educational preparation and ongoing professional development for speech-language pathologists, speech-language pathologist assistants, teachers and other professionals to enhance the capacity for service provision.
- 4.2.3 Clarify roles and responsibilities of speech-language pathologists, speech-language pathologist assistants, teachers, teacher assistants and other service providers.

5.0 Recruitment and Retention

Goal 5.1:

Recruitment and retention strategies for speech-language pathologists and speech-language pathologist assistants working with children and youth will be enhanced.

Strategies:

- 5.1.1 Develop and implement a coordinated provincial recruitment and retention plan that:
 - addresses the needs of rural and urban jurisdictions
 - includes long-term planning for speech-language services
 - is based on research findings about factors that contribute to effective retention and recruitment practices.
- 5.1.2 Support the development of a coordinated resource for regional authorities that includes speech-language recruitment and retention strategies, and professional development activities.

6.0 Alternative and/or Augmentative Communication Devices, Other Specialized Equipment and Technology for Providing Services

Goal 6.1:

Children and youth with speech-language needs will have access to the specialized equipment, technology and supports they require.

Strategies:

- 6.1.1 Develop a coordinated approach to the provision of alternative and/or augmentative communication devices and other specialized equipment and technology that includes standards, a plan for equipment maintenance and provisions for transition planning through to adulthood.
- 6.1.2 Develop guidelines for accessing specialized equipment and technology at the provincial and regional levels.
- 6.1.3 Enhance the use of video conferencing and other technology to support the delivery of speech-language services to children and youth.

7.0 Research Continuum

Goal 7.1:

Research findings will direct evidence-based practice which will lead to enhanced speech-language outcomes for Alberta children and youth.

Strategies:

- 7.1.1 Identify sources and opportunities for research related to speech-language.
- 7.1.2 Encourage collaboration among academics, practitioners, regional authorities and government representatives to collect, conduct, compile and disseminate research on speech-language services.
- 7.1.3 Develop a provincial research agenda for speech-language services.
- 7.1.4 Disseminate research findings to those concerned about language development in children and youth, and encourage those providing speech-language services to use research to inform practice.

6.0 Summary

In response to recommendations of a 2003 review of the Student Health Initiative (SHI) by the Ministers of Alberta Learning, Alberta Health and Wellness, and Alberta Children's Services, further research was conducted in 2004 related to the delivery of speech-language services for children and youth in the province with a view to making services both appropriate and sustainable over the longer term.

A cross-ministry Working Committee and cross-sector Advisory Committee identified issues related to speech-language services in Alberta, conducted a broad information-gathering process and subsequently developed a cross-ministry strategic approach with related goals and strategies.

The strong collaborative efforts made by so many individuals and organizations enabled the committees to gather information and research to form a description of current speech-language service delivery in Alberta.

Issues related to the delivery of speech-language services in Alberta are long-standing, interrelated and complex. There was a high degree of agreement among stakeholders in Alberta on the priority issues that are currently impacting on the delivery of services.

This report is one of the first of its kind for speech-language services in Alberta. It may be viewed as a baseline for comparison of services in future years as policies and programs evolve. The strategic approach recommended aims to increase access and provide a more coordinated and integrated approach to speech-language services. Moving forward on this approach is expected to have positive impacts on Alberta's children and youth and their families.

7.0 Glossary of Terms

Alternative and augmentative devices

Augmentative and alternative communication refers to ways (other than speech) that are used to send a message from one person to another.

Source: American Speech-Language and Hearing Association

Assessment

Activities for the sole purpose of evaluating the need for service, the nature of the problem, the identification of the disorder or abnormality and the extent of services required. It is a formal comprehensive process which generally uses specific assessment tools or methods to determine physical, psycho-social, cognitive abilities, medical requirements, environment, and formal and informal supports.

Source: Alberta Ambulatory Care Reporting Manual, 2004

Client

An individual exhibiting a communication and/or related disorder who has been assessed by a speech-language pathologist as an appropriate candidate for services.

Source: Alberta Health and Wellness

Communication and related disorders

Disorders involving language comprehension and/or production and/or the functioning of structures associated with speech and swallowing.

Evidence-based practice

A process of using findings from conducting research to guide practice (Titler, Mentes, Rake, Abbott and Baumler, 1999) and/or the process by which scientifically produced knowledge is transferred to practice (Brown, 1999).

Delay/disorder

Delays and disorders are usually differentiated by speech-language pathologists as “disorder” refers to cases that do not follow normal development patterns.

Consultation (indirect service support)

Formal or informal contact with personnel of the facility, community or other agencies for discussion regarding specific clients and/or significant others in order to obtain, provide or exchange information relative to the client’s intervention.

Full-time equivalent

Any full-time equivalent position as identified by the organization. For example, an organization may have 12 individuals, some who work full-time and some part-time which is equivalent to 10 full-time equivalent positions.

Source: Inventories for the Review of Speech-Language Services for Children and Youth in Alberta

Intervention; therapeutic intervention

Activities carried out with a client/child and significant others that are aimed at improving or maintaining health status, or minimizing the impact of deterioration on the quality of life.

Language delay/disorder

Categorized into receptive (language comprehension or understanding) or expressive (language production) problems. Children with language disorders show slowness in development of vocabulary and grammar, and may have problems expressing thoughts or ideas.

Language-rich environments

Deliberately-created atmospheres that support the language development of children. Opportunities are provided for children to gain exposure to language using a variety of different mediums.

Paraprofessionals

Trained workers who are academically trained in a given profession but assist a trained professional in providing certain services, following job-related training.

Source: American National Guidelines for Health, Mental Health and Safety Guidelines for Schools

Prevalence

The number of people in a population who have the disorder/disease at a given point in time, usually a year.

Source: ACSLPA WebSite

Primary speech-language delays

Primary delays are those where speech and language skills are delayed relative to other skills, usually in the absence of a known underlying cause.

Priorities

Priorities are established for delivery of speech-language services and based on population needs, available resources and/or best practices.

Source: Inventories for the Review of Speech-Language Services for Children and Youth in Alberta

Secondary speech-language delays

Secondary delays refer to cases in which speech and language skills are delayed to the same extent as other skills, often due to known causes or associated with other conditions such as learning disability, hearing loss, autism, cerebral palsy and cleft palate.

Speech impairments/disorders

Categorized as articulation, fluency and voice.

- Articulation – physical movements of mouth and throat involved in making speech sounds or phonology, speech sounds or combination of sounds
- Fluency – stuttering or stammering
- Voice – characteristics and volume of sound produced through physical movement of the vocal folds and respiration (voice may be hoarse, too high or low, or absent)

Speech-language pathologists

Health care professionals with clinical training and educational background in speech production, language understanding and expression, stuttering, voice health, and swallowing disorders. They assess all kinds of communication difficulties as well as feeding and swallowing difficulties. They provide treatment and consultation to individuals of all ages. They are regulated through the Alberta College of Speech-Language Pathologists and Audiologists.

Source: ACSLPA Guidelines Manual

Speech-language pathologist assistants

A person who, after completing specific training, follows a program prescribed, directed and supervised by a speech-language pathologist, in order to assist in addressing the communication and/or related skills of a client. This definition does not apply to the person who would be a family member, caregiver or other health professional providing support to the implementation of a communication program.

Source: ACSLPA Guidelines Manual

Vacancies

A position that remains unfilled in excess of two months (a time period that would be considered reasonable for recruitment and hiring).

Source: Inventories for the Review of Speech-Language Services for Children and Youth in Alberta

8.0 Appendices

8.1 Issues Validation Executive Summary

In the spring of 2004, a cross-ministerial review of the delivery of speech-language services for children and youth in Alberta was initiated. The review focused on identifying issues related to the delivery of services and reviewing the efficacy of various models of service. Following the review, a coordinated set of strategies will be developed to improve the delivery of speech-language services in Alberta.

The review's Working Committee (comprised of representatives from Alberta Education, Alberta Advanced Education, Health and Wellness, Children's Services and Community Development) implemented three approaches to gathering information. These included a stakeholder service inventory (survey), a Pan-Canadian survey of models and practices elsewhere in Canada, and a comprehensive review and analysis of current literature relating to speech-language services. Four documents (including separate summaries for stakeholder identified issues and numerical data drawn from the inventory) have been synthesized in a final project report entitled "A review of Speech-Language Services in Alberta, 2004."

The issues relating to the delivery of speech-language services in Alberta are long-standing, interrelated and complex. The issues summarized here were identified both by the project's Working Committee and by stakeholder groups who returned service inventories (surveys) in September 2004. The sixty-six (66) inventory respondents represented schools (21), Student Health Initiatives (15), regional health authorities and hospitals (20), Regional Educational Consulting Services (4), and child and family service authorities (6 responded and results rolled into a single summary).

Priority Issues to be Addressed

Stakeholders identified the following issues as priorities. The points below each issue highlight the most salient concerns expressed.

1. Service Access, Coordination and Equity
 - Referrals of children/youth, waiting lists and wait times are all increasing; current demand for service exceeds financial and human resources.
 - Eligibility criteria and methods for prioritizing who gets services differ across regions.
 - Service availability differs based on ages of children; younger children generally have better access than older children and youth.

- Service availability and accessibility varies across urban and rural locations.
 - There are some examples of duplication of services (e.g., assessments).
 - Multilingual and multicultural speech-language services are inadequate or absent.
2. Efficacy of Service Delivery Models
- The models of service used are not always those found to be most effective based on research findings.
 - Reliance on one-to-one intervention by SLPs is being challenged; there is a need to explore alternative models.
 - There are opportunities for development of consultative and collaborative models of service delivery.
 - Opportunities to increase engagement of parents, teachers and paraprofessionals in delivery of service.
3. Human Resources
- There is an identifiable shortage of speech-language pathologists in Alberta.
 - Current SLP caseloads exceed recommended levels. This contributes to stress and turnover, recruitment and retention problems.
 - There are an insufficient number of positions available for training SLPs in universities. This exacerbates the shortage of SLPs.
 - There is a need for more well-trained paraprofessionals (SLP assistants).
 - Paraprofessionals must be properly supervised.
 - Parent, teacher and teacher assistant training should increase; teamwork and partnerships with SLPs could be enhanced.
 - A focus on professional development of SLPs (e.g., multi-cultural/lingual approaches, supervision of SLP assistants) is essential.
4. Funding Mechanisms and Resource Coordination
- Multiple funding sources and service providers are resulting in some duplication and gaps in services at provincial, regional and local levels.
 - Regional authorities determine priorities resulting in a variety of service models, eligibility criteria and inequitable access.
 - Stakeholders are not always clear who funds what, when and why.
 - There is an identified need to fund research to determine efficacy of service delivery models.

5. Equipment and Technology

- It is not always clear who funds and distributes alternative/augmentative communication devices and specialized equipment and technology.
- There is a need for professional support and training to use equipment and technology.

8.2 Literature Review Executive Summary

Based on recommendations arising from a 2003 review of Alberta's Student Health Initiative, a provincial review of speech-language services was initiated by a Working Committee comprised of representatives from four Alberta ministries: Children's Services, Community Development, Health and Wellness, and Learning (which later separated into Alberta Education and Advanced Education). The Working Committee requested a literature review be undertaken to inform the activities and strategies being developed as part of the speech-language services review.

General information

A median prevalence of 6% is reported for children with primary speech or language delays in the general population of children up to 16 years of age (Law et al., 1998). Speech and language delays and disorders have negative effects on school achievement and can be associated with social, emotional and behavioural problems (Law, Garrett and Nye, 2003). Teachers believe students benefit from speech-language pathology (SLP) services in ways that benefit classroom performance, including positive impacts on literacy, written language skills, socialization and following classroom routines (Schooling, 2003).

Options for school-based SLP services

A classification of service delivery models is suggested based on the American Speech-Language Hearing Association (ASHA) (2000) guidelines for the roles and responsibilities of speech-language pathologists (SLPs):

- Collaboration/consultation – the SLP does not provide direct services
- Classroom-based or integrated services – is curriculum based; team teaching is frequently used with this model
- Pullout – services provided individually or in small groups, in separate room or within the classroom
- Self-contained program – the SLP is the classroom teacher responsible for curriculum and SLP remediation
- Community-based – services provided in the home or community setting
- Monitoring – often used before discharge/exit from therapy
- Combination – e.g., individual pullout services and work with child in classroom

A general trend in the literature from the traditional pullout services to more collaborative and integrated models was noted. In the United Kingdom and the United States, this trend is generally associated with legislative changes towards “inclusion” where children with disabilities are educated alongside non-disabled children and all children have the right to access quality services. A second noted trend is towards increased accountability. The latter trend is often associated with managed care (HMO) models in the United States and Local Education Authority/Health Trusts collaborations in the United Kingdom.

The evidence of effectiveness of the various models was noted as follows.

- There is evidence that classroom-based intervention is effective when compared with no treatment (i.e., regular classroom instruction).
- Evidence for pullout models is represented by the general SLP literature. There is strong evidence that SLP interventions are effective for children with expressive phonological and expressive vocabulary difficulties. There is less evidence of effectiveness for receptive language difficulties and the evidence is mixed for children with expressive syntax difficulties (Law, Garrett and Nye, 2003).
- Studies with the strongest designs suggest that both classroom-based and traditional pullout models are equally effective for children with expressive language delays/disorders. One study suggested that when combined, the classroom-based and pullout models are more effective than either model used independently.
- Within the pullout model, studies generally report no difference in the effectiveness of individual versus group therapy (Law, Garrett and Nye, 2003).

Surveys of practice patterns suggest that Canadian SLPs mostly use either consultative (indirect) or traditional pullout models (direct individual or group treatment) over SLP/teacher collaborative models. When classroom-based interventions are used, there is a preference to use those models involving the least collaborative interventions.

Both SLPs and teachers believe that it is important to work together regarding communication skills of children (Wright and Kersner, 1999) and a large majority of both teachers and SLPs perceive that the collaborative process influences them (Hartas, 2004). The main barrier to collaboration is reported to be time constraints. Other barriers noted are role uncertainty, turf and relationship issues, and geographical, logistical and programming considerations.

Role/involvement of others

Considerable research attention has focused on the effectiveness of parents as alternate service providers.

- There is strong evidence that trained parents are as effective as SLPs in achieving language improvements (Law, Garrett and Nye, 2003). However, the results of treatment are more varied for parents, suggesting that some parents are better suited than others.
- There is less evidence of the effectiveness of parent-administered articulation therapy as an alternative to clinician-administered SLP. However, there is some evidence that articulation therapy is most effective when individual SLP is combined with a home program (Fudala, England and Ganoung, 1972; Schooling, 2003).
- Results of economic analyses are mixed, with some authors reporting the cost-effectiveness of clinicians and parent-administered SLP when the value of parental time is excluded. When parental time is included, home parent training programs may cost up to 20% more than clinic-based programs (Eiserman, Weber and McCoun, 1995). A second study found that when all costs were included, a home-based program was more efficient (Barnett, Escobar and Ravsten, 1988).

Surprisingly little research on the effectiveness of paraprofessionals as alternative providers were found. Professional SLP associations in Canada, the United Kingdom and the United States have position papers, guidelines or standards governing the use of paraprofessionals. Generally, these standards or guidelines specify the qualifications, training, role and level of supervision required by paraprofessionals. SLPs who use paraprofessionals are positive about having this resource (Peters-Johnson, 1996). However, several issues have been reported, including SLP concerns related to job security, lack of preparation to assume legal liability and supervisory responsibilities, increased workload and compromised service quality.

Special issues

SLP professional associations in Canada, the United Kingdom and the United States have recognized and prepared position papers on the issue of SLP for children who are linguistically and culturally diverse. Three themes were noted in the literature: insufficient numbers of multicultural and/or bilingual SLPs, insufficient education of SLPs to work with these students, and lack of or inappropriate use of standardized assessment instruments for languages other than English.

A second topic area receiving attention in the literature is the transition of students through various placements from home to preschool, kindergarten, school and post-secondary school. As well, articles on the transition from self-contained language units to mainstream school placement were identified. While articles generally reflected informed opinion rather than evidence, most authors writing on transitions stressed the need for formal and collaborative mechanisms to assist children with disabilities through their transitions.

Caseload management

The main questions SLPs must address in managing their caseloads, given greater demand for the service than they can readily supply, are how to allocate their services most effectively, efficiently and fairly, and what alternative means of service delivery are viable, especially in remote geographical areas.

There is some literature that suggests differences in client access to SLP services in rural versus urban areas, due to travel distances for either SLPs or clients. One study noted that access barriers are more likely to result in greater use of home programs and consultative (indirect) services to schools, and greater use of the telephone as a bridge between therapy sessions.

Caseload guidelines (i.e., 40 for school-aged children, 25 for preschoolers) suggested by the American Speech-Language Hearing Association (ASHA), are routinely exceeded in Canada and the United States where school-based SLPs report mean caseload sizes of 60 and 53 respectively. Teachers' perceptions of the effectiveness of traditional pullout SLP on reading, writing and following classroom routines is reduced as SLP caseload size increases. Little is known about caseload size as it relates to the more recent service models such as indirect treatment and SLP/teacher collaboration.

One author describes the tension between the perspectives of health and education sectors with respect to caseload selection and prioritization decisions. In the education sector, where the perspective is towards 'inclusion,' prioritization of students based on resource constraints is not acceptable. The health sector, on the other hand, views prioritization based on need as an essential component of caseload and resource management. In fact, under the National Health Service Trust system in the United Kingdom, audits are conducted to ensure students are not unnecessarily and inappropriately subject to treatment.

No research specifically on the effectiveness of various SLP scheduling options, including block scheduling, was identified. Some authors have studied frequency, intensity and length of treatment, with some suggesting this may fall between four and 12 weeks. Treatment beyond this time period, while not ineffective, may result in smaller effect size.

While evidence is limited, there is cautious optimism regarding the use of telehealth and computer technology in SLP.

8.3 Pan-Canadian Survey Executive Summary

This Executive Summary captures the results of the Pan-Canadian Survey. Information for the survey was obtained via telephone interviews with eighteen (18) representatives of health and education ministries in the ten provinces and three territories across Canada. Questions centred on funding, service provision, access, service delivery models and key issues with a focus on school-aged children and youth.

In general the issues regarding the delivery of speech-language services are common across the country. These include equity of access, waiting lists, service demand exceeding resources (both human and financial), evidence-based practice, service coordination, and recruitment and retention of professional staff.

Services for school-aged children are funded by education departments (54 per cent), departments of health (23 per cent) and are also shared by several ministries (23 per cent) in some provinces. Services for preschool-aged children are funded by health ministries (54 per cent), children's services ministries (16 per cent), by non-governmental organizations (7 per cent) and also shared by several ministries (23 per cent) in some provinces. Four of thirteen governments (British Columbia, Ontario, Alberta and Quebec) have written agreements and/or protocols regarding funding across ministries.

Information about funding levels, the number of full-time equivalent positions funded and the number of children using speech-language services was not consistently available from those interviewed.

Service priorities and models are set at regional and local levels. A strong trend toward consultative models of service was noted across Canada. Issues of equitable access for children in rural and urban centres and culturally and linguistically diverse children were common concerns. Collaborative approaches to service delivery are specifically encouraged in four provinces (British Columbia, Alberta, Saskatchewan and Newfoundland/Labrador). Services are delivered primarily through local/regional authorities (including health and education systems). The majority of provinces deliver services to school-aged children exclusively through schools, however three (Ontario, Prince Edward Island and Nunavut) deliver services through clinics and/or homes as well.

The use of paraprofessionals varies across Canada, with a strong emphasis on their use in Manitoba and Nunavut, moderate emphasis in Alberta, Quebec and Saskatchewan, and little or no emphasis in New Brunswick and Nova Scotia. New Brunswick however has a strong focus on parent training and support. This is reflected to a lesser degree in the Northwest Territories and Saskatchewan.

There were many examples of innovations in areas of coordinated cross-system planning, service delivery models (e.g., culturally appropriate tools), centralized databases, recruitment and training of professionals and parents, unique partnerships (e.g., Student Health Initiative in Alberta), and tracking outcomes. Although each innovation was created to meet local, regional or provincial needs, some may offer valuable insights for improvement of speech-language services across provincial boundaries.

All provinces and territories have goals and activities directed at addressing the major issues. Many have implemented program and process changes in recent years to address waiting lists, coordination and other important challenges. In Alberta, the Working Committee for this review has initiated the development of strategies which, when implemented, will make major strides toward the issues in this province.

8.4 Stakeholder Service Inventories Executive Summary

In the spring of 2004, a cross-ministerial review of the delivery of speech-language services for children and youth in Alberta was initiated. The review focused on identifying issues related to the delivery of services and reviewing the efficacy of various models of service delivery. Following the review, a coordinated set of strategies will be developed to improve the delivery of speech-language services in Alberta.

The review's Working Committee (comprised of representatives from Alberta Education, Advanced Education, Health and Wellness, Children's Services, and Seniors and Community Support) implemented three approaches to gathering information. These included a stakeholder service inventory (survey), a Pan-Canadian survey of models and practices elsewhere in Canada, and a comprehensive review and analysis of current literature relating to speech-language services. Four documents (including separate summaries for stakeholder identified issues and numerical data drawn from the inventory) have been synthesized in a final project report entitled "A review of Speech-Language Services in Alberta, 2004."

A total of 278 inventories were sent to stakeholders involved in delivering speech-language services in Alberta. The inventories asked a variety of questions regarding what speech-language services were being delivered, to whom and by whom. One hundred and one (101) inventories were returned from regional health authorities (RHAs) (23), school districts (23), early childhood services (ECS) (28), private schools (3), Student Health Initiative partnerships (SHIPs) (14), Regional Educational Consulting Services (RECS) (4), and child and family services authorities (6). Both numerical data and anecdotal comments are detailed in the full review report.

The largest number of children receiving speech-language services are between the ages of 2.5 and 5.5 years, followed by younger school-age children between 6 and 8 years of age. More than half of all speech-language interventions (individual and group therapy, individual child consultation and classroom-based services) are delivered directly by speech-language pathologists (SLP). The percentage of intervention services varies across service providers from a low of 48 per cent in RHAs to 68 per cent in school districts. Approximately one-third of screening and assessment of children is done directly by SLPs.

All stakeholder groups reported waiting lists for speech-language services. The highest percentages of organizations with waiting lists were RHAs (91 per cent) and SHIPs (83 per cent). Approximately three-quarters of all respondent organizations providing direct services in Alberta reported they have children waiting to receive speech-language services.

The majority (80 per cent) of SLPs working in Alberta are employees of various organizations. The balances of SLPs are contracted (i.e., non-employees). The largest single employer of SLPs is RHAs, which employ 73 per cent of the SLPs covered by the 101 inventory respondents. There were 48 reported SLP vacancies representing seven (7) per cent of the reported 707 SLP positions. Vacancy rates were much higher than average (23 to 57 per cent) in four rural RHAs.

The only organizations that reported SLP caseloads within the accepted range reported in the research literature were early childhood services programs. The balance of organizations reported caseloads three to four times the accepted standard. The highest annual average caseloads for SLPs were reported by RHAs (170 children), school districts (101 children) and RECS (93 children).

Comments of respondents identified several themes.

- A variety of approaches are being used to address concerns regarding how to prioritize children who are in need of speech-language services. These include using assessment results, using a first-come, first-served approach, prioritizing younger children first and prioritizing children who have more severe delays and/or are most at risk.
- Service innovations are emerging including training parents as interveners, using block scheduling, consultation to teachers, use of SLP assistants and multidisciplinary approaches to service delivery.
- There is a shortage of SLPs in Alberta. Attracting and retaining SLPs is a major concern to most organizations. Programs to recruit, support and provide ongoing professional development have been implemented in many jurisdictions.

It should be noted that 101 inventories were returned by stakeholders, yielding a response rate of about forty (40) per cent. The data presented here may or may not be fully representative of the state of speech-language services in Alberta. The data provides a current snapshot of some of the challenges those organizations delivering services are facing in September 2004.

8.5 Focus Group Sessions Executive Summary

Background

A provincial review of speech-language services was initiated in 2004. The review was conducted by a cross-ministry Working Committee and supported by a broader stakeholder Advisory Committee. A draft strategic approach was developed based on the findings from the review (including the identification of seven issue statements and accompanying goals and strategies).

Purpose

The purpose of the regional focus group sessions was to share findings of the review, facilitate awareness and understanding of the draft strategic approach, and obtain input regarding implementation of the strategic approach.

Methods

Focus group participants were identified and recruited through members of the Working and Advisory Committees. Focus groups were conducted in six locations across the province in May 2005. The overall process was facilitated by Alberta Community Development. Small group discussions were facilitated by members of the Working and Advisory Committees.

Participant comments were recorded on flipcharts and entered verbatim by a research assistant. Data were reviewed across each location and then categorized by individual issue statement. Data analysis was supplemented by discussions with members of the Working Committee and observation during one of the focus group sessions.

Note: Prior to the regional focus groups, two sessions were conducted with participants during the Student Health Initiative Partnership forum in Edmonton in March 2005. Feedback from these sessions was also considered in the analysis phase of the current project.

Key Findings

Common Themes Across Issues

Prevention, early identification and intervention: The need for more prevention, early identification and intervention was reiterated during the discussions regarding each of the seven identified issue statements, and corresponding goals and strategies. For example, with respect to supply and demand, it was suggested that increased prevention would result in reduced demand and also lower caseloads for the existing supply of speech-language pathologists (SLPs) and speech-language pathologist assistants (SLPAs). The need for increased prevention, early identification and intervention was also raised during the discussion

regarding recruitment and retention, the research continuum (need for research on the effectiveness of early intervention), service delivery models, coordination (e.g., when preschool services are not coordinated, the opportunity for early intervention is missed), and alternative devices, specialized equipment and technology (e.g., need for universal screening tool, suggestions regarding software programs for early identification).

Rural capacity: The need to build rural capacity and to address the needs of rural and remote communities was reiterated throughout the focus group discussions. Participants repeatedly advocated for the development of a rural incentive plan to address a broad range of factors including recruitment, retention, training opportunities and ongoing professional development. The need to recognize existing strengths in rural areas was also emphasized.

Parental engagement: The need to engage parents and families in planning, service delivery and research was emphasized throughout all of the focus group discussions. Participants cautioned, however, that there are barriers to engaging parents that must be recognized and addressed.

Integration between education and speech-language: Participants advocated for the integration of speech-language development into bachelor of education programs as well as the provision of ongoing joint professional development opportunities for teachers and speech-language professionals. The need for training in education models and classroom-based experience for SLPs and SLPAs was also emphasized during the focus group sessions. Participants reported that increased integration between the education and speech-language service delivery systems was critical to meet the needs of children and youth.

Provincial standards: Participants reported a lack of consistency in many areas related to the delivery of speech-language services for children and youth. Focus group participants suggested the development of provincial standards to address many of the identified issues.

Collaboration: Collaborative models were accepted and endorsed as necessary, positive steps for the future. Focus group participants further noted that in many cases collaboration was already occurring in both rural and urban settings. However, it was strongly suggested that it takes time, willingness and resources to collaborate. Willingness often exists, but participants reported a lack of time and resources as key barriers to collaboration.

Action: The desire for action was clear. Participants expressed eagerness and enthusiasm to move forward from issue identification to action.

Stakeholder Feedback on the Issues, Goals and Strategies Outlined in the Strategic Approach

Focus group participants expressed overall agreement with each of the seven issue statements outlined in the strategic approach. In this respect, the focus group sessions served to validate the issues identification process and draft strategic approach.

Requests for clarification were made with respect to wording and terminology within the document. For example, participants requested definition of terms and concepts (e.g., regional, “adequate” supply). Requests for clarification were also made regarding roles and responsibilities as outlined in the issue, goal and strategy statements. For example, “who is responsible” / “who will spearhead” the overall initiative and/or individual strategies.

A great deal of overlap emerged during the discussion among and between issue statements, demonstrating that the issues related to speech-language services for children and youth are indeed interrelated. For example, the issue of supply overlapped with recruitment/retention; the issue regarding a range of service delivery models overlapped with research. This further confirmed the underlying assumption that the issues relating to the delivery of speech-language services in Alberta are long-standing, interrelated and complex.

Overall, participants commented favourably on the workbook format and reported that there had been a thorough identification of issues.

Appreciation for Opportunity to Provide Input and Interest in Next Steps

Participants expressed appreciation for being invited to the sessions and having an opportunity to participate in cross-sectoral discussions that would contribute to problem solving regarding speech-language services. Some participants further recommended a broader scope of consultations (e.g., to include members of the Aboriginal community, English as a Second Language stakeholders and families in similar focus group sessions).

Participants also expressed interest in learning more about the next steps including the roll-up of findings from the focus groups, the development of an implementation plan and moving from issues identification to action. Suggestions and recommended actions for implementation were also provided during the focus group discussions.