



October 21, 2005

**BC Association of Child Development (BCACDI)
Submission to the Select Standing Committee on Finance and
Government Services
October 2005**

BCACDI:

- BCACDI is a provincial non-profit organization which provides advocacy, communication networking, research and education services to its approximately 25 member agencies throughout B.C. and the Yukon.
- BCACDI represent member agencies which provide diagnostic, developmental and intervention services for children and youth with special needs and their families.
- The core services provided by member agencies include, but are not limited to, early intervention therapy services including physiotherapy, occupational therapy and speech language pathology; infant development programs; supported child development programs; school based therapies; behavioral support services; and autism services and programs.
- The agencies and the services they deliver have been identified as being integral components in the delivery of a continuum of integrated services for children and youth with special needs in a recent review conducted by a multi-ministerial review team. The vast majority of BCACDI member agencies have received top accreditation awards from national and international accrediting bodies.

Government of British Columbia:

- The B.C. Government has stated that children are one of its top priorities. One of Government's key goals is to "Build the best system of support in Canada for persons with disabilities, those with special needs, children at risk and seniors."
- The B.C. Government has a surplus of approximately \$ 2 billion.
- The B.C. Government will be receiving an additional \$633 million from the federal government for child care over the next five years in addition to the \$410 million the province is already receiving from the federal government under previous child care and early learning funding programs.

Demographics:

- Population of B.C.: 3,907,738 (2001 Census)
- Population 0 to 6 years of age: 287,917
- Population 0 to 19 years of age: 976,345

Office of the Provincial Advisor
29 Ravine Drive, Port Moody, B.C., Canada
Ph(604)461-8789; Fax(604)461-8760
e-mail: bsandy@shaw.ca
www.bcacdr.org



- Children with special needs: 52,000
- Children in care: 9,000 to 10,000
- Children in care with special needs: 4,000 to 5,000
- Children with special needs on wait lists for early intervention services: over 7,500 and growing

Issues and Recommendations:

1. Wait Lists and Funding

There are over 7,500 children and youth with special needs on wait lists in the province. The breakdown of the waitlists for children and youth with special needs is as follows:

- approximately 800 - 900 children on Infant Development Program (IDP) wait lists
- approximately 1000 children on Supported Child Development (SCD) wait lists
- over 5,500 children on Early Intervention and School Based Therapy wait lists

These wait lists have been increasing over the last 5 to 10 years. Research shows that for every dollar invested in early childhood development and services for children and youth with special needs there is a 7 to 8 fold savings in future health, educational, social services, correctional and other societal costs.

The additional funding of \$1.1 million for SCD (for children over 6); \$800,000.00 for IDP; \$1.5 million for autism programs; and \$2.5 million for early intervention and school based therapies in 2005/06 is inadequate to address the waitlists. (Note: MCFD has tacked on a 5 to 7 % administration fee to these additional funds which MCFD retains. This means even less funding is going for direct service delivery.)

It is estimated that a minimum of an additional \$30 million will be needed to address the above mentioned waitlists. The government plans to put in only an additional \$3 million in 2006/07 to address all waitlists for services and programs for children and youth with special needs (which includes much more than IDP, SCD, EIP, Autism).

The B.C. provincial government will be receiving an additional \$633 million for child care over the next five years from the Federal Government (in addition to the \$288 million for child care and \$133 million for early learning and child development already allocated to B.C. from the federal government).

How will MCFD ensure that additional funding for services and programs for children and youth with special needs is allocated in a timely and consistent manner to all regions in the province? It has taken almost 5 or more months to allocate the additional funding for EIP



(PT, OT, SLP) to all the regions. How will MCFD ensure that the additional funds will be allocated in a timely and consistent fashion in the future?

Recommendation: *The government should allocate \$30 million to address and eliminate the waitlists for services and programs for children and youth with special needs. These funds should be allocated in a timely and consistent fashion to all MCFD regions in the province.*

2. Unfunded Collective Agreement Settlements Imposed by the Government

The government imposed collective agreement settlements for our member agencies which are represented by the Health Employer's Association of BC (HEABC) and the Community Social Services Employer's Association (CSSEA) in 2003 and then refused to fund these settlements as they had in the past. This scenario is likely to happen again in the Spring of 2006 when collective agreements for health and social service agencies will again be open for negotiation. These unfunded collective agreement liabilities will put an undue burden on our member agencies many of which already fund raise from ten to thirty percent of their operating funds. If this trend continues, this will lead to the demise of a number of the BCACDI member agencies. The problem was exacerbated for a number of our member agencies which are members of CCSEA which faced cuts as well as the inappropriate funding levels for physiotherapists, occupational therapists and speech language pathologists under that collective agreement.

Recommendation: *The government and MCFD should allocate appropriate funding in the order of \$10 to \$15 million to cover collective agreement settlements and wage equalization adjustments for collective agreement settlements negotiated by HEABC and CCSEA on behalf of the government for their member agencies.*

3. Wage Rates for Therapists

In the British Columbia public sector wage rates for therapists (physiotherapists, occupational therapists and speech language pathologists) vary widely. In general, three sectors compete for therapists; education, health, and social services. BCACDI member agencies fall into three categories: non-union, Health Employer Association of British Columbia (HEABC) union certifications or Community Social Service Employer Association (CSSEA) union certifications. The decision of whether an organization was represented by HEABC or CSSEA was historically based on where the majority (51%) of an organization's funding originated; if health then HEABC, if other ministries, then CSSEA.

The disparity of wages has pitted public employers against each other and increased the overall cost as employers offer relocation and professional development incentives. Our



British Columbia Association of Child Development & Intervention

concern is that child development centers that provide services affecting the entire life span are at the bottom of the wage range. The following table illustrates.

	BC Public Schools Employer Association	Health Employers Association of BC	Community Social Service Employers Association
occupational / physiotherapist	\$26.65 - \$40.12 (school district #79 grid 4 based on 1400 annual hours of work)	\$27.39 - \$34.17 (grid level 9, schedule B)	\$19.98 - \$23.50
speech language pathologist	\$33.04 - \$51.33 (average of 60 districts grid 5 based on 1400 annual hours of work)	\$27.23 - \$33.96 (grid level 11, schedule A) or \$28.25 - \$35.24 (grid level 12, schedule A)	\$21.68 - \$25.50

BCACDI non-union members are in between CSSEA and HEABC.

In 2004 bargaining, the CSSEA collective agreement lowered starting wages to \$19.98 and \$21.68 per hour for therapists, a reduction of 15% plus significant reductions in benefits.

In HEABC, therapist wages moved higher. In bargaining for 2001 - 2004, the Provincial Government legislated a settlement which provided a general increase of approximately 6% and recognized the difficulties in recruitment and retention of specialties including physiotherapy and occupational therapy and awarded a market rate adjustment of an additional 8%.

The two collective agreements thus moved in opposite directions, increasing the already existing wage gap between HEABC and CSSEA child development centers.

The Public Sector Employers Council needs to coordinate an approach leading the equity in wages and benefits.

Issue: The disparity of public sector wages rates for therapists leaves many of the child development centers and our other member agencies at a real disadvantage since the education and health sectors pay higher.



Recommendation: *The Public Sector Employers Council should fulfill their mandate to 'coordinate the management of labour relations policies and practices in the public sector to foster an efficient and effective workforce'. The Council must coordinate bargaining across the public sector and end the disparity in therapist wages that was allowed to significantly increase during bargaining over the past four years.*

4. Children in Care with Special Needs

There are approximately 9,000 children in care in this province. Approximately 50 % of the 9,000 children in care have some form of special need.

Recommendation: *Significant funding in the order of \$20 million or more should be allocated to addressing these needs of children in care with special needs.*

5. Mental Health Professionals

There is a shortage of psychologists and other mental health professionals in the children's sector to address the diagnostic and behavioral needs of children.

Recommendation: *Additional funding of at least \$5 million should be allocated for the hiring of psychologists and other mental health professionals to address the diagnostic and behavioral needs of children and youth with special needs.*

6. Facilities and Capital Costs

New and upgraded facilities and technologies are required for services for children and youth with special needs. Our member agencies are already doing fund raising to support 10 to 30% of operating and capital costs. In order to maintain the facilities and technologies in the agencies at appropriate and safe quality levels the government needs to support capital funding for the organizations.

Recommendation: *The government should invest a minimum of \$20 million for capital projects in this area.*

