

Speech-Language Pathology (SLP) & Occupational Therapy (OT)

What are Speech Language Pathology (SLP) services?

Speech-Language Pathology provides service to people with communication disorders. Speech Language Pathologists work with their clients to identify, evaluate, diagnose, treat, and manage speech delay, language development and/or communication disorders.

What are Occupational Therapy (OT) Services?

Occupational Therapy provides service to people to help them function in their daily lives. An Occupational Therapist will look at a person's abilities, the environment they need to function in and the tasks they need to do in order to provide intervention, supports and/or strategies to enable participation and function.

What is changing, and when did this change happen?

In-school Speech-Language Pathology (SLP) services were reduced in early January 2022 and will continue to be reduced throughout the 2022/23 school year. This is a reduction in overall SLP services available through in-school based services. Regular SLP services – including services for school age children - will remain accessible through in-clinic appointments.

In-school Occupational Therapy Services (OT) are being put on hold for the 2022/23 school year. This is a reduction in overall OT services available through in-school based services. Regular OT services will remain accessible – including services for school age children - through in-clinic appointments.

What do in-school SLP services involve?

In-school SLP is typically consultative, focused on assessment, in-class observation and recommendations and strategies for school staff to assist the child at school but is not focused on active treatment. In-clinic appointments are dedicated to assessment, treatment and recommendations for families. In-school services may continue for individuals on a case-by-case basis, dependent on need.

What do in-school OT services involve?

In-school OT is typically consultative, focused on in-class observation, assessment and providing recommendations and strategies to school staff to implement. School staff were able to refer students to OT to help with participation and engagement in the classrooms. In-clinic appointments are used for the purpose of working with the child and family with active therapy and education about strategies and tools.

Why are in-school services for OT and SLP being reduced?

Due to staffing limitations, the in-school OT and SLP services will be reduced for the 2022/23 school year. This is a temporary reduction in overall OT and SLP services offered in schools.

The NTHSSA understands that the change in services may be difficult for parents. This temporary change in the access point for these services will allow staff to focus on the hands-on work for youth that age out of the SLP program at 5 years old. It will also help ensure travel clinics continue to NWT communities outside the hubs, by sharing resources territorially during a period of lower-than-normal staffing.

What is not changing?

The OT and SLP programs will continue to support children and families via regular in-clinic services, as well as through other child development teams, providing direct assessment to clients, and follow up for children with complex needs. Virtual care options will also continue where possible based on NTHSSA staffing, with a focus on Junior Kindergarten and Kindergarten, to maintain connections with students and school employees.

The following OT and SLP services will be maintained:

- Travel clinics to communities to ensure delivery of care as close to home as possible for residents, with focus on 0-5 age group, seniors, and children with complex needs.
- Active service for children 0-5 years of age, prioritizing children who are approaching aging out of this age bracket to ensure they receive intervention before entering the academic years at school.
- Where required, in-school visits will be arranged on case-by-case basis to ensure the continuity of care.
- Consultations with family, school staff, and support persons for children with complex needs, provided in settings most relevant to the child.

OT and SLP practitioners will continue to prioritize all urgent and semi-urgent referrals. Routine self-referrals and referrals from healthcare providers will be accepted and added to the waitlist to be seen as soon as operationally possible. Urgent/semi-urgent referrals include children 0-5 years and those with complex functional needs. OT referrals from schools will only be accepted if the student is at risk of harming themselves or others, or has difficulties with feeding, toileting, mobility, seating, accessibility, or provision of assistive devices. SLP referrals from schools will only be accepted if a child has severe communication difficulties (unable to have a conversation with the child).

What about children or other vulnerable populations who require modified access to these services?

The NTHSSA remains committed to making these services as accessible as possible for residents who need them, and will work on a case-by-case basis if a child in need is unable to access services through regular processes. We encourage families to reach out to their rehabilitation team if current service offerings do not fully meet needs, so that delivery options or adjustments can be made.

In these cases families can reach out to one of the Child Development Team Coordinators:

- Jillian Fitzpatrick (Jillian_Fitzpatrick@gov.nt.ca) – Sahtu and Beaufort Delta Regions
- Barbara Beaton (Barb_Beaton@gov.nt.ca) - Dehcho, Tlicho, Fort Smith, Yellowknife Regions

How does the Referral Process work?

There are three pathways for referral: School Referral, Self-Referral and Healthcare professional referral

- School Referrals are completed when a child is identified as needing SLP or OT services. Schools inform parents that their child is being referred and parental consent is required.
- [Self-Referrals](#) are completed by the parents of the child.
- Healthcare professional referrals are completed as determined by the healthcare professionals and family; the healthcare professional informs the family of the referral.

A school referral is not accepted, what can I do?

If a school referral is not accepted, parents may still submit a self-referral. It is important to note that by submitting a self-referral it is likely that any assessment will take time to access; if a referral from a school was not accepted it is most likely the case that the needs identified do not fit within the criteria for urgent or semi-urgent services. However, families who believe they are in need of in-clinic assessment should submit a self-referral with detailed information to be reviewed by the rehab teams. They will then be contacted for assessment when possible based on patient volumes and staffing.

Related links:

- [NTHSSA Rehab services](#)