



## Simcoe County Special Needs Strategy Communication

*“An Ontario where children and youth with special needs get the timely and effective services they need to participate fully at home, at school, in the community, and as they prepare to achieve their goals for adulthood”.*

It is hard to believe a year of work on proposal development for the Special Needs Strategy has come and gone. As the seasons have changed so has our thinking and understanding of services and supports in our community. In recent months, the Coordinated Service Planning (CSP) proposal was submitted along with much of the foundational work for a more integrated Special Needs System for Simcoe County. The spring and summer found us determining specific direction for the Integrated Rehab (IR) proposal and, with rapid development, seeing it submitted just before Halloween. As we brought this intensive work to a close, there was clear agreement around the table that success in Simcoe County was supported by the central role the voice of youth and families continued to play throughout the process. Those involved in the planning recognized the family voice formed our common ground and anchored our decisions within complex system thinking.

### The Work

As the CSP proposal was signed, zipped and e-mailed to the Ministry the table had to turn its focus to the work of the IR proposal. Two key task groups were established:

- A clinical task group consisting of front line rehabilitation providers and system leadership. This group worked on describing an evidence based, best practice model for the integrated delivery of rehabilitation services for children and youth.
- A structure task group consisting of the leadership of current providers of rehabilitation for children and youth. This group worked to determine the changes necessary within the system to allow the system to deliver the clinical model in the most efficient and effective manner.

These groups worked to tight timelines and presented all their work for endorsement to the core planning table. All tables continued to work together in a collaborative manner rooted in an appreciative inquiry approach. This allowed a respectful and supportive environment to work through even the toughest conversations.

The clinical task group proved invaluable to the work of the structure task group. Having the service delivery model defined supported making decisions about which agency delivered which services that were grounded in desired outcomes. The clinical task group developed an extensive document outlining the clinical model of service delivery that has been distributed within Simcoe County and beyond. In fact, it is likely this work has shown up in proposals across the province. Something to be proud of, and we want to express our gratitude to the front line members who gave their time!



*‘Believe in possibilities,  
the best is yet to come.’* -unknown

### Key Directions –Signaling Simcoe County’s Intent

The Integrated Rehabilitation work built on foundational elements that were supported earlier in the process for application to the Special Needs System including:

- Strengthening our collective commitment to a Network model
- Implementation of common tools such as the shared record
- Collaboration in system leadership that includes the voice of families and youth

And added specificity for the rehabilitation system including recommendations to ensure:

- the Integrated Rehabilitation System is strongly supported by the system structure and a collaborative leadership table that functions within the broader network
- the IR services are easily accessible for families and that waitlists are effectively managed
- the systems offers a range of service delivery options
- the unification of speech and language
- transitions which are based on the needs of the child, youth and family and allow for flexibility that supports the primary goal of seamlessness
- there is a community of practice that provides support to all clinicians engaged in the provision of integrated rehabilitation for children and youth
- the availability of services in the summer months, evening and weekends

These directions were strongly endorsed at both the task group and core planning table levels with recognition that there was a great deal of work to do to achieve implementation. An extended implementation period was recommended to address the collaborative work and system shifts that would need to occur to make these concepts a reality.

### Next Steps

We expect feedback on the CSP proposal imminently. We understand that the communities deemed most ready, based on proposal content, will be given approval first to begin implementation. The IR proposal has just been submitted. The Ministries direction has been clear that IR proposals are recommendations and specifics are not to be shared prior to approval. The Ministries will be reviewing all IR proposals and identifying themes. It is possible that the Ministries will develop a provincial approach to some aspects of the service system which might require some modifications to the current proposal. We expect that implementation for IR will not begin until well into the 2016/17 year. Overall, the success of the planning process inspires us for what can be once we move into implementation. What we have learned collectively will shape the system moving forward and enhance our ability to work together to grow a system that puts children, youth and families at the center of all we do!