



IMPROVE ACCESS TO CRITICAL SERVICES PROVIDED BY CHILD DEVELOPMENT CENTRES

Child Development Centres (CDCs) provide therapy and services to more than 15,000 children and their families throughout the province. CDCs serve children with physical, behavioural, neurological, and developmental disabilities, including cerebral palsy, Down syndrome, autism, fetal alcohol spectrum disorder, and other mental health and behavioural issues.

Funding challenges and shortages of health care and community social services professionals is taking a toll on these critical services that children and their families depend on.

Beyond the clear benefits of health equity and addressing the cognitive, social-emotional, and functional needs of young children, early childhood development makes economic sense. Comprehensive birth-to-age-five early childhood development for vulnerable children provides a return of 13% per year as a result of better outcomes in education, health, sociability, economic productivity, and reduced crime.¹ Put another way, for every dollar invested in comprehensive early childhood development, government receives \$6.30 in return in economic, social, and health benefits (referred to as the cost/benefit ratio). The research also indicates a higher return on investment when comprehensive programs begin at birth.

EARLY INTERVENTION THERAPIES PROGRAM NEEDS SIGNIFICANT FUNDING BOOST

Early Intervention Therapies include speech and language therapies to help develop the ability to communicate, physiotherapy to improve mobility and coordination, and occupational therapy to enable children to manage a variety of daily living activities. Early Intervention Therapies also include the use of infant development consultants during the first three years of a child's life. They help parents develop the many skills needed to care for a child with a disability. Child development consultants work with child care centres and preschools so that children with disabilities are able to participate in these programs.

Most Early Intervention funding is provided by the Ministry of Children and Family Development (MCFD) through the Children and Youth with Special Needs (CYSN) funding stream, which includes Early Intervention Therapies, Infant Development, Supported Child Development, and School Age Therapies. A lack of adequate funding for early intervention therapists and a shortage of professionals means that CDCs have long waits for children and families trying to access therapy. In one Northern CDC, for example, there are nearly 250 children on the waitlist trying to access Early Intervention Therapies, and as a result, children are going to school without ever receiving assessments.

Waitlists mean children do not get the care they need when they need it. Failure to do so can result in additional health challenges for children as they attempt to navigate life in the community and at school.

- In the North region, the average wait time for speech services is 335 days.
- In the Vancouver-Coastal region, the average wait for occupational therapy is 180 days.
- In the Fraser region, the average wait time for physiotherapy is 151 days.²

1 J. Heckman, [There's more to gain by taking a comprehensive approach to early childhood development](#), The Heckman Equation, 2016; World Health Organization & UNICEF, [Early Childhood Development and Disability: A discussion paper](#), 2012.

2 BC Association for Child Development and Intervention, [Submission to the Select Standing Committee on Children and Youth](#), 2019.

As the BC Association for Child Development and Intervention (BCACDI) has reported, the average wait time for speech-language therapy was six months with multiple communities experiencing waits of more than 17 months. Currently there is no systematic and standardized provincial reporting on wait lists, which means wait times vary considerably by community, leading to significant inequities in access to pediatric therapy. BCACDI recommends that MCFD establish a wait-time benchmark of three months. This will require standardized data collection and reporting to inform annual funding increases and resource planning.

In addition to an urgent need to increase funding for Early Intervention Therapies, the government must take action on addressing the severe shortage of professionals providing these services to ensure that children with disabilities will have access to publicly funded care. The supply of qualified and appropriate professionals is outstripped by demand, and is contributing to the long wait lists for service. Increased training for specialized health science professionals is critical to the long-term sustainability of these services.

ADDITIONAL AUTISM SERVICES FUNDING MODEL REQUIRED TO SUPPORT SERVICE DELIVERY BY CDCs

BC relies on the “Individualized Funding” (IF) model which provides direct funding to families/guardians to purchase autism services. While this model may work well for some families, it is increasingly evident that it is not meeting the needs of lower-income and marginalized families. The IF model covers a fraction of the real cost of professional autism services, leaving families and children without financial means without the level of the intensity of services required. Even families with financial means are burdened with unnecessary stress associated with finding appropriate professional autism services in the marketplace. This market-based approach doesn’t work in smaller rural and remote communities where there may be few, or no, professionals who can provide these services on a privately-funded basis. Furthermore, this funding model has constrained the ability of non-profit agencies, such as CDCs, to offer sustainable autism programs. Three agency-based autism programs closed in 2019/20 because the funding model does not support the ongoing sustainability of these services provided by appropriate professionals.

We recommend that direct and ongoing funding be provided to Child Development Centres to provide autism services, similar to other program funding for supported child development and early intervention services.

PROVIDE EARLY YEARS MENTAL HEALTH SERVICES FUNDING TO CDCs

In June 2019, the Ministry of Mental Health and Addictions released *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia*. This policy paper committed to “enhance and expand core programming offered in child development centres and by community-based organizations delivering a core set of early intervention services for children under the age of six.”³

Although CDCs were identified to deliver early years mental health services, in addition to existing core services such as Early Intervention Therapies, it is unclear how this goal is being actioned. CDCs and frontline therapists are eager to provide expanded access to services essential for strong early childhood development, but more resources are needed to increase staffing levels and meet the high demand for service.

3 Ministry of Mental Health and Addictions, [A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia](#) (Victoria: Government of BC, 2019).

BC CHILDREN WITH DISABILITIES NEED MORE SUPPORTED CHILD DEVELOPMENT SERVICES

Children with special needs around the province rely on CDCs for specialized services and supports that enable them to participate in activities that many families take for granted. Supported child development (SCD) assistance provides children with special needs the opportunity to attend child care and preschool programs.

Most SCD funding comes from the Ministry of Children and Family Development (MCFD). Over the last few years funding increases have not kept up with need for CDCs' SCD programs. As a result, wait lists for these services have grown, and too many children with special needs and their families are unable to access child care. Put simply, there are not enough SCD consultants at CDCs for the many children and families who require supports.

The federal and BC governments have made welcome commitments to increase the number of \$10/day child care spaces from 6,460 in 2021/22 to 12,500 in 2022/23.⁴ As well, by 2022/23, new federal funding is expected to enable approximately 1,190 more children to receive SCD services. We welcome the funding for SCD workforce training and recruitment and retention initiatives earmarked in the new federal-provincial early learning and child care agreement.

In previous years when new child care spaces were created, there has been no increased funding for SCD services provided by CDCs. As a result, children with special needs and their families have not benefitted from these new spaces. The new federal-provincial early learning agreement provides an opportunity to ensure that SCD services are available to all children who need them, and that existing workforce challenges are urgently addressed.

RECOMMENDATIONS

1. Significantly increase funding for MCFD's Early Intervention Therapy Program (speech-language therapy, occupational therapy, and physiotherapy) so that Child Development Centres can ensure timely access to critical services based on a three-month wait-time benchmark.
2. Establish an additional autism services funding model that will enable Child Development Centres to directly provide these services to families.
3. Provide ongoing, appropriate, funding to ensure that children and families in BC can access publicly funded early-years mental health services at their local Child Development Centre.
4. Increase funding for supported child development services delivered by Child Development Centres, so that children with special needs will have equitable access to newly funded child care spaces.

⁴ Government of Canada & Government of British Columbia, [Canada-British Columbia Canada-wide Early Learning and Child Care Agreement](#), 2021, 7-12.