**Does policy impact equitable access to services? - A critical discourse analysis of discharge policies in paediatric rehabilitation**

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**Plain English Summary**

**1. Introduction**

Having the *choice* to access rehabilitation services is a *right* of disabled children. In Ontario, Canada, children’s rehabilitation services are provided by Children’s Treatment Centres (CTCs), and many manage missed appointments using what are called ‘discharge policies’. In this paper, we think about how assumptions are made by healthcare workers about the value of rehabilitation services for disabled children and their families and who can access them. Unfortunately, it is not the voices of children and families that shape policies and services - it is the values of those working in the rehabilitation field that influence organizational policies, processes, and programs in the children’s rehabilitation system. These include the policies used to manage missed appointments. This results in assumptions that a) families value rehabilitation services and *should* attend with their child, b) families do not value rehabilitation appointments if they do not attend, and c) families are at fault if appointments are missed. Problematically, this view does not account for the valid choice for a family not to access rehabilitation services. Additionally, it does not make space to consider how barriers related to factors such as poverty, age or race may impact families experience using children’s rehabilitation services.

**2. Summary of the research**

Our research examined the language used in CTC policies related to missed appointments to understand how it might impact access to rehabilitation services for disabled children and their families. We aimed to describe trends in CTC policies for how missed visits are handled. We wanted to identify engrained values and assumptions in the policies that could influence access to service. We have developed policy recommendations that improve access to children’s rehabilitation services for children and families who want to use the service.

**3. Summary of the main findings**

We found that 15 of the 18 CTCs from which information was collected had policies in place to manage missed appointments. CTCs used things like reminder calls, appointment cards and offering of interpreter services to try to reduce missed appointments. A common flow for how missed visits were managed was identified, which often resulted in families being discharged from services after missing a specified number of visits.

We also found that although policies described opportunities to obtain family input on factors like service frequency, location and therapy goals, the choice for families not to access services is not represented as a meaningful option. This restricts children and families’ right to choose whether they want services or not. Supports to access services discussed in policies, such as interpreters, assume that disabled children and their families wanted to access services in the first place.

In the children’s rehabilitation setting, policies related to missed appointments are often enforced by the healthcare professionals. This means that healthcare professionals can use their judgement and have flexibility when applying the policies. This flexibility may allow for healthcare workers to work alongside families to support their access to services. However, because the power for implementing the policies lies with the healthcare provider, there is also a risk for negative judgements about the family or their reasons for missing appointments. These judgements may cause some families to experience barriers to service access due bias related to racism, classism or ableism.

Finally, we found that the language used in policies related to missed appointments places the service provider in a position of power over the family. The service provider is placed in the position to determine when and what types of services are offered to families and whether families are given the opportunity to continue in services after missing appointments. Limiting family choice and input in turn limits their power and does not allow for their unique situation to be considered. Additionally, by restricting the family’s voice, there is a risk of assuming that families share the same beliefs as many healthcare professionals: that rehabilitation services are beneficial for the development of disabled children. This perspective aligns with the idea that there is a desired normal child development, a belief that might not be shared by disabled children and their families.

Overall, we show that the current language of CTC policies related to missed appointments risks limiting the right of disabled children and their families to choose whether to access children’s rehabilitation services.

**4. Summary of the main implications of the research**

We provide recommendations for more inclusive policies that encourage CTCs to reflect on how current practices may create barriers to families accessing their services.

First, we recommend that when policies are developed, a family-centred approach that places family needs, values and desire for therapy should be at the forefront. Additionally, we recommend that consideration is given to how factors such as racism, classism and ableism may influence barriers families experience to accessing services.

Next, given the possible ethical questions or concerns that healthcare professionals may experience when enforcing policies related to missed visits, we recommend that organizations have a formal approach to using an ethical lens or framework when developing policies.

Finally, to understand the perspectives of disabled children and their families, we recommend that the voices of disabled children, youth and their families are always included in policy development at CTCs.

These recommendations are meant to provide CTCs with initial steps to reflect on how policies can be developed to be more inclusive and acknowledge family choice. Further research is required to explore how to implement these recommendations into practice.

**More Information**

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