

Thank you for the opportunity to present to the Legislative Assembly Select Standing Committee on Finance and Government Services. I'm here today to represent the BC Association for Child Development and Intervention, or BCACDI.

Who We Are

BCACDI member agencies, commonly referred to as Child Development Centres, are recognized leaders in innovation and collaboration who deliver services to children and youth with special needs to help them reach their full potential. We're skilled at delivering these essential services in a cost-effective manner, helping families who have children and youth with special needs manage health, developmental and social barriers. Child development centres have been building stronger futures for British Columbians for more than four decades. Our non-profit organizations are community-based and accountable to committed volunteer boards.

The primary programs and services our member agencies deliver include Early Intervention Therapies to assist with mobility, daily function, and communication challenges (Physiotherapy, Occupational Therapy, Speech-Language Pathology), the Infant Development Program to provide support and advice to families during the critical first few years of life, and the Supported Child Development Program to provide the support for children and youth with special needs to participate in community child care settings and preschools. Many of our members also provide services for children and youth with Autism, school aged children, parenting skills, family support, and child care.

Current Challenges in the Sector

1. Decade long lack of significant investment in the core Early Intervention programs, in particular the Early Intervention Therapies program

Early Intervention Therapies provide critical specialized services that help children improve their function and ability to participate in their community. From 2008 to 2016 this program had no increase in base contract funding. In 2016 it saw a minor increased investment, with the amount being so limited that it only extended to a few communities across the Province. Budget consultation reports from this select standing committee in 2018, 2019, and 2020 each contained recommendations specific to the need to increase investment in early intervention services, yet unfortunately these recommendations have not been followed through on by Treasury. This program continues to consistently have the longest wait times across the Province and the largest waitlists. Agencies and therapists continue to be forced to change their delivery models resulting in lower intensity of services for individual children, a watered down service delivery making it challenging to achieve therapy goals and creating barriers to reach the most marginalized populations that require enhanced resources. Effective early intervention has a positive return on investment only when funded appropriately. This is currently not the case in BC.

BCACDI is recommending a 3 month wait time benchmark to access early intervention services. As a snapshot of where services currently stand, our annual data report for the 2018/2019 fiscal year revealed the average wait time Provincially

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to access an early intervention SLP was 6 months, with some communities having wait times of more than 17 months. This Fall we will be publishing our data report for the 2019/2020 fiscal year.

Recommendation – Government should ensure effective funding for all early intervention services, including Early Intervention Therapies, such that wait times are manageable for families (e.g. – benchmark wait times at 3 months) and ensure children do not age out of early intervention services before receiving critical support.

2. Inconsistent availability of services across the Province

There is limited consistency in how resources are distributed across the Province and in the programs available to children and families. Agencies with enhanced fund-raising capacity or regions with additional resources find ways to offer critical positions such as Family Navigators and Behavioral Support workers for the children and families they serve; however, such services should be available across the Province. BCACDI recommends a standardized suite of services available at all Child Development Centres, funded on a population based or prevalence-based model, including:

- a. Behavioural Support services to help families and caregivers build capacity to support their child's participation and function in their environment
- b. Mental Health and/or Counselling services to support mental health needs of children and youth with support needs and their families
- c. Family Navigation support to direct and refer families of children/youth with support needs to the appropriate services within their community and province
- d. Early Intervention services for children/youth at risk of or demonstrating developmental delay in mobility, speech and language, participation, and function
- e. Respite short and long-term relief for caring for their child/youth by well qualified caregivers
- f. Life Skills Training to build capacity in children and youth to help with life skills and community integration
- g. Evidence Based Services for Specific Diagnostic Groups e.g. ABA for children and youth with Autism, services for FASD
- h. Inclusive Childcare e.g. SCD/ASCD available quality childcare spaces and supports that ensure childcare is accessible for children and youth with support needs
- i. Indigenous Led Services that are Culturally Safe and Trauma-Informed Government and community should support, in a culturally safe and trauma informed manner, local Indigenous leadership in the development and delivery of services in Indigenous communities
- j. Family Support and Education

Recommendation – Government should ensure children and youth with support needs have access to a standardized suite of programs and services that help them reach their full potential, regardless of the community in which they live.

3. Additional funding model for Autism Services

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BCACDI recognizes the existing Individualized Funding (IF) model for children and youth with Autism Spectrum Disorder works well for some families, and it is important to have a model that allows for parent choice. However, we also recognize the existing IF model is not meeting the needs of many of our more marginalized families, and a market-based system such as IF struggles in smaller communities with a lack of professionals. Further, the administrative burden of the IF model inhibits the ability for non-profit agencies to have successful Autism programs, evidenced by the fact that 3 agency-based Autism programs closed their doors in the 2019/2020 fiscal year. BCACDI recommends a complimentary model of Autism funding where services are contracted to agencies in a manner like contracts for Early Intervention Therapies and the Infant Development Program. This would provide an option for families who struggle within the current IF service delivery model and stimulate the development of an integrated accessible quality network of autism programs across the Province. Other strengths of such an approach include that MCFD contracted agencies are accredited organizations, providing funders and families with additional assurance that organisations utilize a family centred approach, have evidence supported programming, trauma informed and culturally sensitive practice, and collaborate with families on outcome measures.

Recommendation: - Government pilot an agency contracted service delivery model to support children and youth with Autism Spectrum Disorder. This would be complimentary to the existing IF model and focus on marginalized families that struggle to access and utilize the IF program.

We trust our submission has provided rationale for the importance of investing in early childhood development, and we look forward to continuing to work with our government partners to meet the needs of BC's children and youth. If you have any questions regarding this presentation please don't hesitate to contact Jason Gordon, Provincial Representative for the BC Association of Child Development and Intervention (BCACDI).

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