



**Quinte Children's Treatment Centre  
School-Based Rehabilitation Services**

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**SCHOOL-BASED REHABILITATION SERVICES (SBRS) PROGRAM**  
**OCCUPATIONAL THERAPY, PHYSIOTHERAPY AND SPEECH AND LANGUAGE INFORMATION**

The rehabilitation service landscape for children and youth in Ontario is complex and involves multiple sectors and service providers. In response to feedback received directly from families, the provincial government has made changes to improve the delivery of school-based rehabilitation services for children and youth from school entry to school leaving age. A key step was the transfer of contract management for the delivery of these services in publicly-funded schools from the Local Health Integration Networks (LHINS) to Children's Treatment Centres (CTCs) in Ontario. This change took effect on January 1, 2019.

**Mandate of School Based Rehabilitation Services:**

The SBRS program is intended to provide assessment, consultation, education, strategies and recommendations to students and school staff to address issues that impact the student's ability to participate in the school curriculum and/or environment. These include challenges a student may have in the classroom, hallways, gym, washrooms, lunch rooms/cafeteria, playgrounds, on the bus/transportation, etc. Services are provided through a team-based model where therapists work with schools, school board staff and parents to define the specific functional goals to be addressed and provide strategies, recommend equipment, etc. that can be implemented within the classroom or school environment given available space and human resources.

The mandate of the SBRS Speech Therapy program is to provide intervention for students with moderate to severe speech disorders, including motor speech, articulation, fluency (stuttering), voice and swallowing issues. All speech referrals to the SBRS program must be made by a Speech and Language Pathologist either at the school board or through the Quinte Children's Treatment Centre Preschool Speech and Language Program. This will allow the assessing speech therapist to determine the type and severity of the speech issue as well as identify language needs, thus directing the referral to the most appropriate program(s).

Transfers are often received from other Children's Treatment Centres for students who have moved into the area and who were receiving SBRS in other areas of the province. In these cases, we may need to seek further clarification from the local school or parents as to the student's functional needs within their new school environment.

**Differences you may be seeing in your schools:**

The implementation of a system that addresses these and other needs requires a shift from the traditional practice of one-on-one intervention for every child to a continuum of service delivery approaches based on need. Resources do not allow the ability to provide one on one services to the number of children in service and on waitlists, nor is this always the best means of providing supports. In Hastings and Prince Edward Counties and across the province, SBRS programs are focused on moving to a functional, needs-based program where services are delivered with increasing intensity where appropriate. Capacity building within classrooms/schools and/or with parents/teachers through universal interventions is an integral part of an

updated service model that allows both to support students within the context of their natural environment at home, in the community or in school.

It will take some time to transition from our existing model of service delivery to a new model. What schools may be seeing now with therapists is a shift from classroom withdrawal for every student to discussions with school teams regarding functional goals and more in-class observations and interventions intended to support students while remaining in class with their peers. Many schools are expressing interest in 'universal design' types of intervention where the therapist works with the teacher and school board resources within the classroom to jointly provide intervention strategies and increase capacity of school staff in supporting students. This model allows for an approach of "good for all, necessary for some". Ultimately, the goal is that a number of students that would previously have been referred for individual intervention will have their needs met through universal design, allowing therapists to better manage the number of students that do require targeted intervention. Examples thus far include development of resources by Physiotherapy and Occupational Therapy to deliver meaningful movement breaks within the classrooms, development of a resource by OT on positioning options for virtual learners and teaching educational assistants how to determine if a child is over- or under-stimulated so they are aware of when to shift activities within program.

### **Changes to our discharge process:**

We understand that historically there has been great reluctance to discharge students who do not have current needs, in large part due to lengthy waitlists and the resultant difficulty accessing service if future needs arise. In acknowledgement of this, we have revised our discharge process. Discharged students who require services in future will be admitted back to the program based on their original date of referral. This will allow a timely response to students with new needs but also permit movement of students off caseloads in order to better address those on the waitlist. Schools are asked that if within 2 years of previous service, the Student Update form be used to re-refer the student and information regarding updated issues and goals should be included. For OT re-referrals, please also discuss with the therapist prior to submitting.

Please note that services are not provided through SBRS for the following:

- Assistive technology/resources/accommodations already in place that are successful; a professional letter is not required for SEA applications for technology such as Chrome books, laptops etc.; if the school has already determined that written communication needs are best met through this technology, an OT referral and letter are not required and a referral to SBRS will not be accepted
- Sporadic issues (i.e. Not daily/constant)
- A student who requires left-handed tools
- Students who are home-schooled (no longer registered with the district school board) or attend private schools are not eligible for SBRS and are to be referred to their local LHIN for rehabilitation services
- Language-based needs and mild speech needs are addressed by the School Board Speech/Language Pathologists
- JK students with speech and language needs are supported through the QCTC Preschool Speech and Language program
- Referrals for sensory or fine motor needs will not be accepted without indication of the functional needs that are being impacted within the classroom or other school environments

We truly appreciate our partnerships with families and our local school boards and look forward to working together to support students in a functional way. Please do not hesitate to contact our Clinical Coordinator at (613) 969-7400 ext. 2833 if you have any questions.