

Child Development Centres: Improve access to early intervention therapies, autism services, and early-years mental health services

Child Development Centres (CDCs) provide therapy and services to more than 15,000 children and youth and their families in British Columbia. 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. CDCs provide a community hub of services and resources that are critical to supporting children with special needs and their families.

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. Infant development consultants are critical members of the Early Intervention Therapy team during the first three years of a child's life, helping 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. Limited funding for early intervention therapists 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, and as a result, children are going to school without ever receiving assessments or needed supports.

As the BC Association for Child Development and Intervention (BCACDI) has noted, there were no provincial funding increases in the Early Intervention Therapies budget from 2008 to 2016. In 2016, the program saw a small increase. And although budget consultation reports in 2018, 2019, and 2020 made specific recommendations to increase investment in early intervention services, increased funding was not provided. As a result, Early Intervention Therapies continue to have the longest wait times province-wide.

Waitlists mean children don't get the care they need when they need it. For example, clinical guidelines for children document the essential need for early interventions by rehabilitation professionals. 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.¹

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



There is an urgent need to increase funding to CDCs, especially for Early Intervention Therapies. There are simply not enough clinicians to ensure that children with disabilities have access to publicly funded Early Intervention Therapies.

The Select Standing Committee on Finance and Government Services, Budget 2021 report, also noted the importance of Early Intervention Therapy. Recommendation 112 in their report states: “Provide funding to the Ministries of Children and Family Development, and Health to reduce wait times and improve access to assessments, early intervention therapies, early childhood education, infant development programs, health and medical supports, in-home supports, and before- and after- school programs for children and youth with special needs and their families.”

RECOMMENDATION:

Significantly increase funding for MCFD’s Early Intervention Therapy Program so that Child Development Centres can ensure timely access to critical services, including: speech-language therapy, occupational therapy, and physiotherapy.

Autism services funding 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. It burdens families with unnecessary stress and anxiety to find appropriate and affordable professional autism services in the marketplace. The IF model covers a fraction of the real cost of professional autism services, often leaving families and children without the intensity of service they require.

This market-based approach has limited efficacy 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 fails to 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.

RECOMMENDATION:

Establish an additional autism services funding model that will enable Child Development Centres to directly provide necessary and appropriate autism services to families.

Early-years mental health services funding to CDCs

HSA welcomed the \$74 million in funding over three years announced in Budget 2019 for mental health and addictions services for children, youth, and young adults.² Budget 2019 also established the Child Opportunity Benefit,³ which will go

2. Ministry of Finance (2019), Budget and Fiscal Plan 2019/20 - 2021/22.

3. Ibid.



a long way in supporting families.

The establishment of the Foundry youth mental health care model is an important step forward in serving youth with mental health issues (ages 12-24), and we applaud the provincial government for this work. Now is the time to expand mental health services into early-years programming in order to meet the demonstrated need of very young children (ages 1-5) and their families.

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 important 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.”⁴

Although CDCs were identified to deliver early years mental health services, in addition to existing core services such as Early Intervention Therapies, new funding to expand services has not yet been provided. 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.

RECOMMENDATION:

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.

Child Development Centres provide critical services and supports for some of our most vulnerable children and families. Meaningful investment in these organizations and the services they offer is long overdue. Now, more than ever, government must deepen its commitment to children and families with special needs and ensure the services they need are there for them.

HSA strongly encourages the BC government to adopt these key recommendations.

RECOMMENDATIONS

- Significantly increase funding for MCFD’s Early Intervention Therapy Program so that Child Development Centres can ensure timely access to critical services, including: speech-language therapy, occupational therapy and physiotherapy.
- Establish an additional autism services funding model that will enable Child Development Centres to directly provide these services to families.
- 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. Ministry of Mental Health and Addictions (2019), *A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia*.

