

Frequently Asked Questions

1. What are AHS pediatric rehabilitation services?

AHS will begin refining the way it provides pediatric rehabilitation for children and youth from birth to 18 years of age starting September 2020.

Our pediatric rehabilitation services will focus on addressing health and developmental needs of children from birth to 5 years of age. Specific, health-focused pediatric rehabilitation services will be available for children and youth ages 6 to 18.

We will work with children and families to provide goal-oriented:

- Early intervention
- Assessment and treatment to support meaningful participation at home and in the community
- Support with transitions to the next developmental stage or between providers, services and settings.

As many AHS staff remain redeployed to support the COVID-19 response across the province, the availability of pediatric rehabilitation services may be impacted.

Albertans are always central to what we do and we appreciate their understanding as we begin to rollout these changes.

2. Who provides the services?

A care team may include AHS audiologists, occupational therapists, physiotherapists, speech-language pathologists, therapy assistants, physicians, nurses, social workers, psychologists and more to ensure children, youth and families are supported holistically. Healthcare providers will also collaborate with others identified by the child and family as important to meeting their goals.

3. Who can refer to AHS pediatric rehabilitation services?

AHS pediatric rehabilitation accepts referrals from parents and guardians. Referrals from healthcare providers or physicians may be required for some services.

4. Who is eligible for AHS pediatric rehabilitation services?

- Children from birth to five years of age are eligible for all developmental and rehabilitation services.
- Children and youth ages 6 to 18 are eligible for an episode(s) of rehabilitation services if they experience significant changes due to injury, surgery, illness or a new functional need related to a medical or neurodevelopmental condition.
- Children and youth may not be eligible for some services if they are already receiving supports either through Alberta Education or Family Support for Children with Disabilities (FSCD) programs.

When we assess a child or youth, our focus is on understanding their strengths and needs to better inform their rehabilitation plan.

Evaluation for the sole purpose of meeting an external organization's funding or program qualifications are excluded. This allows us to focus on providing therapy to help children, youth and families take part in activities that are meaningful to them.

If you have concerns about your child's health or development, please visit ahs.ca/pedrehab to learn more or contact your primary care provider.

5. What is considered a significant change in status or new functional need?

A child or youth whose situation, health condition or ability to function is changing and requires rehabilitation. This change creates a need or opportunity for therapy to help:

- Enhance long-term function and development
- Enable a child's participation in meaningful activities
- Prevent complications or more medical interventions.

6. Who will be responsible for providing services in schools?

Alberta Education has given the school authorities the responsibility of meeting the needs of their students. If you have questions about in-school services, we encourage you to contact your school.

7. Why is AHS refining pediatric rehabilitation services?

Alberta Education has released a new funding model for the 2020/21 fiscal year which has redirected Regional Collaborative Service Delivery (RCSD) funding previously allocated to Alberta Health Services (AHS) to individual public school authorities.

As a result, AHS will no longer have staff with school-based assignments as it relates to pediatric rehabilitation services, unless contracted by the school authority.

With this change, AHS is refining the way it provides these services for children and youth from birth to 18 years of age, with a focus on early intervention and child and family readiness.

We recognize this is a change for everyone, including students, families, school districts, partners and AHS. Albertans are always central to what we do and we appreciate their understanding as we begin to rollout these changes.

8. How does this impact children, youth and parents or guardians?

The shift from school-based teams to health and community-based teams allows AHS to:

- Intervene early to provide children, youth and families with early detection, diagnosis and intervention to improve health outcomes
- Tap into health resources and professionals across AHS
- Create upstream benefits for system partners.

AHS will work with families and school authorities throughout the transition.

9. Where will the services be provided?

Pediatric rehabilitation services will be provided in community, outpatient and specialized rehabilitation settings.

10. How will transitions be coordinated?

With a family's consent, we will coordinate with other providers including private, school or Community Social Services (FSCD) based therapists to facilitate information sharing and smooth transitions.

Our goals for transition include:

- Helping children, youth and families be prepared for transitions
- Effective referral, access, wayfinding and transition between service providers
- Warm handovers to ensure the continuation of person-centered service delivery.

11. Where can I find pediatric rehabilitation services?

For a listing of pediatric rehabilitation services in your area, visit ahs.ca/pedrehab.

You can also contact your local health centre for more information on services.