



# Reinstatement of Early Interventions Funding for Alberta's Children Urgently Needed This School Year

## Alberta's children and families are facing unprecedented challenges

in the wake of the COVID-19 pandemic. Added to these stressors are UCP announcements to reduce funding for early interventions, including occupational therapy (OT) services, for children who are most at risk of being left behind.

The Society of Alberta Occupational Therapists (SAOT) supports equality for all children living in Alberta. OT services are essential for children with disabilities as they often require support to integrate successfully into classrooms and communities.

In the absence of OT support in early childhood services (ECS), children who are currently "at risk" are more likely to develop complex needs and face the reality of not being able to "catch up" to their same-aged peers. SAOT defines "at risk" children as those children experiencing physical, cognitive and/or emotional barriers to success.

## Occupational Therapy Enhances Skill Development and Enables Participation, for "At Risk" Children

OTs enable participation of children in meaningful occupation. Occupations are everything that people do during the course of everyday life and through their lifetime<sup>1</sup>. The occupations of a preschool child include learning, playing, and developing independence. OTs are in a unique position to assist because of their holistic education and training in physical health, mental health, child development and environmental/task analysis. In Alberta, OTs working in ECS foster occupations of "at risk" children in inclusive environments and enable them to:

1. *Enhance their mental health through targeted opportunities for development of emotional and sensory regulation, social and play skills.*
2. *Develop productivity skills (that allow them to be successful in functional school tasks). This includes fine, gross and visual motor skills required for life skills such as play, dressing oneself, holding utensils to eat and learning how to hold crayons to color. When Occupational Therapy services are delivered through collaboration and partnership with teachers and school staff, it has revealed clinically significant gains in school productivity goals<sup>2</sup>.*

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<sup>1</sup> CAOT Position Statement: Healthy Occupations for Children and Youth. (2009). *Occupational Therapy Now*, Volume 12.1

<sup>2</sup> Whalen, S. S. (2003). Effectiveness of occupational therapy in the school environment.

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3. *Develop independence in daily living skills. This includes skills such as learning to eat with a spoon, dress oneself and navigate his/her environment<sup>3</sup>. Activity modifications and assistive devices are also provided by OTs to assist with independence.*
4. *Support injury prevention practices that encourage safe engagement in healthy occupations<sup>4</sup>. This includes activities such as teaching about helmet use, personal, and environmental safety (e.g., supporting children who are deemed a “flight risk” or who engage in self-injury) within an inclusive environment.*
5. *Receive services that assist with identification of needs within highly sensitive developmental periods that are unique to each child. Accurate identification of developmental challenges allows for individualized strategies and immediate intervention to be provided, which proves critical to the healthy future of “at risk” children.*



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## Occupational Therapy Intervention is Cost Saving and Capacity Building

OTs appreciate the opportunities they have been given to work in inclusive environments with “at risk” children and acknowledge that our Ministry of Education team, under the direction of Adriana Lagrange, is looking for highly effective and efficient service delivery while maintaining positive outcomes within our educational system.

Occupational Therapy helps to save money and improves outcomes by empowering teachers and educational assistants (EAs) to incorporate strategies into the classroom and simultaneously building their capacity to work alongside children with similar profiles in the future. As teachers’ skills increase the need for such an intensive amount of collaboration decreases for the next “at risk” child *if* they have similar needs. This ultimately leads to cost savings in addition to greater outcomes for more children.

Research has proven that OTs working with children with delays during their early years (up to age six) can have a significant impact on helping them reach their developmental milestones and catch up to their same-aged peers. The financial impact of these supports in the early years is profound and early intervention has been linked to improved economic self-sufficiency and lower welfare usage both for parents as well as children with disabilities, along with gains in cognitive function<sup>5</sup>. Without these early supports in place, these children fall behind year after year and are never able to catch up. In addition, investing in early education *now* has financial benefits in the future. In Canada, on average, for every dollar invested into early education programming, \$6 in economic benefits is seen<sup>6</sup>.

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3 Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., ... Vogel, C. (2005). *The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs. Developmental Psychology, 41(6), 885–901.* doi:10.1037/0012-1649.41.6.885

4 CAOT Position Statement: Healthy Occupations for Children and Youth. (2009). *Occupational Therapy Now*, Volume 12.1

5 Karoly, L., Greenwood, P., Sohler Everingham, S., Hoube, J., Kilburn, M., Rydell, C., Sanders, M., Chiesa, J. (1998). Early Childhood Interventions: Benefits, Costs, and Savings, Santa Monica, Calif: RAND Corporation, RB-5014, 1998. As of June 29, 2020: [https://www.rand.org/pubs/research\\_briefs/RB5014.html](https://www.rand.org/pubs/research_briefs/RB5014.html)

6 Alexander, C., Beckman, K., Macdonald, A., Renner, C., & Stewart, M. (2017). Ready for Life: A Socio-Economic Analysis of Early Childhood Education and Care. <https://www.conferenceboard.ca/e-library/abstract.aspx?did=9231>

# Impact of Funding Cuts to Occupational Therapy Services in ECS Programs in Alberta

With the funding changes coming in the 2020/21 school year, numerous ECS programs will see a reduction or elimination of OT services.

OTs who work in ECS programs across the province may see their critical role disappear. The number of “at risk” children who will be able to receive ECS support this fall will be dramatically reduced due to changes in Program Unit Funding (PUF) eligibility and the associated changes to the actual funding dollars attached to each child receiving PUF. The impact of these changes will be far-reaching and detrimental to children and families:

## 1. Moderately “at risk” children will be left behind.

The Special Education Coding Criteria has changed for the 2020/21 school year and OTs no longer contribute to identifying children for eligibility under Code 47. Previously, children who were assessed to have a moderate language delay were eligible for PUF if they also had a moderate fine or gross motor delay (which was often identified by OTs). This means that many children with moderate delays in language and motor skills will no longer receive OT supports as they may no longer be eligible for PUF.

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The reduction of early intervention for moderately “at risk” children will ultimately cost the government more financially in the years to come. These children will continue to require a higher level of support as their needs are never fully met. As well, families will be impacted as they may have to take time off work to provide specialized care for their child, and children will encounter more barriers in contributing back to society and finding jobs in the future. These children will fall behind year after year as they are unable to catch up to their same-age peers.

The creation of a PUF eligibility code (qualified by OTs) for children with motor delays, sensory regulation challenges, and/or other mental health difficulties is necessary to ensure that needs are identified quickly and intervention can be immediate.

Currently, motor delays (without a medical diagnosis) and sensory processing differences are not factors that allow a child to access PUF, yet they both present barriers to successful classroom participation. Mental health challenges are captured under code 42, but OTs are not listed under a “qualified health professional”, meaning that they are unable to support a child’s eligibility under this funding code despite in-depth education and training in mental health. The creation of a PUF eligibility code where OTs are qualified to comment on a child’s functioning in these realms and expansion to allow OTs to support a child’s eligibility under code 42, would ensure that children are more accurately coded for ECS programming and decrease the odds of them falling behind in the future.

## 2. Decreased support and intervention during a child’s “Golden Year”.

The changes in age eligibility and subsequent removal of PUF for children entering kindergarten will further limit OT access for children in schools. Clinically, kindergarten is the “golden year” for foundational learning and skill development. Statistically it is found that 42% of children no longer require support or intervention after completion of kindergarten<sup>7</sup>. In previous years, children have been able to receive PUF support in kindergarten, which has been instrumental in setting up children for success in Elementary School as support for the transition to and participation



7 Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., Singer, M., Nelson, L. (2007). Early intervention for infants and toddlers with disabilities and their families: Participants, services, and outcomes. SRI International. [https://www.sri.com/wp-content/uploads/pdf/neils\\_finalreport\\_200702.pdf](https://www.sri.com/wp-content/uploads/pdf/neils_finalreport_200702.pdf)





decreased number of programs available as a result of funding cuts, they will now be entering kindergarten with no previous programming or interventions, meaning many “at risk” children with developmental delays as well as undiagnosed disabilities may not be identified until their kindergarten year. Clinically, many of these children will require extensive support on the first day of kindergarten and the proposed Specialized Learning Support (SLS) grant will not be able to support their needs effectively. Simply put, they will need more support and funding to be successful in their kindergarten year, not less.

Although the SLS grant that replaced the Inclusive Learning grant has expanded from Grades 1-12 to include Kindergarten, this funding is now being spread across all ages and less specific funding will go to support individual children in kindergarten. This will impact students’ ability to develop the strong foundation that they require for their future in the education system. Without early intervention, children with disabilities are placed at an even greater disadvantage and are at risk of never catching up developmentally to their same-aged peers and require a high degree of help all through the school system and beyond<sup>8</sup>.

### 3. Loss of valuable collaboration opportunities.

SAOT believes that building family and educator capacity is an integral aspect of current service delivery as it allows the parent and teacher to have a shared understanding of how to support the child both at school and at home. The Family Oriented Programming (FOP) sessions that were used to strengthen this family to school connection and build parent capacity have been cut from PUF. This no longer allows for a continuity of supports and interventions across environments. It has been shown that collaboration with teachers and caregivers is essential to maximize effectiveness of, and satisfaction with, the intervention provided by the OT<sup>9</sup>. Furthermore, research has shown that intervention delivered in the home in addition to in community programs like ECS have demonstrated increased improvements in children’s cognitive and language function<sup>10</sup>.

With the loss of this important component of OT service delivery, there will be a breakdown of the home to school connection and no consistency with interventions or support across the contexts of the home environment and the school setting. This can greatly impact an OT and parent’s ability to help support children with toilet training, feeding skills, sensory regulation, and many other self-help skills as strategies often need to be consistent across environments and contexts.

within the classroom are available. Minister LaGrange has cited that by removing PUF for children in kindergarten it will prevent them from experiencing a dramatic drop in the level of support when entering Grade 1 (where PUF is not available).

For children who did not have the opportunity for ECS programming due to the

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8 Ramey, S.L. and Ramey, C.T. (1992). Early educational intervention with disadvantaged children - To what effect? *Applied & Preventive Psychology*, 1:131-140.

9 Whalen, S. S. (2003). Effectiveness of occupational therapy in the school environment.

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10 Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., ... Vogel, C. (2005). *The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs. Developmental Psychology*, 41(6), 885–901. doi:10.1037/0012-1649.41.6.885

#### 4. Overburdened system leading to a decrease in quality services.

The modifications to the calculation of the ceiling amount for one child receiving PUF and the decrease in Education funding will result in many OT positions being eliminated. There is already a discrepancy in the number of children requiring service and the number of OTs available to support these children. This means that OT services that are already stretched to capacity will continue supporting children with needs and complexities that are ever increasing and become at risk of becoming exponentially overburdened. Simply put, there will be less OTs available to work with the children that need their expertise.

The ramifications of School Board funding cuts have been significant reductions in services and staffing at numerous sites across Alberta causing many programs and OT positions in ECS to be eliminated. Schools are faced with increased demands to do more in an environment that is already limited in time and resources<sup>11</sup>. Many children and families have been told there is no space for their child in an ECS program despite the fact that their child qualifies for support and services.



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### Conclusions and Recommendations

OT services play an integral role in school classrooms and in ECS programs in particular. We support all children to be independent and we work alongside teachers and other school staff in an inclusive school environment to deliver evidence-based strategies with proven outcomes. With reduced access to OT services, children with disabilities and their families will struggle to integrate successfully into their classroom and school communities. Children who are currently “at risk” are more likely to develop complex needs versus catching up with same aged peers.

SAOT strongly urges Alberta Education to review the changes made to the PUF program and the subsequent layoffs to OT and Occupational Therapy Assistant (OTA) positions as a result of these changes.

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#### SAOT makes the following recommendations for immediate consideration:

1. Reinstate the PUF programming that was slated to be eliminated in the 2020-21 school year and maintain funding support for ECS programming.
2. Create a Special Education Code for Occupational Therapist-identified areas of support (e.g., motor delays and sensory regulation) and recognize Occupational Therapists as qualified health professionals that can comment on a child’s eligibility under code 42.
3. Explore funding reallocation in consultation with service providers, schools and families prior to implementing program changes.

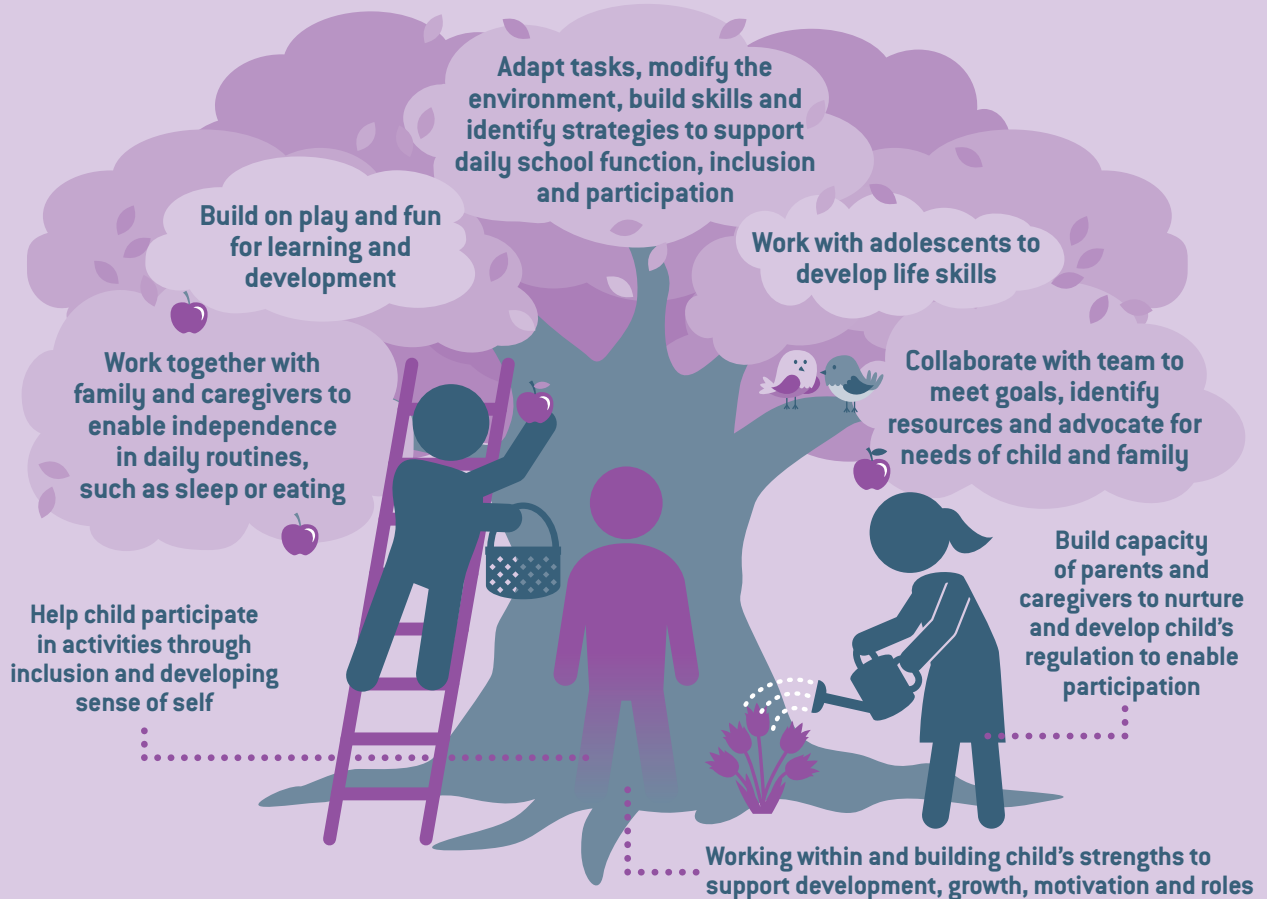
11 Naylor, C. (2002). B.C. teachers’ view of special education issues. Vancouver, Canada: British Columbia Teachers’ Federation.

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# Occupational Therapy for Children and Adolescents

*Working together for growth and development*



**29%**  
of Alberta OTs provide services to children, adolescents and families



**>1/5**  
of Albertan Children have a diagnosed disability by the time they are in kindergarten



**70%**  
of mental health challenges are onset in childhood or adolescence



**1 in 50**  
children are diagnosed with Autism Spectrum Disorder

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