



BC SPECIALIZED SERVICES FOR CHILDREN WITH EXTRA SUPPORT NEEDS

2018/19 YEAR IN REVIEW



BCACDI
The BC Association for Child Development and Intervention

WHO IS BCACDI

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 extra support needs to help them reach their full potential. We're skilled at delivering these essential services in the most cost-effective way, helping them to manage health, developmental and social barriers. Child development centres have been building stronger futures for British Columbians for more than five decades. Our non-profit organizations are community-based and accountable to committed volunteer boards.

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), Infant Development Program to provide support and advice to families during the critical first few years of life, and Supported Child Development Program to provide the support for children and youth with special needs to participate in community child-care settings and preschools. To address needs in their community many member agencies provide other specialized services as well such as the School Age Therapy program, services for children and youth with Autism Spectrum Disorder, parent training programs, and much more.

BCACDI has member agencies in each region of the province, and in both urban and rural settings. We also have members serving remote and Indigenous communities. This ensures we can provide a strong provincial sample of what is happening across BC. To learn more about our member agencies visit our website: <https://www.bcacdi.org/bcacdi-member-agencies>

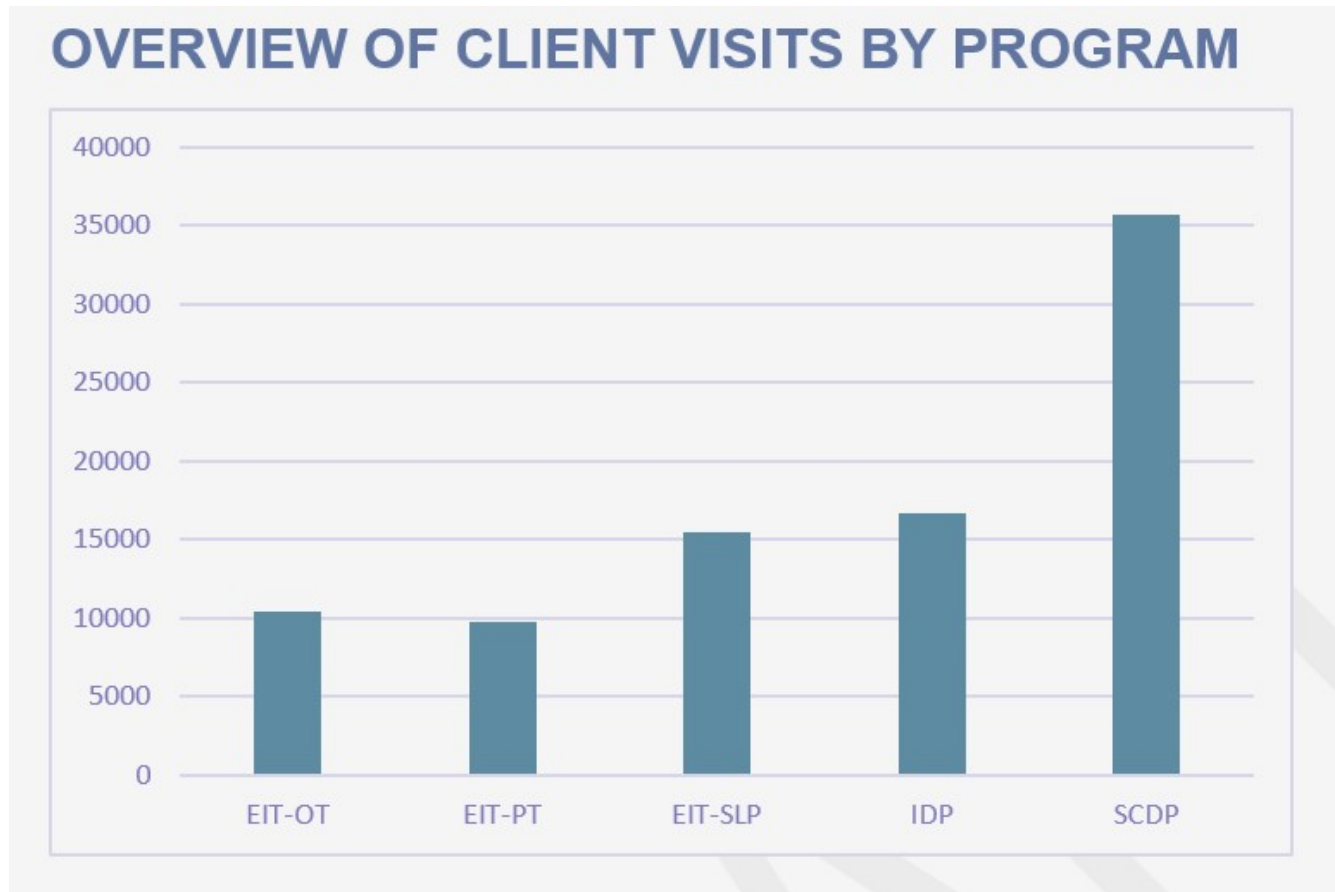
KEY INDICATORS

BCACDI is focusing our initial data work on monitoring service demand and service access for some of the main programs that member agencies deliver. Service demand is being monitored by the number of referrals received and number of interventions provided, and service access by monitoring the average wait time from the date a child is assigned to a program to the date service is initiated. The Association spent several years building consensus on definitions (see Appendix) and the data collection process and will continue work to ensure the data reported remains valid and reliable. Data is collected once a year and reflects the previous fiscal year's service delivery (e.g. April 1, 2018 – March 31, 2019).

At this time BCACDI is focusing on the three foundational programs most common to member agencies: Infant Development, Supported Child Development, and Early Intervention Therapies. Supported Child Development is broken into two categories: Consulting Support and Extra Staffing Support. An example of Consulting Support is when a SCD Consultant spends time working with staff at a childcare setting to educate them on how to make the environment more inclusive for a particular child. Extra Staffing Support is when the SCD support worker is an extra staff within a childcare setting to work with a specific child who would otherwise be unable to participate in that setting. Early Intervention Therapies is broken into the three rehabilitation professions: PT – Physiotherapy, OT – Occupational Therapy, SLP – Speech-Language Pathology

2018/19 BY THE NUMBERS

26 of our 31 member agencies utilize the same client management software system and are supported by their software vendors in the submission process. For the 2018/19 data collection BCACDI had a 74% participation rate.



EIT – Early Intervention Therapies

OT – Occupational Therapy

PT – Physiotherapy

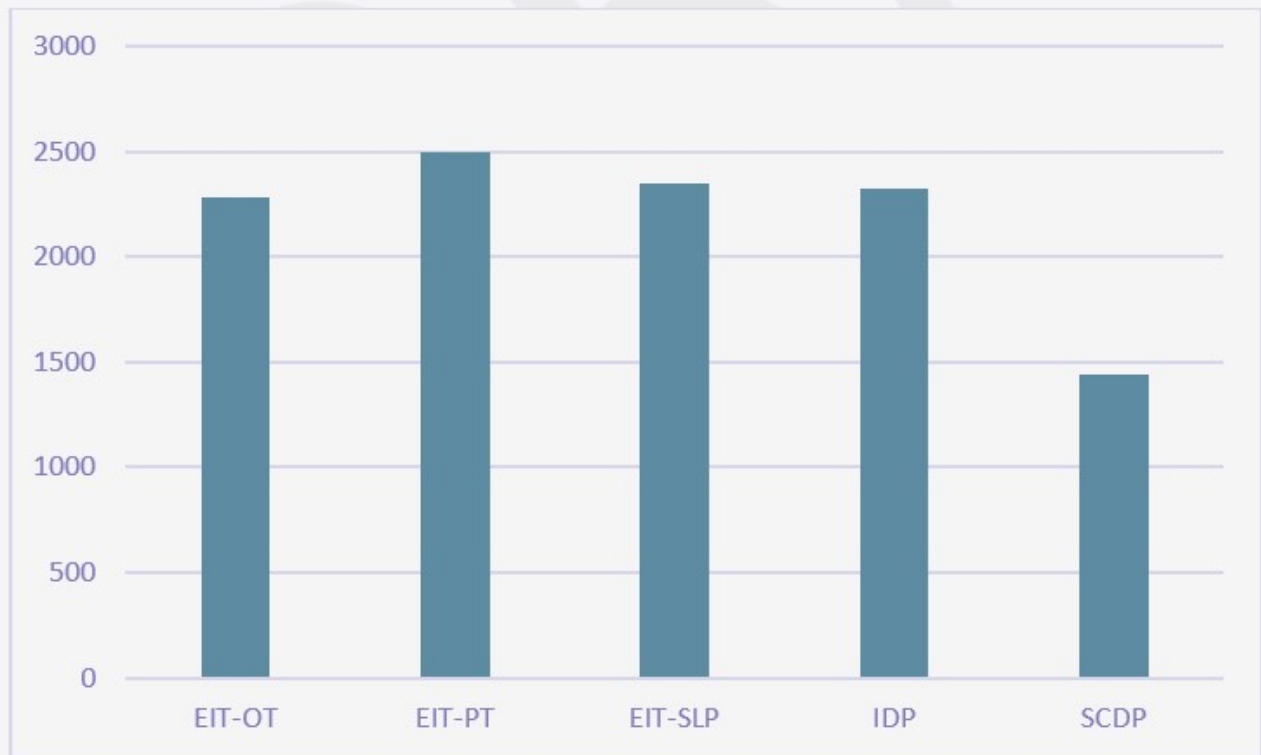
SLP – Speech-Language Pathology

IDP – Infant Development Program

SCDP – Supported Child Development Program

BCACDI member agencies participating in this year's data collection collectively provided more than 85,000 client visits. The Supported Child Development Program had the highest number of client visits, with the expectation pressures on this program will continue to grow due to the focus in BC on increasing the number of childcare spaces.

OVERVIEW OF REFERRALS BY PROGRAM



EIT – Early Intervention Therapies

OT – Occupational Therapy

PT – Physiotherapy

SLP – Speech-Language Pathology

IDP – Infant Development Program

SCDP – Supported Child Development Program

BCACDI member agencies participating in this year's data collection handled more than 10,000 referrals to the 3 foundational programs captured in this report. Referrals typically come from public health nurses, paediatricians, and family physicians. Parents can also self-refer their child. This year's report demonstrates a significant demand in the Early Intervention Therapies program.

Wait Times

Timely access to the specialized services and supports that can empower children and families and help them reach their full developmental potential is a priority for BCACDI. Currently there is no mechanism in place to standardize and monitor the wait times families face once referred to a foundational program. BCACDI is attempting to address this issue through our annual data report.

There are many variables that can impact wait time including staffing challenges, excessive caseloads, and limited resources. In addition, agencies have different organizational infrastructures, varied triage processes, and evolving service delivery models to respond to the needs in their respective communities. The intent of the BCACDI data report is to provide a snapshot of the average wait time faced by children and families in the previous fiscal year, and readers should consider and appreciate the multitude of variables that impact a family's ability to access a program.

Infant Development Program

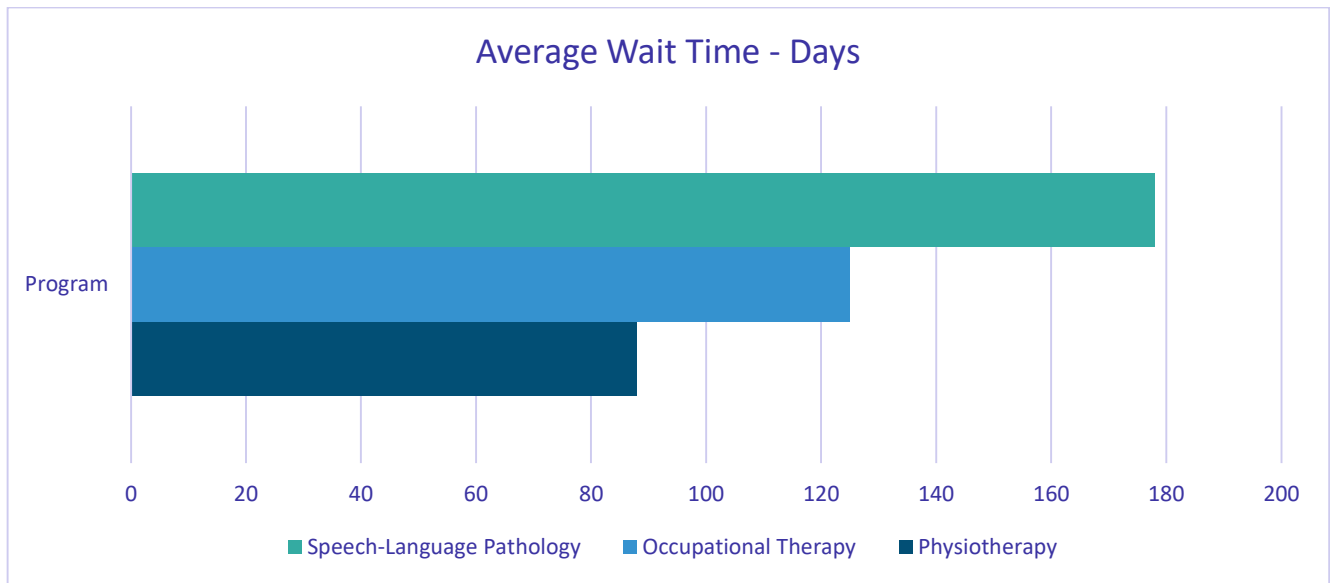
Provincially, the average wait time to access the Infant Development Program was 90 days, with a longest wait time of 214 days. Compared to other programs, IDP has one of the shorter average wait times.

Supported Child Development Program

Supported Child Development is comprised of two components: consultant support and extra staffing support. The average wait time for consultant support is much lower than for extra staffing support. The average wait time for SCD consultant is 98 days, while the wait for SCD extra staffing support is 186 days. SCD consultant wait times range up to 210 days, and SCD extra staffing wait times range to more than 540 days.

Early Intervention Therapies Program

The Early Intervention Therapies program has 3 components: Physiotherapy (PT), Occupational Therapy (OT), and Speech-Language Pathology (SLP). The wait times are much lengthier to access SLP, and the EIT program overall demonstrates significantly longer wait times than the other foundational programs.



Broad ranges in wait times are also observed in the Early Intervention Therapies program, with wait times ranging up to more than 480 days.



Impacts of Lengthy Wait Times

All children and youth requiring extra support have the right to timely and sufficient levels of service that will help them achieve their true potential. Yet here in BC there are families facing significant waits to access programs and services that will positively change the trajectory of development of their child. All areas of the Province and all programs are impacted by excessive waits, with two programs in particular the most impacted: **Early Intervention Therapies – SLP and Supported Child Development – Extra Staffing Support.**

Early Intervention Therapies – SLP connects families with professionals that help their child learn to communicate. This program currently has an average wait time of 6 months, with the longest reported wait time just over one year. This comes at a critical time for a child to develop their core speech and communication skills. For a 3-year-old toddler, 6 months is a significant portion of their young life spent waiting to access a specialized service that will improve their quality of life. For a 5-year-old about to enter Kindergarten and just recently referred for early intervention, such a wait means they will not likely not receive any level of service prior to entering school.



Supported Child Development – Extra Staffing Support provides the expertise and support necessary for a child to attend a childcare setting. As BC moves towards universal childcare, the province needs to ensure the Supported Child Development program has adequate resources to ensure childcare spaces are accessible for all children. Without access to this program many parents are unable to join the workforce, and their child misses out on quality learning and socialization opportunities. Families in BC are currently waiting an average of 6 months to access this program, with several communities facing waits of over a year.

We have the infrastructure in place in BC to do better, and all that is needed is more investment in the specialized services available for children and youth with special needs. BCACDI will utilize the data in this report and our relationships with others in the sector to continue advocacy for more investment in these programs.



Next Steps

BCACDI is committed to this annual data report as one component of a comprehensive monitoring plan to ensure children and youth with special needs have timely access to effective programs and services. We will work with our partners in the sector and with Government to discuss how to address the broad ranges of wait times observed across the Province, and potential establishment of wait time targets for early years specialized services. Targets, in conjunction with valid and reliable wait time data, could help guide new investments in the sector to ensure maximum impact.

Thank you for taking the time to review BCACDI's 2018/2019 'By the Numbers'. We look forward to creating our report for 2019/2020 and sharing it with stakeholders next Fall.

Appendix – Data Element Definitions

<u>Data Element</u>	<u>Definition</u>
Number of Referrals	- A measure of demand. The total number of referrals for service broken down into specific programs.
Number of Client Visits	- A measure of utilization. The total number of interventions/client visits broken down into specific programs.
Average Wait Time	- A measure of access. The average time a child has to wait from the date they are referred to a specific program, to the date one-to-one intervention is initiated.